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**Report to**  
**The Vermont Legislature**

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**Woodside Juvenile Rehabilitation Center Report**

**In Accordance with Sec. 94 of H.532 (2019)**  
**A bill relating to fiscal year 2019 budget adjustments**

**Submitted to:** House and Senate Committees on Judiciary and on Appropriations

**Submitted by:** Al Gobeille, Secretary, Agency of Human Services  
Ken Schatz, Commissioner, Department for Children and Families

**Prepared by:** Leslie Wisdom, General Counsel, Department for Children and Families  
with support from:  
Cindy Walcott, former Deputy Commissioner, Family Services Division  
Karen Vastine, Senior Advisor to the Commissioner of Children and Families  
Candace Morgan, Agency of Human Services Principal Assistant  
Karen Shea, Deputy Commissioner, Family Services Division  
Jay Simons, Director, Woodside  
Dr. Aron Steward, Assistant Director-Clinical Services, Woodside  
Sarah Clark, Chief Financial Officer, Agency of Human Services  
Brian Evans, Financial Director, Department for Children and Families  
Jillian Niggel, Financial Director, Department for Children and Families

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## EXECUTIVE SUMMARY

Today, Vermont has over 1,300 children and youth that are in the custody of the Commissioner of the Department for Children and Families (DCF), Ken Schatz. “Ken’s kids” arrive through two profoundly different doors: as children in need of care or supervision (CHINS) cases, or through the juvenile delinquency system. No matter the door, the stories of trauma, heart break and pain are universal. To provide care, Vermont spent upwards of \$37 million<sup>1</sup> on out-of-home care for 2,140 children and youth in SFY18. Given that the DCF Commissioner is the “parent” of these children and youth, meeting their needs is not optional. DCF is charged with providing for their necessary care and treatment.

Some of the 1,300 children and youth have intense treatment needs or are delinquent. For these populations, a very complex system of residential care has been developed to address their need for treatment, security, individual and community safety, and education. Serving these populations is challenging and individual needs are paramount. Vermont’s commitment to the ideal of providing care in the least-restrictive setting and the desire to move away from residential treatment guides our work every day and is a foundation of this analysis. Of the \$37 million spent on care in SFY18, \$26 million<sup>2</sup> was for treatment in-state, including the state-run Woodside Juvenile Rehabilitation Center (Woodside), and out-of-state residential care for children and youth in DCF custody.

Woodside, our only state-run 30 bed juvenile detention and treatment facility, is currently an important component of this residential treatment continuum. Woodside is the only no-eject/no-reject facility for justice-involved youth, and the only facility capable of hosting youth charged in adult court. Woodside lost federal funding in late 2016 and has experienced a falling daily census. We are proud of the census decline as it is proof that our hard work to move children and youth to the least restrictive setting is working.

But the \$6.2 million per year to operate an aging jail-like facility and the desire to get youth to less restrictive settings calls the question as to whether Woodside is still a necessary component of the care continuum described above. If it is still necessary, what form should it take? Our work examined four alternatives:

1. Eliminate Woodside entirely
2. Scale back to a short length-of-stay (LOS) detention facility
3. Status quo, to ensure justice-involved youth continue to receive treatment and rehabilitation
4. Build a new facility, to include increased treatment modalities and youth served

<sup>1</sup>

DCF SFY18 Spending on Substitute Care	
Foster care	6,507,841
Specialized foster care	5,190,907
Emergency short-term residential	2,583,040
In-state residential	10,927,079
Out-of-state residential	6,015,715
Other caseload spending (transitional & independent living)	185,043
Woodside	5,814,369
<b>Total SFY18</b>	<b>\$37,223,994</b>

<sup>2</sup> SFY18 data in the table above shows \$19,525,834 for in-state and out-of-state residential care plus \$5,814,369 for Woodside. The emergency short-term and in-state residential care spending is projected higher in SFY19 due to a new assessment program that opened and increased supports for some existing programs, discussed on page 30.

For policy makers, it is the intent of our workgroup to lay out the facts and let them guide us to a viable path forward in this conversation. That said, after careful analysis, no stakeholder or member of the workgroup felt the state could responsibly advocate for Option #1, the complete elimination of Woodside. There must be a place for youth that are not welcomed, either permanently or temporarily, in in-state or out-of-state residential care facilities. These youth almost always pose a safety risk to the community and often to themselves; they cannot safely be placed in foster home settings until they are stabilized. The remaining three options have strengths and weaknesses which require a much better understanding of the residential care continuum as currently constructed. Further, each option must be weighed against the very real constraints of building timelines, capital bill fiscal limitations, the ability of our private sector partners to evolve in this changing space and the requirements of our federal partners.

Option #2 proposes to scale back the staff and programming at Woodside to serve only youth staying for less than 30 days. This would meet the needs of 67% of the youth served by Woodside and save over \$2 million dollars in our general fund budget. One of the weaknesses of this option arises from the cost to treat and house the youth who otherwise would have stayed at Woodside for longer periods of time. Our estimates, using 20 youth from 2018 as a data source, show the savings disappearing as the cost to place youth out-of-state consumes the Woodside efficiencies gained through this option. These estimates range from \$1.8 to \$3.9 million in general fund for DCF youth placed in other residential settings, but noting that these estimates could be higher or lower depending on actual rates and length of stays for each youth. There are also anticipated additional costs for Department of Corrections youth placed at Woodside who may need to be placed in an adult facility. The case would need to be made that the long-term youth would be better served by this arrangement. Currently, we have former Woodside residents that were “ejected” from in-state and out-of-state facilities and have returned to Woodside. Another weakness of Option #2 is the lack of treatment for youth in the program and the impact this will have on their likelihood to return to less restrictive settings. This lack of treatment also presents legal issues as Vermont statutes mandate the care, protection, education and healthy mental, physical, and social development of children/youth in care. For justice-involved youth in care, Vermont law also mandates rehabilitation.

Option #3 remains a very viable option for the near term, and candidly will be relied upon for a significant amount of time, if other alternatives are selected. The downside of keeping Woodside “as is” are lengthy and include the age and condition of the physical plant, jail-like atmosphere, and a building size that is no longer needed for the population it currently serves. Numerous legislative reports have supported these claims.

Option #4 is the construction of a completely new and evolved Woodside. This vision would include short-term space, long-term space and a new space open to all children and youth served by DCF or DMH that have high acuity substance abuse, mental health or behavioral treatment needs. With a physical plant designed to support treatment, the goal would be to provide options that would allow fewer youth to be placed in out-of-state residential care, far from home, family and community. The weaknesses of this plan include requesting almost \$25 million dollars out of a shrinking capital bill, which is a tough undertaking. Convincing our non-profit partners that a “bigger” Woodside is in their best interest would be difficult as well. Lastly, the timeline for construction makes enthusiasm wane.

While it is great to have options, policy makers will need to weigh the details of these varying ideas and make a decision that is in the best interest of the state. It is easier, after reviewing the full report, to understand how reasonable people can disagree on the best path forward. While the construction schedule and capital bill limitations are very real, it is the consensus of the Agency of Human Services work group that option # 4 would provide the best long-term solution for our state.

## INTRODUCTION

The SFY19 budget adjustment bill (H.532) provides the following direction to the Agency of Human Services (AHS) and DCF in section 94:

- (a) Given the loss of federal matching funds for the Woodside facility, on or before April 15, 2019 the Secretary of Human Services and the Commissioner for Children and Families, in consultation with the Joint Fiscal Office, shall submit a plan to the House and Senate Committees on Judiciary and on Appropriations related to the continuation of operations beyond July 1, 2019 limited only to short-term placements of delinquent youths. Any plan should be consistent with legislative intent related to loss of federal funding expressed in 2017 Acts and Resolves No. 85, Sec. E.327<sup>3</sup>. Any plan should also consider the role of Woodside in the system of care and evaluate the current need and other treatment options for youths in Vermont and out-of-state.
- (b) Long-term planning to meet the needs for serving delinquent youth in State shall be informed by the work of the CHINS workgroup convened pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106 and any research or study regarding families of children who are placed in the custody of the Commissioner for Children and Families.

This report provides the following:

- Introductory information about how youth may be placed at Woodside
- Brief overview of the justice system in Vermont, with an explanation on how the juvenile system differs from the adult system and the role Woodside plays.
- An overview of the three “doors” through which youth can be placed at Woodside:
  - DCF custody
  - DOC custody
  - Interstate Compact on Juveniles
- An overview of Woodside’s history
- A description of the services and support Woodside currently provides
- A detailed description and analysis of DCF youth placed at Woodside in 2018, including the charges that brought them to Woodside, their history of other placements, and the settings to which they were discharged. Data on DCF placed youth are provided in three categories:
  - Short-stayers (less than 30 days) – 43 youth
  - Mid-stayers (30-89 Days) – 12 youth
  - Long-stayers (90 days or more) – 9 youth
- A description of the in-state system of residential care, costs and ability to meet the needs of youth typically placed at Woodside

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<sup>3</sup> Act 85 language can be found at <https://legislature.vermont.gov/Documents/2018/Docs/ACTS/ACT085/ACT085%20As%20Enacted.pdf#page=157>

- A description of DCF’s use of out-of-state residential care and costs
- A brief summary of the loss of Medicaid funding for Woodside
- Review of Woodside budget
- Description of options to consider for the future of Woodside

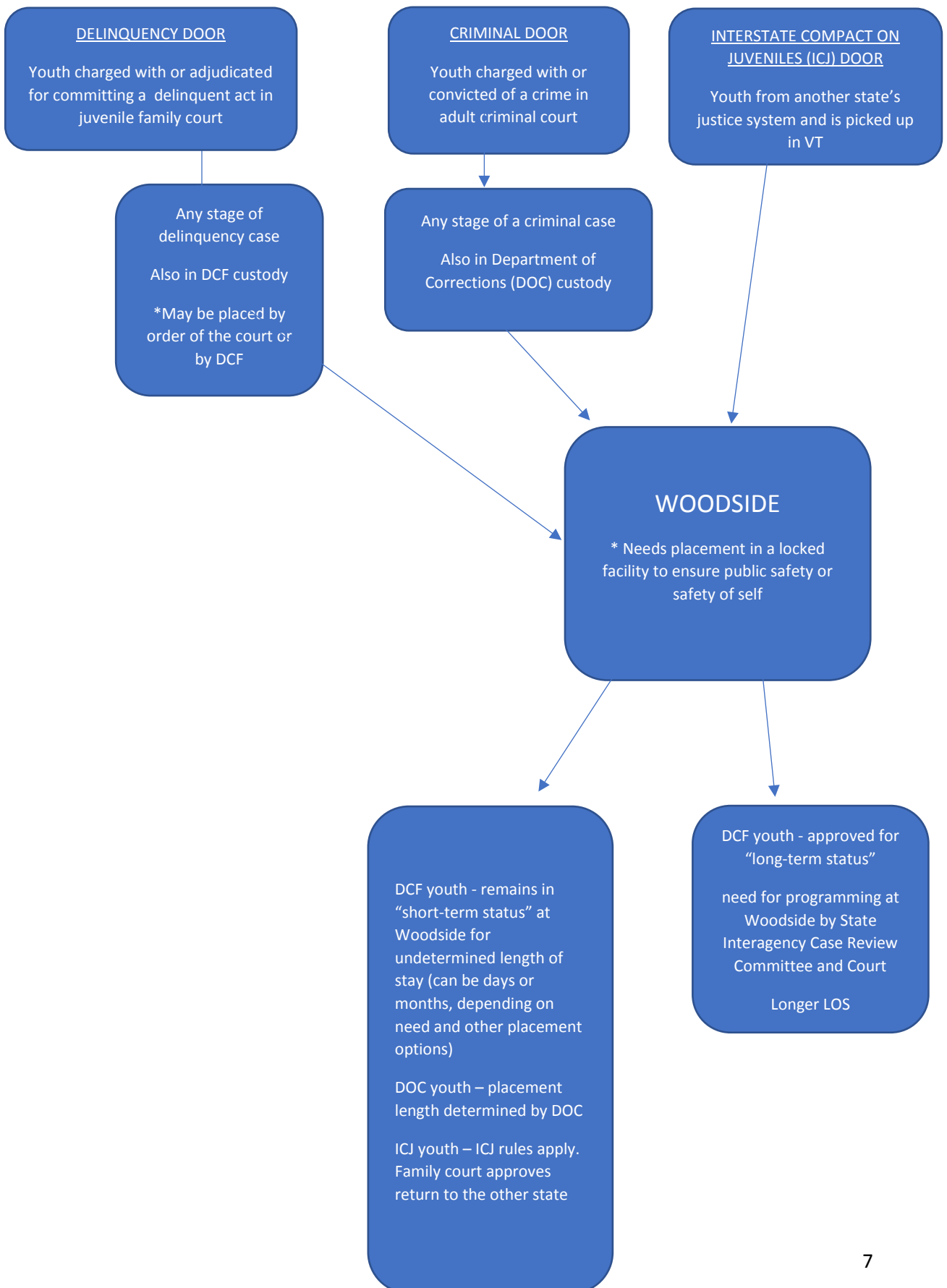
Given the loss of federal Medicaid funds for the support of the Woodside, this report examines the role of Woodside in the juvenile justice system of care and provides information to consider for the future of the program.

Woodside has capacity for 30 youth and is run by the Family Services Division of DCF. By law, Woodside may admit youth ages 10 to 17, though by DCF policy youth under age 12 need approval by the Deputy Commissioner of the Family Services Division.

Woodside is defined by Vermont law as “a residential treatment facility that provides in-patient psychiatric, mental health, and substance abuse services in a secure setting for adolescents who have been adjudicated or charged with a delinquency or criminal act.” 33 V.S.A. §5801(a). Pursuant to Vermont law, Woodside’s purpose and/or capacity can only be changed by action of the General Assembly, following a study recommending any change of use by the Agency of Human Services. *Id.* at §5801(c).

