Report to
The Vermont Legislature

Report of the Working Group on Policies Pertaining to Individuals with Intellectual Disability Who Are Criminal-Justice Involved

In accordance with Act No. 27 (2023), Sec. 6

Submitted to: House Committee on Judiciary
House Committee on Human Services
Senate Committee on Judiciary
Senate Committee on Health and Welfare

Submitted by: The Working Group on Policies Pertaining to Individuals with Intellectual Disability Who Are Criminal-Justice Involved

Prepared by: The Working Group on Policies Pertaining to Individuals with Intellectual Disability Who Are Criminal-Justice Involved

Report Date: December 1, 2023

Legislative Language

Sec. 6. WORKING GROUP ON POLICIES PERTAINING TO INDIVIDUALS WITH INTELLECTUAL DISABILITY WHO ARE CRIMINAL-JUSTICE INVOLVED

(a) Creation. There is created the Working Group on Policies Pertaining to Individuals with Intellectual Disabilities Who Are Criminal-Justice Involved. The Working Group shall assess whether a forensic level of care is needed for individuals with intellectual disabilities who are charged with a crime of violence against another person, have been determined incompetent to stand trial or adjudicated not guilty by reason of insanity, and are committed to the custody of the Commissioner of Disabilities, Aging, and Independent Living. If it is determined that forensic-level care is needed for such individuals, the Working Group shall propose legislation establishing the process and criteria for committing such individuals to a forensic facility. In developing legislation, the Working Group shall refer to earlier drafts of this act discussed by the General Assembly in 2023.

(b) Membership.

(1) The Working Group shall be composed of the following members:

(A) a representative, appointed by the Disability Law Project of Vermont Legal Aid;

(B) a representative, appointed by the Developmental Disabilities Council;

(C) a representative, appointed by the Green Mountain Self Advocates;

(D) a representative, appointed by Vermont Care Partners;

(E) a representative, appointed by the Vermont Crisis Intervention Network;

(F) the Commissioner of Disabilities, Aging, and Independent Living or designee;

(G) the Commissioner of Mental Health or designee;

(H) a representative, appointed by the Center for Crime Victim Services;

(I) the President of the Vermont State Employees' Association or designee;

(J) the Executive Director of the Office of Racial Equity or designee;

(K) the Chief Superior Judge or designee;

(L) two members of the House of Representatives, one of whom is from the House Committee on Human Services and one of whom is from the House Committee on Judiciary, appointed by the Speaker; and

(M) two members of the Senate, one of whom is from the Senate Committee on Health and Welfare and one of whom is from the Senate Committee on Judiciary, appointed by the Committee on Committees.

(2) In completing its duties pursuant to this section, the Working Group, to the extent feasible, shall consult with the following individuals:

(A) a psychiatrist or psychologist with experience conducting competency evaluations under 1987 Acts and Resolves No. 248;

(B) individuals with lived experience of an intellectual disability who have previous experience in the criminal justice system or civil commitment system, or both;

(C) family members of individuals with an intellectual disability who have experience in the criminal justice system or with competency evaluations under 1987 Acts and Resolves No. 248;

(D) the Executive Director of the Department of State's Attorneys and Sheriffs;

(E) the Defender General; (F) the Commissioner of Corrections; and

(G) the State Program Standing Committee for Developmental Services.

(c) Powers and duties. The Working Group shall assess the need for a forensic level of care for individuals with an intellectual disability, including:

(1) the extent to which a forensic facility addresses any unmet needs or gaps in resources for individuals with intellectual disabilities;

(2) if the Working Group determines there is a need for individuals with an intellectual disability to receive programming in a forensic facility, the specific circumstances under which an individual committed to the custody of the Commissioner of Disabilities, Aging, and Independent Living could be placed in a forensic facility;

(3) any amendments to 18 V.S.A. chapter 206, including amendments needed to ensure due process prior to and during the commitment process,

regardless of whether the Working Group determines that a need for forensic level care exists;

(4) the roles of Vermont Legal Aid, an ombudsman, or Disability Rights Vermont in serving individuals with intellectual disabilities placed in a forensic facility;

(5) necessary changes to 13 V.S.A. chapter 157; and

(6) investments, policies, and programmatic options for high-quality community-based supports for at-risk individuals committed to the custody of the Commissioner of Disabilities, Aging, and Independent Living.

