
**Report to
The Vermont Legislature**

**DCF Raise the Age, High End System of Care Status Update
in Accordance with Act 23, Section 14**

Submitted to: **Joint Legislative Justice Oversight
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 23, Section 14:

On or before September 1, 2023 and December 1, 2023, the Department for Children and Families shall file a status report to the Joint Legislative Justice Oversight Committee, the Senate and House Committees on Judiciary, the House Committee on Corrections and Institutions, the House Committee on Human Services, and the Senate Committee on Health and Welfare describing the progress made toward implementing the requirement of Secs. 12 and 13 of this act that the Raise the Age initiative take effect on July 1, 2024.

As referenced in the Department for Children and Families (Department) December 2022 “High End System of Care Plan”, the Department is committed to serving youth within a system of care that supports their success, including providing staff with the tools and training needed 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 upon a network of home, “homelike”, community-based, residential, and stabilization settings. In 2022 the Department identified diminished capacity within Vermont’s “High-End System of Care” (HESOC) as the primary barrier to the advancement of Vermont’s “Raise the Age” initiative. The reason for this emphasis is that a lack of capacity in the HESOC results in significant stressors across the entirety of the system and subsequently represents the greatest risk of negative outcomes for the youth in need of care.

The Department’s HESOC plan identified four distinct types of programs needed to bolster the most critical elements of the statewide system of care. Each of these programs would fall within the Department’s definition of HESOC. This report has been crafted to update the status of development for each of those program types, as well as other Department efforts germane to the ongoing implementation of the Raise the Age initiative. The identified program types are:

- **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.

This report also highlights the Department’s efforts to stabilize and support the existing Residential system of care, expand placement services for transition aged youth, and to operationalize new legislation aimed at protecting transition-aged youth served by the criminal justice system.

Data Analysis

The Department has reached out to partners in the Judiciary for data regarding transition-aged youth currently being served by the criminal court system. The Department databases do not currently hold any direct data regarding youth aged 19 who are charged with criminal offenses that would be considered delinquencies once the second phase of the raise the age initiative takes effect. DCF will

continue to work with the judiciary to acquire and analyze that data to understand how it might impact the Department’s ability to serve those youth. That data will be to be provided in the upcoming status report by December 1, 2021.

DCF’s Existing System of Care

The current system of care continues to operate at reduced capacity compared to pre-pandemic overall bed count. Though the Department persists in making concerted efforts to support the health and growth of the existing system of care, the overall number of available residential beds remains roughly the same as they were in December of 2022. Residential capacity is currently running at 65% of current licensed capacity. When compared with pre-pandemic levels, the system is operating at 51% of previously contracted capacity. The most significant barrier to programs serving youth in restoring full operational capacity continues to be difficulty hiring and retaining front line staff.

The following table shows 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- August 28, 2023	Actual Capacity (Percent of Pre-pandemic Contract)	Actual Capacity (Percent of Current Licensed Capacity)
Secure Programming	16	0	0	0%	0%
Crisis Stabilization	20	19	14	70%	70%
Mental Health Emergency Beds	16	18	11	69%	61%
Short Term Stabilization	14	16	6	36%	36%
Intensive residential	75	51	46	59%	96%
Community Based Residential	55	51	23	54%	51%
Total	196	155	100	51%	65%

*Data updated on 8/28/23

While overall capacity within the residential system is at similar levels as were described in last December’s High-End System of Care Plan, these numbers describe 6 months of steady program growth. Program closures and staff reductions brought about a 10% reduction in overall bed capacity between December of last year and February of this year. At the lowest point there were only 90 residential beds in total across the state. Even of those available beds, several were in programs operating only 5 days per week, making placement identification for many of the Department’s youth-in-need increasingly difficult. However, the Department has been successful in developing newly contracted beds, as well as in offering supports to programs recovering from atrophy. For example, on July 1, the Department entered into a new contract with the New England School for Girls in Bennington to serve up to five (5) girls. This program can serve higher acuity individuals than the related Vermont School for Girls, which is the state’s largest residential program.

The flood events of July 2023 had an enormous impact on the States Residential System of care. Seven Residential programs were temporarily closed in the aftermath of the flooding, and twenty-six (26) youths in the Department’s custody were displaced. Some programs are still affected by the flood damage to property. Program leadership and staff invested significant energy into supporting the continued need throughout the event and after. In some cases, staff worked around the clock for days to maintain supervision of youth. One program consolidated their population and opened space in one of their buildings to support a different program to come in and staff displaced youth. This is a testament to the dedication and perseverance of the programs comprising Vermont’s system of care. Simultaneously, Department workers were called to staff at unprecedented rates. During the weekend in the aftermath of the flood, for the first time in Department history, every standby worker in the state was called out to staff youth in alternative settings at least once.