### ***Placement of Youth at Woodside***

Woodside only serves youth who have committed some kind of offense, delinquency or a criminal act. This means that youth at Woodside can come to the program through multiple justice-involved doors. Because Woodside is the most restrictive setting, not all justice-involved youth need or go to Woodside. In examining the role of Woodside, it is important to understand the different doors through which a youth could enter the program.



This report provides information and analysis of the 71 individual youth served at Woodside in 2018.

Calendar Year 2018 Woodside Placements (# of individual youth)	
DCF youth (juvenile delinquency system)	64
DOC youth (adult criminal system)	6
Interstate Compact on Juveniles youth	1

Most of the youth at Woodside are DCF placed youth in the delinquency system. DCF youth at Woodside are designated short-term or long-term status. Unfortunately, these terms are confusing, as they do not refer to a limit on or the actual length of time a youth will be placed at Woodside. More detail about short-term and long-term status can be found beginning on page 10. This report focuses on length of stay, rather than “short or long-term status” at Woodside based on 2018 admission data, with detail on the actual length of stay for these youth found beginning on page 18.

## JUVENILE DELINQUENCY SYSTEM IN VERMONT COMPARED TO ADULT CRIMINAL SYSTEM

The juvenile justice (delinquency) system in Vermont is distinct from the criminal justice system. The purpose of the juvenile justice system is codified in Vermont law:

“The General Assembly finds and declares as public policy that an effective juvenile justice system: protects public safety; connects youths and young adults to age-appropriate services that reduce the risk of reoffense; and, when appropriate, shields youths from the adverse impact of a criminal record.”

33 V.S.A. §5101a.

The Vermont juvenile justice system helps youth avoid the long-term collateral consequences of behavior they are likely to overcome through maturity. The Vermont General Assembly has made juvenile justice reform a priority in recent legislation<sup>4</sup>. A youth’s adolescent brain development may include periods where they have low impulse control and incomplete development of skills for long-term decision-making. While these are negative characteristics of development, on the plus side, it has been found that youth, because they are still developing, for the majority respond well to treatment.

Also embedded in the concept of youth justice are the principles of risk, needs and responsivity. The risk principle guides decisions around supervision or services that should be matched to the youth’s risk level for reoffense (i.e., higher risk youth should receive more intensive services). The need principle targets interventions for youth that will have the most positive impact on the likelihood for reoffense. The responsivity principle provides that interventions for youth should be matched, or responsive, to the characteristics and values of the youth.

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<sup>4</sup> See Acts 153 (2016), 72 (2017) and 201 (2018).



The concepts behind juvenile justice and risk, needs and responsivity are important in understanding the larger framework of the juvenile justice system. The court system is one option for addressing offending behaviors of youth, but there are also other options that do not involve the courts. These include restorative justice and/or diversion, which may be appropriate for youth who are at low or moderate risk to reoffend. Research has shown that providing more intervention or services than a youth needs has a negative effect and can increase the risk level of youth. <https://www.pbpp.pa.gov/Information/Documents/Research/EBP7.pdf>

When the court system is utilized to address a youth’s offending behavior, pursuant to Vermont juvenile justice laws, most youth under the age of 18 have their cases heard in the juvenile delinquency system in a confidential family division court rather than in the adult criminal system. The nomenclature and details of the adult and juvenile systems are different. For ease of reference, please see the glossary of terms and details noted in the table below.

Brief Explanation of Differences between Adult Criminal and Juvenile Family Court Systems		
	Criminal	Juvenile Family Court (Delinquencies)
Proceedings open to the public?	Yes	No (but there are options for victim access and input)
Offenses defined	Title 13 of Vermont statutes details the criminal law and offenses that are considered <b>crimes</b>	<ul style="list-style-type: none"> <li>Title 33 of Vermont statutes details the <b>delinquency</b> and <b>youthful offender</b> laws</li> <li>A <b>delinquent act</b> is an offense that would be considered a crime under title 13 if committed by an adult</li> </ul>
Court findings of guilt	<b>Conviction</b>	<b>Adjudication</b>
Disposition options (outcome after a court finding of guilt)	<ul style="list-style-type: none"> <li><b>Sentence</b></li> <li><b>Probation</b> supervised by Department of Corrections (DOC)</li> </ul>	<ul style="list-style-type: none"> <li>there are <b>no sentences in juvenile court</b></li> <li>youth can have <b>juvenile probation</b> supervised by a DCF Family Services Worker, who acts as a juvenile probation officer</li> <li>youthful offender (YO) cases are a hybrid of the criminal and juvenile system and so youth on probation for YO are supervised by both DCF and DOC</li> </ul>
Custody option	DOC	DCF
Jurisdiction of each court	<ul style="list-style-type: none"> <li>individuals 18 years of age and older</li> <li>youth cannot be charged with a crime in the criminal court system unless specifically provided for in title 33</li> <li>10 and 11-year olds never go to criminal court for any alleged offense</li> </ul>	<ul style="list-style-type: none"> <li>most youth’s cases are in the confidential juvenile court in the delinquency system</li> <li>for youth under age 18, all alleged delinquent acts that would be considered misdemeanors or felonies (except Big 12 cases) must start and finish in the Family Division</li> <li>for 16 and 17-year olds, felonies can be transferred to the criminal court upon motion by the prosecutor</li> <li>14-17-year olds with Big 12 offenses must start in the criminal court, with some exceptions, but can be transferred to juvenile court</li> <li>12 and 13-year olds with Big 12 offenses can be transferred to criminal from juvenile court upon motion</li> <li>youthful offender is an option for cases that have criminal court jurisdiction</li> </ul>

Brief Explanation of Differences between Adult Criminal and Juvenile Family Court Systems		
	Criminal	Juvenile Family Court (Delinquencies)
Housing options	DOC facilities/options	Any option in the system of care for youth, including foster care, residential care and Woodside, which is the most secure residential placement option.

## How Youth in the Delinquency System are Placed at Woodside

Most youth served at Woodside every year have been placed at Woodside because they have been charged with or adjudicated as having committed a delinquent act. These youth have been placed in the custody of the Commissioner of DCF and have been found to present a risk of injury to him/herself, others or property that requires them to be treated in a secure setting.

Youth are not “sentenced” to Woodside. Rather, youth are placed at Woodside for a secure-level of treatment for as long as they need that level of care and because there is no other less restrictive and appropriate placement available. Both courts and DCF can place youth in the delinquency system in the Woodside program:

Stage of Court Proceedings	Who Authorizes Placement at Woodside
Pre-disposition stage of the delinquency case	<ul style="list-style-type: none"> <li>Only courts may order;</li> <li>DCF may move youth to another placement if a less restrictive, appropriate placement becomes available</li> </ul>
Post-court disposition	<ul style="list-style-type: none"> <li>DCF may place youth through an administrative process</li> </ul>

Youth at Woodside can be designated short-term status or long-term status. As previously noted, these terms are confusing, as they do not refer to the length of time the youth has been placed at Woodside.

Status	Explanation
Short-Term Status	<ul style="list-style-type: none"> <li>Length of stay (LOS) varies – can be a few days to months, based on the unique circumstances of the youth.</li> <li>Pre-adjudicated or post-disposition stages (any stage) of a delinquency case</li> <li>Admissions come from court orders or DCF placements</li> </ul>
Long-Term Status	<ul style="list-style-type: none"> <li>Usually longer LOS</li> <li>Post-merits with Woodside long term treatment identified in the case plan (court order approving case plan or voluntary placement)</li> <li>Requires Case Review Committee approval</li> </ul>

The purpose of short-term status is to provide crisis stabilization for youth who are a danger to themselves, others or property. Once stabilized, the goal is placement in an available and appropriate treatment setting within the community. Sometimes the stabilization process takes quite some time. Other times, appropriate alternative placements are either not available or do not exist in Vermont or elsewhere.

Youth in long-term status are placed at Woodside for longer term treatment either as part of their court-approved case plan or because they have voluntarily agreed to placement at Woodside. The long-term status is an option for youth in the disposition phase of their delinquency case and is appropriate

for youth who need a secure level of treatment for an extended period to address their risk needs and assist with enhancing their protective factors.

Youth are admitted to the long-term status through a referral to the Case Review Committee (CRC), which is a subcommittee of the statutorily required State Interagency Team consisting of members from the Agency of Education, DMH, DCF, Department of Disabilities, Aging and Independent Living, Vermont Department of Health's Alcohol and Drug Abuse Division and the Vermont Federation of Families for Children's Mental Health. The CRC was established to identify, review and approve intensive residential treatment placements for children and youth.

Many long-term Woodside residents become designated long-term only after no other placement in state (or out) will accept them, or the court will not approve a plan for a specific out-of-state placement. It is not uncommon for long-term Woodside residents to have 40 or more placements, with concurrent disruptions in their education.

Because Woodside is the most restrictive residential placement in the State, DCF has an obligation to move a youth when their needs can be met in an appropriate and available less-restrictive setting. Not only is this a federal requirement, but it is also consistent with the principles of risk, need and responsivity in providing services to youth.

In late 2015, DCF was asked by the federal Department of Justice (DOJ) to examine its use of locked care for delinquent youth. Please see information about the work with DOJ at <https://dcf.vermont.gov/press-releases/dcf-doj>

After consultation with DOJ, DCF worked to develop a more robust set of alternative placements for youth in the delinquency system. The goals were to:

- Ensure youth are placed in the least-restrictive setting possible; and,
- Build upon DCF's initiative to reduce the state's overall use of residential facilities for youth with a focus on those involved with the justice system.

DCF has been successful in developing and finding alternative placements to Woodside for youth in the delinquency system.

Out-of-state programs are only an option for youth in the post-merits phase of their delinquency case and are not an option for youth in pre-adjudication phase. Out-of-state placements can take time for approval due to requirements in the interstate compact on the placement of children, court approval of the out-of-state placement, and the CRC process.

## Youth in the Adult Criminal System in the Custody of the Department of Corrections (DOC)

Woodside serves as a placement option for youth under age 18 in the adult criminal system who are in the custody of DOC. DCF and DOC have a longstanding memorandum of understanding that provides a process for the admission of DOC youth to Woodside for treatment and rehabilitation. These youth have committed a serious offense and have been charged and/or convicted as an adult.

Federal<sup>5</sup> and state law prohibit youth from being placed in adult correctional facilities without certain protections being put into place, including sight and sound separation from adult offenders. Per Vermont law:

- Youth who have been charged with but not yet convicted of a crime generally cannot be placed in an adult facility, with some exceptions. 33 V.S.A. §5292.
- Youth under the age of 16 who have been sentenced may not be placed in a DOC facility. *Id.* at §5293(c).

DOC cannot place youth in out-of-state facilities due to the requirement in Vermont law for DOC to provide education for those youth who do not yet have a high school diploma. See 28 V.S.A. §120(h). The MOU between DOC and DCF for the placement of DOC youth at Woodside originated over 15 years ago. The conversation between DOC and DCF was renewed about five years ago, when DOC sought renovations for the Marble Valley Rutland facility, to allow for sight and sound separation from adult offenders. At that time, the Rutland renovations were cost-prohibitive and so were not pursued.

Because of the MOU and availability of Woodside to house DOC youth, DOC does not have to dedicate space in its facilities to provide sight and sound separation for youth from adults as required by the federal Juvenile Justice and Delinquency Prevention Act.

In 2018, six youth placed at Woodside were DOC placements. Five out of the six had lengths of stay of 15 days or less. The sixth youth had a length of stay of 186 days. It is not uncommon for some DOC-placed youth with very serious convictions to be at Woodside for longer periods of time, even years, sometimes transferring to an adult facility on their 18<sup>th</sup> birthday.

The cost savings to DOC because of the availability of Woodside to house juveniles is noteworthy. Due to the need for sight and sound separation, if DOC had to house a youth in an adult facility, it could cost \$30,000 or more annually for every adult displaced to accommodate a youth placement. In order to accommodate sight and sound separation DOC would need to close one wing of its facility, resulting in multiple displaced adults for every youth placed. Additional DOC staff may also be required to provide adequate care, programming and supervision of youth in adult facilities.

## Interstate Compact on Juveniles

Finally, Woodside may also serve as a placement option for youth under the jurisdiction of another state through the interstate compact on juveniles (ICJ). Typically, these youth are involved in the juvenile justice system in another state. At times, other states issue warrants for their accused delinquents, runaways, or current probationers. Even though Vermont does not issue juvenile warrants, under the ICJ, we are required to detain those out-of-state youth under certain circumstances. Woodside had one ICJ-placed youth in 2018, which is typical. The youth in 2018 was on-run from New York, with charges in both New York and Vermont.

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<sup>5</sup> Juvenile Justice and Delinquency Prevention Act

## WOODSIDE HISTORY AND OVERVIEW

In Vermont, DCF is both the child welfare agency and the state’s juvenile justice agency. As such, DCF has an appreciation for the often traumatic life experiences that have led youth to the point of placement at Woodside. Youth served at Woodside are the highest needs youth in the state and often have backgrounds that include chronic poverty, medical neglect as well as emotional, physical and/or sexual abuse. The youth at Woodside are normal children who have learned to survive in extraordinary circumstances. Very often these youth exhibit dangerous behaviors that are difficult for society to tolerate. Often residents are admitted to Woodside in crisis after setting a program on fire, committing thousands of dollars of property damage or hurting someone. These youth may have “gone on run” where they steal cars and drive recklessly, cause traffic accidents, invade homes and shops to get food, and/or been victims of human trafficking. As a result, these youth have ended up in the juvenile justice or criminal system and then at Woodside, many times when other treatment or placements have failed.

Woodside first opened in 1986 during a time period marked by concerns about juvenile crime in Vermont. In 1981, two teenage boys ages 15 and 16 kidnapped, tortured and raped two 12-year old girls on their way home from school in Essex Junction. One of the girls died as a result. In addition to changes in criminal and juvenile law, one of the responses to these horrific crimes was the building of Woodside. The Weeks School had closed in 1979 and so there was no secure option for the placement of youth. Even the Weeks School was not a locked, secure setting. It was not until the 1981 homicide, which rocked the state, that the need for a secure facility for juveniles was discussed.