Executive Summary

Contents

Introduction

In accordance with the requirements of Act No. 27 (2023), the Department of Disabilities, Aging, and Independent Living (DAIL) called the first meeting of the Working Group, which took place on June 14, 2023, and selected a chair and a vice-chair from among its members. The Working Group met a total of ___ times, with each meeting scheduled for two hours. Members of the Working Group are listed in Appendix A.

In addition to considering the perspectives of its members, as directed by the Legislature, the Working Group consulted with other individuals and entities, including the Department of Corrections (DOC), the Department of State's Attorneys and Sheriffs, the State Program Standing Committee for Developmental Services (SPSC), [others?], and a licensed social worker with experience treating individuals with mental illness and intellectual/developmental disabilities who present with challenging behaviors. Further, despite efforts to identify individuals or family members of individuals with an intellectual disability who have experience with the criminal justice system, members were unsuccessful in securing their attendance and input.

Discussion

A. Is There a Need For a Forensic Level of Care?

At the outset, based upon the varying levels of familiarity with the issues presented, the Working Group requested background re: the process for committing justice-involved individuals with intellectual disability to the custody of the Commissioner of Disabilities, Aging, and Independent Living ("Act 248") and the current System of Care for individuals with Intellectual or Developmental Disabilities (I/DD). These initial presentations, which served to inform the members, also led to the Group's consideration of its core objective (i.e., to decide whether there is a need for any of the nine beds at the proposed forensic facility to be available for individuals committed pursuant to Act 248). To address this question, the Working Group spent a significant amount of time at several subsequent meetings hearing from both its members and invited guests, through both formal presentations and discussion. Those perspectives are more fully set forth below, and links to presentations provided to the Working Group are contained in Appendix B. After the Working Group had received substantial input and considered diverse perspectives, each member was asked to express their position on whether such a need for the forensic facility exists.

The results were as follows: 9 members answered "yes;" 4 members answered "no;" 1 member abstained; and 1 member was absent.

1. *Yes, there is a need for the forensic facility.*

In presenting its overview, DAIL staff explained that the Developmental Services System of Care is a "no refusal" system, meaning that the Designated Agencies (DAs)must serve all eligible individuals in their catchment area, within the limits of available resources, regardless of the complexity of an individual's needs or their level of dangerousness. In FY 2022, approximately 3,300 adults with developmental disabilities received home- and community-based services. DAIL staff noted that supports are provided in a variety of residential models, which are overseen by the DAs and Specialized Service Agencies (SSAs). Shared Living, the predominant model in Vermont, involves an individual residing with another person or couple. In FY 2022, there were over 1,200 shared living arrangements. Other residential models include Staffed Living, in which the individual receives support from agency staff; Group Homes, which are limited to 6 individuals in the same location, support a variety of different populations; Supervised Living, in which individuals are supervised up to 24/7; Independent Living, in which an individual lives with their family, which is receiving supports; and In-home Family Supports, where individuals are living with their family for support.

DAIL's overview of Act 248 included a discussion of the statutory criteria for eligibility, the processes for initial commitment, judicial review and discharge, and the efforts to build community-based designated programs to address both the needs of the individual who is being placed in the Commissioner's custody and the protection of the public.

DAIL staff explained that an individual who commits an act of extreme physical or sexual violence, and who cannot be held criminally responsible for that conduct due to Intellectual Disability, can be ordered into the custody of the Commissioner of Disabilities, Aging, and Independent Living for an indefinite or limited period if the Commissioner agrees that s/he is able to assemble a "designated program" of treatment and supervision for the person. 13 V.S.A. § 4823; 18 V.S.A. § 8839(3). To be eligible for commitment, the individual must present a danger of harm to others, meaning that "the person has inflicted or attempted to inflict serious bodily injury to another or has committed an act that would constitute a sexual assault or lewd and lascivious conduct with a child." 18 V.S.A. §8839(1).

