

**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

**PERFORMANCE AUDIT  
MARCH 2021**





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*To The Fiscal Committee Of The General Court:*

We conducted this performance audit of the Sununu Youth Services Center (SYSC) to address the recommendation made to you by the joint Legislative Performance Audit and Oversight Committee. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The purpose of the audit was to determine how the SYSC adjusted its operations in response to the requirements of Chapter 156, Laws of 2017.

*Office of Legislative Budget Assistant*

Office Of Legislative Budget Assistant

March 2021

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**ABBREVIATIONS**

ART	Aggression Replacement Training
BSSI	<i>Beck Scale For Suicide Ideation</i>
CANS	<i>Child and Adolescent Needs and Strengths Assessment</i>
CY	Calendar Year
DAST-A	<i>Drug Abuse Screening Test-Adolescent</i>
DCYF	Division For Children, Youth And Families
DHHS	Department Of Health And Human Services
GAO	Government Accountability Office
IT	Information Technology
JPB	Juvenile Parole Board
LBA	Office Of Legislative Budget Assistant
LPAOC	Legislative Performance Audit And Oversight Committee
MDFT	Multidimensional Family Therapy
MHA	<i>Mental Health Assessment</i>

PREA	Prison Rape Elimination Act
SASSI-A2	<i>Adolescent Substance Abuse Subtle Screening Inventory</i>
SFY	State Fiscal Year
SYSC	Sununu Youth Services Center
UCLA PTSD RI-IV	<i>University Of California, Los Angeles Posttraumatic Stress Disorder Reaction Index For DSM-IV</i>
WJ Tests	Woodcock-Johnson Tests
YC	Youth Counselor

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**EXECUTIVE SUMMARY**

Recent statutory changes aimed at reducing the placement of juveniles who are not serious violent offenders at the Sununu Youth Services Center (SYSC) and limiting the amount of time juveniles spend there may have had the unintended consequence of changing the mission of the SYSC away from providing meaningful rehabilitation. The national move to keep juveniles who are not serious offenders out of correctional facilities was based on research demonstrating that most juveniles will naturally mature out of participation in illegal activity and that confinement of juveniles beyond the minimum amount of time necessary to provide sufficiently intense services does not appreciably reduce the likelihood of reoffending. However, the State's juvenile justice system allows offenders to be released by the Juvenile Parole Board (JPB) from the SYSC without demonstrating any progress towards rehabilitation. If they can keep out of serious trouble for a few months at the SYSC, committed juveniles will likely be released by the JPB. Additionally, not all SYSC services have been adapted to this new, short-term approach to commitment, nor are all services evidence-based.

**Statutory Changes Reduced The SYSC Population**

Chapter 156, Laws of 2017 introduced several significant changes and requirements affecting the juvenile justice system as a whole, and specifically the SYSC juvenile population and operations. The overarching goals of Chapter 156, Laws of 2017 were to ensure only the most serious offenders were committed to the SYSC, reducing both the number of juveniles placed at the SYSC and the amount of time they spend there, which appears to have been accomplished. The average daily census fell from 64 in State fiscal year (SFY) 2017 to 17 in SFY 2020, and the average length of stay dropped from 164.5 days in calendar year (CY) 2016 to 68.9 days in CY 2020. The population of the SYSC is now much smaller, but the juveniles placed there have been charged with more offenses and are more likely to be classified as serious violent offenders.

**Unclear Whether All Services Were Effective**

The services offered to juveniles at the SYSC have not changed as a result of Chapter 156, Laws of 2017, except that there are now fewer services available. Our review of juvenile case files showed the SYSC generally provided required assessments, mental health services, and behavioral treatment programming. The lack of outcome data, however, prevents an assessment of its success. Reportedly due to budget cuts, staff shortages, and insufficient time for juveniles to earn the trust necessary to participate, all vocational programs except for the culinary program were eliminated; other programs, such as the mentor program, and participation in programs that occurred outside of the SYSC facility, such as furloughs, were also eliminated or severely limited. We found the SYSC used evidence-based *practices*, but none of the four treatment *programs* were evidence-based specifically for juveniles. Because the programs were not evidence-based, they have not been proven to be effective by research.

We found the *Mental Health Assessment* form was not evidence-based, although the SYSC is reportedly working on a replacement for this form. All other assessments administered to

juveniles were evidence-based. During the audit period, the SYSC contracted, for the first time, a psychologist, who reviewed the clinical assessments used by the SYSC and was actively working to obtain funding for new evaluations and assessments to ensure that the SYSC was utilizing the most appropriate instruments for screening and assessing the juveniles admitted to the SYSC.

### **Juveniles Released Regardless Of Treatment Progress**

We found that statute governing the JPB and its parole of juveniles from the SYSC conflicted with the parole requirements introduced by Chapter 156, Laws of 2017, which specifically amended other statutes, but not that of the JPB. Nevertheless, the JPB was adhering to the requirements established by Chapter 156, Laws of 2017. We also found that this requirement to parole juveniles based solely upon the passage of time and a determination that they did not pose a current danger had unintended consequences. Because the JPB interpreted the requirements of Chapter 156, Laws of 2017 as superseding any conflicting requirements, it did not have the discretion to consider the probability that the juvenile would refrain from violating the law if released or whether parole was in the best interest of the juvenile or the public. This means that factors such as participation in SYSC programming or progress towards treatment goals had no bearing on whether a juvenile was released from the SYSC. Consequently, SYSC staff reported there was no incentive for juveniles to engage in treatment or to buy-in to programming, creating a mentality among the juveniles that they just needed to “do their time,” and nothing else.

### **Need For Planning And Organizational Review To Focus SYSC Efforts**

We found that: 1) although the SYSC is incorporated into the strategic plan for the Division for Children, Youth and Families (DCYF), the SYSC did not have a strategic plan or defined objectives of its own; 2) administration had recently discontinued its contract with a performance measurement organization and, consequently, the SYSC was left without a performance measurement system; 3) the SYSC did not have a formal staffing analysis or written staffing plan; and 4) administration had not reviewed its organizational structure.

Over the last few years, the SYSC has faced law changes, budget cuts, and layoffs that forced the DCYF and the SYSC to be reactive and attempt to make-do with what they have. Engaging in strategic planning, performance measurement, staffing analysis, and organizational review would place the SYSC administration in a better position to handle challenges that arise in the future. For the SYSC to move forward in an effective manner, and to develop and implement the most effective services and programs for its population, there must be a clear understanding of its role in the juvenile justice system from the Legislature. If the Legislature intends for the SYSC to provide meaningful treatment for the most troubled juveniles and attempt to rehabilitate them, then the SYSC will need resources and statutory support to achieve that mission.

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**RECOMMENDATION SUMMARY**

<b>Observation Number</b>	<b>Page</b>	<b>Legislative Action May Be Required</b>	<b>Recommendations</b>	<b>Agency Response</b>
1	23	Yes	Consider amending and harmonizing statutes regarding release of juveniles and allow the Juvenile Parole Board to consider factors other than time served.	Concur
2	27	No	Continue with the review of clinical programming, ensure programming selected is evidence-based, review programming annually, and review the use of trained psychological associates and Youth Counselors to administer clinical treatment programs.	Concur
3	29	No	Replace the <i>Mental Health Assessment</i> form with an evidence-based assessment appropriate for a juvenile corrections setting.	Concur
4	30	No	Clarify the policy on individual therapy and family counseling by stating whether the policy establishes a requirement to provide a minimum number of services to committed juveniles; define services and contacts between juveniles, families, and clinical staff that satisfy the provision of individual therapy and family counseling; and define all services identified in the clinical notes.	Concur

Recommendation Summary

Observation Number	Page	Legislative Action May Be Required	Recommendations	Agency Response
5	39	Yes	Engage in a strategic planning process to define the Sununu Youth Services Center's (SYSC) objectives and to detail how those objectives will be achieved and measured. The Department of Health and Human Services and SYSC management may wish to work with stakeholders and the Legislature to clarify the SYSC's mission and purpose.	Concur
6	40	No	Complete a comprehensive strategic plan that identifies goals and objectives, and choose performance measures based on easily attainable data which can be used to determine the organization's achievement of its goals and objectives.	Concur
7	44	Yes	Conduct a formal organizational review of the SYSC structure and its span of control.	Concur
8	47	No	Conduct a staffing analysis; develop, document, and implement a staffing plan; and review on at least an annual basis.	Concur
9	48	No	Consider the need for a structured, strategic workforce plan, to include retention programs with quantifiable goals and objectives, determine the reasons staff leave the SYSC, and design tools to meet retention goals and objectives.	Concur
10	50	No	Update the <i>Parent and Youth Handbook</i> to reflect current services and institute procedures to continuously keep it up-to-date.	Concur

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**BACKGROUND**

Adolescence is a period of development that is distinct from both childhood and adulthood. Research indicates that much of delinquent or criminal activity engaged in by juveniles is an extension of the characteristics inherent to adolescent development, and that most juveniles will mature out of those tendencies. Evidence shows that juveniles differ from adults in three important ways: 1) juveniles have less capacity for self-regulation, particularly in an emotional context; 2) juveniles have a heightened sensitivity to external influences; and 3) juveniles have less ability to make judgments and decisions regarding future implications. Given the developmental differences between juveniles and adults, and the fact that most juveniles will naturally mature out of delinquent and criminal tendencies without intervention, it follows that juveniles and adults require different approaches to accountability and rehabilitation.

**Change In Approach To Juvenile Incarceration**

Today's juvenile justice reformers champion developmentally appropriate and evidence-based programs designed specifically for juveniles. The emerging view is that the role of the juvenile justice system is to reduce recidivism, ensure that juveniles are held accountable for their delinquent acts (as opposed to being "punished" for them), and to ensure that juveniles are treated fairly. Institutionalization should be avoided except for the rare instances when it is necessary to protect the community.