In its first two decades, Woodside was quite often full to capacity. Over the years, with fewer teens in the Vermont population, and the juvenile justice system focusing on a variety of pre-charge and diversion options, the number of delinquent youth in DCF custody has declined. Concurrently, use of Woodside has been reduced.

Woodside Census Information							
Calendar Year	Number of Admissions	Number of Individual DCF Youth	Average Daily Population	Average Length of Stay	High Daily Population	Low Daily Population	Total Bed Days
2014	148	105	20	154	25	15	6817
2015	145	101	16	136	22	8	5875
2016	119	87	14	121	18	9	4960
2017	134	87	13	106	20	6	4613
2018	86	64	12	112	16	7	4281

It is noteworthy that the average length of stay and the number of bed days has remained high despite the drop in the number of admissions. This is due to successfully placing youth in less-restrictive alternatives, resulting in the youth currently placed at Woodside having greater challenges with higher acuity.

While many things in Vermont have changed since 1986, including juvenile justice laws, one thing that has not changed is the fact that there are some youth who pose a significant risk to him/herself, others, the community, or property that requires some amount of secure treatment intervention.

## Woodside Services

While youth are at Woodside, they are treated as a whole person with individualized programming to meet the needs of each youth. Woodside has clinical services provided by staff at the program. In addition, Woodside has a contract with the University of Vermont Medical Center for psychiatric and medical services. To further supplement these services, Woodside has engaged several community partners to deliver services both at and outside of Woodside to residents. The Woodside treatment team helps youth unravel their past histories, decisions made and patterns of thinking that led them to Woodside. The Woodside staff understand the impact of complex trauma on the brain. Staff attempt to engage youth in effective treatment to mitigate those impacts. In addition to clinical treatment, youth at Woodside get a lot of other important medical and other types of care, sometimes for the first time in their lives. This includes dental, vision and primary care as well as good nutrition and a focus on physical exercise, hygiene and mindfulness. Youth at Woodside have access to the same services, without respect to what agency/authority placed them there.

From the date of placement, all youth placed at Woodside receive an assessment and services targeted at increasing their level of functioning and reducing the likelihood of re-offending. This includes:

- Physical examination
- Immunizations
- Medication review and verification
- Cognitive and educational screening
- Standardized screenings
- Specialized assessment services including trauma, psychological, substance abuse, domestic violence, dangerous sexualized behavior
- Psychiatric review, including document review and development of psychiatric impression
- Clinical and individualized treatment planning
- Urinalysis testing to determine use of substances

Youth at Woodside are provided a safe and structured program to promote stabilization. They receive:

- 4 group therapy sessions per day
- 3 clinical sessions with psychologist/rostered clinicians weekly (unless more is indicated)
- 1 psychiatry session weekly (unless more is indicated)

Education is a big part of a resident's program at Woodside and is required by Vermont law. See 16 V.S.A. chapter 25. While at Woodside, youth receive:

- 7.5-hour school day including wide range achievement testing
- Individual Educational Programs (IEP)/504 plan accommodations

Woodside youth are screened academically and complete a career interest survey. Those who have dropped out of school, or have been attending irregularly, rejoin an academic program. This is important as they often have conditions of their probation that require them to attend an educational program and obtain a high school credential.

Many Woodside students are eligible for special education services through their IEPs. For Woodside students, the most common disability category qualifying them for an IEP is emotional disturbance. While at Woodside, youth have the opportunity to reengage in an onsite school setting, practicing attending class with highly differentiated activities in small groups under highly supportive supervision.

Opening the window to academic success, even if it's only for a few days, can be transformative. The Woodside school is a normalizing experience in a complicated period of the youth's lives.

Youth who stay at Woodside for at least 90 days increase their academic functioning on average 1.5 grade levels in math and literacy as measured by standardized testing. This is largely due to the behavioral and emotional support throughout the building, the stabilizing effects of long-term placement and the individualized instruction. Woodside can also refer youth to Community College of Vermont, adult learning or technical/vocational programs. In order to ease the transition, youth can have opportunities for community engagement and experience in the community while at Woodside to prepare for these experiences.

Youth who stay at Woodside for longer periods of time also receive specialized individualized counseling depending on need. For example, they may receive:

- Trauma treatment with the Adams Center
- Family therapy
- Domestic violence therapy
- Post-permanency services through Lund
- Victim advocacy through Hope Works
- Culturally competent psychological services through the Refugee Resettlement Project
- Grief and loss therapy
- Substance use treatment with Center Point
- LGBTQI support with Outright Vermont
- Treatment for sexually harmful behavior
- Anger management services

Woodside has also implemented restorative practices with youth to address violence in the building with the goal to reduce these behaviors going forward.

## Quality and Evaluation

Woodside seeks to ensure quality of services through outside evaluation. Since 2007, Woodside has participated in Performance Based Standards measurements of quality <https://pbstandards.org/initiatives/performance-based-standards-pbs>.

In 2011, Woodside sought accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). In 2019, Woodside received a renewed three-year accreditation, with evaluation of approximately 1,000 standards. Of those, Woodside was required to complete corrective action on only 11 of the standards. If Woodside's purpose was limited to provide short lengths of stay, CARF accreditation would likely not be able to be maintained.

In 2015, Woodside was first audited to ensure compliance with the federal Prison Rape Elimination Act (PREA) standards required by the Department of Justice, with many individual requirements in the 41 different PREA standards for juvenile facilities. Woodside was again found 100 percent compliant in 2017.

Woodside is also licensed as a residential treatment program for youth by DCF’s Residential Licensing and Special Investigations Unit (RLSIU). Because Woodside is the only program in the state that cannot reject admissions, there has been much scrutiny on the care of some youth who were rejected by all other in-state and out-of-state programs and/or rejected by acute hospital settings due to their violent behavior. In order to provide a more direct line of communication to DCF leadership about issues like these, DCF has assigned a Woodside Quality Assurance and Special Investigator from RLSIU who is exclusively assigned to Woodside and who reports to the DCF Family Services Deputy Commissioner.

If Woodside’s purpose was limited to providing short-term stays, with reduced emphasis on clinical services, it is doubtful that the facility would remain in compliance with licensing requirements for residential treatment programs. This would call into question the appropriate regulatory framework for Woodside.

DCF is also in the process of retaining an expert consultant through the request for proposal process to evaluate and provide recommendations on de-escalation, restraint and seclusion practices to ensure Woodside is using an evidence-informed model.

In 2015, Woodside implemented strategies that reduced the use of restraint and seclusion, with the following results:

Year	Restraints	Seclusion
2015	116	320
2018	36	98

During calendar year 2017 there were, on average, only two incidents of restraint and seclusion per month. In 2018, there were on average three incidents of restraint and eight incidents of seclusion per month. Even with this improvement from 2015, Woodside’s goal is zero restraint and seclusion.

Woodside also strives to ensure that youth in the program are treated in the most therapeutic way. We are hoping that the planned expert evaluation and recommendations will further improve our practices.

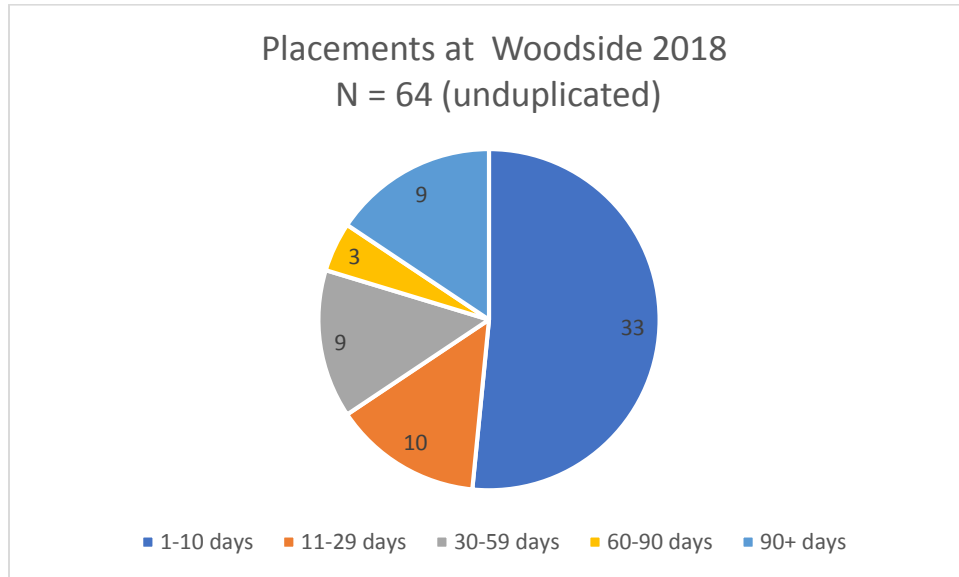
The newly, specially assigned RLSIU Woodside Quality Assurance and Special Investigator is also tasked with leading other quality improvement initiatives including reviewing the current youth grievance process, making recommendations for systemic program improvements, and taking the lead on other projects as assigned.

## DETAIL OF CALENDAR YEAR 2018 WOODSIDE PLACEMENTS

The youth at Woodside are there because their behavior requires that level of security. They may come in the middle of the night and often arrive with little advance notice. Woodside is the only program in the state that cannot reject youth for admission. A detailed review of calendar year 2018 admissions of youth through the delinquency system provides a good picture of the need that Woodside currently fills in the system of care. This is in addition to the need that Woodside fills for DOC by accepting DOC-placed youth in the program, thereby freeing up DOC resources and space for its adult population. This review of youth served by Woodside in 2018 also illustrates the need for other system of care resources not currently available.



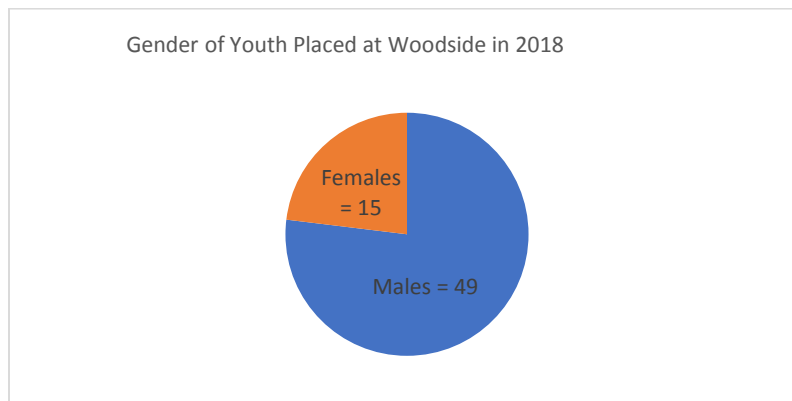
In 2018, 64 individual youth in DCF custody in the delinquency system were placed at Woodside one or more times.



### Youth by Gender Identity

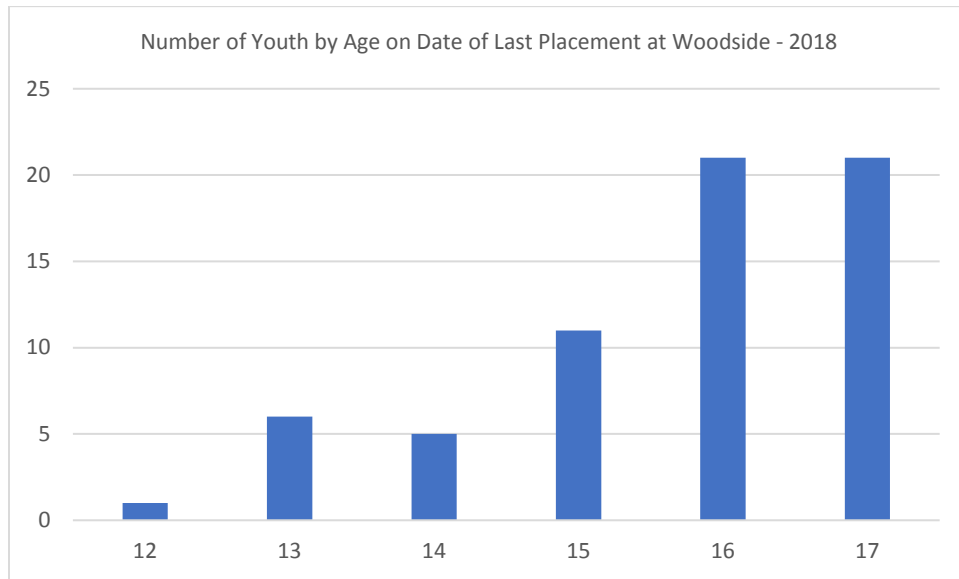
Woodside serves both males and females in the same facility, which presents some unique challenges to not only safety, but also to appropriate programming. In the past decade, there has been increased awareness of the need for gender-specific treatment in the area of juvenile justice practice. With the small percent of females at Woodside and the inflexibility of the physical space, this has presented a challenge.

The gender break-down shown below, with 76.6% of Woodside residents being male, does not vary significantly according to length of resident's stay.