High End System of Care Expansion

The Department has advanced each level of care identified in the proposed system of care plan. Each new program is dependent on navigating an array of complexities, including community engagement, location scouting, site specific needs like permitting and zoning, building specific needs like fire safety and construction, architecture, and engineering, etc.

Throughout most of these developments, the Department has worked closely with Buildings and General Services (BGS), who has been a tremendous partner in helping to organize and advance multiple complex projects on a very tight timeline. The urgency of need has prompted a strong emphasis on efficiency, and each project is advancing on the most aggressive timelines possible.

To support an adherence to the values of the Department while working with multiple partners during the development of each program described below, the Department has drafted a Statement of Foundational Principles:

Stabilization and Treatment Settings – Foundational Principles (September 2023)

The Department for Children and Families (DCF) is striving to create a system that communicates the inherent understanding to every youth in our care that there is a safe place immediately available to them that can provide for their needs, sense of belonging, and pathway to purpose. Absent that, the youth experience will more likely be one of insecurity and instability. Such experiences stymy growth, more deeply root traumatic reaction, and ultimately exacerbate risk to the youth, their homes, their communities, and their futures.

To address the identified gaps in the current High-End System of Care (HESOC), DCF is engaged in the process of designing and building a setting in which these needs can be met in the most developmentally supportive and therapeutic way possible while also considering the safety of communities as well as youth. Core values foundational to the creation and development of holistic residential treatment settings to best serve justice-involved youth include:

- A. A trauma-informed, trauma-responsive approach to care as well as valuing the nurturing of resilience*
- B. The power of safety and healing*
- C. The potential in growth, development, and learning*
- D. A growth mindset for individuals and the organization*

- E. The difference between being reactive or crisis-driven and intentionally responding to crisis*
- F. The importance of grounding the work in evidence-based practices and brain science*
- G. Fostering a sense of belonging and community connection*
- H. Importance of brain science and the healing power of nature through biophilic design*

Short-Term Secure Stabilization and Treatment Programs

The largest project (and most immediate need) is to develop access to architecturally secure programming within the state. As testified to during the past legislative season, efforts to identify secure beds out of state have been fruitless, despite repeated, earnest attempts to do so. Developing this level of care within the state will allow us to maintain and treat youth safely, closer to their communities, and with the greatest access to program oversight. Because both urgency and desire for the highest quality programming are desired for this population, the department is advancing both temporary and permanent solutions. The temporary and permanent solutions will be linked by a common services provider.

The permanent solution involves developing a secure campus that contains both short term stabilization and longer-term treatment programs. Both programs will be served by a common core space that houses education, recreation, wellness, and administration components.

Since the last reporting, BGS released a Request for Qualifications (RFQ) to identify a short list of potential builders with the experience and capacity to develop the permanent campus as conceptualized and received three qualified responses. BGS worked with the Department and an architectural firm to develop a comprehensive conceptual building plan with detailed specifications to be included with the scope of work and released to the potential builders as a Request for Proposals (RFP). The RFP was issued on September 15, 2023. The final project is proposed to become operational by January 2026.

While developing the plans for a permanent secure campus, BGS and the Department worked closely to develop several potential options for a temporary stabilization program. Several existing physical structures were toured and analyzed for development, and a design was finalized for a modular project that could be constructed on one of several sites. Ultimately, the Department determined that the most efficient option available was to physically harden an existing recently vacated facility in Middlesex, VT. This small program would serve up to four youths at a time. While this will not be a large enough program to meet the full demands for secure treatment in the state, it will address the most acutely needed population which requires frequent triage. A scope of work has been developed that identifies the improvements necessary to safely maintain a youth population within the building until the completion of the permanent campus. This work is anticipated to be completed in the winter of 2024.

Concurrent to the efforts to begin developing the temporary and permanent physical spaces, the department has released an RFP to identify a service provider who could operate the client programming for both the permanent campus and the interim temporary stabilization program. The same service provider would also be asked to provide consultation services in the development of the permanent campus development. This RFP has been circulated nationally, and there appears to be appreciable interest even before the response window has closed.

As reported in the Department's Proposed High-End System of Care Plan, the intent to renovate the Summit Transition Home in Newbury, Vermont into a short-term treatment secure program has been on pause during litigation. 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, but this has gone to appeal before the Supreme Court. The Department awaits the Courts verdict.