In line with the recent research and emerging views, Chapter 156, Laws of 2017 placed limits on juvenile commitment to a secure facility. The only juveniles that can now be placed at the Sununu Youth Services Center (SYSC) are: 1) juveniles charged or adjudicated on a serious violent offense; or 2) juveniles charged or adjudicated on other than a serious violent offense if the juvenile had been previously adjudicated on at least three offenses that would be considered felonies or class A misdemeanors if committed by an adult. The law also reduced the amount of time before a juvenile is eligible to be released and required that if the Juvenile Parole Board (JPB) declined to release a juvenile that it reconsider release every two months. On a quarterly basis, the Department of Health and Human Services (DHHS) is required to review the case of every committed juvenile who is not a serious violent offender to determine if they can be safely placed outside secure confinement and, if so, petition the court to modify the disposition of the juvenile's case. Additionally, the law required the DHHS Commissioner to evaluate the adequacy of the service system and to ensure that there was sufficient alternative placement capacity for juveniles other than serious violent offenders, who would have been placed in a secure facility prior to the passing of the law.

**Juvenile Justice System**

Overall, New Hampshire's juvenile justice system, consisting of the DHHS, State and local law enforcement, the courts, and service providers, is focused on placing juveniles in the least restrictive, most appropriate placement while ensuring the safety of the juvenile and the community. Each part of the system plays an important role. The SYSC is organizationally within the Division for Children, Youth and Families (DCYF), which is a division of the DHHS. The

DHHS' role in determining placements prior to the adjudicatory hearing is limited, as statutes place the authority over these decisions with the courts. The DCYF provides supervision, case management, and rehabilitative services through its staff of Juvenile Probation and Parole Officers and its network of community-based providers. The DCYF is also responsible for providing secure institutional services for detained and committed juveniles at the SYSC in Manchester.

State and local law enforcement officers are empowered to investigate crimes and violations occurring within their jurisdictions. Law enforcement officers have authority to arrest and take juveniles into custody, refer juvenile offenders to community diversion programs, and prosecute juvenile cases before the courts. Although anyone in New Hampshire can file a juvenile petition alleging a delinquent act in the State, as a practical matter, most are filed by local law enforcement agencies and prosecuted by local police officers. In larger towns and cities, a city attorney or police department attorney may prosecute cases. State prosecutors may prosecute more serious cases.

The court has a significant role in the juvenile justice system. According to statutes, the courts have exclusive jurisdiction over all delinquency proceedings. State laws authorize placement decisions, including whether a juvenile is removed from the home and where a juvenile is placed, to be exclusively within the purview of the court.

### ***Committing Juveniles To The SYSC***

When a juvenile is committed to the SYSC, a systematic process is used to classify and assign them to a secure residential unit where they participate in a prescribed behavioral program. Classification is a process that is based on several screenings and assessments conducted by SYSC staff, and the outcome determines which unit the juvenile will reside on and the program the juvenile will receive. The program provided to juveniles at the SYSC encompasses academics, social skills, and group sessions. Progress in all three spheres is measured using a grading system, with progress regularly communicated to the juvenile.

### ***Assessments At Intake***

Within 24 hours of intake, all juveniles receive a clinical watch and safety screenings and are provided with a personal safety plan. Within five days of intake, committed juveniles receive other clinical, spiritual, medical, educational, and permanency assessments in preparation for their classification meeting. Detained juveniles may also receive some of these assessments to inform the services provided to them at the SYSC.

### ***Assessment Instruments***

The SYSC uses several standardized instruments for educational and clinical assessments, including: the Woodcock-Johnson Tests (WJ Tests); the *Beck Scale for Suicide Ideation (BSSI)*; the *Prison Rape Elimination Act (PREA) Vulnerability Assessment*; the *Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)*; the *Drug Abuse Screening Test-Adolescents (DAST-A)*; the *University of California, Los Angeles Posttraumatic Stress Disorder Reaction Index for DSM-IV (UCLA PTSD RI-IV)*; and the *Mental Health Assessment (MHA)*.

### *Woodcock-Johnson Tests*

The SYSC uses the *WJ Tests* to assess committed and detained juveniles' reading and math levels, in order to determine their grade level. The *WJ Tests* are administered at intake and every six months, if the juvenile is still at the SYSC or has returned, to reassess the juvenile and determine whether they have made any gains. The *WJ Tests* are used widely around the world and are recognized as having valid and reliable results.

### *Beck Scale For Suicide Ideation*

All juveniles are assessed for risk of suicide within 24 hours of intake at the SYSC using the *BSSI*, which is administered by clinical staff who also conduct an additional verbal risk assessment for suicide. The *BSSI* was developed to detect not only the current intensity of attitudes, plans, and behaviors towards suicide, but also to assess the number of previous attempts and the intensity of the intention to die during the most recent attempts. It is one of the most frequently used scales for the assessment of suicidal thoughts, and its validity has been established by multiple studies.

### *Prison Rape Elimination Act Vulnerability Assessment*

All juveniles are screened for the risk of sexual abusiveness or victimization within 24 hours of intake, using the *PREA Vulnerability Assessment*. The *PREA Vulnerability Assessment* collects all information specifically identified by PREA §115.341 and is used to make a recommendation as to whether the juvenile should be housed with a roommate, as required by PREA §115.342. The *PREA Vulnerability Assessment* used by the SYSC was adapted from a scale that was developed in New Zealand and later adapted by Florida and Colorado. Although the assessment has not been validated, the PREA does not require use of a validated instrument.

### *Adolescent Substance Abuse Subtle Screening Inventory*

The *SASSI-A2*, administered by the SYSC to committed juveniles only, is a psychological screening instrument designed to screen adolescents for substance dependence and abuse. Its purpose is to screen individuals for a high probability of having a substance abuse disorder, not to make a diagnosis of addiction, and to use the results to determine the need for further evaluation and make decisions about the juvenile's treatment plan and goals. The *SASSI-A2* is widely used and generally accepted as a valid and reliable screening instrument.

### *Drug Abuse Screening Test*

If a committed juvenile is returned to the SYSC and they had taken the *SASSI-A2* within the last year, the SYSC will administer the *DAST-A* instead of the *SASSI-A2*. The *DAST-A* asks the juvenile questions about adverse consequences that they may have experienced due to drug use. It can be used to identify the presence of a drug-related disorder and specific problem areas for the juvenile. The *DAST-A* has been found to be a valid and reliable instrument for detecting drug abuse problems.

*University Of California, Los Angeles Posttraumatic Stress Disorder Reaction Index For DSM-IV*

The SYSC administers the *UCLA PTSD RI-IV* to committed juveniles only. It screens for exposure to traumatic events and assesses Posttraumatic Stress Disorder symptoms in children and adolescents. The *UCLA PTSD RI-IV* was not designed to be diagnostic, but it can provide preliminary diagnostic information and is useful in informing clinical treatment. It is one of the most widely used instruments to assess traumatized children and adolescents in the world, and has been found to be valid and reliable.

*Mental Health Assessment*

The *MHA* is a basic mental health status interview, conducted by clinical staff within five days of commitment, to try to understand a juvenile's mental health baseline when they arrive at the SYSC. While the *MHA* is a clinical interview, it follows a form that was developed by an employee of the DHHS. The *MHA* is a snapshot of a juvenile's state of mind in that moment. It helps clinical staff assess whether the juvenile is in psychological distress, by considering the juvenile's presentation, mood, suicide risk, and hallucinations, and gauging the juvenile's intelligence level, willingness to engage, and abstract thinking. It has not been proven to be valid or reliable.

**Services**

The SYSC provides an array of services encompassing health, clinical, educational, vocational, and spiritual areas. We did not find any significant changes in services between those offered prior to Chapter 156, Laws of 2017 and after, except for the elimination of the woodworking and automotive technology vocational programs, due to budget reductions in June 2018. We found many services were provided to both detained and committed juveniles. However, some services were provided on a modified basis based on the length of time that a juvenile is detained or because detained juveniles had not yet been found true on their delinquency charges. Without a finding of true on delinquency charges, detained juveniles reportedly could not meaningfully participate in services without potentially incriminating themselves. Table 1 shows services provided to detained and committed juveniles.



Table 1

**Assessments And Services Provided To Detained And Committed Juveniles**

<b>Assessment Or Service</b>	<b>Detained<sup>1</sup></b>	<b>Committed</b>
Medical Assessment	Yes	Yes
Safety Assessment	Yes	Yes
Mental Health Assessment	Modified	Yes
Educational Assessment	Modified	Yes
Permanency Assessment	Modified	Yes
Spiritual Assessment	Modified	Yes
Education Services	Yes	Yes
Medical Services	Yes	Yes
Mental Health Services	Yes	Yes
Vocational Services	Yes	Yes
Spiritual Services	Yes	Yes
Residential Services	Modified	Yes
Recreational Services	Modified	Yes
Direct Psychiatric Care And Medicine Management	Modified	Yes
Re-entry/Permanency Planning	Modified	Yes
Residential Counseling	Modified	Yes
Individual Therapy	Modified	Yes
Family Counseling	Modified	Yes
Crisis Intervention And Stabilization	Modified	Yes
Core Psychoeducation Groups (Honest Mind, Substance Abuse, Anger Management, Release And Reintegration)	Modified	Yes
Restorative Circles	Modified	Yes
Individualized Programs	Modified	Yes
Pregnancy Counseling <sup>2</sup>	Modified	Yes
Mentor Program	Modified	Yes
Substance Use Assessment	Modified	Yes
Vocational Assessment	No	Yes
Furloughs/Home Visits	No	Yes

Notes:

<sup>1</sup> Modified services for detained juveniles were provided based on length of stay.<sup>2</sup> Pregnancy counseling was provided as an external referral.

Source: LBA analysis of SYSC information.

## **SYSC Behavioral Programs**

Juveniles are assigned, or classified, to one of the following four treatment programs, based on their presenting concerns and needs: Honest Mind, Behavioral Health, Substance Abuse or Intermediate. There are four residential units. One residential unit is for females and the males are placed in units according to their classification; juveniles in the Substance Abuse and Intermediate programs are housed in the same unit. Regardless of unit placement, the SYSC provides four core treatment groups to all juveniles in the facility, which address the following areas: criminal thinking/conduct disordered behaviors, anger management, substance awareness, and life skills/release and reintegration.

### ***Honest Mind Program***

The Honest Mind program is designed for juveniles who are detained or committed for serious violent offenses and dangerous behaviors. The Honest Mind program addresses criminal thinking, gang involvement, violence, and antisocial thinking patterns. Juveniles are given the opportunity to explore their negative behaviors, maladaptive thinking patterns, and develop new ways of thinking to promote prosocial behavior.

