
**Report to
The Vermont Legislature**

**DCF Proposed High-End System of Care Plan
in Accordance with Act 160 Section 18(a), (c)**

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

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This report has been prepared in accordance with Act 160, Section 18:

(a)(1) On or before December 1, 2022, the Department for Children and Families and the Department of Corrections shall propose a plan to the Senate Committees on Judiciary, on Health and Welfare, and on Institutions and the House Committees on Judiciary, on Corrections and Institutions, and on Human Services to ensure the availability of secure placements, treatment, and transitional housing for persons 18 years of age and older who are subject to juvenile and youthful offender proceedings. The plan shall include:

- (A) data on the number and location of current secure placements and a plan for how current and future secure placements will be accomplished;*
- (B) provisions ensuring that placements are available for youth going forward;*
- (C) a description of the services to be provided; and*
- (D) a recommendation as to whether dual custody with the Department of Corrections should be considered.*

(2) The plan required by this section shall include a progress report on the requirement of Secs. 1 and 2 of this act that the Raise the Age initiative take effect on July 1, 2023.

(b) On or before July 1, 2022, the Department for Children and Families shall file a preliminary report to the Joint Legislative Justice Oversight 2022 Committee describing the progress made toward completion of the plans required by subsections (a) and (c) of this section.

(c) The Department for Children and Families shall, on or before December 1, 2022, propose a plan to the Senate Committees on Judiciary, on Health and Welfare, and on Institutions and the House Committees on Judiciary, on Corrections and Institutions, and on Human Services to ensure the availability of secure treatment placements and aftercare planning for 12-17 year-olds who are subject to juvenile and youthful offender proceedings.

(d) The plans required by subsections (a) and (c) of this section shall be based on research-informed, evidence-based best practices in support of children and families that are trauma-responsive, culturally informed, and consider alternatives to incarceration.

The Department for Children and Families (Department) is committed to serving youth within a system of care that supports their success, including supporting staff with the tools and training they need to serve youth in the care and custody of the Department. A healthy system of care serving both child welfare and juvenile justice populations relies on home, homelike, community based, residential, and stabilization settings. While capacity in these settings has been impacted by economic and societal shifts associated with the pandemic, and creatively targeted by Department efforts, the emphasis of this report is on efforts to develop capacity in the residential and stabilization settings, hereafter referred to as the “high-end system of care”. The reason for this emphasis is that lack of capacity in the high-end system of care puts the greatest amount of stress on the entirety of the system and represents the greatest risk of negative outcomes for the youth in need of care.

In the Act 160 Preliminary Report, submitted in July 2022, the Department identified three populations who may require housing in a secure setting. In this plan, the Department is refining and expanding the youth populations that highlight the most significant present system vulnerabilities. Refining the populations better provides the contextual framework behind a more comprehensive plan for our proposed high-end system of care. The population needs are:

- Secure Stabilization
 - Youth in Crisis who are subject to delinquency or youthful offender proceedings (presenting risk to personal or public safety)
 - Youth under the age of full criminal responsibility who are subject to criminal proceedings
- Intellectually/developmentally disabled youth presenting explosive/violent behavior
- Youth experiencing acute mental health/substance use in crisis (personal/public safety)

- “Habitual Offenders”: Youth with an escalating history of delinquent/criminal involvement
- Youth transitioning to or from other high-end levels of care

Only youth subject to delinquency, youthful offender, or criminal proceedings may be held within an architecturally secure facility, but most justice-involved youth do not represent the level of risk to be placed within such facilities. All youth in the Department’s care should be held at the lowest level of care required to best serve their needs. A high-end system of care should have room for youth to transition between levels of care quickly and seamlessly and always with an emphasis on holistic, trauma-responsive, and developmentally appropriate services.

DCF’s Existing System of Care

The current system of care continues to operate at reduced capacity as compared to pre-pandemic overall bed count. Concerted efforts by the Department have supported growth, especially in those programs providing the highest acuity care to youth. Statewide capacity is currently running at 66% of current licensed capacity. When compared with pre-pandemic levels, the system is running at 53% of previously contracted capacity.¹ Programs for youth continue to operate at a diminished capacity due to the difficulty in hiring staff.

The following table describes the capacity within Vermont’s in-state contracted system of care. Levels of care are ordered from highest to lowest acuity.