## Youth by Age

Youth placed at Woodside tend to be older teens:



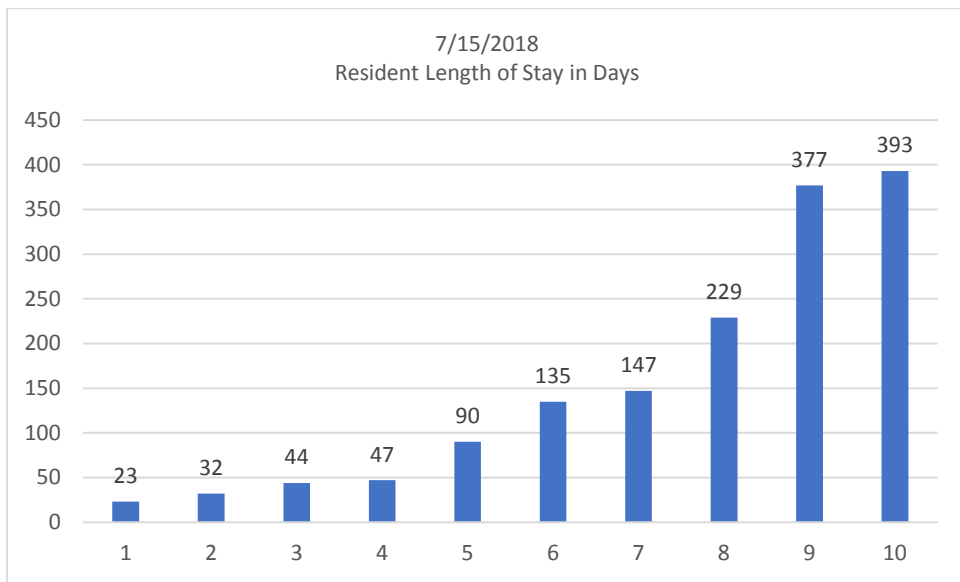
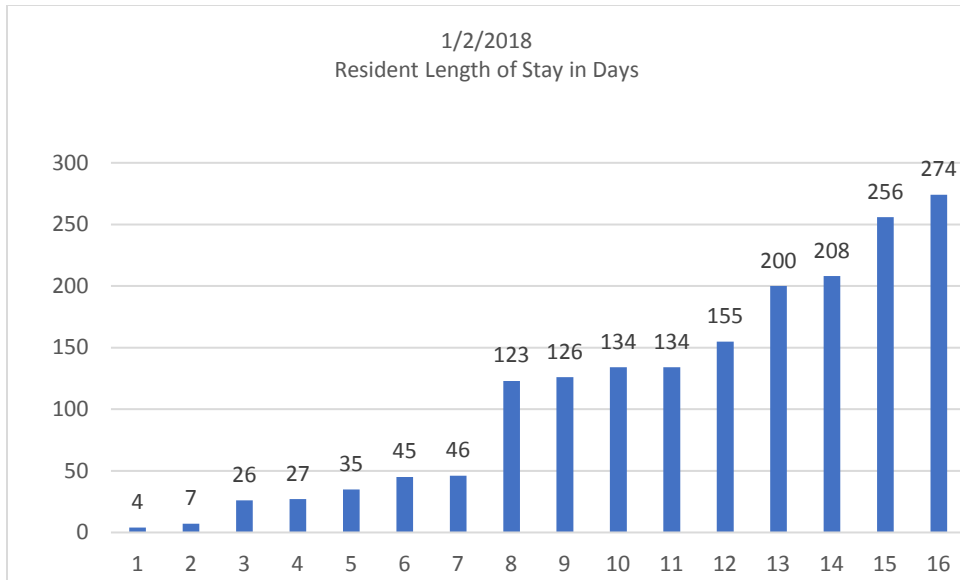
Note that 21 youth (33 percent) of these youth were 17 years old upon their last admission. Youth of this age have few placement options, particularly the closer they are to their 18<sup>th</sup> birthday. Most residential programs are very reluctant to accept an older teen for treatment because they will not be able to complete the program before they turn 18.

## Length of Stay (LOS)

On any given day, Woodside serves categories of youth who fall into different “buckets”, which means that youth in the program on any given day can be at very different places in their treatment. Based on the 2018 length of stay data, this report divides the youth into three different categories or “buckets” of LOS:

- Short-LOS – less than 30 days
- Mid-LOS – 31 to 89 days
- Long-LOS – over 90 days

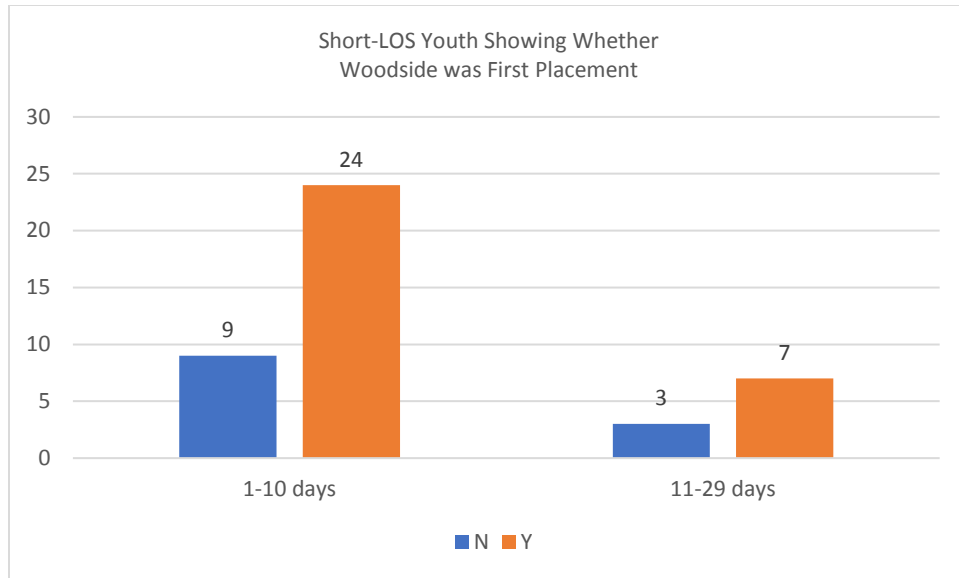
LOS is the actual number of days in the program and is not necessarily reflective of whether a youth is in designated short-term or long-term status, as explained on page 10. The following charts show the point-in-time LOS for all youth who were placed at Woodside on December 2, 2018 and July 15, 2018 respectively. Each of the blue bars represents one youth and shows the number of days they had been at Woodside.



There can be youth in the program for whom Woodside is not the long-term disposition plan, but due to challenges placing the youth in another setting, ends up being a long-LOS.

***Short-LOS Youth Placed in 2018 (less than 30 days)***

Of the 64 youth in DCF custody placed at Woodside in 2018, 43 (67%) were discharged in under 30 days.



Youth who stay at Woodside for shorter periods are more likely to be there as their first placement out of home (N = 31). Typically, these are youth who have committed a first offense. The court knows little about them except the nature of their alleged offense, which often leads the court to order Woodside placement pending the gathering of further information. Once DCF has a chance to gather more information, the youth is moved to another less-secure, appropriate and available setting.

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*As an example: Youth came into custody Jan 2018 for the 2nd time at age 16, with Woodside as her first placement. She returned home after one day. She came back into custody Jul 2018 for 2 months with no Woodside placements. She has since been reunified with her parent.*

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The other short-staying youth (N = 12) were typically youth already in DCF custody who acted out in significant ways in their placements, which included the foster care, in-state and out-of-state residential care and the Brattleboro Retreat. Some were able to return to their placements; others were stepped down from Woodside to an in-state short-term residential program.

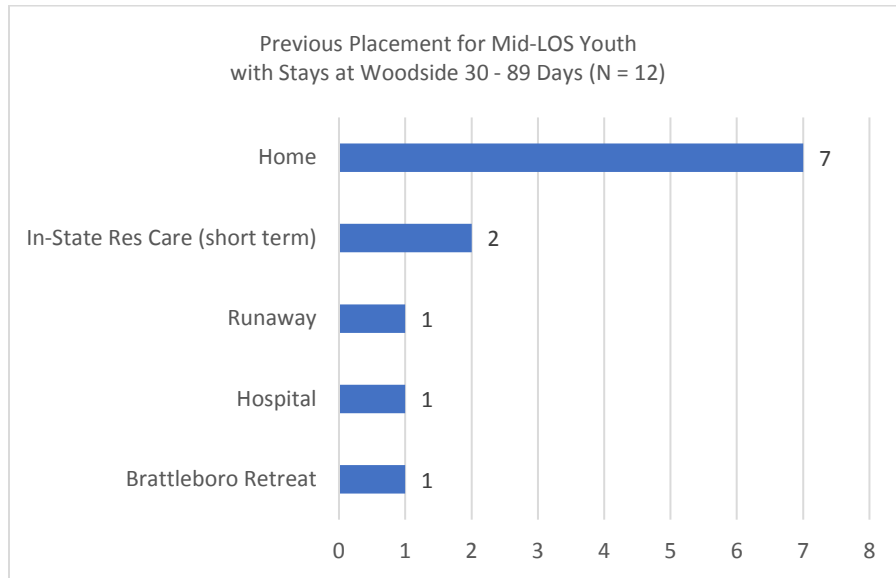
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*For example: Youth has been in custody for several years, placed in several foster homes, the Brattleboro Retreat and another in-state residential program. He has had 5 short stays at Woodside due to aggressive behavior in his placement.*

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### **Mid-LOS Youth Placed in 2018 (30 to 89 Days)**

In 2018, 12 youth stayed at Woodside for period between 30 and 89 days. Most often, placement histories for these youth included stays in in-state residential care and often the Brattleboro Retreat. Typically, these youth needed a period of stability and treatment in order to successfully transition to the next placement. The graph below shows the previous placement for youth who had mid-LOS at Woodside in 2018.



Some, like the youth illustrated below, are able to return home.

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*For example: Youth came into custody in Jul 2017. His first placement was Woodside. He stayed 5 days and then had a short stay at a short-term in-state residential program. He was then placed in foster care, but twice ran away. He returned to Woodside In Nov 2017. He stayed 2 months before being placed with a relative. He was successfully discharged to the guardianship of that relative in Oct 2018.*

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For others, the goal is for the youth to stabilize to the point that they can be placed for needed longer term treatment in an appropriate residential program.

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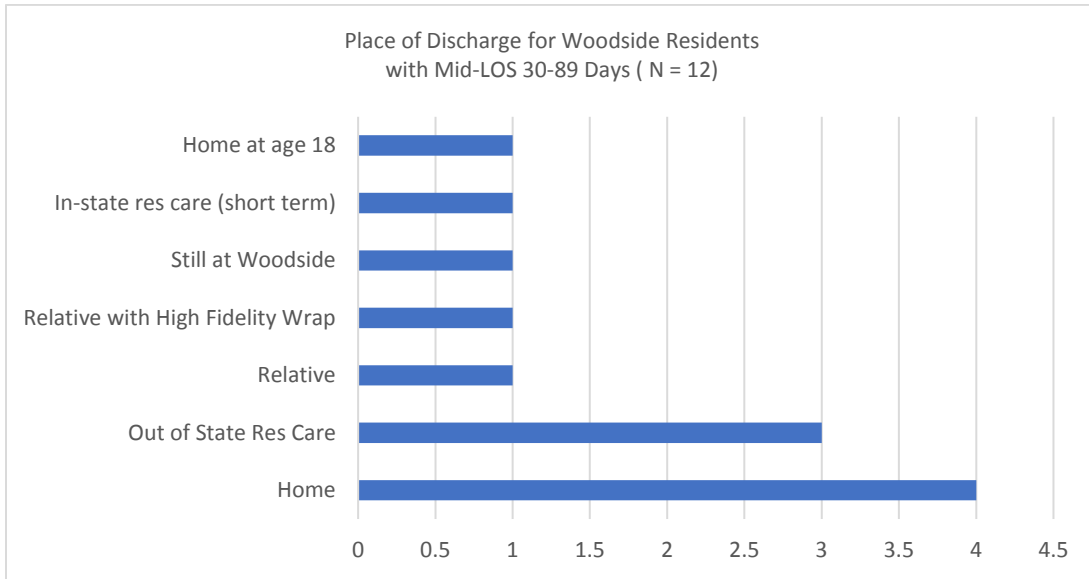
*As an example: Since coming into custody in 2018 after he stabbed a family member, this youth has been placed at Valley Vista, the Brattleboro Retreat, and an in-state residential assessment program. He has been at Woodside for 4 short stays, with a 5<sup>th</sup> stay lasting 2 1/2 months.*

*This youth has assaulted staff and peers at other placements and at Woodside. No other program in-state or out was willing to accept him until his aggression was treated. During his last stay at Woodside, the goal was to successfully transition him to a less secure and longer-term treatment*

option. He was placed in an out-of-state residential program in Jan 2019 with no issues since discharge.

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The following chart shows place of discharge for all 12 youth.



Please see Appendix A for more detailed data points for youth staying less than 90 days at Woodside, including precipitating behavior.

***Long-LOS Youth Placed in 2018 (90 days or more)***

This report brings special attention to the small number of youth who stay for long periods of time at Woodside. If Woodside were to be re-purposed to eliminate serving youth in this category, it would be challenging and expensive to find other available and appropriate placements for them due to:

- The acuity of their behaviors;
- Their long history of placements in other residential care settings, in- and out-of-state;
- The length of time it takes to get court-approval for placement in out-of-state treatment settings;
- And at times, an inability to find a treatment setting willing to accept them due to acuity or age.

In addition, Woodside would no longer be available to serve youth under the supervision of DOC for longer periods of time, which would require DOC to provide an incarcerative setting that provides for federally-required sight and sound separation from adult inmates.

During 2018, there were:

- Nine youth residing at Woodside at the beginning of 2018 who already had a length of stay in excess of 90 days (this included one youth under the supervision of DOC). At that time, the longest stay was 274 days.

- An additional 9 youth in the delinquency system, who were admitted during the year and had been there in excess of 90 days by the year’s end. All but one of these youth had been discharged. The longest length of stay was 393 days.

Some of these long-staying youth had official “long-term status” at Woodside, meaning that they had been cleared by the state interagency Case Review Committee for long-term status and the court had approved their case plan.

Other long staying youth do not have long-term status for one or more of the following reasons:

- there was no other available, appropriate option. Some of these youth had been declined admittance to other programs, some because they were too close to their 18<sup>th</sup> birthday;
- the court did not approve the case plan for out-of-state placement;
- in spite of an approved and available out-of-state option, the department decided it was in the youth’s best interest to remain at Woodside. For example, DCF elected to keep one youth at Woodside because of the amount of family work needed and no other in-state program would accept the youth.

