



## WRITTEN TESTIMONY TO HOUSE COMMITTEE ON HUMAN SERVICES

February 12, 2020

The Becket Family of Services is an alliance of nonprofit companies that operate in Vermont, New Hampshire, Massachusetts and Maine.

Because of our willingness to work with “hard to place” children and adolescents with a range of mental health and behavioral challenges, Becket has grown significantly since 1993, when our current management team charted this course. In Vermont, our programs include the ***Vermont School for Girls in Bennington***, Vermont, which offers three levels of residential care to girls, the ***Vermont Assessment Center in Newbury***, Vermont, offering short term residential assessment and stabilization to boys, and ***Vermont Support & Stabilization***, a community based supportive service that is offered throughout Vermont to help stabilize youth in their home and community. Collectively, we serve about 100 Vermont children in these programs at any given time.

In New Hampshire, Becket offers a continuum of programs serving boys from Vermont and other states. Generally, we are referred these students because they are exhibiting high risk behavior, including aggression, self-harm, etc. Approximately, 20 boys are currently served in our NH programs. Because of our proximity to Vermont, our knowledge of the Vermont system of care and our successful track record, our New Hampshire programs have enjoyed a collaborative relationship with the State of Vermont Division for Children, Youth and Families, as well as the Department of Mental Health.

Students referred to our programs struggle with a range of mental health issues, including anxiety disorders, mood disorders (including depression and bipolar), conduct disorders and oppositional defiance, PTSD, dissociative symptoms (distorted perception), substance use disorders and attachment disorders (difficulty in forming healthy personal relationships with others). Most of our students have multiple diagnosis. A large majority of our student’s struggles are rooted in complex trauma (meaning they have suffered a series of traumatic issues throughout their life, including family instability and substance use, neglect, bullying, sexual and physical abuse, lack of self worth, sex trafficking, gang engagement and identification, multiple care givers, loss, etc.). Some of our students also struggle with learning disabilities, spectrum disorders and cognitive issues (e.g., fetal alcohol). In very simple terms, our students reflect a breakdown in caregiving and support that has impacted them since birth (and sometimes in the womb). For many families, the issues are multi-generational.

Treatment of children and adolescents with these issues is long term and for many of our students, probably life-long. The damage that has been done is severe and life threatening. There are no miracles and, as research into complex trauma has shown, the first phase of such treatment is stabilization. This is our primary role in the system of care since students arrive at Becket exhibiting significant behaviors that have resulted in families, schools, foster parents and less restrictive group homes being unable to engage and care for the student safely. As a result of the myriad of issues noted above, our students are

behaving in a manner that threatens themselves (suicidal ideation and threats, cutting, recklessness, dissociation, etc.) or others (aggression, threats, recklessness towards others, high risk conduct, disruption, etc.). Until these behaviors are stabilized and the student is reconnected to the world in which they live, treatment cannot proceed successfully. For Becket, the initial care we provide is not treatment itself, but the process of just getting the child and family to engage in treatment.

It is around these sad facts that Becket has established our mission to support these individuals. These young men and woman are not criminals and should not be treated as such. They are victims. Some of you may have heard of pioneer in the treatment of sexual abuse victims named Fay Honey Knopp. Ms. Knopp was a legendary force and advocate for prison reform. She was a Vermont resident and founder of the Safer Society. Ms. Knopp was an inspiration and served as a consultant to Becket in the early 1990s as we sought to serve high risk youth more therapeutically.

Although she was an advocate for prison reform, Ms. Knopp pragmatically emphasized that a community based program had limits. She emphasized that while the focus needed to be on the individual, this focus could never compromise the community. She cautioned that a community that allowed an individual they sought to serve to victimize others could never support their treatment needs. As a prison advocate, Ms. Knopp did not wish to see children (or adults) locked up, especially when they could be treated in less secure environments. But, neither did she believe that all individuals could be treated in community settings when the community could not reasonably guarantee the security of others. Her pragmatic view focused on ensuring that the setting - no matter what setting a person was in - provided safety first and also effective treatment and intervention.

We come before you knowing that Becket and other providers have pushed the envelope about as far as possible when it comes to safely serving high risk individuals in our community settings. It is our understanding that you are evaluating the ongoing needs of the Vermont system of care in light of the decision to close Woodside. Our goal is to provide some perspective regarding the needs of Vermont in light of this decision.

Relative to Woodside, and based on our experience over the past two decades, it has been an increasing priority of DCYF to avoid a Woodside placement whenever possible. At DCYF's request, we have admitted numerous residents from Woodside, or on an emergency basis to help avoid a placement at Woodside. But we have not admitted every referral because of our concerns about community risk. And, sometimes, students we accept struggle and must be asked to leave. While no one wishes to see a child in a more restrictive, let alone secure setting such as Woodside, knowing that such a setting exists (and could be accessed), has allowed us to take chances on individuals we would not otherwise have been willing to serve given their behavioral histories. Many of these higher risk individuals have done very well in our program. But, the reality is that others were given the chance but could not be safely treated and ended up at Woodside. And, in some cases, a student went back and forth a few times before finding success in our program.

While by no means a perfect, The State of Vermont needs to have a plan to develop providers of last resort that have the tools to safely work with the most behaviorally challenged individuals. While we have challenged ourselves over the years to serve high risk individuals, Becket has always done so knowing that we could collaborate with Vermont representatives when the placement was not working and the individual and community were no longer safe.

We do not disagree with the conclusion that Woodside is not properly designed to serve as a provider of last resort for the highest risk youth. With this said, given the lack of other options, we believe that Woodside has played an important and necessary role in the system of care. A provider of last support is needed given the risks associated with serving individuals who cannot be served in community settings. And, it is not going to be an easy task to develop such a facility or alternative service model. There are significant barriers, including a lack of unified agreement amongst stakeholders regarding the parameters of such a program.

We suggest that a task force be established to better define a model of care. We do not believe high risk individuals should be treated in “large group” settings and instead suggest small “intensive treatment” models (no more than 3 residents) that are highly staffed, properly designed and highly funded to ensure staff retention. All students should have a professional “behavioral assessment” to help balance individual rights against community risk. Such assessments would serve to guide stakeholders on the level of restrictions needed to ensure safety and identify needed staffing levels across a range of living scenarios. Such homes, at the very minimum, have delayed egress systems and clearly established protocols for contacting law enforcement (a needed stakeholder). Given the high cost and risks associated with such facilities, we do not recommend that they be owned or governed by private providers, but rather that the State sponsor the creation of an LLC (or LLCs) that are quasi-governmental (i.e., members are various community stakeholders such as law enforcement, advocacy, community, family, child welfare representatives). This will ensure that all parties are vested in the success of these homes, notwithstanding the problems that will occur and the mistakes that will be made.