DAIL relies on its partnerships with DAs to provide all services and supports to

individuals under Act 248, and the developmental services divisions of the DAs are charged with designing and implementing individualized plans of services. Each of these "designated programs" must be tailored to meet the person's needs, ensure public safety, and monitor the person's compliance with the specific provisions of their Act 248 order. The Commissioner is required by statute to place the person committed in the least restrictive environment, consistent with the need to protect public safety. 18 V.S.A. §8843(c).

The specific needs and circumstances of the individual—and the associated public safety implications—drive the development of a designated program. Homes, neighborhoods, and job sites are screened to avoid situations which could present risks to the public. The level of supervision provided, and the specific activities, therapies, and services offered, all depend on the specific needs and risks associated with the individual. Many designated programs provide 24/7 supervision, education and day activities, employment support, and individual and group therapy.

After the Criminal Division of the Superior Court has determined that a defendant is a "person in need of custody, care and habilitation," it issues an order committing the individual to the custody of the Commissioner. Every order requires the person to comply with their treatment plan and behavior support plan, as those plans are developed by the treatment team. Additionally, all orders authorize law enforcement and hospital staff to arrest the person and return them to their designated program in case of elopement. Act 248 court orders also contain specific conditions that the person must follow, which are tailored to the specific risks associated with the individual. For example, most orders include conditions prohibiting violent or threatening behavior and the possession/use of weapons, and sexual offenders will have conditions tailored to those specific concerns. The Commissioner has the authority to determine, for any individual under commitment and in accordance with the court order, the extent of supervision and restrictions. If restrictions appear insufficient to protect public safety, the Commissioner has the authority to increase them.

Despite best efforts, however, on rare occasions the current System of Care has been unable to meet the needs of the individual and protect the public. DAIL identified several examples of behaviors, including repeated violent conduct toward staff and repeated elopements from the program, which have frustrated the ability to serve a small number of individuals a in community-based setting.

The Working Group then heard additional perspectives, which reflected a need for a forensic facility for certain individuals committed to the custody of the DAIL

Commissioner. First, staff from the Department of Corrections presented the Department's perspective, noting that individuals with I/DD who are charged with violent crimes are often held in DOC custody. This may occur as the individual awaits a competency evaluation or a competency hearing, or following a finding of incompetency, as DAIL attempts to identify a provider able to develop a designated program and support the individual in a community-based setting. Even when a provider indicates a willingness and capacity to support the individual, significant time may be needed to build a designated program to meet the specific needs of the individual committed to the custody of the Commissioner. In addition, DOC often holds individuals in custody who were previously found incompetent and committed to the custody of the DAIL Commissioner, who subsequently eloped from their community-based designated program and committed a new violent crime.

DOC stated that in the last two years, there have been three individuals with I/DD who have exceeded the capacity of care for them at DOC. One individual stayed in the corrections facility for nearly 250 days for lack of an appropriate community placement. The second individual was in DOC custody at two different times. The first time, the individual was in custody for 100 days before moving to a community placement. The individual then returned to DOC custody, where they have remained since April 2023. The third individual was incarcerated in late July and is awaiting a competency evaluation but was previously found incompetent to stand trial.

DOC faces challenges in meeting the wide-ranging treatment needs of individuals with intellectual and developmental disabilities. First, DOC training on how to support these individuals is limited to a single day. Next, corrections facilities are not well designed as trauma-informed institutions. As a result of the work of DOC, law enforcement, and the Legislature, the number of incarcerated individuals has been reduced; however, those remaining in DOC custody are more violent and predatory. As such, individuals with intellectual disability who are placed in DOC custody are even more vulnerable and at greater risk of harm. DOC concluded that this evidences the need for an alternative placement for individuals with I/DD to receive appropriate care.