### ***Behavioral Health Program***

Juveniles demonstrating mental health difficulties and requiring specialized behavioral health care are assigned to this program. Individualized plans are tailored to meet behavioral health needs of youth including the need for safety coaches or social/peer coaches. Juveniles are given the opportunity to explore coping skills and interventions to manage symptoms of their mental illness.

### ***Substance Abuse Program***

Juveniles demonstrating substance use difficulties needing specialized treatment are assigned to this program. Juveniles in the substance abuse program participate in a twice-weekly specialized substance abuse disorder group and weekly substance-related therapy led by the facility's Master Licensed Alcohol and Drug Counselor.

### ***Intermediate Program***

Juveniles with serious behavioral problems placing the juvenile and community at risk, though not appropriate for the other programs, are assigned to this program. Juveniles in the intermediate program participate in treatment with the goal of encouraging moral development and developing effective coping skills.

## **Juvenile Parole Board**

The five-member JPB is responsible for paroling juveniles from the SYSC. The JPB may release any juvenile committed to SYSC's care to parole or administrative release to parole, not to exceed the minority of the juvenile. Administrative release to parole is an administrative procedure to provide a period of community adjustment before parole status is granted. When a juvenile is

released on parole, the JPB has legal custody of the juvenile until the juvenile is discharged or recommitted to the custody of the DHHS Commissioner.

Prior to the implementation of Chapter 156, Laws of 2017, statute allowed the JPB to parole a juvenile if the DHHS Commissioner had determined: 1) parole was in the best interest of the juvenile and the public; 2) that further incarceration would be of no benefit, and there was a reasonable probability that the juvenile would remain at liberty without violating the law; and 3) the juvenile would conduct him- or herself as a good citizen. As a result of Chapter 156, Laws of 2017, the JPB must release any juvenile committed to its care, for other than violent offenses, no later than six months from the date of the juvenile's commitment, unless the JPB determines that continued commitment is necessary to protect the safety of the juvenile or the community. Such release shall occur no later than three months from the date of the juvenile's commitment if the offense would be a misdemeanor if committed by an adult. If the JPB declines to release a juvenile in accordance with the timeframes above, it shall consider the juvenile for release no later than two months after its initial decision, and every two months thereafter until the juvenile is released. Parole review and release are not required during the period that a juvenile is the subject of a delinquency petition awaiting adjudication or disposition.

### **Recidivism**

There is no commonly used definition of, or measure for, recidivism. The most commonly used timeframe for measuring recidivism is three years; however, there is no standardization of what is measured. Recidivism is delineated by starting and stopping events. A starting event may be when a juvenile leaves the SYSC, transitions to another program, or starts probation or parole. A stopping event could be an arrest, conviction, or parole violation. However, recidivism measurements may not capture all events, since some crimes will not be detected by law enforcement. For the purpose of this audit, we considered a juvenile as recidivating when the juvenile was returned to the SYSC for parole violations or new charges brought them back to the SYSC after release. We could not determine from SYSC records whether juveniles were sentenced in the adult justice system after leaving the SYSC.

The SYSC manually determined recidivism for its committed juveniles. Staff determined whether a juvenile had previously been committed; if not, the juvenile was counted as a first-time commitment. If the juvenile had previously been committed to the SYSC, the juvenile was counted as a repeat offender. Table 2 shows recidivism as calculated by the SYSC, by counting the number of returning juveniles as a percentage of total admissions for calendar year (CY) 2016 through CY 2020.

Table 2

**Recidivism As Determined By The SYSC,  
CYs 2016-2020**

CY	Total Commitments <sup>1</sup>	First Time		Repeat		Number Of Youth	Average Length Of Stay (Days)
		Number	Percent	Number	Percent		
2016	108	56	51.9	52	48.1	88	164.5
2017	84	35	41.7	49	58.3	71	141.5
2018	76	21	27.6	55	72.4	51	104.5
2019	67	14	20.9	53	79.1	39	62.7
2020	35	16	45.7	19	54.3	28	68.9

Note:

<sup>1</sup> Duplicates are included in count.

Source: LBA analysis of unaudited SYSC data.

Table 3 shows juveniles who were released during each year between CY 2016 and CY 2019. We examined their case record for three years to determine whether they returned to the SYSC within one year, two years, or three years. For example, 68.3 percent of juveniles released during CY 2016 returned to the SYSC within one year. The remaining data for 2016 releasees shows that no additional juveniles were returned after the first year elapsed. For the juveniles released in CY 2018, 57.7 percent of juveniles released during that year returned to the SYSC within one year, 61.5 percent of juveniles were returned to the SYSC within two years, and we were unable to calculate the number of juveniles who returned within three years. During some of the later years, we could not determine the full range of the three-year recidivism because not enough time has elapsed yet.

Table 3

**SYSC Recidivism,  
CYs 2016-2019**

Initial Release Year	Within One Year	Within Two Years	Within Three Years
2016	68.3%	68.3%	68.3%
2017	69.0%	71.4%	71.4% <sup>1</sup>
2018	57.7%	61.5% <sup>1</sup>	
2019	66.7% <sup>1</sup>		

Note:

<sup>1</sup> This percentage represents the minimum rate possible since the review was conducted in September and October 2020 and the year was incomplete.

Source: LBA analysis of unaudited SYSC juvenile data.

## **SYSC Behavior Management**

To establish a juvenile's weekly privilege level, Youth Counselors (YC) and teachers give a grade after shifts they work with the juvenile (for teachers, these are behavioral grades, in addition to academic grades). These levels determine the different privileges a juvenile has earned, such as more video game time and later bedtimes. The YC can choose to rate the juvenile as high, moderate, or low in a few categories, such as peer interactions or completing chores. These grades are aggregated every week, and the juvenile's privilege level is updated.

## **Delinquency Charges**

We reviewed the delinquency charges filed against all 551 juveniles detained at or committed to the SYSC between State fiscal year (SFY) 2016 and SFY 2020. The review included all delinquency charges filed against these juveniles, even if they were filed outside of the audit period, through October 2020. We did not have access to information relating to the disposition of the charges, so some of the charges that were filed may have been dismissed, some charges may still have been pending as of the end of our review, or juveniles may have been found not true on some charges. We found that the 551 juveniles were charged with a total of 4,645 offenses, all of which would have been considered criminal offenses if committed by an adult. Individual juveniles had up to 35 charges filed against them, with an average of 8.4 charges filed. It is important to note that many of the juveniles included in the review had not reached the age of majority (18 years old) and could acquire additional charges. Accordingly, the actual numbers of charges filed against this population will likely be higher by the time these juveniles reach the age of majority.

By far, the most common charge filed against the juveniles was simple assault, which accounted for 1,215 (26.2 percent) of the charges. While the majority of the charges against the juveniles would be considered misdemeanors if committed by an adult, 22.3 percent of the charges were felony level offenses, including seven charges of murder against five different juveniles and 55 charges of aggravated felonious sexual assault. Even the misdemeanor level charges were largely made up of charges involving violence, including various levels of assault, criminal threatening, and domestic violence.

There were a total of 151 different charges filed against the juveniles, encompassing violations of different statutes and differing levels of violation against the same statutes. The ten most common charges filed made up 88.5 percent of all the charges filed against the juveniles (a total of 4,109 charges). All other charges totaled fewer than 100 each. Table 4 shows the charges grouped together under categories of similar charges, to provide an overview of the types of charges levied against the juveniles.

Table 4

**Categories Of Charges Filed Against Juveniles In SYSC,  
SFYs 2016-2020**

<b>Charges</b>	<b>Number</b>	<b>Percent<sup>1</sup></b>
Assault/Threatening	1,684	36.3
Criminal Mischief	592	12.7
Theft	507	10.9
Resisting Arrest	309	6.7
Drugs/Alcohol	292	6.3
Breaches of the Peace	198	4.3
Domestic Violence/Stalking	184	4.0
Sexual Assault/Indecent Exposure	127	2.7
Burglary	109	2.3
Trespass	107	2.3
Driving/Vehicle	89	1.9
Robbery	72	1.6
Obstruction/Tampering/Falsifying	70	1.5
Contempt	57	1.2
Conspiracy/Solicitation	41	0.9
Riot	36	0.8
Attempt	31	0.7
Arson	30	0.6
Forgery/Fraud	28	0.6
Criminal Liability for Conduct of Another	21	0.5
Weapons	19	0.4
Escape	12	0.3
Other	12	0.3
False Imprisonment/Kidnapping	11	0.2
Murder	7	0.2
<b>Total Charges</b>	<b>4,645</b>	<b>100.0</b>

Note:

<sup>1</sup> May not add up to 100 percent due to rounding.

Source: LBA analysis of DHHS data.

Table 5 shows the penalty levels for all charges filed against the juveniles. These are the penalties as identified in the charging information or based upon our interpretation of the statute alleged to have been violated. If found true on the underlying charge, the judge may have sentenced the juvenile on a different penalty level.

Table 5

**Penalties For Charges Filed Against Juveniles In SYSC,  
SFYs 2016-2020**

<b>Penalty</b>	<b>Number</b>	<b>Percent<sup>1</sup></b>
Misdemeanor <sup>2</sup>	3,496	75.3
Felony <sup>3</sup>	1,034	22.3
Contempt	57	1.2
Violation	54	1.2
Unknown <sup>4</sup>	4	0.1
<b>Total Penalties</b>	<b>4,645</b>	<b>100.0</b>

## Notes:

- <sup>1</sup> Total may not add up to 100 percent due to rounding.  
<sup>2</sup> Includes unclassified misdemeanors, class A misdemeanors, and class B misdemeanors.  
<sup>3</sup> Includes unclassified felonies, class A felonies, and class B felonies.  
<sup>4</sup> Includes charges with insufficient information to determine the penalty level.

Source: LBA analysis of DHHS data.

Table 6 shows the number of charges filed in court against the juveniles during the calendar year, the number of juveniles with charges filed against them during that year, and the average number of charges per juvenile. There was a small, but steady, increase in the average number of charges per juvenile from 3.4 charges in CY 2016 to 4.4 charges in CY 2020. Because data for 2020 was only collected through October 2020, the average number of charges filed in 2020 may actually be higher.

