

Facility Planning for Justice-Involved Youth: Stakeholder Working Group

November 17th, 2023, 3:30 p.m. - 4:30 p.m.

[Teams Meeting Link](#)

Meeting Notes

In attendance:

1. Commissioner Emily Hawes, Commissioner for the Department of Mental Health
2. Tabrena Karish, with BGS, manages designing projects and would manage and contracts for designing youth facilities.
3. Ali Dieng, city councilor in Burlington, regional manager for Building Bright Futures, and a Representative for the Somali Bantu community.
4. Aryka Radke, Deputy Commissioner of DCF's Family Services Division.
5. Jennifer Poehlmann, Director of the Vermont center of crime victim services.
6. Xusana Davis, racial equity director for the state.
7. Tim Leuders-Dumont, Dept. of Sheriffs and State's Attorneys.
8. Lauren Higbee, Deputy advocate for Office of the Child Youth and Family Advocate.
9. Jesse Warren, pronouns he/him, statewide director of the youth development program.
10. Marshall Pahl, deputy defender general, chief juvenile defender.
11. Steve Brown, Deputy state's attorney in Windham County.
12. Laurey Burris, Council for Equitable Youth Justice and representative from the CEYJ's ethnic and racial justice committee, also is a Clinician and may have step away.
13. Anthony O'Meara, interested member of the public.

Update on facility planning:

In part because this is close partnership with BGS and DCF, Tabrena Karish walked through the Middlesex program and the permanent facility RFP process.

- We are currently under construction in Middlesex for the temporary facility.
- It is in the space in the former therapeutic residence.
- At the end of January, four beds will be available while we work on the permanent facility. We have a developer for the design process, so the state will lease from a developer.
- We did a RFQ, a RFP and then had a prequalified list of bidders for the RFP. There are three proposals currently under review for the permanent facility with the hope to be selected on by January 5th.

- This is a campus with two programs - a total of 15 beds. 6 beds that are a longer-term treatment and 8 beds that are crisis stabilization (less than 14 days). The fifteenth bed is quarantine space for introduction to the space (this could be because of issues like COVID-19).

Marshall Pahl: that's much larger than was talked about a few years ago. These people may not need to be incarcerated at all. Can they be in the community? I'm curious about when and where did we jump from 4-8 to 15 secure beds. That's a tripling of secure beds.

Tyler Allen: From the DCF perspective, this was included in the submission of the December 2022 report to the legislature. The 4 levels of care and 15 beds came from a DCF recommendation. In terms of the 4 beds at Middlesex, given the status that we have with our current staffings, it's our belief that we would have 4 filled immediately. We need more than that availability.

Marshall Pahl: From working with Woodside, I'm certain that whatever beds we have filled will be filled. The statutory cap at Woodside said they could never have more than 30 kids in the facility at a time. Whatever beds we have get filled up. My concern with the jump in bed numbers is that we had DCF reporting 0-5 kids who needed secure confinement and now we've tripled that. Who was responsible for making that decision? I'm curious who was in the room for the meetings to discuss that change. Is there data that shows the intakes? We had a good process for 4-8 beds because it was based on Woodside needs.

Tyler Allen: That's the meat of the conversation that we need to talk about in these meetings, is this being appropriately sized? What are the data elements needed? Things are a lot different from they were a few years ago. We were putting youth in crisis stabilization programs for very long periods of time. That's turning those places in increasingly hostile places and increasing the negative outcomes because it's becoming a pressure cooker.

Marshall: I think that's exactly what happened at Woodside because the kids couldn't be moved out. Representing kids at 8-day hearings, and at least 50% of the time there was unanimous agreement that there should not be any secure treatment, but there wasn't anything available that was a step down. The options for stepping kids down have dried up during COVID-19. Staff secure beds are full and now we're talking about building a 15-bed facility, and we are going to have the exact same issue as Woodside. Kids are staying in these secure facilities way longer than they should be – it does damage to the kid, the staff, and makes it impossible for the other kids in the program to get the therapeutic benefits of the program because they're dysregulated. Why are we modeling this in the same way that caused us the problems that were at Woodside?