VCP/RMHS Perspective

Representing Vermont Care Partners (VCP), a statewide network of sixteen non-profit-community based agencies that provide mental health, substance use, and intellectual and developmental disability services and supports, Rutland Mental Health Services (RMHS) reported that there is a small number of Act 248 participants who do not engage clinically with the DAs and will not participate in a healthy and safe way. Although only a few of the ten individuals under Act 248

whom RMHS supports exhibit extremely challenging behaviors, the behaviors of one such individual included: aggravated assault with a deadly weapon; repeated assaults on staff by biting and punching; repeated elopements from the program without adequate clothing for the weather conditions and for prolonged periods of time; trespassing on, and damaging, the property of others; and arson. A lack of staff willing and available to support this individual, coupled with RMHS' unsuccessful efforts to identify an alternative suitable placement, have resulted in the absence of designated programming for this individual.

RMHS reported that over the last 11 months, 3 of the individuals it served under Act 248 presented to the Emergency Department a total of 84 times with non-medical-related emergencies. None of these visits resulted in admissions but utilized the limited resources these health care facilities have available to the public. Further, while law enforcement is authorized to return to their program an individual on Act 248 who has eloped, a lack of resources often makes it difficult for law enforcement to respond as needed.

Concluding that there is a need for a forensic facility, RMHS offered that a stabilization and step-down program is more beneficial than a forensic facility alone and that stabilization at the forensic facility would allow the individual to determine the trajectory of their care and program.

The Vermont Crisis Intervention Network (VCIN), a three-tiered service delivery system intended to prevent, stabilize, and treat crises experienced by individuals with I/DD within Vermont, supports 3 statewide crisis beds in addition to the HCBS residential supports identified by DAIL. VCIN's Working Group representative spoke to each of the three tiers of the Network's system. Tier I is Clinical Foundation Building, which aims to reduce and potentially prevent crises throughout the state by increasing the level of clinical expertise within the agencies. Tier II, On-Site Consultation, focuses on stabilizing a potential crisis through early intervention. Finally, Tier III, Residential Crisis Services, strives to keep individuals out of institutions by providing treatment in a calm, non-secure environment, with the goal of a rapid return to the community.

In its 32 years, VCIN has declined to serve only 8 people, due to concerns that those individuals were motivated and capable of leaving VCIN's care and, upon eloping, could pose a risk of harm to the community or to themselves. In 2018, the average stay in the Moretown and Wardsboro beds was 16 days. The Moretown bed has served the same individual for more than 3 years, while the Wardsboro bed has served the same person for 327 days and counting. The third bed has served the same

individual for 339 days and counting.

Arguing that the system is no longer working as intended or how it did for decades, and that agencies lack the human resources needed to support these most challenging individuals, VCIN's position is that something more and different is needed.

Other Work Group members who concluded that there is a need to have this forensic facility available for this population opined as follows:

- Vermont Judiciary: This facility is needed if the desire is to limit sending those with disabilities to jail or Corrections because they present a danger to the public or to care-providers and cannot remain safely in the community. A need also exists when an individual hasn't committed a new crime, but is an elopement and violence risk, and isn't willing to engage in programming, putting the community support systems at risk.

- Department of Mental Health: The Department of Mental Health supports creating a forensic facility for those in both populations; DMH realizes restrictive systems are helpful to those with complex needs to get support for greater independence. There is a population of people that DMH cannot serve. When serving people in the community in the least restrictive settings isn't possible, a temporary, secure setting provides safety for the participant and the community. A forensic facility would allow DMH to serve people they can't serve right now. Karen said that there are some people in the community that do need extra supports and services and that this is an area of care in our system that is lacking.

- Senate Judiciary: The alternative to someone with I/DD who commits a serious crime is jail, and, for many reasons, corrections facilities are not an appropriate place for those with disabilities.

2. *No, there is no need for the forensic facility.*

The Working Group also heard presentations from its members representing Vermont Legal Aid-Disability Law Project (DLP) and the Vermont Developmental Disabilities Council (VTDDC), both of whom opined that there is no need for a forensic facility.

