



VERMONT  
CARE  
PARTNERS

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Testimony in House Committee on Health Care – Psychiatric Residential Treatment  
Facility (PRTF)

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# Vermont's System of Care Designated and Specialized Service Agencies

**NCSS:** Northwestern Counseling & Support Services [www.ncssinc.org](http://www.ncssinc.org)

**NKHS:** Northeast Kingdom Human Services [www.nkhs.org](http://www.nkhs.org)

**GMSS:** Green Mountain Support Services [www.gmssi.org](http://www.gmssi.org)

**LCMHS:** Lamoille County Mental Health Services [www.Lamoille.org](http://www.Lamoille.org)

**CCS:** Champlain Community Services [www.ccs-vt.org](http://www.ccs-vt.org)

**HC:** Howard Center [www.howardcenter.org](http://www.howardcenter.org)

**NFI:** Northeastern Family Institute, NFI Vermont, Inc. [www.nfivermont.org](http://www.nfivermont.org)

**WCMHS:** Washington County Mental Health Services [www.wcmhs.org](http://www.wcmhs.org)

**CSAC:** Counseling Service of Addison County [www.csac-vt.org](http://www.csac-vt.org)

**CMC:** Clara Martin Center [www.claramartin.org](http://www.claramartin.org)

**UVS:** Upper Valley Services [www.uvs-vt.org](http://www.uvs-vt.org)

**LSI:** Lincoln Street, Inc. [www.lincolnstreetinc.org](http://www.lincolnstreetinc.org)

**RMHS:** Rutland Mental Health Services / Community Care Network [www.rmhsccn.org](http://www.rmhsccn.org)

**HCRS:** Health Care & Rehabilitation Services [www.hcrs.org](http://www.hcrs.org)

**UCS:** United Counseling Service of Bennington County [www.ucsvt.org](http://www.ucsvt.org)

**FFSV:** Families First in Southern Vermont [www.familiesfirstvt.org](http://www.familiesfirstvt.org)



# VCP Support for PRTF

- We need to avoid, when possible, sending children/youth out of Vermont for care
- There have been instances in which placement is secured for youth in an out-of-state location that is blocked by the legal system
- We need to ensure that children/youth are receiving the right level of care (most supportive, least restrictive)
- We have a responsibility to serve and there's a responsibility to meet needs at the clinically appropriate level of care **AND** there's a **responsibility to fund** the system of care adequately to be able to serve and best meet needs.

# Support for PRTF - Yes, and...

## CONCERNS

1. Children/youth getting “stuck” in the PRTF (beyond what is clinically supportive)
2. Limited or no connection to home/family work creating re-entry issues.
3. Limited educational support
4. “Creating another woodside” what are the checks and balances getting put into place to ensure this more than “we’ve learned from the past”?
5. Children/youth are returning from the PRTF with limited access to supports because the supports have been eroded.
6. The process and how to engage is confusing for caregivers which may impact their understanding of the treatment plan and provisions
7. More effective local models that support community connection and home/family care

## CONDITIONS

1. Mechanisms put into place to ensure timely discharge
2. It is imperative that a direct connection to home/community and family-based care are maintained with regular visits, service coordination, and transportation otherwise the placement is no different than out of state care.
3. Educational needs are met and not a ‘one-size-fits-all’ model
4. Need specific checks and balances in place to ensure that we are not creating something from that past that had a history of harm.
5. Continued investment in all parts of the system of care including upstream and HCBS
6. Caregivers clearly understand the process and are connected to advocacy organizations from the onset
7. Consider micro-residentials

# Micro Residential Programming

## Program - TROC

Length of Stay - 10 days or less

Ages - 5 to 18

Stabilization Beds – 2

Out of 79 admissions, 9 re-entered services (11.39% re-entry rate) and average LOS is 28 days. Kids that re-enter may be placed back at TROC due to availability of placements and the state will negotiate this decision. This is considered a more short-term placement option.

## Program – RTP

Length of Stay – Up to one year with full wrap services

Ages 5-21

Beds - 4 locations – total of 20 beds

RTP offers a variety of high-level care. This might mean a 30 to 90-day assessment, short term crisis stabilization or longer term, up to one year, with full wrap services.

Of 137 admissions, 3 re-entered service (2.18% re-entry rate) and average LOS is 250 days.

- Multiple sites means the ability to create more individualized programs that meet the clients needs vs catering to the milieu
- Deeper analysis of what the root cause of behaviors
- More flexibility with medication management
- Smaller, less “sterile” settings create a more inviting atmosphere for family work is critical to youth transitioning back into their communities



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