



VT Human Rights Commission
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May 14, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

RE: Service Coordination for Inmates with Serious Functional Impairments
(SFI)

Dear Secretary Cohen:

At the March 2015 Human Rights Commission (HRC) meeting, the Commissioners heard the case of inmate *P.F. v. Agency of Human Services, Department of Mental Health and Department of Corrections*. You may not have been aware of the case at the time as it pre-dated your tenure with the Agency, however recent events involving P.F. have given it new urgency. While our investigator ultimately recommended that the Commissioners find no reasonable grounds to believe that discrimination occurred in this case, and the Commissioners concurred with this recommendation, the report raised significant concerns about the manner in which services are coordinated for individuals like P.F. when they are being released into the community on furlough or parole.

Specifically, our Commissioners were very concerned with what appears to be a general lack of coordination amongst various departments and contractors of the Agency when it comes to determining what services will be provided in the community for inmates who have serious mental health issues and are being released while still under DOC supervision.

The investigator made the following comments in her report:

The placement process is an administrative quagmire with too many cooks in the kitchen trying to deal with too many significant logistical and substantive issues spread across too many departments, agencies and individuals. It was obvious that agendas within DOC, DMH, AHS – and an outside agency – HCRS - varied as did preferred methods of implementation. It was difficult to

determine which agency was the lead agency (if in fact there was a lead agency at all). There did not appear to be a designated point person coordinating across all agencies, or if there was it was not clear who that person was. Communication between numerous individuals (some of whom change over time) in all agencies was sporadic and it appeared that not everyone who needed to be in the loop was in fact regularly in the loop or on the same page at the times they needed to be there.

There were differences of opinion about levels and types of services required and the intensity of supervision needed for Mr. F to succeed in placement. There were disputes over how much to pay for services and supervision and which agency's budget should bear the cost as demonstrated in the debate over whether Mr. F's mental health issues or "criminogenic" issues were more prominent. By the time some kind of plan is in place with some kind of funding, it may be that Mr. F and others like him get released to the community with less than ideal supports. This approach disserves individuals who may benefit from being placed in the community as well as the communities in which they are placed.

Because all of the departments responsible for services to these vulnerable individuals reside under the AHS umbrella, it seems possible to set up better systems to address the above issues. It is my understanding that there are LIT and SIT teams, that in theory serve some of the coordination function, but those systems do not appear to be working well, if at all. Our investigation was unable to determine which agency was the lead agency or who the designated point person was based on all the information provided to the investigator. Additionally, the funding issues were debated repeatedly in back and forth email exchanges between DMH, DOC and HCRS about which agency should pay for mental health services. There also seemed to be no consensus between DOC and DMH as to the level of community supports and mental health treatment needed to keep Mr. F functioning successfully in a community setting.

There appears to be a need to clarify the role of outside contractors like HCRS, CCS and any others that participate in the planning and implementation process. Perhaps bringing in an outside consultant to review the present systems and make recommendations would be useful. As dollars become less available, a more streamlined and efficient delivery system would make the very best and most appropriate use of resources for those persons as they return to their communities.

We are seeing more and more of these cases at the HRC and it is possible that at some point a set of facts may support an Olmstead violation based on a

failure to provide these services in the most integrated setting appropriate to the needs of the individual. A slightly different situation in Washington State, which we are also seeing at HRC, (and which also falls under the purview of AHS) recently resulted in a federal court order requiring the state to address issues related to incarcerated inmates who are in prison due to the shortage of mental health beds.

Thank you for your attention to these very important issues. As an agency head, I appreciate the financial climate in which we are all (and AHS particularly) operating but these vulnerable Vermonters deserve better than what our current systems have been providing. Better coordination does not solve the monetary issues but it may help avoid lost time and resources in the planning process.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen", with a long horizontal flourish extending to the right.

Karen L. Richards
Executive Director

Cc: Shayna Cavanaugh, AAG
Lindsey Owen, Esq.
Mary Marzec-Gerrior, Chair
Donald Vickers
Nathan Besio
Mary Brodsky