DLP describes its role as "help[ing] people with civil legal problems related to their disability" by "[giving] legal advice, [supporting] self-advocacy, and [representing]

clients and their families in courts, hearings and other settings." In asserting a lack of need for a forensic facility for individuals with I/DD, DLP's representative on the Working Group asserted that being in the community enables individuals to practice social and safety skills and self-regulation, and participating in the community allows for a higher quality of life. DLP argued that a home-based setting is the least-restrictive setting, and expressed a concern that individuals will fall through the cracks in an institutional setting. DLP believes that the housing shortage may add pressure to place individuals in the forensic facility and prefers that funding be directed to the DAs, instead of the forensic facility, to ensure the community-based setting is safe.

The Vermont Developmental Disabilities Council, created under the federal Developmental Disabilities Assistance and Bill of Rights Act and whose mission is… "to help build connections and supports that bring people with developmental disabilities and their families into the heart of Vermont communities," asserted that the state of Vermont had failed to invest enough in community-based residences since the closing of the Brandon Training School in 1993 and that the State's *Olmstead Plan* does not provide a long-term financial plan to increase community living options. VTDDC argued that there is no need for the forensic facility; instead, the State should invest in community placement, in our underfunded system to keep people out of crisis, and to keep people safe in the community.

This prompted a discussion of the ruling in *Olmstead v. L.C.,* a case in which two women from Georgia, who had spent years in institutions, asked the United States Supreme Court whether the anti-discrimination provision in the Americans with Disabilities Act of 1990 (ADA) requires a state to discharge people with disabilities to community settings once their treatment providers determine community placement is appropriate. In answering with a qualifies "yes," the Supreme Court held that "undue institutionalization qualifies as discrimination "by reason of…disability" and that the ADA requires community placement when: 1) the "State's treatment professionals have determined that community placement is appropriate"; 2) The community placement is not "opposed by the affected individual"; and 3) the "placement can be reasonably accommodated taking into account the resources available to the State and the needs of others with mental disabilities."

The VTDDC noted that *Olmstead* applies to the planning, design, and funding of the State's service systems, as well as to programs that are funded through Medicaid and other government programs. In response, the State commented that the Supreme Court's holding in *Olmstead* was not condoning the termination of institutional-based

settings across the board; rather, states may continue to rely on the reasonable assessments of its own professionals in determining whether an individual is eligible for community-based programs. The forensic model contemplates a short-term placement to stabilize individuals who present a high level of dangerousness, many of whom present with co-occurring disorders, until community-based programming can be developed which meets their needs while ensuring the safety of the community.

Other Work Group members, who concluded that there is no need for this forensic facility for this population, opined as follows:

- Green Mountain Self-Advocates: Vermont has fewer service providers for people with intellectual and developmental disabilities than most other states, including other rural states. Vermont needs to find new providers to serve people in community-based programs.

- House Human Services: There is a gap in the system; however, it is not clear if the forensic facility addresses those gaps. Concerns include: the need to place people in less-restrictive environments as soon as possible after admittance to the facility; that people will stay longer than necessary in the facility because of the staffing and community-placement shortages; that the facility will be too small in the near future, and that other residents in the facility could re-ignite trauma for individuals.

- SPSC: In strongly opposing the plan to place and treat individuals committed under Act 248 at the proposed forensic facility, the Committee recommended "that the State of Vermont allocate the necessary resources into the Home and Community Based Services System, which supports people with I/DD in the least restrictive setting. In the 1990's, the State of Vermont recognized that placing people with I/DD in institutional settings was wrong, and, subsequently, the Brandon Training Center was closed. Since that time, housing, supports, and services have been successfully implemented in community-based settings."

B. <u>The extent to which a forensic facility addresses any unmet needs or gaps in resources for individuals with intellectual disabilities.</u>

1. In addressing this second charge, the following Working Group identified

ways in which the forensic facility fulfills unmet needs and gaps in resources for the individuals eligible for placement.

- VCP: The current programming that is created to keep these individuals and the community safe is very restrictive and very secure and may not be the best option. This scenario, with its high level of security, may start to look like the forensic environment that some are opposed to, but it may still not offer the level of support the forensic facility would be designed to provide.

- VCIN: A forensic facility could be designed to be sensitive to those with I/DD who present an extreme risk of harm, and someone in that facility, even for a short time, would receive psychiatric, psychological, nursing, and medical care at a level that exceeds what is available in the VCIN crisis beds.

