Facility Planning for Justice-Involved Youth
Monday, January 8, 2024
3:30 - 4:30 p.m.

Quick Introductions:

1. Tyler Allen, Adolescent Services Director at FSD/DCF
2. Elizabeth Morris, Juvenile Justice Coordinator at FSD/DCF
3. Matthew Bernstein, Child Youth and Family Advocate, Member of the Group
4. Steven Brown, DSA in Windham County.
5. Xusana Davis, Racial Equity Director for the State of Vermont, Member of the Group
6. Laurey Burris, Council for Equitable Youth Justice, and clinician.
7. Lauren Higbee, OCYFA, Proxy for Matthew Bernstein.
8. Anthony O'Meara, Member of the public, resident of Newbury.
9. Marshall Pahl, Deputy Defender General, Chief Juvenile Defender, Member of the Group.
10. Dana Robson, Operations Chief at the Children's Unit, Department of Mental Health, Member of the Group.
11. Karen Vastine, Chair of the Council of Equitable Youth Justice, Member of the Group.
12. Cheryle Wilcox, Mental Health Collaboration Director, DMH
13. Jennifer Myka, General Counsel, DCF
14. Kara Casey, VT Network against Domestic and Sexual Violence
15. Ali Dieng, City Councilor in Burlington, Regional Manager at Building Bright Futures
16. Jennifer Herbert, DCF Clinical Director
17. Jennifer Poehlmann, Executive Director, Vermont Center for Crime Victim Services
18. Aryka Radke, Deputy Commissioner, FSD/DCF
19. Rachel Edens, Director of Race, Gender, Equity, and Accessibility, DCF

Notes:

- Has everyone had a chance to read the notes? They're on the public facing website, here.
- Anthony O'Meara – regarding the notes, what I said, or what I meant to said, is that it's sad to hear the community reaction and opposition to the Newbury site characterized the way it was. That should be clarified in the notes.
- Since most people haven't looked at the notes, a vote will take place at the next meeting.

Comments from members of the public:

- I listened to your testimony on senate judiciary, it is interesting to hear you (Tyler Allen) talk about me (Anothony O'Meara), even though you said "community

member**s**" as if to imply plural instead of one. The building is beautiful, we can agree on that. We can disagree that it's the right place to serve as a secure building. When you said that there's interest in the community or area, what do you mean by that? The day before the JJOC testimony, Jaye Johnson was asked about Newbury site, and she said, "it's not the secure facility that was originally anticipated to be, it's a much more clinical facility." That sounds like a different proposal altogether, when is that proposal going to be shared with the community?

- Tyler: Regarding the comment I made about the area, I was talking about how I am interested in programming across the state. But I can't speak for Jaye and her statement. Thanks for the question, that leads me to the next conversation which is a recap of the testimony overall.

Discussion:

Secure Treatment Programming:

The DCF portion of the testimony was about our system of care and recommendations regarding the raise the age initiative.

1. We provided an update on the Newbury facility. We had been waiting for the VT supreme court decision on the site, and they have now issued a finding. Some of the conversation is now about how we want to take next steps on the site. The reality is that we are in a different place than we were a few years ago. And Tony, when I said plural, perhaps it was because I see you as a representative of the community, so perhaps you're a "many" in my mind. A conversation about community engagement came out of this, how are we engaging any community we're looking to build in is crucial. I can't say much about the next steps at Newbury, but as I am able to share more, I will do so with this group. That's stemming from the reality that the property is owned by a program, and they have a say in what that programming looks like, and we haven't had a chance to get all the parties together to discuss. What might have made a lot of sense a few years ago might not now.
2. The second part was the development of the Middlesex facility, that continues to be on track as far as restoration and building of the facility – we are on track for it to be complete by the end of January. I've been in the building and they're making progress. The second step with that facility is finding a program to operate, if we can't find one then it would be an "alternative" setting. But that is very far down on our preference for the space. There would be lots of questions about how we'd be able to set up appropriate staffing schedules, etc. I feel confident that it will be a moot question, since we have a program that is interested. We are working with them to go through the procurement process to have them operational in a short time. I don't want to say anything that is going to run us afoul of any procurement procedures.

Administrative Process for Placement:
One of last month's biggest topics was about what the administrative process was for putting youth into a secure facility. Marshall shared a lot about what that process looked like, and where we can make some improvements (for example, how we have a third-party review process, and what the screening process is/was). Since that meeting, Family Service Division had a similar discussion in our internal Statewide Racial Equity Workgroup (SREW). A lot of the discussion in that group was similar to ours, about how the administrative process is an high impact discretionary point, especially when talking about what the screening tool is – there's plenty of opportunity for racial bias to find their way in. DCF is interested in looking at the process for points of racial bias. I would open up to the group any other updates they'd like to share or thoughts about that.

No one had any other topics on this issue to bring up.

Facility Conversation (Program Size, Treatment Modalities, Entry Procedure, Data Needs):
Lauren: Is the program going to be licensed? How will it be licensed? I am reflecting on how secure facilities are exempt from current regulations and that was a vulnerable place for oversight and youth.

Tyler: Idea is a contractor would run the program, then we can regulate them.