Level of Care	Pre- Pandemic Contracted Capacity	Current Licensed Capacity	Actual Capacity- Oct 11, 2022	Actual Capacity (Percent of Pre-pandemic Contract)	Actual Capacity (Percent of Current Licensed Capacity)
Secure Programming	16	0	0	0%	0%
Crisis Stabilization	20	20	14	70%	70%
Mental Health Emergency Beds	16	18	11	69%	61%
Short Term Stabilization	14	14	5	36%	36%
Intensive residential	75	46	44	59%	96%
Community Based Residential	55	59	30	54%	51%
Total	196	157	104	53%	66%

*Data updated on 11/10/22

While overall capacity within the residential system is at similar levels as were described in the Act 160 Preliminary Report, capacity within the most vital stabilization programs have grown. Targeted efforts have made a tremendous impact on the Department’s capacity to place youth in helpful settings. Most

¹ There is some discrepancy with figures shared in the Act 160 Preliminary Report. This discrepancy is due to revisions in the tracked data template; a program was removed that is licensed by but does not serve DCF populations. Another program has been created since the Act 160 Preliminary report.

notably, a primary stabilization program has transformed its program and has been steadily increasing census since August, following a planned suspension of services. During that period, with the support of an organizational consultant provided by the Department, the program focused on training and hiring staff, providing vacation time to overworked staff, developing a new programmatic approach, and reinforcing infrastructure. Absent available bed capacity within existing crisis stabilization programs throughout the pandemic, the Department provided its own staff to work with destabilized youth in alternative settings. At the lowest point of capacity, the Department was staffing one or more youth weekly outside of the contracted program network when youth could not be placed within a crisis stabilization program. Since the planned suspension, that primary stabilization program has doubled its available bed capacity, and the need for Department staffing has significantly diminished.

Since the publishing of the Act 160 Preliminary report, a Central Vermont community based residential program serving girls has transitioned ownership to a new provider. The new program has a lower census but works with higher-need youth. While this may reflect a decrease in total available beds, the Department identifies this as an improvement, because the program can serve a more challenging population. Similarly, DCF has provided funding to support seven long-term traveling health care staff to another Central Vermont provider to bring additional mental health focused crisis stabilization beds online.

Lastly, the Department has finalized contracting with the Windham County Sheriff Department for the use of the “Rest Stop”. Modeled after the Yellow House in Hyde Park, this non-secure, single-bed program can be used by Department staff to temporarily house youth with Sheriff support.

Proposed Plan

In 2019, the General assembly requested that the Department submit to the House and Senate Committees on Judiciary and Appropriations “a plan related to the continuation of operations beyond July 1, 2019, limited to only short-term placements of delinquent youths”. At that time, the Department formed a working group who recommended the development of a multi-wing facility that could accommodate varying levels of security and serve youth presenting high acuity mental health, substance abuse, or behavioral needs. The Department maintains that such a setting, either as an institutional setting, or preferably, a multi-use campus, will best meet the short-term stabilization needs of Vermont youth. Within the context of the current state of urgency combined with the sustained impact to workforce access, such a wholesale project will likely take many years to come to fruition, and the State needs a short-term (temporary) solution to serve youth. The Department recommends a staged approach to developing the high-end system of care, both architecturally and programmatically, with the aim to create a continuum of service settings. The priority recommendation includes four elements:

- **Short Term Secure Stabilization-** Hardware-secured physical structure with generalized therapeutic programming, designed to *immediately* manage acute safety crises for any justice-involved youth.
- **Short Term Secure Treatment-** Hardware-secured physical structure with specialized therapeutic programming, designed to address persistent or egregious behaviors that present risk to personal or public safety for appropriate justice-involved youth.
- **Staff-Secure Crisis Stabilization-** Community-based physical structure with generalized or specialized therapeutic programming, designed to immediately manage acute crises for any youth,
- **Psychiatric Residential Treatment-** Community-based physical structure with specialized therapeutic services designed to serve youth with intensive mental health or developmental needs.

Short-Term Secure Stabilization Program

The function of this program is to provide immediate safe and stable housing and intervention for any justice-involved youth under the age of full criminal responsibility who cannot be safely housed within the community. As the highest level of care accessible to the State, this program will not be able to reject any referral (except for capacity) nor eject any youth being served. This short-term program is intended to serve youth very briefly, in most cases fewer than ten days. Its purpose is to stabilize youth and transition them to lower levels of care. The program will be operated by an independent provider with an understanding and proven track record of administering appropriate therapeutic interventions within a secure setting. Staff will be trained in trauma-informed, culturally responsive approaches, and educational and therapeutic interventions will be generalized to support any youth. Because of the rapid entry and brief nature of this setting, educational programming will be categorized as a tutorial program, where the program coordinates the work from the student's local educational agency. Therapeutic supports will include positive peer culture and psychoeducational group work such as life skills, anger management, mindfulness, and substance use/abuse.

The Department has explored several options in seeking the shortest-term solution to satisfy the highest degree of security. These options include using existing state facilities or newly fabricated modular structures on state land. Any short-term facility will be replaced by a long-term solution thoughtfully developed to meet the evolving needs of the Department's expanding population. The temporary solution will remain in operation until another facility is constructed to replace it. Initial program design for the short-term program will include six to eight beds.

