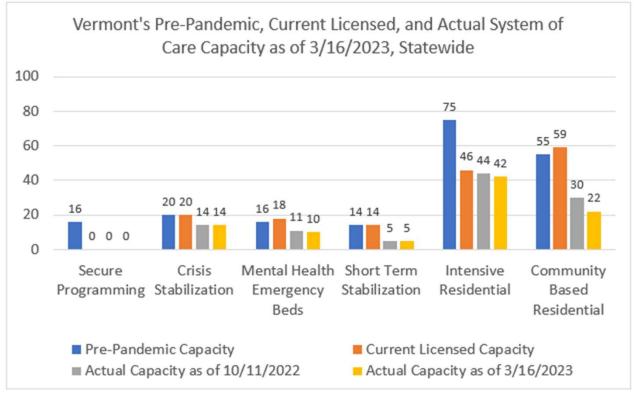
AGENCY OF HUMAN SERVICES DEPARTMENT FOR CHILDREN & FAMILIES

Chris Winters, Commissioner, Department for Children and Families Aryka Radke, Deputy Commissioner, Family Services Division Act 160 Final Report: DCF Proposed High-End System of Care Plan

- Updated description of youth populations presenting the most significant systems vulnerabilities
- Updated information regarding the state of DCF's System of Care
- Proposed plan (descriptions of projects underway to fill in needed systems gaps)
- Partner engagement efforts and other recommendations

Link to DCF Proposed High-End System of Care Plan



Data Source: Residential Capacity in Vermont- 3.16.2023 Spreadsheet.

Current High End System of Care Capacity

Current Challenges to the High-End System of Care

Factors leading to a need for stabilization include: mental health crises, placement disruption, concerns of risk to self or others, likelihood to "run," destructive or assaultive behaviors, etc.

System impacts of high acuity-youth in crisis needing stabilization include: need for greater supervision reduces program capacity and creates "logjams," possible disruption of programming which consequently reduces capacity to address needs of that youth or other youths

Impacts on youth include: absent a short term, secure stabilization program, the Department is left to staff youth directly in alternative and potentially destabilizing settings.

A complete system of care meets youth where they are and in the most appropriate and supportive environment.

Proposed Plan, High-End System of Care (HESOC)

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 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, including appropriate justice involved youth.

Psychiatric Residential Treatment: Community-based physical structure with specialized therapeutic services designed to serve youth with intensive mental health or developmental needs, including appropriate justice involved youth.

Treatment vs. Detention vs. Security

- With an orientation towards "detention," the primary focus is to ensure the physical supervision of an individual for external purposes such as following an arrest or awaiting legal proceedings such as adjudication or disposition.
- With an orientation towards "treatment," the primary focus is an individual's needs.
 A treatment approach considers factors such as restorative practices, healing, or rehabilitation
 - Crisis Stabilization is a form of treatment response
- A third facet can get conflated when considering treatment vs. detention: the question of "security." How much security is needed revolves around what level of security is *indicated* as opposed to what level of security could be provided.

The Approach

- The youth we generally support have experienced trauma, have significant Adverse Childhood Experiences (ACEs), and experience mental health challenges as a result.
- •Consistent with a more therapeutic approach, for decades Vermont has been moving towards using the least restrictive settings possible in a variety of systems of care.
- Setting matters. Brain science shows the value of nature for promoting healing and brain cognitive development.
- There are youth who are our neighbors, friends, students, and families. We, communities as well as State systems, have an obligation to serve and support them.



Group Homes in Vermont

24 V.S.A. Sec. 4412(1)(G) governs group homes.

Vermont law is modeled after the federal Fair Housing Protection and Public Accommodations Act.

Goal is to prevent discrimination in marginalized communities on the basis of disability.

Group homes are an essential part of Vermont's long-standing policy to serve disabled individuals in least-restrictive residences, consistent with the needs of the individuals and the community.

Intent is to allow small groups of people – no more than eight (8) in a home – whether adults or children, to live together in a home and be supported as needed.

Title 24 requires that group home zoning must be the same as, and no more restrictive than, single-family residential zoning.

Slide 8

PG(0Reordered slide, placing before the Newbury summary?
Pippenger, Geoffrey (he/him), 2023-04-10T13:33:04.261

Newbury Project

- Former bed and breakfast at the end of an unpaved road in Town of Newbury.
- Town of Newbury and Citizens 4 Newbury filed appeal after District Court ordered Newbury to issue zoning permit for intended use as group home.
- Final briefs are due on April 26.
- The State is partnering with VPI, but VPI will own the property whether the project moves forward or not and will be able to use it for alternative projects if they wish, as with any private property owner.
- This proposed facility is in keeping with the decades-long policy of the State of Vermont to provide services in the least-restrictive alternatives consistent with the needs of the individual.
- The State partners with designated agencies and other providers to serve vulnerable populations throughout the many cities and rural towns in Vermont, often in small residential settings.