Table 6

**Total Number Of Charges Filed By Year,  
CYs 2016-2020**

<b>CY</b>	<b>Total Number Of Charges Filed</b>	<b>Number Of Juveniles With Charges Filed</b>	<b>Average Number Of Charges Per Juvenile</b>
2016	941	275	3.4
2017	643	181	3.6
2018	501	122	4.1
2019	352	84	4.2
2020 <sup>1</sup>	181	41	4.4

Note:

<sup>1</sup> Data through October 2020.

Source: LBA analysis of DHHS data.

Table 7 shows the breakdown of charges filed in court during the calendar year by misdemeanor and felony charges. It includes the number of misdemeanors and felonies the juveniles were charged with during that year, as well as the average number of misdemeanors and felonies per juvenile with charges filed against them during that year. Table 7 excludes contempt, violation, and unknown charges because their numbers are so low as to be insignificant. Although there is no discernable trend as it relates to the breakdown of misdemeanor versus felony charges, in general, the average number of misdemeanors per juvenile has increased while the average number of felonies per juvenile has stayed roughly the same. This is likely a reflection of the provision of Chapter 156, Laws of 2017 that prohibits commitment based on a charge that would be a class A misdemeanor if committed by an adult unless the juvenile had previously been adjudicated on at least three other felonies or class A misdemeanors. From CY 2018 onwards, juveniles had an average of at least three misdemeanor charges.



Table 7

**Misdemeanors And Felonies By Year,  
CYs 2016-2020**

CY	Misdemeanor <sup>1</sup>			Felony <sup>2</sup>		
	Number	Percent <sup>3</sup>	Average Per Juvenile	Number	Percent <sup>3</sup>	Average Per Juvenile
2016	656	69.7	2.4	270	28.7	1.0
2017	430	66.9	2.4	196	30.5	1.1
2018	402	80.2	3.3	84	16.8	0.7
2019	254	72.2	3.0	96	27.3	1.1
2020 <sup>4</sup>	137	75.7	3.3	41	22.7	1.0

## Notes:

<sup>1</sup> Includes unclassified misdemeanor, class A misdemeanor, and class B misdemeanor.

<sup>2</sup> Includes unclassified felony, class A felony, and class B felony.

<sup>3</sup> Percent is the percentage of all charges filed against the juveniles during the calendar year. Misdemeanor and felony charges will not add up to 100 percent.

<sup>4</sup> Data through October 2020.

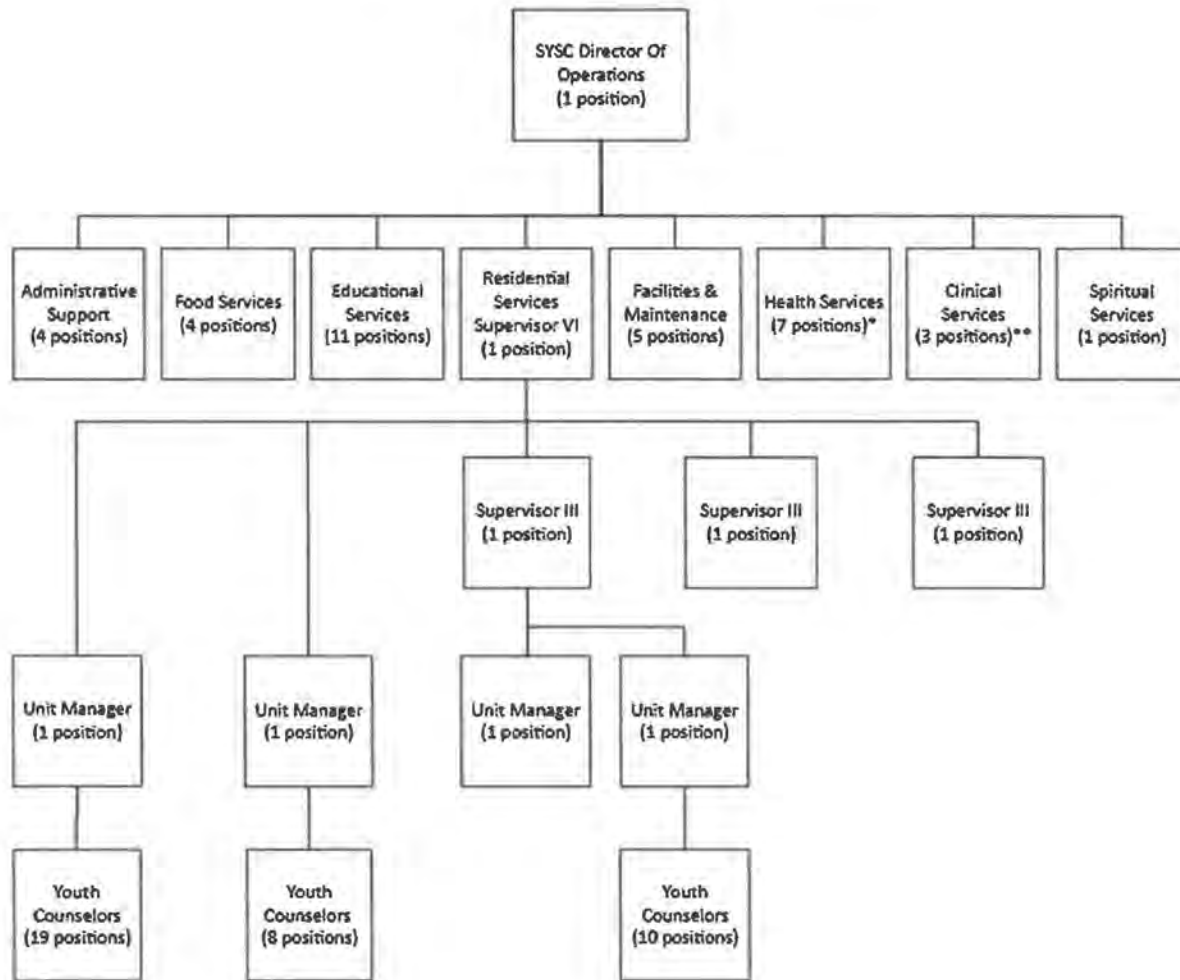
Source: LBA analysis of DHHS data.

### Organization And Staffing

The SYSC is overseen by a Director of Operations, who answers directly to the DCYF Director. As shown in Figure 1, the Director of Operations directly oversees the following functions: administrative support, food services, educational services, residential services, facilities and maintenance, health services, clinical services, and spiritual services. Administrative support consisted of four filled positions including support staff and switch board operators. Food services consisted of four filled positions. Educational services consisted of 11 filled positions and provided services to detained and committed juveniles. Residential services consisted of 45 filled positions and was responsible for the housing, programming, and safety of all residents. Facilities and maintenance consisted of five filled positions and was responsible for maintaining the entire SYSC campus and all its buildings. Health services consisted of seven filled positions and two contracted positions, and was responsible for the medical and dental treatment of detained and committed juveniles. Clinical services consisted of three filled positions and one contracted position overseeing clinical operations, and was responsible for the therapeutic services provided to detained and committed juveniles. Spiritual services consisted of one filled position. In total, the SYSC had 81 filled positions as of September 2020.

**Figure 1**

**SYSC Organization And Filled Positions,  
As Of September 2020**



Notes:

\* Excludes two contracted positions.

\*\* Excludes one contracted position.

Source: LBA analysis of SYSC data.

**Staffing On Residential Units**

The population of the residential housing units can change on a daily basis, affecting both the number of juveniles housed at the SYSC and the needs of those juveniles. When juveniles are admitted to the SYSC, they are assigned to a residential unit based on the program that they are assigned to and their individual needs. There is one unit for females, and the males are divided among the Honest Mind unit, the behavioral health unit, and the substance abuse/intermediate unit.

There is a general need to keep the juveniles assigned to different units separated because they have different needs. For example, the juveniles assigned to the behavioral health unit are easily dysregulated, and the juveniles in the Honest Mind unit may take advantage of the more vulnerable juveniles. Additionally, specific juveniles must be kept separated from one another because of gang affiliations and other issues. The SYSC houses up to 12 juveniles on a floor within each unit, but the need to keep certain juveniles separated can require additional floors to be opened. During COVID-19, each floor has been limited to four or five juveniles. If a juvenile demonstrates behavior that requires immediate intervention, for the safety of that juvenile or others, a Crisis Services Unit will be opened, but a juvenile's placement in that unit only lasts until they can be transitioned back to their home unit.

The fluctuating need to open and close residential floors creates a corresponding need to staff those floors with YCs. The SYSC aims to have at least two YCs on each floor, but the behavioral health floors usually have more YCs because the juveniles on those floors are easily agitated and need to be watched more closely. Additionally, there are juveniles who, for various reasons, require a one-on-one staff member. There also needs to be overflow staff scheduled in the event that a Crisis Services Unit needs to be opened or juveniles need to be transported to appointments off the SYSC campus.

### **Case Reviews**

There are three types of case reviews conducted at the SYSC: a case review that is required quarterly, twice per week clinical meetings, and incident reviews. Statute requires juveniles committed to the SYSC, except for serious violent offenders, to receive a case review on a quarterly basis to determine whether the juvenile can be safely placed outside the SYSC. During COVID-19, and because the census was low during the audit period, these case reviews were conducted weekly. The twice per week clinical meetings were more informal and were hosted by the SYSC psychologist and clinical staff, and staff in all facility departments were welcome to attend. Staff were encouraged to discuss juveniles they were having a difficult time with or juveniles of concern, given recent behaviors. These meetings were an opportunity for staff to share concerns, provide feedback, and be involved in the decision-making process for individualized plans for juveniles. Typical topics included:

- discussing mental health history and trauma history for particular juveniles;
- providing clinical feedback and supervision on helpful ways of managing juvenile behaviors on the unit;
- discussing coaching plans;
- discussing behavioral plans;
- discussing ways to support juveniles in school and on the unit;
- supporting staff; and
- allowing space to discuss frustrations with cases, etc.

Incident reviews were conducted when restraints or seclusions were used, or after other critical incidents occurred.

**SYSC Facility, Population, And Costs**

Sitework for the new SYSC building began in June 2004 and construction was completed in spring 2006, with the aid of a \$13.4 million U.S. Department of Justice Violent Offender Incarceration and Truth In Sentencing Incentive Grant. The new \$33 million facility replaced the need to use a number of outdated buildings that remain on the Manchester campus. The SYSC consists of 108,000 square feet containing four residential clusters, each housing up to 36 residents for a total of 144 residents. The SYSC also includes nine classrooms and a library, space for automobile technology and building trades programs, cafeteria, kitchen, gymnasium, and an indoor pool. Part of the facility operated independently by a private contractor as a teen alcohol and drug abuse treatment program until the contract was terminated effective December 2019.