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. To support existing stabilization infrastructure, DCF is working with BGS and the Windham County Sheriff Department to develop a three-bed crisis stabilization program. All design elements on the project have been finalized. Construction and civil permitting processes are underway. Construction is slated to occur between January and June of 2024.

Psychiatric Residential Treatment Facility (PRTF)

The Department, in conjunction with the Departments of Mental Health and Aging and Independent Living, has issued an RFP to develop a 15 bed PRTF Facility within Vermont. This RFP has yielded a successful bid, and the Departments are currently engaging with the bidder in contractual negotiations.

Transition-Aged Youth Specific Efforts

The largest barrier to the Department’s capacity to advance the Raise the Age initiative continues to be the strain on workforce related to Vermont’s HESOC. The existing system of care was designed to support youths under the age of 18 in Department custody. Since the passage of the initiative, Vermont has created some residential programming specific to the transition age youth population.

In 2021, the Department established two contracts with providers for transition age residential programming. The 208 Depot program was designed primarily to support youths aging out of traditional custody, primarily from residential environments. That same year, the Department gained capacity in Washington County’s Return House program, which had previously exclusively served a Department of Corrections (DOC) population. The Department initially contracted for five of ten beds, two of which could be accessed on an emergency basis. This year, the Department was able to expand the agreement for two additional beds. Moreover, the program expressed willingness to begin accommodating youth under the age of 18 (as appropriate to the dynamics of the milieu). The Department has been working with DOC and Return House towards assuming the entirety of the program by July of 2024. Along with this expansion comes some needed program adjustments to meet the needs of a younger population. Such adjustments include the addition of an educational component and likely adjustment of staffing patterns.

Also related to transition-aged youth is the implementation of Interest of Justice (IOJ) hearings for youth charged in the criminal courts. These hearings are a newly required component of the federal Juvenile Justice Reform Act. The act requires that youths have an IOJ hearing prior to being housed in a facility designed to hold adult inmates. While the youths in this situation are not “Raise the Age” youth, in that they carry criminal and not delinquent charges, the Raise the Age law did complicate the expectation. The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) requires that all youth below the age of “full criminal responsibility” receive an IOJ hearing, but the definition of age of full criminal

responsibility varies from state to state. Because an 18-year-old, and later 19-year-old, could be charged with delinquencies in the juvenile (family) courts, those ages are considered to be “below the age of full criminal responsibility” even if facing adult (criminal) charges. Understandably, this has created some confusion among the courts and parties to the cases. The Department issued a memo to clarify the state and federal laws and continues to work through the implications of this change.

Partner and Stakeholder Engagement

The Department continues to move as quickly as possible to develop the programs and facilities described in this update, however, ongoing collaboration is required to operationalize their use. Equally important to collaboration with other departments and agencies within State government are our critical engagement efforts with other stakeholders. In addition to the input of Department frontline staff, additional perspectives guiding our approach may include those of legal entities, family advocacy groups, national consultants, the Office of Child Youth Family Advocate, individuals and groups with lived expertise, and the voices of groups who have experienced historical marginalization and discrimination, and other such impacted or interested parties.

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

The Council for Equitable Youth Justice serves as the State Advisory Group overseeing the OJJDP Title II Formula Grant. The department regularly engages feedback within that body and its subcommittees. Participation in that group is broad and membership includes youth and family representatives, systems perspectives, courts and education system perspectives, community voice and more.

This summer, the Department initiated a specialized HESOC Taskforce to develop a collaborative approach to problem solving and developing the fragile HESOC system. This Taskforce includes Department frontline workforce, representation from the stabilization program provider network, as well as representatives from DMH, Sheriffs, and more.

Lastly, DCF is identifying final representatives for the Facility Planning for Justice-Involved Youth Stakeholder Working Group, as is described in Act 078. This group will first convene in mid-October to discuss DCF’s efforts to develop Secure treatment programs.

Conclusion

The Department for Children and Families continues to move forward with 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, solutions-oriented approaches, and a realistic understanding of the barriers to overcome. The Department will prepare a subsequent status update for the Legislature in December of this year that includes analysis of anticipated workload impacts of adding an additional cohort of youths aged nineteen and subject to delinquency proceedings, as well as anticipated program capacity to accommodate the expanded population. While the Department remains

committed to the continued expansion of juvenile jurisdiction, this continued analysis will be necessary to ensure the timeline is conducive to successful implementation.

The Department will continue to maintain its emphasis on 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.