



**HOWARD
CENTER**
Help is here.

Legislative Testimony to the House of Human Services

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Services Programs Provide:

The Park Street Program is a therapeutic community based residential program licensed to serve 10 adolescent males ages 12 to 17 with sexual problematic behaviors located in Rutland, Vermont. The components of the residential program offered are 90 day assessments, long-term treatment (12-18 months) and an option for youth who have received treatment out of state to transition back to Vermont. The Fay Honey Knopp Memorial School is a licensed therapeutic Independent School that offers both a middle school and high school curriculum to include vocational, therapeutic and special education services to the youth who reside at Park Street.

The program operates through a therapeutic milieu providing residents with a structured daily routine, life skills, community service, therapy groups, individual therapy, family therapy, and models for pro-social behavior. The Good Lives Model* of treatment paired with a Trauma Informed Model (Attachment, Self-Regulation and Competency- ARC)* along with a Collaborative and Proactive Solutions* approach provides a treated adolescent the ability to obtain the skills necessary to avoid harming others in the future. Masters level licensed clinicians oversee assessments, case planning, individual, group and family therapy. Given that it is often the recommendation that youth return to the care of their family, family therapy offered at Park Street is comprehensive and includes onsite therapy, in home work, unified victim/perpetrator therapy, monthly facilitated family connections for all youth family members and opportunities for youth to maintain or establish home community connections. Psychiatric oversight and medication is provided by a consulting psychiatrist and a registered nurse who also ensures health and dietary services are provided. Programming for residents at Park Street is highly individualized, thus there is capacity to offer additional services such as evaluations by outside entities, substance use therapy, adjunct trauma informed therapy, vocational skill training, employability and college prep readiness, plus other community involved activities that are noted to benefit a youth during their stay. For those students who require additional supportive services such as Speech and Language or Occupational Therapy this can be also be offered in coordination with their sending school district.

The Transition House is also a therapeutic community based residential setting that typically serves clients ages 16-18 in DCF custody who discharged from Woodside Juvenile Rehabilitation Center or other secure out of state placements, located in Essex Jct., VT. It can serve as a step-down from Park Street in our system of care. A formal contract between HC and Woodside terminated about 5 years ago. Youth are welcome to stay beyond their 18th birthday through age 22, if they sign the DCF over 18 agreement, though this scenario is rare. Individual, family and group therapy is provided internally or by community providers, depending on the needs of the youth served. T-House also travels to the home of families to provide family

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therapy when families are unable to. Transition House is updating its current model from a level system to a Collaborative Proactive Solutions* model with restorative justice practices similar to Park Street. The ARC* model is also integrated into the T-House Program. The primary focus of Transition House is assisting youth to reintegrate into community settings, helping them acquire independent living skills, meeting their educational goals and preventing relapse (substance abuse, delinquent behavior and offending behaviors). Residents of Transition House are expected to participate in an educational program to meet their HS graduation or GED requirements, but this is not provided on site. Therefore, LEAs and local educational programs must be involved to ensure the educational needs of youth in our care. Support is also available for youth to gain employment or volunteer experience to further their independent living skills and build their employability. The group milieu is utilized to build prosocial skills for adolescents moving toward adulthood. We are currently serving our first youth funded through the DMH, who does not come from the DCF system of custody or adjudication. We hope to continue to be a community provider who can meet the needs of youth in our community regardless of the funding structure.

Type of Diagnoses at both Programs:

The programs serve a wide range of youth with various diagnoses. Most common are Disruptive, Impulse-Control and Conduct Disorders (Oppositional Defiant, Intermittent Explosive Disorder, Conduct Disorder), Trauma and Stressor Related Disorders (Reactive Attachment Disorder, PTSD) Major Depression Disorder, Generalized Anxiety Disorders, Obsessive Compulsive Disorders and other Relational Problems (Problems associated with Family Upbringing, Child Maltreatment, Neglect and Abuse) that require clinical intervention. In addition Neurodevelopmental Disorders (Intellectual Disabilities, Autism, ADHD), Elimination Disorders (Enuresis, Encopresis), Sleep Wake Disorders (Insomnia), Substance Use Disorders, Paraphilic Disorders are also diagnostic needs of clients served at Park Street or Transition House.

Behaviors of Youth at Park Street and Transition House:

Referrals to Park Street are adolescent males, who have engaged in a wide range of sexually problematic behaviors. This would include youth who are sexually reactive and are in need of psychoeducation to address their understanding of what constitutes healthy and unhealthy sexual behavior. Or it may be youth who have engaged in sexualized behavior that has been disruptive to their current lifestyle and requires further assessment to determine the extent of treatment required to disrupt further sexualized acting out. Or a youth may have been substantiated or adjudicated for sexual abuse and it is evident that they require intensive specialized services to address their sexually harmful behavior.

According to Vermont's Child Protection Reports on average over the past 5 years there are 300 cases of sexual abuse substantiations. Of these cases there are over 100 males age 20 or younger who are the perpetrators of sexual abuse where specialized treatment is indicated. In addition according to the State Residential Presenting Needs data in FY19, 29% of youth have Sexual Behavior Problems and 9% are demonstrating risky Sexual Behavior. Even with these staggering numbers, the Park Street Program remains underutilized.