Juveniles placed in the SYSC can range in age from 11 to 17 years old but are generally older teens. The average age of juveniles entering the SYSC during the audit period was 16 years old. Table 8 shows that during the audit period, the total number of juveniles admitted annually to the SYSC decreased significantly, from 217 juveniles in SFY 2017 to 70 juveniles in SFY 2020, a decrease of 67.7 percent.

**Table 8**

**SYSC Admissions,  
SFYs 2017-2020**

<b>SFY</b>	<b>Number Of Admissions</b>	<b>Number Of Unduplicated Juveniles</b>	<b>Number Of Juveniles Admitted More Than Once During The Year</b>	<b>Admissions Return Percent</b>
2017	321	217	104	32.4
2018	212	141	71	33.5
2019	145	84	61	42.1
2020	108	70	38	35.2

Source: LBA analysis of unaudited SYSC data.

Table 9 shows that the average daily census fell from 64 juveniles in SFY 2017 to 17 juveniles in SFY 2020. The average length of stay at the SYSC also dropped, from 164.5 days in CY 2016 to 68.9 days in CY 2020. While the population of the SYSC decreased in numbers, it increased in criminality. Juveniles first detained at or committed to the SYSC during CY 2017 were charged with an average of 7.4 offenses over the course of the audit period, while juveniles first detained at or committed to the SYSC during CY 2019 were charged with an average of 10.3 offenses over the course of the audit period. This was an increase of 28.2 percent, despite the fact that juveniles first admitted in CY 2019 had two fewer years in which to accumulate charges. Between CYs 2017 and 2019, there were five juveniles charged with first- or second-degree murder detained at the SYSC, many of their detentions overlapping, a situation which the SYSC had reportedly never faced before that time. Although this is not necessarily a direct result of Chapter 156, Laws of 2017, it does illustrate the increased level of criminality of the juveniles placed at the SYSC.

**Table 9****SYSC Average Daily Census,  
SFYs 2017-2020**

SFY	Average Daily Census	Percent Decrease From Prior Year
2017	64.2	
2018	45.0	29.9
2019	26.8	40.4
2020	17.1	36.2

Source: LBA analysis of unaudited SYSC data.

Table 10 shows SYSC spending has been decreasing since SFY 2017, which also correlates to the population of the center. In SFY 2017, the SYSC spent approximately \$12.4 million and by SFY 2020 spending had dropped to approximately \$10.6 million. The increase in the daily cost per juveniles appears to be directly related to the decrease in the daily census since SFY 2017, as costs related to operating the institution are spread over fewer juveniles.

**Table 10****SYSC Expenditures, Daily Censuses, And Per Juvenile Costs,  
SFYs 2017-2020**

	2017	2018	2019	2020
Salaries & Benefits	\$10,881,350	\$10,562,299	\$ 9,526,178	\$ 9,277,873
Heat, Electric, Water	648,566	602,115	621,446	595,315
Medical Payments to Providers	281,245	432,804	465,197	235,592
Maintenance	239	0	11,129	220,000
Current Expenses	186,755	117,167	88,323	128,846
Food Institutions	213,471	194,068	135,132	110,345
Contracts for Program Services	37,000	63,815	40,055	28,380
Prescription Drugs	67,564	65,679	43,211	7,739
Client Benefits	16,203	16,128	13,751	7,519
Rents	12,342	9,543	8,379	4,721
Educational Supplies	8,408	8,959	0	4,281
Telecommunications	31,140	0	7,578	2,175
Other	1,059	223	3,058	0
<b>Total Expenditures</b>	<b>\$12,385,342</b>	<b>\$12,072,800</b>	<b>\$10,963,437</b>	<b>\$10,622,786</b>
<b>Average Daily Census</b>	<b>64</b>	<b>45</b>	<b>27</b>	<b>17</b>
<b>Est. Cost Per Juvenile Per Day</b>	<b>\$530</b>	<b>\$735</b>	<b>\$1,112</b>	<b>\$1,712</b>

Source: LBA analysis of Statements of Appropriation and DHHS data.

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**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

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**TREATMENT**

Chapter 156, Laws of 2017 introduced multiple agency requirements and statutory changes regarding juvenile delinquency proceedings and the placement of juveniles at the Sununu Youth Services Center (SYSC). These changes raise questions about what the role of the facility is and should be. The overarching effects of these changes were: 1) to place limits on the charges that could result in a juvenile being detained at or committed to the SYSC, and 2) to place limits on the length of time that juveniles were detained at or committed to the SYSC. The result has been a significant decrease in the SYSC's population, as only juveniles accused or found to have committed the most serious offenses, or found to have committed at least three prior offenses which would be considered a felony or class A misdemeanor if committed by an adult, are now placed there.

We found SYSC treatment programming has not changed significantly as a result of Chapter 156 Laws of 2017, although there are fewer services available. Participation in treatment programs did not impact whether a juvenile was released or not. We also found the requirement to parole juveniles based solely upon the passage of time and a determination that they do not pose a current danger had unintended consequences. Because the Juvenile Parole Board (JPB) has interpreted the requirements of Chapter 156, Laws of 2017 as superseding any conflicting requirements, it no longer has the discretion to consider the probability that the juvenile will refrain from violating the law if released or whether parole is in the best interest of the juvenile or the public. This means that factors such as participation in SYSC programming or progress towards treatment goals have no bearing on whether a juvenile will be released from the SYSC. Consequently, SYSC staff reported that juveniles had no incentive to engage in treatment or to buy-in to programming, creating a mentality among the juveniles that they just needed to "do their time," and nothing else.

We found the SYSC used evidence-based *practices*, but none of the four treatment programs could be considered evidence-based *programs* for juveniles. Because the programs were not evidence-based, they have not been proven to be effective.

**Observation No. 1**

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**Reevaluate Criteria For Release From The SYSC**

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The *Youth Development Center* statute (RSA 621) states the JPB "shall release" juveniles committed for offenses other than "violent crime as defined in RSA 169-B:35-a no later than" six months from the date of commitment, "unless the board determines that continued commitment is necessary in order to protect the safety of the child or the community...." Chapter 156, Laws of 2017 added the requirement that release "shall occur" no later than three months from the date of commitment, if the juvenile was charged with an offense that would be considered a misdemeanor if committed by an adult. It further required that, if release was denied, the JPB was to reconsider release no later than two months after its initial decision, and every two months thereafter until the juvenile is released. Thus, *Youth Development Center* requires release from the SYSC based solely upon the passage of time and the lack of a determination that the juvenile poses a danger to

themselves or the community, rather than any evidence of rehabilitation or determination that release is in the best interest of either the juvenile or the public.

### **Conflict With Parole Statute**

In contrast to *Youth Development Center*, the *Parole of Delinquents* statute (RSA 170-H) states the JPB may parole a juvenile if it is determined that it “is in the best interest of the delinquent and the public and that further incarceration will be of no benefit” and it appears “that there is a reasonable probability that the delinquent will remain at liberty without violating the law and will conduct himself as a good citizen.” The JPB’s administrative rules, which have not been updated to incorporate the changes implemented by Chapter 156, Laws of 2017, repeats these requirements. These statutes appear to contradict each other, with the requirements of *Youth Development Center* leaving no room for consideration of the standards for parole required by *Parole of Delinquents*. The JPB has interpreted the standards in *Youth Development Center*, as modified by Chapter 156, Laws of 2017, as taking precedence. As a result of this interpretation, within three or six months of commitment, depending upon the charges, juveniles will be released on parole unless the JPB determines that they pose an immediate, physical risk to themselves or someone else, even if the JPB does not believe it is in the best interest of the juvenile or the public that they are released.

### **Philosophy Behind Legislative Changes**

Current views on juvenile justice reform place emphasis on reducing juvenile recidivism and ensuring that juvenile offenders are held accountable for their wrongdoing, rather than on “punishment.” To that end, lengthy confinements are viewed as unnecessary features of juvenile accountability, to be avoided unless required to protect the public. In many ways, Chapter 156, Laws of 2017 promotes this philosophy by reducing confinement lengths and keeping juveniles with minor charges out of the SYSC, thereby releasing and protecting juveniles that may otherwise have found themselves inappropriately placed, or held, in a detention facility. However, by not providing for consideration of any rehabilitation or best interests standards, *Youth Development Center*, as modified by Chapter 156, Laws of 2017, does not provide the means to rehabilitate juveniles or resolve the issues that resulted in their commitment to the SYSC.

### **Possible Unintended Consequences**

SYSC staff reported there was no motivation for juveniles to engage in treatment or to buy-in to programming because they knew that, as long as they stayed out of trouble for three months, they would be released on parole. Because the decision to grant parole did not include consideration of whether clinical progress had been made or a determination of the likelihood of reoffending, juveniles reportedly felt that they could just “do their time” without participating in the program. Staff reported the confidence juveniles felt that they would be paroled, regardless of their behavior, had resulted in a lack of accountability and inability for staff to discipline bad behavior. Additionally, staff reported the number of juveniles who returned to the SYSC had doubled since the implementation of Chapter 156, Laws of 2017, with the amount of time between release and return sometimes measured in hours.



We reviewed a judgmental sample of 15 treatment plans, which captured the clinical treatment goals established for each juvenile, and the services and interventions utilized to help the juvenile achieve those goals. The treatment plans demonstrated that juveniles were, in fact, released from the SYSC without making significant clinical progress. Only one of the treatment plans indicated that the juvenile had completed several, but not all, of their treatment goals, while none of the other 14 treatment plans had any indication that any treatment goals had been completed. One treatment plan noted that the clinician would not recommend discharge if it was not court ordered; another lamented that while the number of reported incidents had decreased, the juvenile had merely learned where the line was with the Youth Counselors (YC) and pushed their behavior up to that line; and several treatment plans noted that the juvenile would be released before completing their program.