Tyler: Point well taken.

Marshall: I've been a support of a secure facility, it is necessary, my concern is that it is adopting the same features of Woodside that caused it to be operated so poorly.

Aryka Radke, Deputy FSD Commissioner: We are also creating staff secure facilities.

Marshall: Windham is tiny; 2-3 beds isn't solving the problem.

Commissioner Emily Hawes: I have two comments regarding building higher level systems of care while building community based. No one is looking to recreate another Woodside here, there is a focus on treatment that is lacking from this conversation. It's not about locking kids up. DMH is getting a 2-person mobile response team together that is mental health and substance abuse. There is also a RFP posted for a psychiatric treatment facility which should add to the system of care. I'm looking at this conversation from the treatment side of things, and you're looking at it from just the justice side, but the facilities have significant treatment needs that is much larger than today.

Jessica Barquist from the VT Network and Judge Zonay have joined.

Marshall: From my perspective, the JJ system and the treatment of adolescent mental health disorders are almost completely overlapping. We never really had trouble with what you're discussing, behavioral treatment, they never were at woodside. Almost every kid I've represented has had profound mental health needs. At woodside, we'd collect intake data and 60-70 percent of kids coming in had child welfare background. I don't look at this in the same way you do, they are not separate. Nearly 100% of the kids need residential mental health treatment.

Emily: I'll challenge that. Even I'm not in a place to designate what someone's needs are. You're making very valid points, but my goal is that there are treatment points to this process, and we've only talked about security.

Marshall: When woodside was open, mental health assessments had to happen, 100 % of assessments were found to be in need of mental health treatment. We have that data.

Emily: That's not what I'm arguing, levels of care are different than just saying mental health treatment. Residential treatment is a specific level of care that you need to qualify for. We need to be thinking of what levels of care are needed.

Tyler: I love that we're having this discussion but want to give other people the opportunity to discuss.

Marshall: From my perspective this seems like we are talking about what Emily is talking about, levels of care and not security. The fact that what we need is to develop a lot of levels below secure confinement.

Ali Dieng: Did I hear you say that the new facility would be run from someone outside of the state?

Tyler Allen: We would be looking for an outside provider.

Ali: What would happen to the temporary facility when the longer term one is up and going?

Tabrena: It would be demolished.

Ali: What is our current secure placements outside of the state?

Tyler Allen: We have none, we don't have access to any secure placement inside or outside. Those youth are either in their homes or in our residential programs.

I'm going to take us a little pause, sometimes leaning into different perspectives. It's worthwhile to get the perspectives of everyone in the room.

Does anyone want to share what they're hoping to get out of the space?

Xusana: I'm here for racial equity.

Commissioner Hawes: I'm here to keep a lens on treatment with a mental health lens.

Tim Leuders-Dumont: As states attorneys are elected by voters, they receive calls that have nothing to do with our job, but we get them anyway. We also do work with sheriffs, victims of crime, witnesses of crime, could impact us deeply. We want to make sure it's vetted and in front of the public.

Lauren Higbee: I'm going to follow the prompts, I am here in this group from my past life as RLSI and I am here in my new life as a deputy advocate for the office of youth advocate. I want that to be data driven, who we are building these facilities for? 15 secure beds seems high when we consider NH. They are rethinking their Sununu capacity to a 18 facility when they have double our population. I am interested to learn more because I think there could be some change if we have one building. I've said it before, when I hear talking about substance abuse treatment, or questions about if a placement is available for all genders. How we can be creative in the use of space? Who are the kids and how can we be intentional?