Three out of the nine youth admitted to Woodside in the long-LOS category were screened at one point in their Woodside stay as meeting hospital-level acute psychiatric care, but due to their level of violence or aggression, the Brattleboro Retreat was not able to serve them. Six out of the nine youth were rejected by all other referrals to in- and out-of-state programs.

2018 Long-LOS	Precipitating behavior to 2018 Woodside admission	Denied by all other in-state and OOS programs due to youth’s need?	Screened for acute psychiatric care, but denied due to level of violence?	Notes re prior placements	Woodside LOS and transition after Woodside, if applicable
Youth 1	Assaultive/property destruction	Yes, due to fire setting, assaultive and sex offending behavior		Had previous placements at in- and out-of-state programs and the Retreat	Two stays in 2017 and 2018 - 289 & 205 days  Still at Woodside with plan to discharge to family.
Youth 2	Aggressive/threatening behavior	Yes	Yes	Previous placements in foster care, Woodside and in-state residential care	279 days
Youth 3	Assault on staff and property damage at prior placement	Yes	Yes	6 total Woodside placements due to multiple felonious assault charges  Also previous foster care, in-state and OOS residential care and Retreat placements	274 days  Stabilized after 9 months at Woodside and is currently in another in-state residential care program

2018 Long-LOS	Precipitating behavior to 2018 Woodside admission	Denied by all other in-state and OOS programs due to youth's need?	Screened for acute psychiatric care, but denied due to level of violence?	Notes re prior placements	Woodside LOS and transition after Woodside, if applicable
Youth 4	Aggravated assault	Yes	Yes	<p>Previous multiple in-state and out-of-state (OOS) residential placements</p> <p>High risk for suicide and behavior also highly dangerous towards others</p> <p>8 stays at Woodside</p> <p>While at Woodside coordinated riots, assaulted staff, damaged property, engaged in sex acts</p>	<p>178 days</p> <p>Finally stabilized at Woodside, enabling OOS treatment option at age 17</p>
Youth 5	Assault on staff at prior placement	Yes, due to level of aggression (multiple staff assaults at other placements, threatened peers with violent, deadly weapons)		<p>Woodside was first placement, followed by 7 months at home and other in-state programs</p> <p>Three additional short stays at Woodside</p>	<p>365 days</p> <p>Currently at Woodside, stabilizing and has community access to prepare for a step-down</p>
Youth 6	Aggravated assault and robbery	Yes, due to violence and behavior at other programs		<p>Previous in-state and OOS residential stays as well as previous Woodside placements</p> <p>Extensive history including 42 charges involving stalking and violence</p>	<p>253 days</p> <p>Currently at Woodside</p>
Youth 7	Sexual assault			<p>Woodside was first placement</p>	<p>132 days</p> <p>Currently at another in-state residential program</p>
Youth 8	Aggravated assault			<p>Woodside was first placement at age 15.5</p>	<p>92 days</p> <p>Placed in an OOS program</p>
Youth 9	Burglary			<p>Woodside was first placement at age 17</p>	<p>92 days</p> <p>Stayed at Woodside until age 18 and now lives independently</p>



## VERMONT'S SYSTEM OF IN-STATE RESIDENTIAL CARE FOR YOUTH UTILIZED BY DCF AND DMH

Over the past decade, there has been a decline in the number of adolescents in the state (information from Vermont Department of Health):

POPULATION TREND	Age 10-14	Age 15-17	Total
1990	37,963	22,066	60,029
2000	45,397	27,036	72,433
2010	27,637	24,990	52,627
2017 est.	33,970	21,317	55,287

Concurrently, the in-state system of residential care has shrunk from what it once was. The Turn the Curve Advisory Committee prepared a report dated November 9, 2017 to the Vermont legislature, *The Use of Out-Of-State and In-State Residential Placements, including Woodside*, <https://ifs.vermont.gov/sites/ifs/files/Legislative%20Report%20FINAL%202011-8-17.pdf>

This report notes the significant decrease in the number of licensed residential beds in Vermont. From 2010 to the report date, the number of beds decreased from 302 to 161. Since the 2017 Turn the Curve Report, eight beds were added to the in-state system of residential care for a total of 169 beds utilized by both DCF and DMH for all types of youth served by these two departments, including youth who have been abused or neglected, have mental health needs or may be in the delinquency system.

Program	Number of DCF and DMH contracted beds	Age/ Gender	Location	Additional Info	Typically at capacity?	Daily Rate
<b>Hospital Diversion</b>						
NFI Hospital Diversion Program	6	10 up to 18, M/F	So. Burlington	10 days	Yes	DVHA funded
<b>Crisis Stabilization</b>						
Howard Center- Crisis beds, Jarrett House	6	5 up to 14, M/F	Burlington	10 days	No	\$1,016.57
Seall - Depot Gap	5	13 up to 18, F	Bennington	10 days DCF only youth	Yes	\$595.57
Seall- Depot Street	12	13 up to 18, M	Bennington	10 days DCF only youth	Yes	\$595.57
Seall – Horizon	1	10-18, M/F	Bennington	10-45 days	Yes	\$595.57
Windsor Co. YSB- 20 Mile Stream	7**	13 up to 22, F	Proctorsville	14- 30 days Mostly DCF youth	Yes	\$249.05
Windsor Co. YSB-Mountainside	7**	13 up to 22, M	Proctorsville	14 - 30 days Mostly DCF youth	Yes	\$249.05

Program	Number of DCF and DMH contracted beds	Age/ Gender	Location	Additional Info	Typically at capacity?	Daily Rate
<b>Assessment</b>						
Community House	8	6 up to 12, M/F	Brattleboro	90 days	Yes	\$249.05
VT Assess- Newbury	8	11 up to 18, M	Newbury	Agg/MH Boys Mostly DCF youth	Yes	\$840.87
<b>Community Based Group Home</b>						
Howard Center Transition House	3 + 1	16 up to 22, M	Burlington	Primarily (but not necessarily) a step-down from Woodside	Fluctuates	\$249.05
Laraway (Foote Brook)	4	12 up to 19, M	Johnson	Primarily (but not necessarily) a step-down from residential care Mostly DCF youth	Yes	Part of the DCF specialized foster care budget
NFI Allenbrook	8	12 up to 18, M/F	So. Burlington	Family Teaching	Yes	\$327.34
NFI- DBT House	4	10 up to 18, F	Brattleboro	DBT Skills Work	Yes	Paid through DMH master grant
Onion River Crossroads	8	12 up to 21, F	Montpelier	Group Home DCF only youth	Yes	\$352.82
WCMH- Skyline	3 + 1	12 up to 20, M	Barre	Sexually Harmful Behaviors or MH issues	Yes	Part of the DCF specialized foster care budget
WCMH- Crescent	3	6 up to 17, M	E. Montpelier	Very Individualized	Yes	Part of the DCF specialized foster care budget
WCMH- Evergreen	3 + 1	13 up to 20, F	Berlin	More acute MH needs	Yes	Part of the DCF specialized foster care budget
WCMH- Oden	3 + 1	13 up to 20, F	Berlin	More acute MH needs	Yes	Part of the DCF specialized foster care budget
NFI Group Home	6	14 up to 18	Burlington	More acute MH needs	Fluctuates	\$502.70
Village House	3	17+ to 22	Burlington	More acute MH needs	Not always	Paid through DMH master grant

Program	Number of DCF and DMH contracted beds	Age/Gender	Location	Additional Info	Typically at capacity?	Daily Rate
NFI- Shelburne House	3	12 up to 18, M	Williston	Very Individualized	Fluctuates	Paid through DMH master grant
<b>Intensive Residential</b>						
Vt School for Girls	25	9 up to 22, F	Bennington	Aggressive Girls	Yes	\$388.30
Brookhaven	8	6 up to 14, M	Chelsea	Agg/MH Boys	Yes	\$561.58
Howard Center-Park Street	10	12 up to 18, M	Rutland	Sexually Harmful Behaviors	Depends. Limited by specific population served	\$621.53
Lund	3	no age limit, F	Burlington	Pregnant or Parenting Teens	No	\$435.00
Retreat- Adolescent Treatment, Linden	8	13 up to 18, M/F	Brattleboro	More acute MH Needs	No	\$845.00
Retreat- Abigail Rockwell residential program	8	6 up to 14, M/F	Brattleboro	More acute MH needs	Not always	\$590.00
Woodside	30	10 up to 18, M/F	Colchester	Only delinquent or justice-involved	No	

DCF's projected spending on residential care for both CHINS and delinquent youth is illustrated below. These amounts do not include costs for:

- Woodside operations
- Laraway or the four Washington County Mental Health programs, those expenditures are included in the larger DCF specialized foster care budget
- NFI DBT, Village House or Shelburne House as those programs are paid through the DMH master grant
- NFI Hospital Diversion Program, which is funded through the Department of Vermont Health Access

Type of Care	SFY18 Actual Spending	SFY19 Projected based on data through Feb
Emergency short-term residential care	\$2,583,040	\$4,092,295
In-state residential care	\$10,927,079	\$12,151,832
OOS residential care	\$6,015,715	\$6,469,423
<b>Total DCF residential care spending (excluding Woodside)</b>	<b>\$19,525,834</b>	<b>\$22,713,550</b>

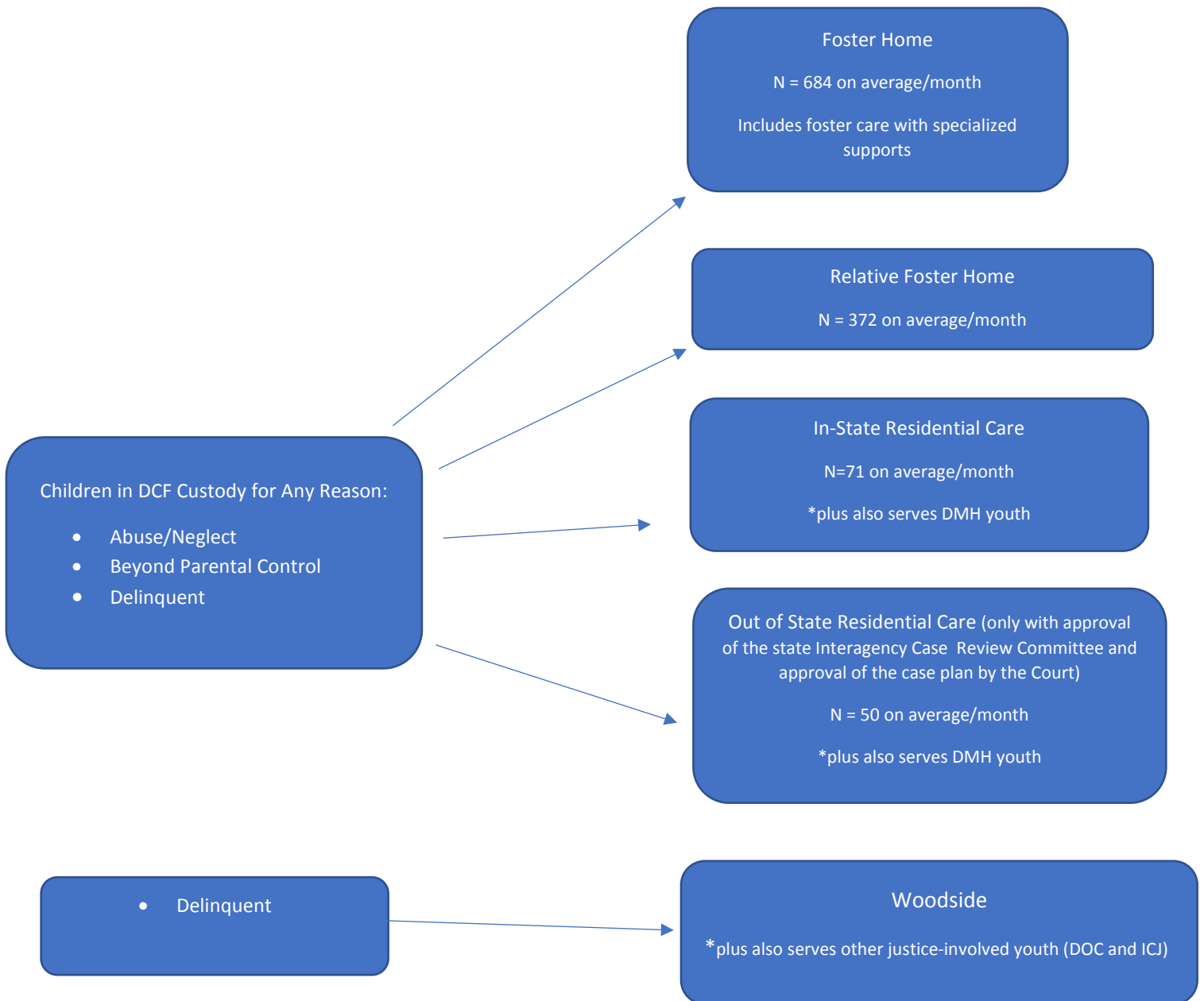
## **DCF PLACEMENT OPTIONS FOR YOUTH IN CARE**

To step back, residential care is one of many options that DCF has for placing youth in its custody. Courts place children and youth in DCF custody either as a child in need of care or supervision (CHINS) or as delinquent. Courts may find children/youth as CHINS because they were abused or neglected or are beyond parental control.

Woodside is the only in-state residential program exclusively for delinquent youth and is the only in-state residential program with consistently available capacity. This is critical, because as noted previously, youth may be ordered to Woodside at any time, and Woodside must admit them.

For in-state residential care, 7 out of the 27 other in-state programs have a primary focus on serving DCF youth, but these programs serve both DCF CHINS and delinquent youth and are consistently at capacity.

## The Out-of-Home System of Care for Children and Youth in DCF Custody



DCF has worked specifically to develop in-state capacity for delinquent youth as alternatives to Woodside, in particular, after consultation and inquiry from the federal Department of Justice (DOJ) beginning in late 2015 through early 2018. The two areas of focus with respect to the collaboration with DOJ were to:

- ensure that youth are placed in the least-restrictive setting possible, and
- build upon DCF’s initiative to reduce the state’s overall use of residential facilities for youth with a focus on those involved with the justice system.