Granting parole based solely upon the passage of time and a determination a juvenile did not pose an immediate, physical risk to themselves or the community, rather than any consideration of whether the juvenile should be released, created a situation in which some juveniles had little incentive to participate in programming or work towards treatment goals. Instead of being held accountable for their wrongdoing, juveniles were merely “doing time.” Holding parole hearings within three and six months of commitment guards against unnecessarily lengthy commitments. However, allowing the JPB to consider the best interests of the juvenile and the public, the probability that the juvenile will remain at liberty without violating the law, and the juvenile’s participation in programming and progress towards treatment goals would also provide juveniles with the necessary incentive to participate in treatment. Meaningful participation in treatment could increase the likelihood of actual rehabilitation, which would be in the best interests of both committed juveniles and the public.

### **Recommendations:**

**We suggest the Legislature consider:**

- **amending and harmonizing statutes regarding release of juveniles from the SYSC to eliminate contradiction; and**
- **allowing the JPB to consider factors such as participation in SYSC programming, progress towards treatment goals, a decreased likelihood that the juvenile will reoffend, and the best interests of the juvenile and the public.**

### **Auditee Response:**

*The Department concurs with the recommendation for the reasons set forth in the audit report.*

*The change in the law has had the unintended consequence of eliminating from the parole process the discretion of the parole board to appropriately consider treatment, progress, and ability of the youth to be successful in the community. If SYSC is going to continue in its efforts toward the implementation of evidence-based treatment modalities and utilization of a Care Management Entity, established pursuant to RSA 135-F, to support successful transitions of youth back to the community, then discharge planning and the related decision making by the parole board should consider a youth’s progress, readiness for transition to the community or a subsequent program,*

*and the adequacy of the transition plan. Aligning RSAs 169-B, 170-H, 621 and 621-A would resolve the current conflicts in the law and provide clear expectations for the treatment and supervision of committed youth.*

### **Evidence-based Treatments**

Evidence-based practices are procedures that have been empirically proven to be effective in producing the desired outcome. Programs and practices are considered evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through high-quality outcome evaluations. These evaluations are derived using scientific methods that result in objective evidence (observed by others), replicable (observed by others using the same methods), and generalizable (can be applied to individuals and groups other than those involved in the original study). Replication of successful programs often relies on careful attention to detail of the original program including using specific procedures, personnel qualifications, and matching client characteristics. This is known as fidelity. Therefore, to ensure program effectiveness is maintained, the replicated programs must follow the same procedures, be similarly staffed, and serve the same type of clients.

There are programs that are proven effective that could be used within the SYSC 90-day model. The U.S. Office of Juvenile Justice and Delinquency Prevention has a searchable website it calls the Model Programs Guide that allows the user to identify effective evidence-based programs. For example, three evidence-based programs appear to fit the typical SYSC commitment time of 90 days: Aggression Replacement Training (ART), Multidimensional Family Therapy (MDFT), and Project BUILD.

- ART is a 10-week, 30-hour multidimensional psychoeducational intervention designed to promote pro-social behavior in chronically aggressive and violent juveniles, using techniques to develop social skills, emotional control, and moral reasoning. Among juveniles taking part in the intervention there was a statistically significant reduction in felony recidivism, improved social skills, and a reduction in problem behavior among participants.
- MDFT is a family-based treatment and substance abuse prevention program developed for juveniles with drug and behavior problems. The program is typically delivered in an outpatient setting, but it can also be used in inpatient settings. One study assessed the impact of three programs on juvenile drug use, antisocial and delinquent behaviors, and family functioning: MDFT, Adolescent Group Therapy, and Multifamily Educational Intervention. The study found that MDFT resulted in the greatest and most consistent improvements in juvenile substance abuse and associated behavior problems. The study also found participants receiving MDFT had the greatest number of juveniles with a clinically significant reduction in drug use – 45 percent versus 32 percent in Adolescent Group Therapy and 26 percent in Multifamily Educational Intervention – and only the juveniles in the MDFT group reported significant improvement in grade point average.

- Project BUILD is a violence prevention curriculum designed to assist juveniles in a detention center to overcome obstacles such as gangs, violence, crime, and substance abuse. Juveniles who participated in the program had significantly lower rates of recidivism compared to nonparticipants. According to one study of juveniles who participated in Project BUILD, 33 percent returned to detention within one year, compared to 57 percent for non-Project BUILD juveniles.

## Observation No. 2

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### Provide Evidence-based Treatment Programming

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Although the SYSC treatment programs used evidence-based *practices*, the programs themselves have not been proven effective. Furthermore, the evidence-based practices used were not periodically assessed for their fidelity to the model practice. One advantage of using evidence-based programs is that a facility's limited resources are used for programs that are proven to work, rather than on programs that are just thought to work or to support a program simply because it has been used in the past. One disadvantage to evidence-based programs is that some programs may be expensive because they are copyrighted and because forms, materials, and training may be required.

### Programs Used By The SYSC

The SYSC provided four core treatment programs, yet their effectiveness has not been determined. One of the four programs appeared to be evidence-based for adult subjects, but not specifically for juveniles.

- Although the SYSC conduct disorder program known as Honest Mind contained elements of evidence-based practices such as dialectical behavior therapy, cognitive-behavioral therapy, and solution-focused brief therapy, the Honest Mind Program itself had not been evaluated for its efficacy with juvenile offenders.
- The substance awareness program consisted of a compilation of worksheets and information that appeared to have come from different sources and was not bound together by any empirically-based program.
- Although the SYSC anger management program appeared to be evidence-based, the program was designed for adults, and therefore, may not be effective with youth. In addition, it was designed to be delivered by individuals trained in cognitive-behavioral therapy, group therapy, and substance abuse treatment, preferably at the master level or higher. However, treatment was provided by YCs that were typically not trained master-level clinicians.
- Release and reintegration was based on a program copyrighted by a private publishing firm. This workbook used cognitive-behavioral therapy to assist adult inmates to adjust to being released and dealing with the pressures and challenges of living outside a structured environment. It has not been proven effective for use with juveniles.

As of November 2020, the SYSC was reportedly assessing its clinical programs, but had not done so formally for many years. SYSC policy mandated a needs assessment at least annually.

### **Clinical Staff**

During the audit period, the SYSC was staffed with three psychological associates, who were overseen by the Administrator of Clinical Services until July 2019. In December 2018, the contracted psychiatrist from Dartmouth Hitchcock Medical Center left the facility. This contracted position was filled by a new psychiatrist on a full-time basis in December 2018. However, due to the decrease in census, the position contract was modified in September 2020 to be part-time and share hours with the larger department of DCYF. In March 2020, a full-time psychologist position was filled, which was contracted through Dartmouth Hitchcock Medical Center. This position provided oversight to programming, treatment modalities, and clinical work, to include clinical supervision to the psychological associates.

The psychological associates were assigned to juveniles as their clinical coordinator, and, as such, were responsible for: conducting mental health and behavioral assessments; diagnosing mental health conditions; creating a focal treatment plan; facilitating individual, family, and group therapy; and monitoring and reporting the juveniles' progress. Treatment groups were led by YCs and met for approximately three hours per week. Some YCs reported they did not have the requisite knowledge and training to be leading the treatment groups. In our survey of SYSC staff, we asked whether they believed committed juveniles received the right type of rehabilitative treatment. We isolated the responses of YCs and 11 of the 12 respondents (91.7 percent) responded "No." When asked why they responded no, three respondents (27.3 percent) answered YCs did not have the appropriate qualifications to facilitate groups.

The Legislature and program managers should fund and operate only programs that are proven effective. Public safety can be improved by providing effective programs – that is, those that reduce recidivism and improve other desirable outcomes. Without provision of evidence-based programs, the SYSC cannot ensure juveniles are receiving treatment that will more likely improve their chances of leading productive lives. While we presented examples of three evidence-based programs (ART, MDFT, and Project BUILD), we did not assess and we do not recommend any particular program, as that is a matter for management.

### **Recommendations:**

**We recommend SYSC management continue with their review of clinical programming and ensure programming selected is evidence-based. A review of the chosen programming should be conducted annually as stated in SYSC policy.**

**We also recommend SYSC review its use of trained psychological associates and YCs to administer clinical treatment programs. Implementing new clinical programming may affect staffing needs for these services.**

Auditee Response:

*The Department concurs with the recommendations.*

*See response in Observation No. 4.*

**Observation No. 3**

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**Mental Health Assessment Should Be Evidence-based**

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The *Mental Health Assessment (MHA)* form used by the SYSC is not an evidenced-based psychological assessment. The *MHA* is a basic mental health status guided interview, conducted by a clinician, to try to understand a juvenile's mental health baseline when they arrive at the SYSC. The *MHA* considers the juvenile's presentation and mood; gauges the juvenile's intelligence level, willingness to engage, and abstract thinking; and is a snapshot of how the juvenile's state of mind in that moment. The *MHA* was developed by New Hampshire Department of Health and Human Services (DHHS) employees. Its validity and reliability have not been determined.

Mental health organizations and agencies increasingly endorse and emphasize evidence-based practices in clinical settings to improve the quality of mental health services, which includes the use of evidence-based assessments. The core component of evidence-based assessments is the use of standardized assessment tools, which are supported by research demonstrating their reliability and validity. Without research to support its validity, there is no way to determine the likelihood of an accurate diagnosis being produced by an assessment that is not evidence-based. Evidence shows that an accurate diagnosis may be associated with better treatment outcomes.

Use of a mental health assessment form that is not evidence-based creates a risk that juveniles entering the SYSC will be misdiagnosed or that potential vulnerabilities will not be properly identified. As a result, the juvenile may not receive the appropriate treatment or services, which creates the risk of dangerous consequences for that juvenile, as well as the potential for danger to other juveniles and staff.

**Recommendation:**

**We recommend the SYSC replace the *MHA* with an assessment that is evidence-based and supported by research establishing its reliability and validity for use in a juvenile corrections setting.**

Auditee Response:

*The Department concurs with the recommendation.*

*See response in Observation No. 4.*

#### Observation No. 4

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### Define Individual Therapy And Family Counseling And The Requirements To Provide Them

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The SYSC's *Clinical and Rehabilitative Services for Committed Youth* policy outlines the "services available" to all committed juveniles. The policy provides for individual therapy, minimally once a week, and family counseling, minimally once every other week, with the juvenile's clinical coordinator. It is not clear from the language of the policy whether it establishes a requirement that individual therapy and family counseling actually be provided to committed juveniles at the specified minimum frequencies, or whether these services must simply be made available to committed juveniles at the specified minimum frequencies.