Addressed Populations: This program will be used to serve youth identified in the "Secure Stabilization" populations outlined on page two of this plan. Secure Stabilization refers to all genders and ages requiring immediate entry upon referral. Only youths with active juvenile, hybrid (youthful offender), or criminal cases may be served in this setting. This program will temporarily serve youth who have had explosive, destructive, or violent behavior in other community-based settings. This program may serve justice-involved youth at the point of mental health crisis (unless hospital level of care is indicated).

The Department has been working closely with partners at Buildings and General Services (BGS). BGS has placed this project on an expedited "emergency" status, has assigned a project manager, and has provided renovation cost estimates and anticipated timelines to the Department for all potential development solutions. BGS estimates range from retrofitting existing state structures with minimal improvements to more comprehensive rapid build projects. All proposed solutions come with some unknown variables and anticipated challenges. All solutions are crafted to create environments that are trauma-informed and conducive to therapeutic intervention. All estimate costs fall within DCF's existing operating budget, and most likely time estimates are within 10-12 months. Solutions requiring more comprehensive renovation or development of new structure will allow more flexibility in thoughtfully designing the program space but are anticipated to take at least 10-12 months at a cost of up to \$2M or more. Concurrently, the Department has developed a Request for Proposal (RFP) to identify a therapeutic provider to operate this proposed program.

Short-Term Secure Treatment

The Summit Transition Home in Newbury, Vermont is designed to meet the short-term safety and stabilization needs of up to six male Vermont youth aged 12-17 on a no eject, no reject basis. This program is contractually no eject, no reject, yet considerations have been made to support the needs of the program, community, and residents including: age, gender, and treatment needs. The program will deliver trauma-informed care and rehabilitative behavioral interventions that encourage the development of

accountability, critical thinking and responsible decision making. For this program, short-term is described as approximately four months. As a secure placement setting, the program can satisfy some emergent needs, yet the emphasis is on assessment and treatment developed with a trusted provider with a proven record of quality treatment services. With this focus, the program lends itself to longer placements and targeted therapeutic intervention. This program that will serve a population of youth who would historically have gone to secure offender treatment programs like the Youth Opportunity program in Tennessee, or the Abraxas programs in Pennsylvania. This secure treatment program will allow the Department to serve youth within Vermont, closer to their communities and families.

Addressed Populations: This program will serve male youth under 18 with active juvenile, hybrid (youthful offender), or criminal cases. Specifically, this program will work with youth who are “habitual offenders”, or otherwise presenting a sustained degree of public safety concern. Though it will not be required for admittance that youth transition from acute residential stabilization within the Short-Term Secure Stabilization Program, youth may continue with treatment at the Summit Transition Home.

On November 4, 2022, the Environmental Division of the Vermont Superior Court issued a Final Judgment Order allowing the issuance of a zoning permit to the State for this project, though the Town of Newbury has publicly stated that they intend to appeal the decision. The structure still needs to be fully renovated. The provider continues to be engaged in the project.

Staff-Secure Crisis Stabilization Beds:

Vermont currently uses two primary providers for staff-secure crisis stabilization needs. The Washington County Mental Health “Turtle Rock” program, and the Seall programs in Bennington.

- Turtle Rock is a one bed program that can be increased to two beds if the residents have compatible therapeutic needs. This program is designed to stabilize youth experiencing mental health crisis but fall short of meeting screening criteria for hospital Emergency Room admission. This program has maintained full operation throughout the pandemic and is always in use.
- The Seall programs are more generalized in crisis stabilization purposes. Youth in those programs generally cannot be housed safely within home or homelike environments, and may experience some mental health, legal, placement, or security crises. The Seall programs have been resilient in navigating the challenges of the pandemic and accommodating a variety of acute mental and behavioral health risks of the population served. Some youth with violent offense histories or explosive, destructive behaviors, however, may not be appropriate for these programs. Available capacity has been dramatically reduced, but concerted State and program efforts have brought the program back to two-thirds of pre-pandemic capacity.

To support existing stabilization infrastructure, DCF is working to develop a two-bed crisis stabilization program in the southern part of the state, similar in function to the current crisis stabilization programs in Bennington (Seall). The program is being developed by a trusted provider external to both DCF and the Windham County Sheriff Department. The program’s small size and proximity to support from law enforcement, if needed due to youth crisis, offers a unique degree of security for a crisis stabilization program; however, the facility will not be architecturally secure. Operationalizing this program, as well as enhancing staffing capacity to other stabilization programs, will reduce or remove the necessity for DCF staffing youth that are otherwise difficult to place. This program is intended to house youth for fewer than 30 days.

Addressed Populations: This program can be used to support any populations of youth, including justice involved youth, for as long as the public safety needs do not demand full security. It is not designed to

provide mental health treatment but can be used to bridge youth in crisis to other residential settings, particularly from higher levels of care.