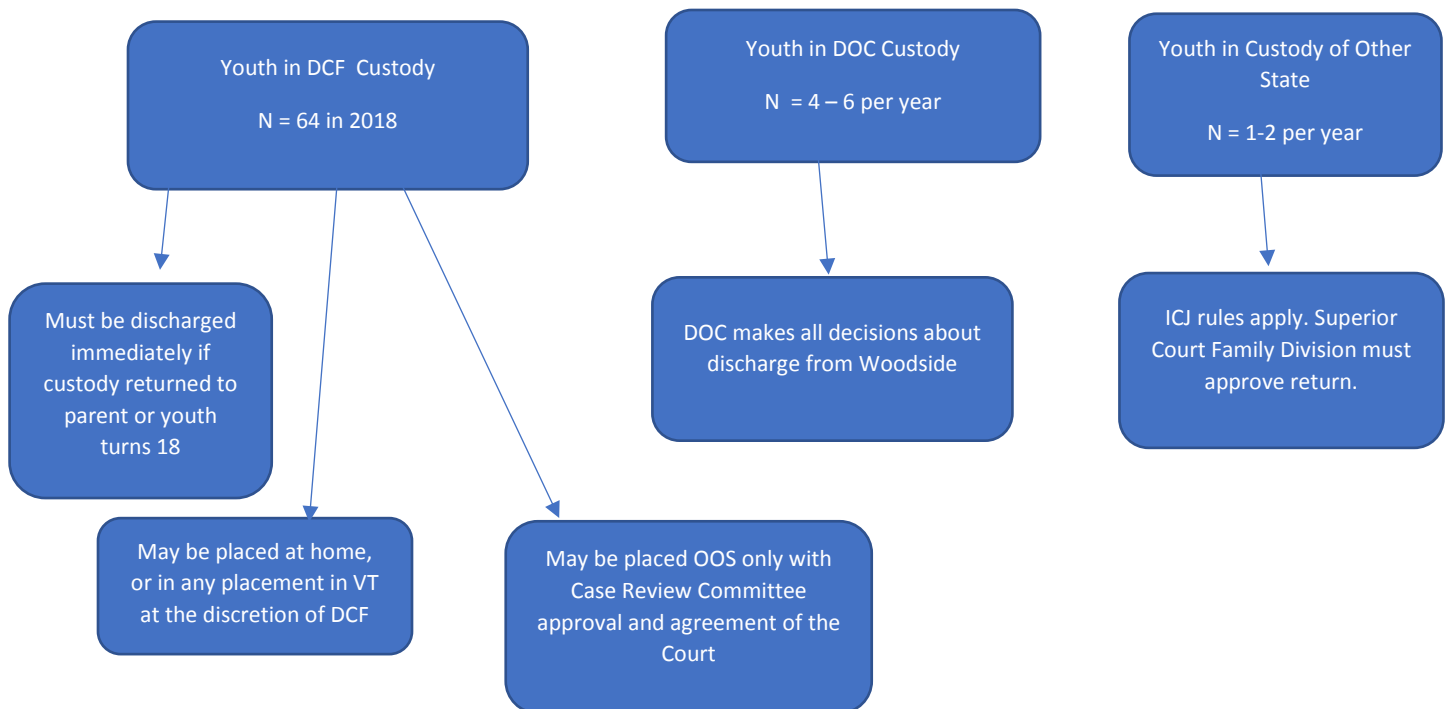
This work resulted in growing capacity at the following programs/services:

Program	Location	Additional Capacity
Seall Depot programs	Bennington, VT	Expanded capacity from 12 to 18
Vermont Assessment Center	Newbury, VT	Developed new program for assessment services up to 90 days
Northwestern Counseling and Support Services - high fidelity wraparound services	St. Albans, VT	Added new service with goal to reduce use of residential care, with capacity to serve 8 youth
Becket Family of Services - support and stabilization services	State-wide	Increased available slots for wraparound and other services to keep youth in the community from 12 to 40 statewide

Even with these enhancements to the system of care for delinquent youth, alternative placements to Woodside for some high-needs youth has been identified as a system of care need.

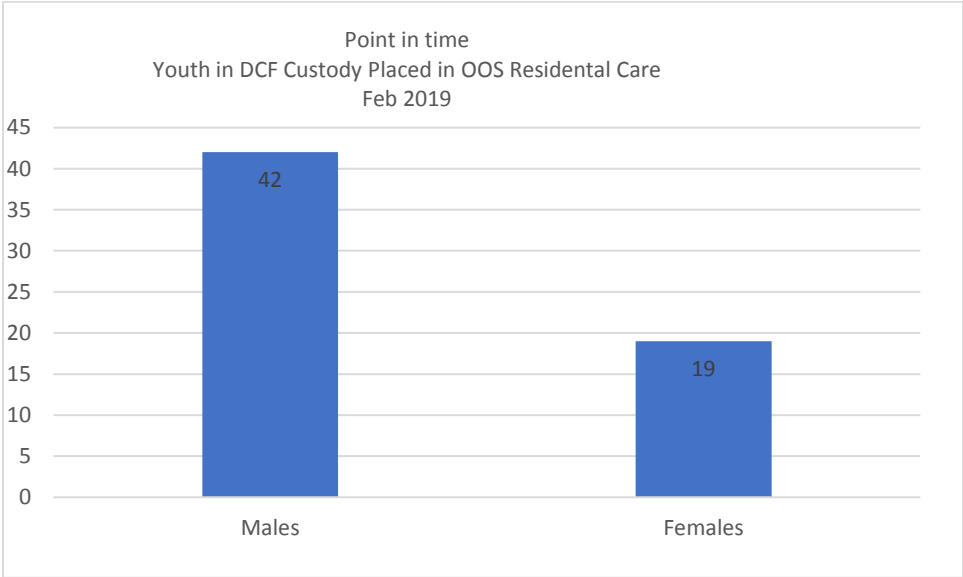
Once a youth is in Woodside, the following graphic illustrates the different placement options.

### Routes Out of Woodside

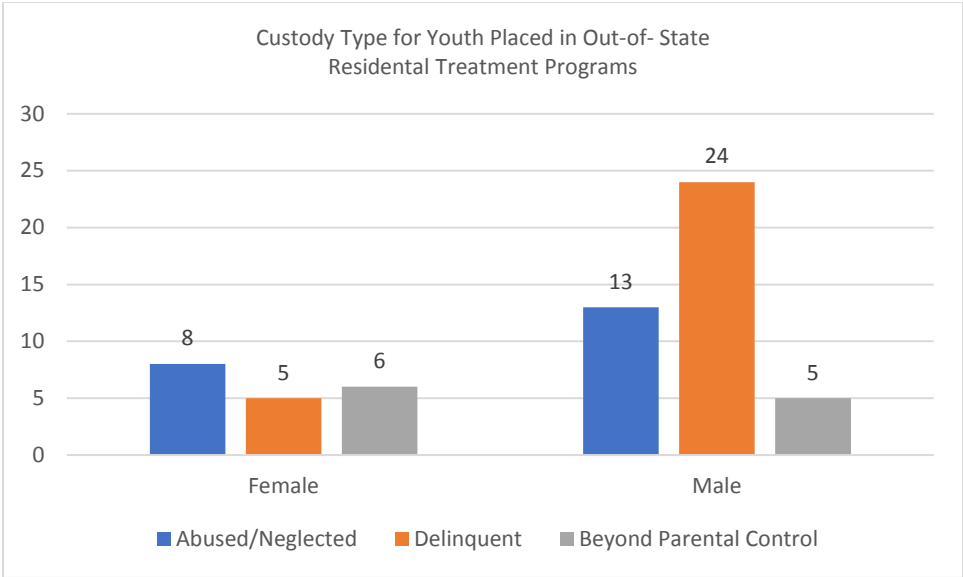


# DCF YOUTH PLACED OUT-OF-STATE

At the end of February 2019 at one point in time, there were 61 youth in DCF custody placed in out-of-state (OOS) residential treatment facilities through CHINS and delinquency.



About half, 29 out of 61, are delinquent youth. The majority of male youth placed OOS are delinquent.



Although Vermont DCF youth are placed in nine different states, 49 of the 61 youth are placed in either New Hampshire, Massachusetts or New York often quite close to home. Nearly all of the youth placed in New Hampshire are placed at a campus run by the Becket Family of Services, which also runs two residential treatment programs within Vermont and provides services in Vermont to support the youth’s return to a community setting, including home.

State	Female	Male	Total
AR	1	1	2
FL	2	2	4
IN		1	1
MA	12	17	29
NH		19	19
NY	1		1
PA	2		2
TN	1		1
VA		2	2
<b>Total</b>	<b>19</b>	<b>42</b>	<b>61</b>

A smaller detention-only Woodside could mean that there are more youth sent OOS for long-term residential treatment. Also, it is important to remember that DCF does not control the OOS placement decisions. There is a CRC approval process as well as a court decision approving the OOS placement. Many times in the past, the court has rejected a proposed OOS placement.

If Woodside were to have a new building, there is some potential to bring some of the delinquent youth current OOS back in-state. The data above particularly shows the need for long-LOS treatment options for aggressive/violent male youth.

The projected SFY19 spending for DCF youth placed OOS, as of the data available since February 2019, is \$6,469,423. The rates for DCF's current OOS placements are as follows:

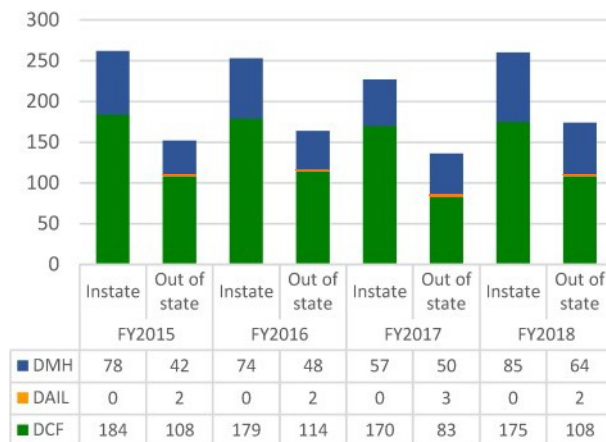
Placement Name	Total Daily Rate
Becket (NH)	\$ 484.11
Conway Behavioral Health (AR)	\$ 376.88
Cornell Abraxas Group Inc. (FL)	\$ 376.88
Cornell Abraxas Group Inc. (FL)	\$ 376.88
Devereux Foundation (MA)	\$ 503.03
Fall River Deaconess Home (MA)	\$ 502.82
Foundations Behavioral Health (PA)	\$ 778.56
Harbor Point Behavioral (VA)	\$ 504.24
Hillcrest Educational Centers (MA)	\$ 562.09
Justice Resource Ins. (MA)	\$ 1,161.44



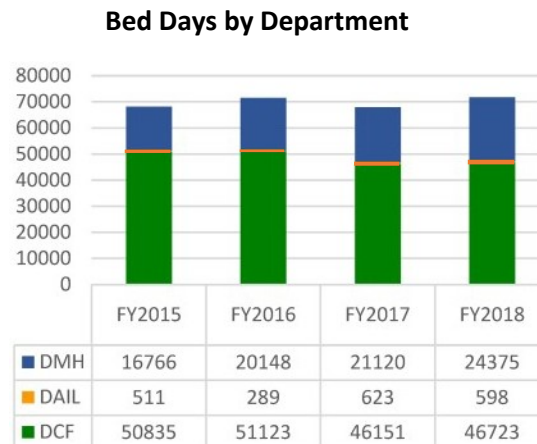
Placement Name	Total Daily Rate
Manhattan Children's Center (NY)	\$ 619.24
Millcreek of Arkansas (AR)	\$ 685.00
Mountain Youth Academy (Keystone) (TN)	\$ 685.00
Pine Haven Boys Center (NH)	\$ 393.23
Resolute Acquisition Corp (IN)	\$ 454.24
Sandy Pines (SP Behavioral LLC) (FL)	\$ 629.24
Stetson School (MA)	\$ 552.42
Stevens Children's Home, Inc. (MA)	\$ 508.47
Whitney Academy, Inc. (MA)	\$ 610.44
<b>Average OOS rate</b>	<b>\$ 566.54</b>
<b>Highest OOS rate</b>	<b>\$ 1,161.44</b>
<b>Lowest OOS rate</b>	<b>\$ 376.88</b>

Historical information detailing the use by AHS departments of out-of-state residential care for children/youth can be found below. Children/youth who were placed in more than one facility or had a custody change in a fiscal year are duplicated in the count.

### In-State and OOS Placements by Department



The total number of residential bed days, in-state and OOS, by department is as follows:



## LOSS OF MEDICAID FUNDING FOR WOODSIDE

In 2011, Woodside was repurposed at the direction of the General Assembly, from a secure detention facility to a secure in-patient treatment program. The intent of repurposing was for Woodside to enhance its therapeutic and rehabilitation services and to also draw down federal Medicaid funds to support the operations of the program. Following repurposing, Woodside invested substantial resources on clinical staffing and programming to meet the needs of youth. This is the programming that is in place today.

From 2011 through October 1, 2016, Woodside was able to utilize Medicaid dollars through the Global Commitment waiver to support the therapeutic care of youth. However, during the renegotiation of the new Global Commitment waiver the Centers for Medicare and Medicaid Services (CMS) determined that as of October 1, 2016, Woodside could no longer draw down Medicaid funds. CMS made this decision as a result of its determination that youth at Woodside are considered to be “inmates of a public institution” and, therefore are no longer eligible to receive Medicaid funding.

