VERMONT

AGENCY OF HUMAN SERVICES

Department for Children and Families
Woodside Juvenile Rehabilitation Center
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August 23, 2007

Ed Paquin, Executive Director
Vermont Protection and Advocacy, Inc.
141 Main Street, Suite 7
Montpelier, VT 05602

Dear Ed:

Attached please find DCF and Woodside's response to the report on [redacted]. As you know, this has been a very complicated and difficult situation for all parties, but it our belief that some important learning has come out of it. We appreciate the opportunity to post our response on your web site and hope you will do so at the same time that you post the VP&A report.

We fully realize that it is incumbent on all of us to move forward from here and to continue to build upon the positive momentum that we have established over the past year. Woodside remains committed to working on the Woodside Action Plan, taking all possible steps to ensure that we are serving youth placed here to the very best of our ability. I know that VP&A shares that goal.

Thanks.

Sincerely yours,

Stephen Antell
Woodside Director

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Re: Response to Investigation into the Circumstances Surrounding the Injuries Sustained by a Youth While in the Detention Unit of the Woodside Juvenile Rehabilitation Center in 2006

Dear Mr. Paquin:

Woodside Juvenile Rehabilitation Center welcomes the opportunity to respond to the concerns raised by Vermont Protection and Advocacy in response to the care provided to a youth placed in the Detention Program during the summer of 2006. The Department for Children and Families (DCF) oversees the Detention Program at the Woodside Juvenile Rehabilitation Center, the only state-operated direct care program for Vermont children under the age of 18.

In September 2006, a youth in our care sustained a wrist fracture during a physical restraint. This incident was serious. As required by department protocol, it was immediately referred for investigation the Agency of Human Services Investigation Unit. We welcomed the assistance of the AHS special investigation to help us identify and address concerns the incident raised and to enact procedures to prevent physical harm to residents in the future.

The AHS Special Investigation Report dated October 12, 2006 has been carefully reviewed at all levels of DCF and Woodside. Actions have been implements to reduce the likelihood of injury to residents of the Detention Program. VP & A's report summarizes the AHS report findings and expands on its findings, based on interviews of education and medical personnel at Woodside and on review of additional documentation

VP&A's current report is being issued in the context of a larger collaboration between that agency and our department. This collaboration commenced in mid-2005 and is rooted in a mutual commitment to ensure the best quality care for youth placed at Woodside, while ensuring safety of both residents and staff. VP&A and DCF leaders meet regularly to review the ***Woodside Action Plan***. We appreciate VP&A's acknowledgment of the joint efforts that we have made in the past year to address many of the concerns that they have raised relative to this particular situation.

On a daily basis, staff at Woodside care for some of the most challenging youth in DCF custody. These youth and their families deserve caring and respectful services at all times. We are fortunate to have dedicated, experienced staff at Woodside who are committed to this kind of service.

The current VP&A report analyzes an event that is now over 10 months old. It only briefly mentions the AHS investigation report issued 18 days after the incident. VP&A raised concerns that the AHS investigation report revealed information not included in Woodside's Critical Incident Report. The purpose of an investigation should be to obtain the most thorough and accurate information possible. Because the AHS investigator was interviewing staff soon after the incident, he was able to obtain recollected information not specifically documented in the written summary of the incident. During these interviews, staff involved in the incident were candid and open with regard to their actions. They expressed regret that the resident was injured and that, in one instance, a staff member used inappropriate language.

The current VP&A review began much later and was more expansive in scope. We regret that the report lacks context and suggests that staff at Woodside typically practice in ways not respectful of the emotional or physical safety of the youth we serve. We strongly disagree with this suggestion and believe that our collaborative efforts with VP&A to improve building issues, assessment and documentation, and client services, documented in the Woodside Action Plan, reflect our commitment and our progress.

The following summary is based on the responses from the Woodside nurse, physician and special educator.