- Despite anecdotal evidence, there are no data to demonstrate that workers supporting individuals committed under Act 248 in community-based settings are leaving their jobs as a direct result of having been assaulted by these individuals. Nonetheless, one member hypothesized that such data may support the need for a more restrictive setting (i.e., a forensic facility) to address a gap in staff resources in community-based settings.

2. *The Working Group invited Hilary Ward, LICSW, who has been working for 12 years with individuals spanning all levels of cognitive functioning who exhibit challenging behaviors, to address the potential impact, if any, of being placed in the forensic facility on individuals with I/DD. In doing so, Ms. Ward discussed the limitations of current community-based programming, the potential benefits of the forensic facility, and the importance of continuing engagement and planning to ensure a smooth reintegration into the community.*

- Specifically, Ms. Ward offered the following:

    - Community-based settings often use entry level staff positions, and those staff have minimal experience and receive only basic training.

- Community-based staff can provide 24/7 eyes-on, but there is little they can do to intervene if dangerous or unsafe behaviors occur, including violence and elopement.

- In a community-based setting, coordinating individual specialists for an observation is difficult and time-consuming.

- The proposed forensic facility could offer 24/7 observation and behavioral intervention by an experienced, core team for those individuals with complex and acute needs who present more dangerous behaviors. This level of observation in one location could offer more accurate diagnoses, more timely medication adjustments, and holistic observation of the whole person for medical, psychiatric, substance-use struggles, trauma reaction, and cognitive functioning. Staff could also create an accountability plan for undesirable behaviors that is consistent with the behavior support plan. A single location with a core staff team could provide a consistent approach.

- People with I/DD experience difficulty with transitions. Moving to a new place, changing routines and support staff, and preparing for discharge could all present challenges. Further, a strong routine, increased structure, and familiarity with staff over time could decrease the interest in discharge.

- Transitioning back into the community with increased autonomy and decreased support can spark a return to old patterns. As such, ensuring that the community team remains engaged with the individual and involving the individual in their discharge planning, which would begin at the time of admission to the facility, is critical. By identifying the goals for discharge and demonstrating that the community team is supportive of the transition, residents would experience positive reinforcement and a focus on the future.

- The key to this proposed facility is to support the regulation of emotions and the development of skills to tolerate distress and communicate effectively in order to be safe in the community. A "Level System," designed to determine readiness and assess safety for discharge, could facilitate the transition from 24/7 "eyes-on" supervision to a less restrictive community-based placement. For example, individuals at Level 1 may be unable to leave the premises.

Level 2 might require an individual to obtain permission to go out into the community with staff, and Level 3 may allow the individual to spend time on their own to evaluate their skills in those areas.

- Only after the provision of basic support, skill development, and 24/7 staffing are found to be unsuccessful, and an individual continues to struggle with emotional regulation and being safe, should the forensic facility be considered. Since being placed in a locked facility is not ideal, all options with fewer restrictions should be tried before considering placement in the facility.

- It is important to look at the many factors that lead someone to become violent or dysregulated. Factors such as what was going on before the charge, their environment, environmental influences, were they under the influence of substances? These considerations and more need to be evaluated holistically before making a determination about whether someone should go directly to the facility upon initial commitment to Act 248.

    - Nonetheless, when asked if there are circumstances under which an individual, who cannot be safely served in the community and from whom the public cannot be protected, should be considered for the forensic facility *without the need to exhaust all other options,* Ms. Ward responded that she could envision a situation where someone could be recommended to go directly to the facility, but she emphasizes the need for a careful study, perhaps by a team that includes a medical director, a clinical professional, and someone from developmental services.

C. <u>What are the roles of Vermont Legal Aid, an ombudsman, or Disability Rights Vermont in serving individuals with I/DD placed in the forensic facility?</u>

- DLP: Currently, the Long-Term Care Ombudsman program does not go into Therapeutic Community Residences because there is no federal mandate, nor is there funding for Vermont Legal Aid to cover those programs. There would need to be additional conversations about the role of Vermont Legal Aid in supporting these individuals.