#### Review Of Clinical Records

We reviewed the clinical records for a judgmental sampling of 15 committed juveniles. To determine a basic frequency of services, we divided the total number of days each juvenile spent in a committed status by the number of clinical sessions recorded for that juvenile. While all 15 juveniles engaged in individual therapy, we identified four (26.7 percent) juveniles who had an individual therapy session recorded for every seven or fewer days, meeting the minimum of once per week established by the policy. None of the juveniles in the sample had a family therapy session recorded for every 14 or fewer days that they were committed, and two (13.3 percent) juveniles had no recorded family therapy sessions. Both juveniles and families can refuse to participate in both types of clinical sessions.

Because the juveniles in the sample were placed at the SYSC over eight State fiscal years (SFY), starting in SFY 2013, changing policies or changes to how the sessions were documented may explain, at least in part, why the records do not demonstrate that the minimum frequencies were always met. During the audit period, it appeared clinical sessions were documented according to the style or preference of the clinical staff that provided the service, rather than according to a defined standard. Since late in calendar year 2016, clinical sessions have been recorded on a standardized electronic form (*DAP Notes*). However, we found when that form was completed and how the service was categorized differed among the clinical staff.

#### Individual Therapy

One explanation as to why the records did not reflect the once per week minimum is that there is no definition for individual therapy. The policy does not define individual therapy, beyond stating that it is to be provided by the juvenile's clinical coordinator; nor does the *DAP Notes* form or the *Parent and Youth Handbook* provide any further definition. The clinical staff appeared to understand their obligation to be meeting with the juveniles at least once per week, although that contact may have taken different forms and may have been categorized in *DAP Notes* as services other than individual therapy. Our review of the clinical records for individual therapy only counted those records that were categorized as individual therapy, although the records showed that the juveniles received other services that might have been considered therapy. "Crisis intervention," "check-in," and "meeting" may qualify as individual therapy, or at least clinical staff's understanding of their obligations to meet with juveniles. However, because the services

are not defined, it was not clear whether these services were being recorded in the same manner by all clinical staff or whether they actually satisfied the requirements of the policy. Therefore, it was not possible to determine how frequently committed juveniles received a service that might reasonably satisfy the requirement to provide individual therapy.

Juveniles could refuse to participate in therapy sessions, and scheduled sessions may have been disrupted by issues that arose needing immediate attention. These realities would seem to indicate that, in actual practice, a minimum of weekly individual therapy sessions was a goal, rather than a requirement. Additionally, if clinical staff was out of the office for an extended period of time, another clinical staff member may have met with their assigned juveniles. This would seem to be in contrast to the policy's requirement that sessions be provided by the juvenile's assigned clinical coordinator, although it seems unlikely that the policy would intend for juveniles to go without services while their assigned clinical coordinator is unavailable for an extended period of time.

### **Family Counseling**

Differences in how clinical staff documented sessions due to lack of definitions may have also played a role in the low recorded instances of family counseling sessions. The review of the clinical records for family counseling only counted those records that were categorized as family therapy, although there was also a service type for family contact, which could potentially have been considered by the clinical staff as satisfying the family counseling requirements. However, the most likely reason for the low recorded instances of family counseling sessions appeared to be lack of participation. The juvenile may not have had family, the family may have been unable or unwilling to participate, or the family may have agreed to participate but not shown up for the session. Even when family counseling did occur, according to clinical staff, it was usually not scheduled until after the juvenile had been classified and had their treatment plan meeting, which could take three to four weeks, reducing the amount of time available to complete sessions. As with individual therapy, the realities of trying to provide counseling sessions to families that may be unable or unwilling to participate would seem to indicate that bi-weekly family counseling sessions was a goal, rather than a requirement.

### **Recommendations:**

**We recommend the SYSC clarify the policy as it relates to individual therapy and family counseling by:**

- **stating whether the policy establishes a requirement to provide a minimum number of services to committed juveniles, or whether it establishes a requirement to make available or attempt to provide a minimum number of services to committed juveniles;**
- **defining the services and contacts between juveniles, families, and clinical staff that satisfy the provision of individual therapy and family counseling; and**
- **defining all services identified in the *DAP Notes* form, to enable more standardized recording of the services provided by clinical staff and to more easily identify the services that satisfy any requirements of the policy.**

Auditee Response:

*The Department concurs with the recommendation.*

*In March 2020, through a contract with Dartmouth Hitchcock, SYSC brought on a full-time psychologist with expertise in this area for the expressed purpose of reviewing and modernizing SYSC's programming, in addition to overseeing the ongoing mental care of youth in the facility. The psychologist's start date coincided with the advent of the COVID-19 pandemic, which has often taken precedence over other change management efforts since March 2020.*

*Behavioral Management Plan: The SYSC Psychologist has been reviewing and researching appropriate evidence-based clinical programming for the facility, particularly evidence-based programming that will be effective given the shorter time frames that youth are in our care since the statutory changes identified in the audit report. Currently, the SYSC Psychologist leads a behavioral management group which is developing Positive Behavior Interventions and Supports (PBIS) to be implemented in the facility. This is evidence-based treatment programming and behavioral management that promotes positive reinforcement and being proactive to prevent challenging behaviors. It is a shift to focusing more on teaching, modeling and reinforcing positively worded expectations and focusing more on what youth do right than what they do wrong.*

*The following information was taken from the PBIS website to further describe the programming:*

*Juvenile justice facilities successfully implement PBIS as a framework for managing behavior. This is a significant shift in philosophy and practice as facilities move away from more restrictive, reactive, and punitive programming toward an emphasis on preventing challenging behaviors, increasing positive behaviors, and providing more intensive supports for youth with the greatest behavioral, academic, social, and mental health needs.*

*PBIS provides a framework for designing systems to teach and support positive behavior among all youth during all activities and settings throughout the facility. Through a multi-tiered approach, PBIS practices increase positive behaviors in all youth and provide more intensive supports for youth with the greatest needs.*

*SYSC Psychologist has inquiries out to state PBIS coordinators to provide estimates of the cost of full implementation of the PBIS program. SYSC Psychologist will be fully trained and able to continue to train new staff as needed. Cost estimates will be provided when obtained.*

*Core Groups Plan: In addition to revamping the facility-wide behavioral management program, SYSC has also been reviewing and researching programming for the Core Groups, which are currently Substance Awareness, Honest Mind, Anger Management, and Life Skills/Release and Reintegration. As a program, the intent is to revise these groups with evidence-based programming, which will require funding to support materials and training. In addition, there will be a plan to shift from our current model of Youth Counselors conducting groups to our Masters-level clinicians conducting groups. Each clinician will be assigned to a Core Group and will conduct the group using evidence-based program materials.*



*Given the shorter time frames that youth are at the facility (three months for misdemeanor charges, six months for most felony charges), it is difficult to identify effective, evidence-based programs that can be conducted in extremely short time frames. This is one of the challenges SYSC is currently facing in treating the youth served. Although youth are often eligible for parole and leave the facility after three months, the first two weeks encompass the classification assessment process and in current COVID conditions, the youth is in quarantine and unable to fully participate in programming. The last two weeks or so of a youth's stay are typically dominated with activities to prepare for transition; they may be going on furloughs or practice passes, etc. Thus, time to engage youth in evidence-based programming is truncated to approximately 8 to 10 weeks. Most evidence-based programs require, at minimum, 10 weeks of engagement and many are between 16 to 18 weeks. Thus, if SYSC is to utilize evidence-based programs to improve outcomes and reduce recidivism rates for youth served, there needs to be consideration of treatment and progress when determining the timing of parole to ensure youth are actually receiving the full dose of evidence-based services with fidelity.*

*SYSC is actively in the process of researching applicable programs for our population and evidence-based programs that can be done in a shorter (10-12 weeks) time frame. The following are programs that we are actively seeking information on to potentially replace the current Core Groups.*

- *Potential option for Honest Mind programming:*
  - *Aggression Replacement Training (ART) This program appears to be an evidence-based program that could contribute to and replace content used for the Honest Mind program. The manual is \$44.99. SYSC Psychologist reached out to the program developers to assess the cost of training and certification for clinicians.*
  - *Per program developers: training/certification is \$3,500 per person; however, there is a 12-person minimum for the training; thus, the starter cost would be \$42,000 not including accommodations and travel for the ART Trainer; nor does this include the cost of training SYSC Psychologist as a trainer for sustainability purposes. Thus, a required budget around \$50,000 for start-up costs of ART group.*
  
- *Potential option for Substance Awareness programming:*
  - *Mindfulness-Based Substance Abuse Treatment for Adolescents: A 12-Session Curriculum. This program is an evidence-based program for substance abuse treatment with adolescents. The manual is \$44.95.*
  - *The certification training is \$997 per person for the 3-day certification + monthly membership live call + online resource dashboard (group discounts available). All four clinical staff would need to be trained in the modality, totaling \$3,988.*
  - *New clinicians would need to go through the process as well; thus, SYSC should budget for five more clinicians to be proactive (\$4,985).*

- *Two potential options for Anger Management programming:*
  - *Healthy Choices: A CBT-Based Anger Management Group Curriculum. This program is designed for adolescents to work on anger management utilizing an evidence-based CBT approach. It is 8 sessions long and freely available to the public. This option would be low cost for acquiring and training clinicians, as all clinicians are trained on CBT models.*
  - *ARISE Anger Management Program: This program is actually encompassed and included in the ARISE Life Skills Program for Juvenile Justice described more in the Life Skills section below. Cost of program and training is detailed below.*
  
- *SYSC Psychologist in conjunction with SYSC Permanency Department is continuing to research options for Life Skills/Release and Reintegration Group. Some options are:*
  - *One set of groups/workshops are freely available on the Project LIFE website and include groups on: Career Prep, Education, Health and Nutrition, Housing and Home Management, Risk Prevention, and Money Management.*
  - *ARISE Life Skills Program for Juvenile Justice. The ARISE life skills program is evidence-based and designed to help youth deal with the events and challenges of everyday life. This complete ARISE Juvenile Justice Package has been successfully implemented in detention, secure facilities, diversion and community-based rehabilitation programs for over two decades. Program cost: \$1,107; training for 6 (4 clinical, 2 permanency) costs \$249 per person (\$1,494).*