Medical Intervention, Documentation and Services

DCF and Woodside stand by the excellent medical oversight provided at Woodside. Woodside is open 24 hours a day, 7 days a week. Injuries can occur at any time in the normal course of events in physical activities, self-harming and other-harming behaviors by residents, and accidents. The Woodside nurse is on-site during the normal work week excluding holidays and vacations. The physician is on site at least 4 hours once a week excluding holidays, vacations and other medical priorities. Therefore, a medical professional is not on site at all hours. Woodside requires annual First Aid and CPR training of all direct care staff.

Woodside has amended internal protocols to ensure that when medical personnel are not present, all youth with questionable injuries will be seen at Fletcher Allen Health Care for evaluation and treatment within 24 hours of the incident.

Often young people are admitted to the Detention Program who are unknown to DCF. They may have multiple medications prescribed by different physicians at different times, with insufficient attention paid to interactive or cumulative effects. The situation is further complicated because many residents are prescribed medications that are psychoactive and have insufficient research support for use in an adolescent population.

In the current HIPAA, environment, obtaining complete information about medications, and the underlying conditions requiring them is a challenge. Currently, the Woodside nurse often must make multiple phone calls, faxes, calls to DCF social workers, doctor's offices, former placements, etc. in order to obtain information.

The Woodside Clinical Team consisting of the Woodside Clinical and Education Director, Woodside nurse, Contracted Physician, and Consulting Psychiatrist have recognized these problems and are currently working on a revised Medication Policy for youth detained at Woodside.

The Woodside nurse and physician regularly communicate to ensure that medications are appropriate, have therapeutic value and, most of all, are safe. We agree that documentation should be improved. We will continue to address this issue within the context of ongoing improvements through the Woodside Action Plan. Specifically, we plan to implement a computer-based documentation system for the nurse to make entries regarding medical information from any location in the building, including information coming in from outside sources or documentation of her own activities within reasonable expectations. Such a system would permit the Woodside nurse to continue the high level of contact and observations of all residents on a daily basis during her working days. In addition to an improved computer-based documentation system, a dictation recorder directly tied into the computer-based medical information system will permit physicians and clinical consultants (psychiatrists, psychologists, social workers) to record more detailed and accurate notes of their observations and findings. Finally, in keeping with Woodside's standards on medication requiring special review of medications that have questionable use and safety in an adolescent population, a board-certified psychiatrist will be contracted to assist the pediatrician in making clinical judgments regarding adolescents whose medications require review for therapeutic verification and safety.

Regular and Special Education Services

DCF and Woodside are committed to delivery of excellent regular and special educational services provided at Woodside. We agree with VP&A that improvements can always be made and, in fact, are being made. The VP&A report correctly cites an Interdepartmental Agreement between the Vermont Department of Education and DCF/Woodside regarding the identification of special education eligible students admitted to the Detention Program and the provision of educational services pursuant to their Individual Education Plans (I.E.P.s). This agreement, dated 1995, is identified as Information Circular #95-185 and pertains to the respective responsibilities of the youth's local school district (identified as a Local Education Agency or LEA), Detention Program educational staff, DCF (referred to by the former name, Department of Social and Rehabilitation Services), and the Department of Education. This agreement is currently in full effect and is the basis for ensuring that students who are eligible for special education services receive them while in Detention.

VP&A's report acknowledges that the Detention Program special educator obtained the youth's I.E.P, and that the I.E.P was in effect while the youth was at Woodside. The VP&A report then makes reference to 19988 and 2006 findings by an outside consultant that Woodside's special education facilities are inadequate. These issues are, in fact, being addressed as part of the current Woodside Action Plan. We look forward to significant alterations to the building in fall of 2007 that will address our mutual concerns. The plan is to add two classroom spaces and a small group instructional/meeting space.

VP&A raised concerns about Information Circular #95-185 because it refers to average lengths of stay and maximum stays at that time. We assert that the basic agreement and the responsibilities of the various entities named in the agreement are current and relevant. The VP&A report suggests that "D-wing staff" (referring to the special educator) "had a duty to reach for help if the I.E.P. was not effective in" the student's "new setting." The report seems to suggest that that educational services pursuant to the I.E.P. should extend to times and situations in the Detention Program outside of the school day.