The space is immediately available to begin renovation. The Sheriff's Department will provide the required renovations and the Department expects the expenses to be reflected in the lease. Full renovation cost estimates for architecture, engineering, plumbing, and construction are nearly finalized, and are not to exceed \$500K. The program cannot be utilized until renovation is complete, including the construction of an additional egress. The current anticipated timeline for program readiness is spring of 2023. This project is on expedited status with BGS and lease negotiations are underway. Contracting with a service provider is still in development, but the timeline for development of the contracted program is aligned with the timeline for construction.

Psychiatric Residential Treatment Facility (PRTF):

The Department has developed an RFP, with input from Department of Mental Health and Department of Disabilities, Aging, and Independent Living, to identify a provider to establish a Psychiatric Residential Treatment Facility (PRTF) within Vermont. PRTF is a distinction that refers to a Medicaid-reimbursable psychiatric program serving youth. These clinical programs specifically address youth with acute mental health needs. There are currently no PRTFs operating in New England, so all youths needing this level of care are placed elsewhere in the country. These programs are typically "perimeter secure," in that individual rooms are not locked but there may be locked exterior doors or fencing.

Addressed populations: This RFP will seek bidders who can fill two populations, youth struggling with acute mental health issues, and youth identified as having intellectual or developmental disability/autism spectrum disorder. Both categories may include youth with explosive, aggressive, or violent behaviors. Youth with acute mental health issues often are left lingering in hospital emergency room settings for lack of other available programming. They are also frequently denied acceptance to traditional residential treatment if providers fear they are too aggressive for the programs, but not able to integrate into the peer culture of programs that serve delinquent youth. This RFP will seek a provider who assesses for appropriateness but can serve both justice-involved and non-justice involved youth.

Partner Engagement to Address Secure Stabilization

The Department is moving quickly to develop the facilities described in this plan and identify providers to operate the programs within them, but ongoing collaboration will be required to operationalize their use.

The Juvenile Jurisdiction Stakeholders Group (JJSG) was created in 2016 to coordinate collaboration between State, Judiciary, and community partners. The Department convenes at least monthly meetings with JJSG and has continued to engage in discussions with that group on secure programs that can fully meet the needs of all three identified populations. JJSG includes representation from the Department of Corrections (DOC), the Office of the Defender General, the Department of State's Attorneys and Sheriffs, the Judiciary, and the Vermont Center for Crime Victim Services.

The Department has had numerous independent discussions with DOC about how to best address the need for secure placements for juveniles. The Departments are in agreement that young people, regardless of the court of jurisdiction, are best served within a facility that does not also actively serve adults in custody. One reason for this recommendation is to adequately maintain compliance with federal regulations such as the Prison Rape Elimination Act and the Juvenile Justice Reform Act of 2018. Both Acts require conditional site and sound separation between juveniles and adults. Another

reason for this recommendation is to ensure adequate, developmentally appropriate service provision for every population within the scope of each department's mission and values. Both Departments agree that operating a program under a DCF contract but within a DOC facility offers too much opportunity for competing oversight priorities that ultimately could negatively affect populations served and the well-being of the program. The Departments agree that youth require different facilities/spaces, different services and therapeutic approaches that are not presently offered in correctional facilities.

Last, the Department is a participant in the Governor's 10-Point Public Safety Plan and the Violence Prevention Task Force. The Department sits on multiple subcommittees, including the Raise the Age/Youthful Offender subcommittee. The subcommittee is looking at potential changes to Raise the Age, and clarity with Youthful Offender processes to ensure that the system is able to respond to concerns of public safety in relation to these populations and serve them appropriately within our child welfare and juvenile justice systems. There is concern within the public safety entities of growing populations of youth with consistent access to firearms and the increase of organized drug trafficking involving youth. As discussed within these subcommittees, the Department recommends that the State defer the July 1, 2023 implementation of Raise the Age until such a time as the State has developed the facilities and programs described within this plan. The State needs a robust, functioning system of care for existing populations before new populations are added to that system. This system requires, at minimum: an operational secure stabilization program for youth; community-based organization bed and care capacity at or near pre-pandemic levels (which may include the other three facilities outlined for development in this plan); a data system that can adequately track the cases that we have already had, as well as those coming to us; a significantly improved employment market; and clarity on other provisions supporting the Department's ability to provide services to an 18+ population. Many of these factors are outside the control of the Department.

In conclusion, the Department for Children and Families continues to move forward in developing holistic residential treatment facilities to best serve justice-involved Vermont youth. Progress in sustaining and building the system of care will occur through partnership with organizations with solutions-oriented approaches and realistic understanding of the barriers to overcome. The Department will prepare the plans outlined in Act 160 with prioritization of youth needs, the urgency of sustaining the system of care including staff safety, and the responsibility of improving the system for better outcomes for young Vermonters.