Following this decision and after many meetings with CMS representatives in Baltimore in 2017 and 2018, DCF identified a path forward to regain Medicaid funding through certification as a psychiatric residential treatment facility (PRTF). PRTF certification was a good fit for Woodside because in 2011 the program, including its psychiatric and clinical services, were modeled after federal PRTF requirements. After many months of work towards final PRTF certification, it became clear in 2018 that the CMS Boston Regional Office still considered youth served at Woodside as “inmates” notwithstanding the meeting with the CMS Baltimore office or the clinical and therapeutic programming already in place at Woodside. As a result of this difficulty and tension at the federal level, DCF made the decision to not pursue Medicaid funds for Woodside.

## WOODSIDE BUDGET

The SFY19 budget for Woodside is \$6.2 million, funded with all general funds, which is summarized as:

SFY19 Woodside Budget			
<b>Personal Services</b>			
	Salaries	3,322,029	
	Overtime	322,592	
	Benefits & withholding	1,500,947	
<b>Total Personal Services</b>			\$5,145,568
<b>Total Contractors (primarily UVM contract)</b>			\$334,645
<b>Operating Expenditures</b>			
	BGS - fee for space	237,138	
	Food	240,452	
	Other operating	239,005	
<b>Total Operating</b>			\$716,595
<b>SFY19 Total Budget</b>			<b>\$6,196,808</b>

The majority of Woodside's costs are staffing. Woodside has a total of 50 full-time equivalent positions (FTEs):

Woodside Staff		
Position Type	Number	Notes
Director	1	On call 24/7
Woodside Assistant Director – Clinical	1	On call 24/7
Woodside Assistant Director – Operations	1	
Woodside Clinical Chief	1	
Woodside Clinical Supervisor	3	Very specialized skills/difficult position to fill
Woodside Operations Supervisor	3	Very specialized skills/difficult position to fill
Woodside Education Coordinator	1	
Nurse Manager	1	
Registered Nurses	3	
Woodside Teachers	5	
Woodside Youth Counselors	18	
Woodside Youth Counselors II	3	
Woodside Youth Center Workers	4	Work front desk and the awake overnight unit
Program Evaluation and QA Specialist	1	
Facility Food Service Supervisor	1	
Cook	1	
Administrative Services Coordinator	1	
Clinical Services Administrative Coord	1	
<b>Total</b>	<b>50</b>	

Woodside is 24/7 program and therefore, must be staffed round the clock. Woodside utilizes a model of 56/59 hour shifts with three different shifts per week applicable to direct-care staff, which includes operations supervisors, youth counselors and nursing staff. In this model, direct-care staff work for 16 hours/day on two of the days on the shift and 8 hours on the third. Other staff including the front office staff and leadership have more traditional work schedules. The Woodside Director and Assistant Director-Clinical Services are on call 24/7 and frequently respond to the facility during non-business hours.

The 56/59-hour model for direct-care staff allows for only three floor shifts per week at the program, with a focus on continuity of care and the development of important relationships in the program. This staffing pattern allows having caretakers present for an extended period in the same way that a family does with the assumption that there is intervening time in school, for sleep, etc. This model prioritizes therapeutic relationships with caregivers as the primary conduit of effective treatment in supportive family-style settings.

In addition to the fact that the 56/59-hour staffing model provides for a therapeutic family-style treatment milieu, this staffing model also saves money compared to a more traditional 8-hour work day model with three shift changes *per day* (which invites a host of other potential issues) as opposed to three shift changes per week. Estimates project that it would cost an additional \$815,273 annually, before any employee benefits are factored in, to change to 8-hour shifts as a staffing model for Woodside due to the need for additional staff to cover three different shifts per day. With benefits, a traditional 8-hour per day staffing model would cost in excess of \$1 million annually than current staffing costs due to the fact that more individuals would need to be hired to cover the additional shifts.

Woodside's employee turnover rate for SFY19 to date is incredibly low at eight percent. Nationally, juvenile justice centers cannot hire staff, which inflates overtime budgets and results in more staff turnover with instability in the programs.

Woodside is staffed to accommodate 30 youth. The current staffing ratio allows Woodside to provide 1:1 for youth clinically indicated to need this attention. Providing a 1:1 for a youth at Woodside can be valuable for many different reasons, including:

- Supporting youth in developing healthier, more effective relationships with staff
- Providing additional support and supervision toward reducing risk in the milieu
- Decreasing the tendency for explosive, unsafe behavior
- Learning the needs of the youth better for more effective treatment planning
- providing youth with additional attention, nurturing, care, kindness and compassion as a means of role modeling

Since 2011, Woodside has also realized some efficiency with respect to its programming. Prior to repurposing, Woodside ran two distinct programs, one detention unit and one long-term treatment program. Each unit had its own chain of command and staff were rarely assigned to both units. Since repurposing, the programs were combined to offer the same treatment to all residents.

The average daily cost of Woodside can be estimated at \$1,447 per day (dividing the total program costs of \$6,196,808 by an estimated number of days of 4,281, using the calendar year 2018 total). As a comparison, the Brattleboro Retreat acute care daily rate is \$1,425 per day.

## OPTIONS TO CONSIDER FOR THE FUTURE OF WOODSIDE

The General Assembly requested that DCF submit the following to the House and Senate Committees on Judiciary and Appropriations on or before April 15, 2019:

“a plan related to the continuation of operations beyond July 1, 2019 limited to only short-term placements of delinquent youths”.

In the February 1, 2019 Agency of Human Services Facilities Report as well as memos provided to legislative committees in January, DCF provided information that it has considered for future options for Woodside. These options included:

- No secure facility
- A small 15-bed facility used for short-LOS detention
- Maintaining the current 30-bed facility for both short and long-LOS detention and treatment
- Building a new multi-wing therapeutic facility for both short and long-LOS treatment

Under any scenario, the state of the physical facility is an issue. The current Woodside building is an old, jail-like, inefficient structure that presents a liability for many reasons. In addition to the fact that the building does not present as a therapeutic setting, it is also in ill-repair with 35 outstanding work orders for repair and maintenance, some dating back to 2017. No matter the future of Woodside, in any size or configuration, DCF recommends that the current building is replaced consistent with the capital construction feasibility study already conducted. <https://legislature.vermont.gov/assets/Legislative-Reports/WS-12.22.16-ExecSummary-withlink.pdf>

DCF recommends a new, modern structure that is consistent with the legislative purpose of Woodside and the juvenile justice system to provide for rehabilitation and treatment with the goals of producing contributing members to Vermont's society.

### No Secure Facility

After considerable thought and discussion, this workgroup concluded that there is a need for a secure facility for youth in Vermont. DCF met with other in-state residential providers. There was consensus among them that there is a need for some youth who are exhibiting aggressive and violent behaviors that cannot be managed in a less secure setting. The detailed information in this report from the youth admitted to Woodside in 2018 further supports this conclusion, in the workgroup's opinion.

### Small 15-Bed Detention Facility for Short-LOS Needs

In prior reports submitted this year, DCF projected that it could save \$2,000,541 in staffing costs if Woodside were to convert to a short-term detention program ("Short-term" here is interpreted to mean for a short-LOS). While these are projected costs savings to Woodside, it is the opinion of DCF that a programming model focused on detention and stripped of all treatment services is likely to fail the youth it serves and is antithetical to the current legislative purpose of both Woodside and the juvenile justice system. Without the clinical treatment planning and services in place, it will be much harder to stabilize youth to allow them to step-down from Woodside. In addition, there would be other costs added annually to serve the high-needs youth that Woodside would no longer continue to serve.

The staffing information and budget for the 15-bed detention facility are as follows:

<b>Woodside Staffing Model for 15-bed Program Compared to Current Program</b>			
Position Type	Number of staff in current program	Number of staff projected for 15-bed ST-LOS program	Number of staff reduced in 15-bed model
Director	1	1	
Woodside Assistant Director – Clinical	1	1	
Woodside Assistant Director – Operations	1	1	
Woodside Clinical Chief	1	0	1
Woodside Clinical Supervisor	3	0	3
Woodside Operations Supervisor	3	3	
Woodside Education Coordinator	1	1	
Nurse Manager	1	1	
Registered Nurses	3	2	1
Woodside Teachers	5	3	2
Woodside Youth Counselors	18	12	6
Woodside Youth Counselors II	3	3	
Woodside Youth Center Workers	4	4	
Program Evaluation and QA Specialist	1	1	
Facility Food Service Supervisor	1	1	
Cook	1	1	
Administrative Services Coordinator	1	1	
Clinical Services Administrative Coord	1	1	
<b>Total</b>	<b>50</b>	<b>37</b>	<b>13</b>

These 13 positions and a reduction in the UVM contract would save the program approximately \$2,000,541, as detailed below:

	<b>Current cost of staff and contractors</b>	<b>Cost of staff and contractors in 15-bed model</b>	<b>Notes for 15-bed model</b>
Woodside staff	5,145,568	3,432,129	Reduction in staff of 13 FTEs
Woodside contractors: PBS \$6,000 Stern \$61,000 UVM \$267,645	334,645	127,000	Reduces UVM contract to \$61,000
BGS fee for space	237,138	237,138	
Food	240,452	200,000	Estimated reduction
Other operating	239,005	200,000	Estimated reduction
<b>Total</b>	<b>\$6,196,808</b>	<b>\$4,196,267</b>	<b>(\$2,000,541)</b>

***Who would be served?***

With a short-LOS model, Woodside could continue to fill the need of an in-state no-reject admission option for justice-involved youth in DCF custody, DOC custody or placed through the ICJ.

### ***How would they be served and what would be lost at Woodside?***

Due to the reduction in clinically-trained staff and the contract with UVM MC, the services and supports youth at Woodside would receive would be quite different. The program, treatment and education model would all need adjustment. In the projected \$2 million cost savings, most treatment services that serve as the foundation of the current program would not continue, including:

- treatment planning
- clinical treatment
- specialized services
- crisis response and clinical de-escalation
- family therapy and co-parenting clinical support
- clinical behavior plans toward reducing aggression and self-harm
- clinically facilitated treatment team meetings
- psychological interventions
- psychotherapy groups
- 24/7 nursing

What would remain with this model would be a bare bones version of the current program:

- Admission/intake procedure
- Case management
- Oversight towards policy adherence
- Short-LOS education services

These decreases in staffing and services would mean that Woodside would not be equipped to serve youth with more than a 30-day LOS because important clinical and educational services and supports would no longer exist at Woodside. There currently is no other no reject/eject program in Vermont that could take youth transitioning from a short-term LOS Woodside placement. The long term financial and safety impact on the community in removing the rehabilitation component of Woodside cannot be easily determined. However, without offering the youth at Woodside the opportunity reduce risk and improve their lives, DCF expects that many will solidify their longitudinal placement in facilities like adult corrections and inpatient hospitals. This will be a financial challenge both immediately and long-term down the road for Vermont.

It is also anticipated that there would be an increase in incidents of restraint and seclusion at Woodside. Without clinical de-escalation, incidents will increase. Without treatment, youth will continue to engage in risky behaviors, including aggression and violence.

Finally, Woodside would likely lose its CARF accreditation with the loss of treatment, mental health and health services. As previously noted, Woodside's ability to be licensed as a residential treatment program would also be in question. Currently there is no appropriate regulatory entity or framework for a purely youth detention facility in Vermont.

### ***Who would not be served at Woodside?***

The youth with the highest needs and challenges, those with stays over 30 days, would not be served by Woodside. Appropriate alternatives for these youth will be very challenging to find and maintain, for the reasons outlined in this report. Given that most long-staying residents have already experienced

placements in in-state residential care, alternatives would need to be either developed in-state or located out-of-state. For youth ages 16.5 and older, this will be particularly challenging.

The concerns about youth who cannot return home or step down to an appropriate community setting within the 30-day period (about 20 youth annually, based on 2018 data) are numerous:

- There is no other no-reject program in-state. Not only must the Case Review Committee find that the placement is appropriate, but residential programs can and should consider whether they can realistically serve a referred youth before accepting him or her.
- There is no other no-eject program in-state. Even if the program accepts the youth, youth moved to these settings would cycle in and out of Woodside.
- Placement in an out-of-state residential setting, even if a contract is already in place, cannot be accomplished within a 30-day period due the requirement for screening by the Case Review Committee, court approval and approval through the Interstate Compact on the Placement of Children.
- Youth under the supervision of DOC would have to be placed in an in-state correctional facility, requiring sight and sound separation from adult inmates. This would require modification of current DOC facility and staffing models, and potentially would cause more adults to be incarcerated out-of-state.

Eliminating longer term care and treatment at Woodside would require:

- New in-state capacity
- Expanding existing contracts with out-of-state treatment programs
- Potentially locating new out-of-state programs, and entering into new contracts
- Securing court approval for placement of individual youth out-of-state
- Securing approval from the receiving state through the Interstate Compact on the Placement of Children

Increasing placements located out-of-state would have other ramifications as well:

- Exacerbate workload issues for Family Services Worker by increasing time spent visiting youth placed out-of-state
- Increase costs of travel out-of-state for staff
- Practically eliminate the availability for family members to visit their child and participate in treatment activities targeted at increasing the likelihood of a return home

In addition, it is highly unlikely that these resources could be put in place by July 1, 2019.

### ***Additional Costs for Serving Youth***

There are anticipated costs for serving on average 20 high-needs DCF youth annually somewhere other than Woodside. These costs were calculated estimating that 20 youth would require residential treatment, either in or out-of-state. The following assumptions were made in these estimates:

- Low daily rate of \$514.70, which is the current average in-state rate
- High daily rate of \$1,161.44, which is the current high out-of-state rate

The annual general fund costs are estimates assuming that the programs are Medicaid-eligible and also assuming that all 20 youth stayed in the programs for a full year.



The projections below also include the assumption that there are a handful, two youth in this example, who are placed in an adult DOC facility for long-term care because Woodside would not be equipped to provide required long-term services for these youth. The DOC facility would be required to empty a wing (in this example, a four-person unit) to provide for sight and sound separation. The four adult offenders would likely be moved out-of-state due to the lack of in-state capacity. The DOC facility is also projected to need additional DOC staff to provide supervision and equal access to programs and activities for youth in the adult facility, separate from the adult offenders.