DCF and Woodside agree that a youth's I.E.P. provides informative and useful information and when applicable, should inform the delivery of effective interventions for behavioral difficulties. The strategy of sending a youth to his/her room (located adjacent to the living room/classroom) when the youth's behavior is unacceptable within the peer group is typically utilized after other intervention methods such as prompts, warnings, feedback, and redirection have failed. Schools use similar progressive interventions. We do not conclude that the youth's I.E.P. was ineffective. We agree with Woodside's special educator that this student's I.E.P could be implemented as written and the special education services provided pursuant to it including the "specific strategies and tactics" contained therein . DCF and Woodside agree with VP&A that that a better system of documenting implementation and progress with regard to I.E.P Goals and Objectives can be developed. We will take steps to do this, and plan to involve the Vermont Department of Education.

DCF and Woodside disagree with the assertion in the VP&A report that "educators developed their own education plan." All academic Goals and Objectives specified in the student's I.E.P were implemented. Examples of the student's academic work were preserved in his file as documentation.

During the investigation, the special educator tried to clarify that there was no separate educational plan developed for the student, but that some documents entitled "Education Plans" were developed to address behavioral issues in the short term. It is accepted practice in educational settings – whether at Woodside or in a public school – to address behavioral issues with brief intervention plans designed to assist the student in regaining the behavior control necessary for learning. Such plans do not replace the overarching I.E.P. Such plans, in fact, are contemplated by this youth's I.E.P. The I.E.P. specifies that the student "will have a specific behavior plan with clear expectations and consequences to help" the student "manage" the student's "anger and frustrations."

Woodside offers educational services year round, even when not specifically required by a youth's I.E.P. We believe that this has a positive impact for some of Vermont's most reluctant learners. It is our practice to obtain a student's Evaluation Plan and Report and current I.E.P and to provide special education services as part of education services during the summer months. Often, we have difficulty obtaining an I.E.P from the supervisory union during the summer months, as most educational personnel are not working.

DCF and Woodside agree that services to all resident/students should be trauma-informed. Over the last several years, as the availability of research and literature have become increasingly available, we have provided training for staff. Although the resident's I.E.P. refers to the training of educational staff, we do not agree that the responsibility for training on trauma or attachment orders lies with the special educator. The Woodside Action Plan already addresses the provision of trauma informed services training to all staff, including education staff. By definition, this training will address attachment disorders. Further training addressing trauma informed services is being pursued in the fall of 2007.

In conclusion, DCF and Woodside agree with many of the recommendations made in the VP&A report. To maintain the safety and security of the Detention Program, our responses to youth should be preventative and the least restrictive possible. As the Detention Program is short term, we must continue to offer appropriate short-term interventions that address the immediate concerns presented by our youth. This in no way can, or should, replace careful planning for the youth's long-term needs. Therefore DCF and Woodside can agree to assure individualized screening to identify mental heath problems and effective short-term interventions to address these problems in a caring, respectful climate designed to foster socially appropriate interactions.

With regard to special education services, we will continue to work with the Department of Education to ensure that we are following the Information Circular #95-185 and will continue to provide special education services in the summer. However, we do not agree that the provisions of the I.E.P. extend beyond the school day, except to be informative and useful.

We emphatically disagree that in "2006 D-wing administration, DCF, and even AHS were not motivated to identify or address the systemic failure to provide special education services, as this issue was not raised in any of the reports or reviews of the student's "time in D-wing." We do agree that certain areas of documentation should be improved and will be happy to work with VP&A on that issue.

DCF and Woodside, as part of the Woodside Action Plan, are reviewing our physical restraint practices and use of force oversight both at Woodside and nationally in similar programs. We will continue work with VP&A on this issue in that context.

We look forward to continuing to work with VP&A to achieve our common goals.

Sincerely yours,

Stephen Antell
Woodside Director

Judith Christensen, PhD
Clinical and Educational Director