Ali: Question about when Woodside existed. What treatment modalities existed there?

Tyler: Woodside was in operation previous to my coming to the state of Vermont. I am looking at others who were here to help answer that question.

Marshall: I don't think there was any comprehensive treatment modality. It was on an ad hoc basis, treatment plans were developed for each youth held there in the long term, although the definitions of long term versus short term stays for youth were very murky.

Dana: I think that it's important when we start looking at the structure, to not just look at modalities. DBT could be the modality, but that's not the whole therapeutic program structure, and I think that we don't have any residential treatment structure experts in the room right now. Can we bring in a national expert? You'll need a lot of different modalities, and a structure to organize that and make sure that it works at all levels. Is that possible?

Tyler: Jennifer Herbert, Clinical Director at DCF, could have spoken to the therapeutic approach at Woodside, she brings some of the expertise about the program structure from an internal stance. We've been working with the Council of Juvenile Justice Administrators (CJJA). We still have a contract with them and have asked them to be a participant in this group.

Dana: Can I make a follow up request, can they put together a presentation about creating a program like this?

Marshall: I am curious if the CJJA is the national group we want to turn to, since the CJJA supports the organizations that oversee facilities across the state. It has a narrow focus. Vinny Schiraldi?

Karen: Vinny is no longer with Columbia University, he's with the leadership team in Maryland. He's had ideas around youth and mentors and peers, and Vermont could really benefit from that type of thinking.

Tyler: I'll do some research and come back to next meeting.

Are we talking about temporary or permanent facility?

Tyler: We're talking about both. Part of this is really about the program expert (when we have someone under contract to operate). One of the elements we'd want to see is that they are providing consultation. Expectation with me is that they work with this group. How do you run a 4-bed facility? What's going to happen when you have youth presenting with the highest "risk?" (maybe that risk is the youth's charge, or maybe that's a persistent behavior). If those youth linger longer, there won't be any room.

Marshall: The problem with Woodside was that there wasn't a good job distinguishing between youth who were a danger to themselves or others because of teenage mal-conformity and separating them out from behavioral ongoing untreated mental health problems. When I look back at the kids at Woodside, the kids who were the most difficult to step down into less secure facilities were the youth who were there for severe mental health problems. The kids who were found with drugs and guns didn't cause problems in the facility and didn't spend a lot of time in what amounted to secure confinement. That was more around kids who had mental health or substance abuse problems – they weren't getting better at Woodside. I'm not trying to take away from the successes that did occur at Woodside, but there were a lot of youth who were there who didn't get better, and Woodside just wasn't equipped to treat. If we fill all 4 beds with youth who have substance abuse and mental health disorders, they'll end up sitting there forever. That's my main concern, those two distinct populations of kids. The public focus is not on mental health and treatment, but the kids who need security. That's a much smaller group that's a lot easier to deal with. Public attention goes to those kids, but the problems are those with chronic disorders that programs aren't set up to treat.

Tyler: If you have people with persistent mental health challenges with juvenile justice involvement, and the only program that will keep their doors open for them is the secure facility, then they're going to languish. When we are looking for a PRTF program many states away, we're competing with the rest of the country who are saying that they have kids who need those services as well.

Cheryle and Dana: What you said about the right level of care is true, we haven't had a PRTF in Vermont, as Tyler said, we have youth going farther away. We are working collaboratively to increase the program - for example, two hospital diversion programs to keep youth out (NFI), but beds haven't been fully open due to workforce challenges. When we look holistically, through whatever door they come in, they need the right

place to sit, so they're not sitting in secure detention when what they need is psychiatric treatment. I've seen more work to help with this than ever before (used to work at DCF before her role at DMH that she started in 9 years ago). A short term practical suggestion since it is endlessly complicated to meet all the needs. As you get closer to Middlesex being operational, it would behoove us to set some meetings up with Washington County mental health crisis team emergency services to lay out protocols for when youth are escalating. They're going to be responsible for involuntary treatment evaluations. Planning ahead of time!

Tyler: Jennifer Herbert, can you speak to the structure, treatment modality at Woodside?

Jennifer: There was a cognitive behavioral foundation, a lot of need for dialectical therapy for the youth and creating the space within the operational structure. As Dana pointed out, it was tricky with the environment. Kids with sensory sensitivities. It was trying to be all things to all youth. I got there right as things started to unravel politically and programmatically, so there were a lot of attempts to treat the individuals, and I am not sure I could say that there was one modality that was overarching.

Tyler: VCIN beds are crisis beds that have been consumed by those with the highest needs where they linger for a long time. Those are the conversations; can we expand the VCIN network? There is a difference between an acute mental health need and a developmental need. Much of the change has to do with the program. There are three tiers to the VCIN process, the first tier is broad training (so folks know how to work with kids), then consultation services (how are case managers working with individuals), and the last is crisis response beds. It's not enough just to say that we're building a bed that will be ever full.

Lauren: Are VCIN beds open to DCF youth?

Dana/Cheryle: Not one of the beds has been accessed by youth. A small handful of adults have been stuck in those beds. It's not a hidden problem, we are very aware of that, and it will be in our report.

Time to get together next month:

February 5th from 4 – 5 p.m.