Additional cost	Potential annual general fund costs
DCF residential care costs for either in-state or out-of-state care (20 youth staying 365 days) <sup>6</sup>	\$1,735,877 to \$3,917,073
Increased travel costs for DCF staff (estimated)	\$20,000
Increased cost to DOC to house minors with sight and sound separation and equal access to programming (estimates two youth out-of-state for a full year) <sup>7</sup>	\$330,000

The projected DCF annual costs could be higher or lower than these estimates, depending on the individual daily rates for each program where youth are placed. Also, the length of stay for DCF youth would likely include youth who do not stay for a full year, which would affect the annual total cost. The projected DOC costs could be higher if more than four adult offenders required placement out-of-state and if more than three DOC staff persons were needed to provide for supervision of youth.

### Maintaining the Status Quo with Respect to Programming and Services

At a minimum, this workgroup recommends that the current clinical and treatment programming and staff remain in place at Woodside for the long-term. These services prepare youth to transition as quickly as possible from Woodside to another less-secure setting in a fairly short period of time and also provide for long-term treatment for those youth who require a longer length of stay. The capacity and

6

Annual DCF costs for 20 youth served in other residential programs*	Low daily rate \$514.70	High daily rate \$1,161.44
Gross annual amount = 20*365*rate	\$3,757,310	\$8,478,512
<b>General fund state share=gross*46.2%</b>	<b>\$1,735,877</b>	<b>\$3,917,073</b>

\*Annual projected residential costs utilizing the following assumptions:

- Low daily rate of \$514.70 (current average in-state rate)
- High daily rate of \$1,161.44 (current high out-of-state rate)
- Annual amount for each youth (365 days in the program), though acknowledging some youth may stay less and some longer than a year
- Programs are Medicaid-eligible (state share 46.2%)

7

Annual cost for DOC to house 2 youth in an adult facility	Annual general fund estimate
Transferring 4 adults to an OOS facility at \$30,000 each	\$120,000
3 additional DOC staff to provide for supervision and equal access time for youth to all activities and programs w/sight and sound separation from adults at average annual salary of \$70,000	\$210,000
<b>Total</b>	<b>\$330,000</b>

size of the Woodside program could be further discussed, but we would not recommend a program any smaller than 20 total youth and recommends that we maintain the flexibility of the current capacity of 30.

### Multi-Wing Facility for Short and Long-Term Treatment

The workgroup further recommends that the Woodside building is replaced with a multi-wing building that could accommodate varying levels of security. A new building with this flexibility and therapeutic environment could allow some youth in the juvenile delinquency system currently placed out-of-state to come back to Vermont. A new building also opens other options for DCF and DMH to serve children and youth in-state that have high acuity substance abuse, mental health or behavioral treatment needs. With a physical plant designed to support treatment, the goal would be to provide options that allow fewer youth to be placed in out-of-state residential care, far from home, family and community.

### Conclusion

We trust this information is helpful. We look forward to ongoing discussions with legislators about the future of Woodside. As a next step, we will convene a meeting with the Chairs of the House and Senate Committees on Judiciary and Appropriations, the Senate Committees on Institutions and Health and Welfare and the House Committees on Institutions and Corrections and Health and Human Services.

## APPENDIX A

The following table provides more detailed information for the 55 DCF youth and 5 DOC youth placed at Woodside in 2018 with lengths of stay at Woodside less than 90 days.

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
Less than 30 days				
Youth 1	Domestic assault	3	Woodside was first placement.	Short term in-state residential care, then home.
Youth 2	Property damage	7	Woodside was first placement.	Short term in-state residential care then substance abuse treatment program.
Youth 3	Simple assault on law enforcement officer and medical personnel with fluids/ran from court	1	Woodside was first placement for 2nd custody episode in 2017, with 2 week stay. Second placement at Woodside in 2018 at age 16, stayed just one day.	Two brief stays at in-state residential care and 1 in foster care. Returned to Woodside. Placed in out-of-state residential care for 1 year then returned home.
Youth 4	Assault	4	Woodside was first placement for 2nd custody episode in 2018.	Short-term in-state residential care, then home.
Youth 5	Domestic assault	9	Multiple placements before placement at Woodside in 2018 at nearly age 18, including residential substance abuse program, psychiatric treatment center, residential care in and out-of-state, and specialized foster care.	Home
Youth 6	Property damage, theft, substance abuse	8	Before 2018 placement at Woodside, placed in multiple out-of-state residential programs. Three placements at Woodside, including one of 9 months. Placed in specialized foster care with one return to Woodside in 2018.	Short term in-state residential care, Brattleboro Retreat. Now in specialized foster care.
Youth 7	Assault and runaway	3	Three placements in short-term in-state residential care; two previous stays at Woodside.	Out of state residential care, then home.
Youth 8	Domestic Assault	3	Placed in foster care. After assaulting foster parent, placed at Woodside at age 14.	In-state residential care, then out-of-state residential care.
Youth 9	Drug Abuse	10	DOC youth  Woodside was first placement when violated parole. Three previous stays at Woodside during previous DCF custody episode.	Home

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
Youth 10	Data not available at time of report	8	Data not available at time of report	Data not available at time of report
Youth 11	Assault on a police officer	4	Multiple stays at Brattleboro Retreat and other mental health facilities.	In-state residential care since Jul 2018.
Youth 12	Operating w/o owner's consent	1	Woodside was first placement in third DCF custody episode.	Home
Youth 13	Assault on a police officer	5	Before coming to Woodside, was at Brattleboro Retreat. Failed attempt at in-state residential program.	Brattleboro Retreat
Youth 14	Unlawful trespass	3, 4	Two stays at Woodside in 2018, both from home.	Brattleboro Retreat, in-state residential care. Now home.
Youth 15	Assault/violation of Conditions	1	Woodside was first placement.	Went home, came back into DCF custody. Now home again.
Youth 16	First degree aggravated assault	7	Woodside was first placement.	Relative
Youth 17	Operating without owner's consent	8	Four previous stays at Woodside, placement in-state and out-of-state residential care, returning to Woodside from those settings, last time at near age 18.	Short-term in-state residential care. Turned 18.
Youth 18	Assault	2	Woodside was first placement.	Short term in-state residential care, then home.
Youth 19	Disorderly conduct/assault on a law enforcement officer/ aggravated domestic assault	2	Woodside was first placement in second DCF custody episode.	Short term in-state residential care, then foster home.
Youth 20	Domestic Assault x 2	5	Two DCF custody episodes, both with Woodside as first placement.	Home
Youth 21	Assault	6	Multiple foster homes, Brattleboro Retreat, in-state residential care. Five stays at Woodside due to aggressive behavior in placement. Last placement at Woodside at age 17 1/2.	Home at age 18
Youth 22	Aggravated assault	9	Woodside was first placement.	Short term in-state residential care, then home.
Youth 23	Violation of probation/unlawful mischief	7	Woodside was first placement.	Short term in-state residential care, then home.
Youth 24	Aggravated domestic assault, assault on law enforcement officer	4	DOC Custody	
Youth 25	Unlawful restraint, 2nd degree	2	DOC Custody	
Youth 26	Domestic assault	6	Woodside was first placement.	Short term in-state residential care, then home.

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
Youth 27	Felony obstruction of justice, disorderly conduct, simple assault	2	Woodside was first placement in 4th DCF custody episode.	Short term in-state residential care, then relative.
Youth 28	Domestic Assault	2	Woodside was first placement.	Short term in-state residential care, then home.
Youth 29	Wanted in Colorado for grand larceny	2	DOC Custody	
Youth 30	Simple assault, runaway/assault at residential program	3, 4	Previous short stay at Woodside, multiple in-state residential care, substance abuse treatment facility. Two short stays at Woodside in 2018.	Out-of-state residential care
Youth 31	Aggravated assault with a weapon	10	Woodside was first placement.	Home
Youth 32	Domestic assault	5	Woodside was first placement.	Short term in-state residential care, then home.
Youth 33	Assault	7	Woodside was first placement in 3rd DCF custody episode.	Relative
Youth 34	Data not available at the time of this report	2	Short term in-state residential care, then foster home. Came to Woodside from foster home.	In-state residential care
Youth 35	Unlawful mischief / damage to property	8	Woodside was first placement.	Non-hospital mental health placements then out-of-state residential care.
Youth 36	Aggravated assault and simple assault /group assault with unconscious victim	1	Six custody episodes with placements in foster care and in-state residential care programs. Was not in DCF custody 2015-2018 until just before 18th birthday.	Turned 18
Youth 37	Domestic assault	1	Woodside was first placement in 2nd DCF custody episode	Home
Youth 38	False public alarm (school shooting threats)	12	Woodside was first placement.	Short term in-state residential care, then home.
Youth 39	Domestic assault	16	Hospital setting for one day before coming to Woodside.	Short term in-state residential care, then home.
Youth 40	Domestic assault	13	Woodside was first placement in 2nd custody episode.	In-state residential care
Youth 41	Reckless endangerment	29	Woodside was first placement.	Placed back home, following 2 runaways, placed with other parent.
Youth 42	Aggravated assault with a weapon	16	Woodside was first placement in 2nd custody episode.	In-state residential care but returned to Woodside twice from that setting. Now in out-of-state residential care.
Youth 43	Disorderly conduct	14, 22	During 2017 DCF custody episode ran away 3 times from parent and relative; short-term in-state residential care and stay at Woodside. In 2018, two stays at Woodside,	Placed with relative, ran away, turned 18.

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
			including following vandalism in a residential setting.	
Youth 44	Robbery/assault/reckless endangerment	27, 10, 6	Woodside was first placement.	Brattleboro Retreat. Was placed at Woodside from Brattleboro Retreat 3 times. Placed in out-of-state residential care and then returned home at age almost 19.
Youth 45	Data not available at time of this report	15	DOC Custody	
Youth 46	Assault and robbery	17	Woodside was first placement in 4th custody episode.	Residential substance abuse facility then home.
Youth 47	Assaultive/property destruction at in-state program	5, 29	Previous placements at Woodside and short-term and long-term in-state residential care. Two Woodside placements in 2018.	Out of state residential care
Youth 48	Assault/Domestic Assault	2, 18, 8	Woodside was first placement in 2nd DCF custody episode. Later returned to Woodside from foster care following threatening and assaultive behavior in the foster home.	In-state residential care, then foster care. Following 2nd stay at Woodside, short term in-state residential care.
30-89 days				
Youth 49	Assault	1, 61	Woodside was first placement. He returned later, again from home.	Short term in-state residential care, then home.
Youth 50	Aggravated operating without owner's consent, felony burglary, grand larceny, unlawful mischief	51	In DCF custody since 2013, with placements in foster care, in-state residential care, short-term in-state residential care and mental health placements. Three stays at Woodside. In 2018, returned to Woodside from home.	Out-of-state residential care
Youth 51	Disorderly conduct	43	Before 2018 Woodside placement, had been placed at Woodside, in short term in-state residential care and foster care.	Relative
Youth 52	Arson/grand theft auto	43	Woodside was first placement.	Home
Youth 53	Simple assault /group assault with unconscious victim	31	Woodside was first placement.	Home
Youth 54	Assault on hospital staff/assault on foster parent	33, 7	Previous stays in in-state residential care, foster care, Brattleboro Retreat. Placed at Woodside in 2018 after assaulting staff at Brattleboro Retreat. No other residential program (in-state or out) would accept due to frequent aggression and acute suicidality.	In-state residential care, foster care, Brattleboro Retreat. Following 2nd stay, placed with family/relative with high fidelity wraparound services.

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
Youth 55	Aggressive/threatening behavior	4, 4, 3, 13, 49	Five stays at Woodside in 2018. Placements in-state residential care, including substance abuse treatment facility and out-of-state residential care. Woodside precipitated by aggressive behavior in placement. While not in placement, almost died from overdose. Returned to Woodside late in 2018 following property destruction and assault on residential staff and peers. Stayed several months and successfully stabilized.	Out-of-state residential care
Youth 56	Domestic assault and interference with emergency services	30	Woodside was first placement.	Home
Youth 57	Aggressive/threatening behavior	5, 7, 15, 34, 25,	Woodside was first placement. Screened as needing psychiatric hospitalization, but Brattleboro Retreat declined admission due to dangerous and violent behavior. Following 1st placement at Woodside, placed in short-term in-state residential care. Three more short stays at Woodside. Two multiple day stays in a hospital ED due to mental health emergencies. During last stay at Woodside at age 17.8, multiple staff assaults. Reduced self-harm to zero while at Woodside through the use of alternative therapies.	Discharged by court near age 18, returned home, shortly thereafter was admitted to hospital for life-threatening self-harm.
Youth 58	Domestic assault	78	Woodside was first placement. All available programs (in-state and out) decline due to \$30,000 in property damage at prior placement, staff and peer assaults, threats of death to parents and others and level of psychiatric need. Brattleboro Retreat declined admission due to level of violence. Staff assault at Woodside. Now stabilizing at Woodside.	

Stays Under 90 Days	Precipitating behavior to 2018 Woodside admission	LOS in 2018	Notes re prior placements	Transition after Woodside, if applicable
Youth 59	Simple assault	19, 4, 4, 78	<p>Previous placements at residential substance abuse facility, Brattleboro Retreat, and in-state residential assessment program. Five Woodside placements, the longest for 2 1/2 months. Youth has been at Woodside 5 times. The first 4 placements were for a few days; the last was for 2 1/2 months.</p> <p>History of serious, life-threatening stabbing attack on family member and multiple assaults on staff and peers in residential treatment settings. Seriously mentally ill. No other residential program (in-state or out) willing to accept until aggression treated. Stabilized during last stay at Woodside.</p>	Out-of-state residential care
Youth 60	Aggravated assault and simple assault /group assault with unconscious victim	1, 70	<p>Previous placement at in-state short term residential program, then returned home. Placed at Woodside after a serious assault on another student at school striking in the head with a metal pipe. Stabilized at Woodside over 2 1/2 months.</p>	Out-of-state residential care