In addition to their presentation of sexualized behaviors that exist within the daily milieu, there are also wide ranges of other behaviors that present themselves with youth served at Park Street and Transition House. These behaviors include things such as aggressive behaviors directed at people or property, oppositional defiance, self-harmful behaviors, suicidal ideation,



trauma/sensory reactions, hyperactive/impulsive behaviors, obsessive/compulsive, history of fire setting, persistent school refusal, running away, stealing, sleep disturbance, bowel and bladder issues etc. In terms of DCF involvement, these are youth who come to Park Street or T- House with DCF oversight through juvenile probation or in DCF custody as a CHINS, Delinquent or on Probation for Youthful Offender. Clinical programming in both programs is designed to serve youth regardless of custody status. Sadly, the current categorical funding model for youth and related policies serve as a barrier which limits the same level of access to this intensive programming for youth who are not in DCF custody.

It is also important to note that though Transition House remains full today, it is also an underutilized program. HC is hoping to improve our referral process with our referral sources to examine several referrals at a time, in order to ensure quicker access when the youth is ready for discharge from their current program. Sorting out a youth's educational plan can be cumbersome and complex, given we do not have a school attached to our program.

Level of security: building secure or staff secure?:

The per-shift staffing ratio at Park St. is 4 residential counselors to 10 residents and Transition House 2 residential counselors to 4 residents, alarms on doors and windows and a video surveillance system allows staff the ability to safely supervise interactions, while providing treatment services. However, these staffing patterns at T-House currently exceed this ratio given the complexity of youth served. As deemed necessary there are times when additional staffing to supervise a resident 1:1 is utilized in order to maintain safety for both the individual youth and others who surround the youth in their day to day interactions in both programs. There is one asleep overnight residential counselor at the Transition House. There are 2 awake overnight residential counselors at Park Street that work every night to provide safety and ensure the basic needs of each resident are met. There is a leadership staff on pager for all after hours, including weekends to respond to urgent situations, crisis or staff, youth or family needing support. The staffing ratio at Fay Honey Knopp includes 2 licensed core content teachers and 1 licensed special educator with the 10 students along with an interventionist and behavioral specialist who are scheduled for therapeutic support throughout the day across programming.

It is also important to note that both programs are a hands-off program, meaning there are no use of restraints and seclusion. Staff are trained and skilled at providing alternative de-escalation strategies, however when residents become too destructive or dangerous, we contact local police departments for assistance.

Given both programs are community based programs that are staff secure and serve a vast array of youth with a complex set of behaviors, there are times when the utilization of a more secure program to help support the services being provided at Park Street or Transition House has been instrumental. Having youth in a more secure program prior to placement at either program has been beneficial for the safety necessary for youth, families and the community. It has allowed for behavior stability and greater readiness to engage in treatment when transitioned to Park Street or Transition House. In addition having access to a more secure setting when youth are placed at either program for short term behavioral stability to support further engagement in treatment has also been helpful. However since the change in the Juvenile Justice Law where youth are no longer able to access Woodside on an administrative placement, this has negatively impacted both programs access to a higher level of care in time



of need. Plus families of Park Street youth are feeling the pressure to maintain safety within their families systems with their children who are both perpetrators and victims of abuse, which is very challenging. Previously there was greater opportunity for youth who have engaged in sexually hurtful behaviors to access secure care while legal matters and treatment options were sorted out. There are also youth in both programs who benefit from having a bottom line where their probation conditions can be enforced or those who violate the law have greater accountability for their out of control behaviors where access to a more secure setting is helpful to support the ability to regroup and redefine the treatment needs of youth. This ability to work collaboratively within a continuum of care creates greater opportunities for success.

Examples of what constitutes success at Park Street and Transition House:

Some of the Park Street FY19 data collected reflects the following:

- 14 youth received services – 12 in DCF Custody
- 5 youth were referred for assessment and 9 were referred for long term treatment
- 100% of the youth referred for services were admitted
- 17 months average length of stay
- 100% of youth discharged and their families reported the services they received were right for them and they would strongly recommend Park Street
- DCF Worker, “They really work with the whole family unit which is amazing and this also encourages change for everyone”
- 100% of clients that were discharged to a less restrictive setting maintained the gains made over a 6 months
- Youth who successfully discharged from Park Street and are now age 18+ across a span of 5 years resulted in 0% recidivism for sexual abuse
- 100% of clients and families report that the program made a positive difference in their lives and their quality of life improved
- Parent, “Your patience to see the caring thoughtful side of our son has is a true gift”
- Youth, “Thanks for being a safe haven for me”

Transition House stats for FY18 demonstrate:

- 88% of clients had employment (paid or volunteer)
- 100% of clients attended school
- 77% completed the school year
- 77% of clients transitioned to a community setting or to living with family upon discharge

Sustainability:

Both Park Street and Transition House are funded under a rate setting model called PNMI or Private Non-Medical Institution. This rate setting model is flawed with allowable costs based on expenses two years in arrears. This results in predictable accumulated losses for providers. Howard Center along with other VCORP members would be happy to engage in payment reform efforts with the State to determine whether or not a more financially viable option is possible. Due to the fiscal fragility of our agencies, a solution must be forthcoming as soon as feasibly possible.



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