- VTDDC: Vermont needs an Independent Developmental Services Advocate, similar to the Long-Term Care Ombudsman, to support those placed in the forensic facility.

D. <u>What investments, policies and programmatic options are necessary for high quality community-based supports for those committed to Act 248?</u>

- VLA-DLP would like to see the funding that would go into a forensic community instead be given to the DAs and back into the community as better pay, benefits and housing for the staff who support those on the Act 248 program.

E. <u>Finally, Act No. 27 directs the Working Group to address the following:</u>

<u>The specific circumstances under which an individual, committed to the custody of the Commissioner of Disabilities, Aging, and Independent Living, could be placed in a forensic facility;</u>

<u>Necessary changes to 13 V.S.A. chapter 157; and</u>

<u>Any amendments to 18 V.S.A. chapter 206, including amendments needed to ensure due process prior to and during the commitment process, regardless of whether the Working Group determines that a need for forensic level care exists.</u>

At the Legislature's direction, the Working Group referred to what appeared to be the last draft of S. 89 that contained proposed substantive changes to 13 V.S.A. chapter 157 and 18 V.S.A. chapter 206. S.89 Draft 2.4 (2023). More specifically, the Working Group focused its attention on the sections of this draft that pertained to individuals to be committed, or already committed, to the custody of the Commissioner of DAIL. Those provisions were identified as Sections 2, 3, 4, 12, 13, and 14 through 19. Although the Working Group was unable to reach consensus on changes to these provisions, members, and entities with which the Group consulted, expressed strong opinions on these issues. What follows are summaries of the positions and recommendations of the stakeholders in response to each of the sections referenced above. See Appendix C for specific statutory recommendations. TO BE CONTINUED…

Appendix A

Working Group Members

A representative, appointed by the Disability Law Project of Vermont Legal Aid	Susan Garcia Nofi
A representative, appointed by the Developmental Disabilities Council	Susan Aranoff
A representative, appointed by the Green Mountain Self Advocates	Max Barrows
A representative, appointed by Vermont Care Partners	Mary-Graham McDowell
A representative, appointed by the Vermont Crisis Intervention Network	Jennifer Poehlmann
The Commissioner of Disabilities, Aging, and Independent Living or designee	Stuart Schurr
The Commissioner of Mental Health or designee	Karen Barber
The President of the Vermont State Employees' Association or designee	Eliza Novick-Smith
The Executive Director of the Office of Racial Equity or designee	Tiffany North Reid
The Chief Superior Judge or designee	Hon. Karen Carroll
A member from the House Committee on Human Services, appointed by the Speaker	Rep. Rey Garofano
A member of the House Committee on Judiciary, appointed by the Speaker	Rep. Ela Chapin
A member of the Senate Committee on Health and Welfare, appointed by the Committee on Committees	Sen. Ginny Lyons
A member of the Senate Committee on Judiciary, appointed by the Committee on Committees	Sen. Richard Sears

Appendix B

Working Group Presentations

Department of Disabilities, Aging, and Independent Living (DAIL):
Commitment to the Custody of the DAIL Commissioner Under Act 248
Developmental Disabilities Services System of Care
Developmental Disabilities Services Division Overview

Department of Corrections (DOC):
Department of Corrections Perspective on Act 248 for the Act No. 27 Working Group

Vermont Care Partners:
Mary-Graham McDowell, Rutland Mental Health Services (RMHS)

Vermont Crisis Intervention Network (VCIN):
Pat Frawley, Ph.D.
The Vermont Crisis Intervention Network Overview

Vermont Legal Aid-Disability Law Project (DLP):
Susan Garcia Nofi
Vermont Legal Aid Perspective

Hilary Ward, LICSW
Use of the Forensic Facility for those with I/DD

Vermont Developmental Disabilities Council (VTDDC)
Susan Aranoff
Vermont Developmental Disabilities Council

JoAnn Kortendick and Kelly Carroll
A Victim's Perspective

VT State Program Standing Committee for Developmental Disabilities Services
Letter from Members of the VT State Program Standing Committee for Developmental Disabilities Services

Appendix C

Specific Statutory Recommendations