Jennifer Poehlmann: The most important work I've ever done is when I represented young people in Boston. I always said that my kids were the kids the system missed when they were little. When I moved from MA to Vermont, I didn't want to practice here because I thought that I would go berserk with the difference in services. MA has so much more available. None of this is black and white, it's all gray. I want to think about those treatment components. I am just happy to be along for the conversation.

Aryka: I'm glad we're able to have this discussion, the facility needs to be a true departure from Woodside. We need to have this kind of weigh-in.

Laurey Burris: I think that we need to support our youth and families and be innovative. Think creatively about how to construct this system. I see it as a continuum of what the

youth need and be research based. I'm thinking about ethnic and racial disparities and the needs of all our youth and being mindful of that.

Ali: I am here to bring the perspective of families of different cultures and realities in the state. We have been doing some work about understanding gun violence from youth. Children in DCF custody is always a topic that has come up. Many of the youth who have died or used gun violence have a history of DCF custody. I agree with you Laurey regarding culture and ethnic disparities.

Tyler: I came from the state of Colorado, and I started my career as a milieu counselor in a residential facility, and I learned a lot more about what I never want to see happen. Vermont's opened my eyes in a lot of ways. We find kids in the wrong places in the wrong ways. I want to build the right programming, I want to get them home to their families and communities as quickly as possible.

Next time:

Do we want to come together in December? That is a challenge given the holidays.

Friday afternoon slot okay with people? The 22nd? Or the 15th?

December the 15th will be the next meeting time!

Enabling Statutory Language:

Sec. E.316 STAKEHOLDER WORKING GROUP; FACILITY PLANNING FOR JUSTICE-INVOLVED YOUTH

(a) The Department for Children and Families, in consultation with the Department of Buildings and General Services, shall assemble a stakeholder working group to provide regular input on the planning, design, development, and implementation of the temporary stabilization facility for youth and on the development of a long-term plan for the high-end system of care.

(b) The stakeholder working group, constituted as a subcommittee of, or 13 drawn from, existing groups or created as a separate group, may include 14 representatives from:

- (1) the families of children in the Department's custody for delinquency offenses;
- (2) youth who have been in custody for juvenile offenses;
- (3) the Juvenile Defender's Office;
- (4) the Office of State's Attorneys;
- (5) the Family Court;
- (6) the Office of Racial Equity;
- (7) the Vermont Family Network;

- (8) the Vermont Federation of Families;
- (9) the Children and Family Council for Prevention Programs;
- (10) the Vermont Protection and Advocacy;
- (11) the Department of Mental Health;
- (12) the Department of Disabilities, Aging, and Independent Living;
- (13) the State Program Standing Committees for Developmental Services, Children's Mental Health, and Adult Mental Health; and
- (14) any other groups the Department may select.

(c) The Department shall regularly present relevant information to the stakeholder working group established pursuant to this section and review recommendations from the working group regarding:

- (1) facility design layout, programming, and policy development for the temporary stabilization facility, including data on the number of cases and types of case mix, as well as likely length of stay; and
- (2) the Department's data and assumptions for size, type of treatment, and security levels for future permanent facilities included in the planning process proposed in the fiscal year 2024 capital bill; optimal locations, including whether a campus plan is appropriate; and any plans regarding the use of outside contractors for facility operations, including State oversight of appropriate quality of care.

(d) The stakeholder working group established in this section shall be subject to the requirements of the Vermont Open Meeting Law.

(e) On or before January 15, 2024, the Commissioner of Children and Families shall develop and submit a strategic plan to the House Committees on Corrections and Institutions and on Human Services and to the Senate Committees on Health and Welfare and Institutions, as part of the overall planning process for development of the high-end system of care, for preventing the disproportionality of youth who are Black, Indigenous, or Persons of Color in staff- or building-secure facilities. The strategic plan shall include mechanisms for collecting necessary data, and the process of development shall include input from relevant public stakeholders.

(f) The stakeholder working group shall cease to exist on June 30, 2025.