*Ideally, the whole clinical team would have a manual and be trained in each Core Group to be able to cover groups for one another and speak to youth and staff about the groups.*

*Trauma-Informed Treatment: Clinical and Milieu Plan: In addition to enhancing behavioral management practices and implementing evidence-based group programming, SYSC Psychologist is actively reviewing and researching evidence-based trauma-informed clinical and milieu programming to train both clinicians and direct care staff. One such program that was developed for use in juvenile detention is Trauma Affect Regulation: Guide for Education and Therapy (TARGET). TARGET was developed by Julian Ford, PhD, out of the University of Connecticut and is a trauma-informed approach that has been successfully implemented into various juvenile detention centers. Research has demonstrated reduced recidivism rates for detained youth receiving the intervention for even just two weeks.*

*Below is some brief information about TARGET.*

#### *Connecticut's Statewide Juvenile Justice Trauma-Informed Services Initiative*

*Since 2004, The Connecticut Judicial Branch's Court Support Services Division (CSSD) has partnered with the University of Connecticut Health Center to provide trauma training facilitation on the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) group curriculum.*

*This effort involves:*

- *Program consultation and staff support to ensure successful implementation and sustainability*
- *Quality assurance to ensure model fidelity*
- *Staff development in group facilitation*
- *Delivery of trauma services consistent with the Client Self-Management principles*

*TARGET has been used in state-run juvenile detention centers, girls' alternative-to-detention programs, respite/CARE programs, Youth Equipped for Success Programs, Family Support Centers, and other CSSD community-based programs.*

*There are several versions of TARGET: one for milieu/direct care staff (YCs and supervisors) and then a more intensive training for our clinical staff. The idea is everyone in a facility would have training in TARGET and work together to implement. Pricing varies based on location (facility, webinar) and type of training (TARGET, TARGET CARE, etc.). Ideally, clinicians would get the full program and supervisors, unit managers, administrators, medical staff and line staff would get the TARGET CARE.*

- *Estimated costs of implementation: Clinicians receiving full program training: \$8,400; remaining staff receiving TARGET CARE: approximately \$30,800.*
- *SYSC Psychologist put in an inquiry about sustainability cost (train the trainer) or if each new staff would need training from the company (approx. \$350-\$400 per person).*

*Mental Health Assessment Plan: The SYSC Psychologist has been actively reviewing current SYSC assessments in order to replace assessments with more evidence-based methods. The current Mental Health Assessment (MHA) form is really intended to be an information-gathering tool for clinicians prior to classification with committed youth. It is less of a traditional mental health assessment and more of a form to help gather and put together clinical information. It is not used to determine mental health diagnoses and we utilize several other evidence-based screening instruments for classification purposes and use this form to simply report out on a youth's presentation at the time of commitment.*

*Despite this, SYSC Psychologist is recommending to implement an evidence-based mental health screening instrument with all youth (detained and committed) upon entry into the facility. After researching different options, the Massachusetts Youth Screening Instrument-2 (MAYSI-2) appears to be an evidence-based tool that would fit SYSC's population needs. Below is some information about the instrument:*

- *The MAYSI-2 is a brief behavioral health screening tool designed especially for juvenile justice programs and facilities. It identifies youths 12 through 17 years old who may have important, pressing behavioral health/mental health needs. Its primary use is in juvenile probation, diversion programs, and intake in juvenile detention or corrections.*
- *Administering and using the MAYSI-2 requires no training as a professional clinician, provided the user knows and attends to its proper administration according to the MAYSI-2 Manual.*

- *The MAYSI-2 is a self-report inventory of 52 questions (5-10 minutes). The questions ask the youth to answer YES or NO to having experienced various thoughts, feelings or behaviors in the past few months.*
  - *Answers provide scores on 7 scales: Alcohol/Drug Use; Angry-Irritable; Depressed-Anxious; Somatic Complaints; Suicide Ideation; Thought Disturbance; Traumatic Experiences.*

*Ideally, the MAYSI-2 would be administered at Intake to provide a snapshot of the youth upon entry into the facility. This can then be used to identify any pressing or immediate needs of youth so SYSC can attend to those needs immediately, particularly suicide ideation. The MAYSI-2 has an extensive research base demonstrating validity and reliability with juvenile justice populations and is implemented in juvenile justice programs throughout the United States.*

*The MAYSI-2 can either be administered via paper/pencil or through the Web MAYSI. There are varying costs with each option and varying levels of ease. The preference would be the Web MAYSI in order to have easy access to scoring and reports. The costs of both versions for comparison.*

- *Web MAYSI: \$750/ year and includes 5 licenses for individuals administering the screen. Also includes hosting, software support, and unlimited use of the tool, including reporting functionalities and data export. This would cover the current three clinicians and SYSC psychologist and leave an extra license to be a general staff license.*
- *Paper and Pencil Version: \$140 for the manual.*

*Clinical Services Plan: Individual and Family Therapy: SYSC Psychologist is actively reviewing policies and procedures related to Individual and Family therapy provided by Masters Level Clinicians at SYSC. The Department concurs that the definitions for individual and family therapy need clarification and revision, as well as the services and contacts provided by the Clinical staff. In addition, the services identified in DAP (Data, Assessment, Plan) Notes should be defined and clarified as well in order to encourage and promote consistency among clinical staff in documentation.*

- *Policy shall be adjusted to reflect that Clinicians are required to make available and/or make attempts to provide at minimum, individual therapy once per week and family therapy once every other week. Individual sessions are in addition to/separate from crisis interventions, check-ins, group therapy, mediation, meetings, and assessments.*
  - *Content of Individual Therapy should relate to focal treatment areas of concern identified on the youth's treatment plan (committed/long term detained youth) or areas noted to be of concern for that youth (stress management, anger management, etc. for detained youth).*
  - *Content of Family Therapy should relate to focal family areas of concern identified on the youth's treatment plan (committed/long term detained youth) or family support and stress management (for detained youth).*

- *Definitions for individual therapy and family therapy are being drafted and developed by the clinical team and SYSC Psychologist in order to update policy and the Handbook.*
- *Services identified in the DAP Notes, including Crisis Intervention, Family Contact, Group Therapy, Collateral Contact, Check-In, Individual Therapy, Family Therapy, Meeting, Mediation, and Assessment, are all in the process of being defined to ensure more standardized recording of services by clinical staff and ensure more easily identifiable services that satisfy requirements of the policy. Below is some of the initial discussion of these areas:*
  - *Initial discussion has focused on the difference between a check-in (not addressing treatment plan areas, brief meeting to see how day is going) versus individual/family therapy (addresses treatment plan goals, evidence-based interventions)*
  - *Discussions around family and collateral contact determined that these notes are used when a family member or collateral source are contacted telephonically and is not a therapy session. Rather a way to document the content.*
  - *Meetings can include Treatment Plan Meetings, 90-day Transition Meetings, IEP Meetings, etc.*
  - *Mediation refers to a sit-down mediation session between either two or more youth and/or youth and staff, following some type of incident or issue between the parties. The Clinician uses evidence-based therapeutic interventions to mediate the issue between the present parties.*
  - *Assessment notes are written following a session during which the Clinician administers screening or assessment instruments to the youth including Watch Assessments, Safety Assessments 24-hours post admission, and Classification Assessments (screening tools) prior to the youth's Classification Board meeting.*

#### Timeline and Budgetary Information:

*The timeline for implementation of the above programming will vary based on the number of staff who will need training and the time needed for training and obtainment of resources. Overall, it is estimated that at least a three-year period will be needed.*

*Initially, SYSC will need approximately 3 to 6 months to continue researching evidence-based programs, cost effectiveness of various programs, and choosing which programs will be most applicable and economical for SYSC. For example, ART is a great program; however, as noted above, training is usually done for larger groups of clinicians (minimum 12) and costs approximately \$42,000 not including cost of travel and accommodations for the ART trainer, and the cost of sustainability (training SYSC Psychologist as ART Trainer for facility).*

*Once effective and economical programming is identified, it will depend on who the group of staff needing to be trained are and how long it takes to secure funding. For example, training the clinical staff (4-5 staff) in a program will take less time compared to training staff in all departments (80+ staff). It is anticipated that once programs are identified and funds secured, a 3-year implementation plan will be developed to fully complete all program/assessment implementation and sustainability of the programs. This plan will include, at minimum:*

- *preparation/buy-in for new assessments/programming;*
- *developing the programming for our specific setting;*
- *obtaining all materials for programming/assessments;*
- *developing/revising existing policies and procedures to reflect how the new assessments/programming will fit into or replace current procedures;*
- *developing measurable goals to evaluate program effectiveness and outcomes;*
- *establishing comprehensive data tracking systems to assist in measuring outcomes and demonstrating program effectiveness;*
- *training staff on new assessments/programs (staff trained on each will depend on the program/assessment);*
- *rolling programs out in a stepwise fashion once staff are fully trained; and*
- *continuously evaluating program utility, fidelity to program models, and revising procedures/policies as needed.*

*Taking the cost estimates above and combining into one estimated budgetary amount, initial budget of program adjustments would be approximately \$110,000.*

*This does not include training costs associated with PBIS implementation as those figures are still in the process of being obtained. PBIS implementation will include training costs as well as resources to fund incentives/reinforcers. These figures will be provided as soon as available.*

*In addition to start-up costs, there will be some ongoing costs of maintaining programming including training new staff, re-certifications, additional manuals/workbooks, yearly licensing fees, etc.; these costs are estimated at an additional \$50,000 - \$60,000.*

**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

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**ADMINISTRATION**

Management has numerous responsibilities in running an organization. Management is responsible for setting the entity's objectives, organizing its operations, implementing controls, and evaluating results of operations. We found the Sununu Youth Services Center (SYSC) did not have any defined objectives or strategic plan which could have helped management identify and control risk, and measure results.

**Observation No. 5**

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**Define Objectives And Develop A Strategic Plan**

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Management is responsible for defining their organization's objectives in order to meet their mission, strategic plan, and goals, as well as the requirements of any applicable laws or regulations. Objectives may be identified as part of the strategic planning process and should be defined in specific and measurable terms to enable management to identify and respond to any risks related to achieving those objectives. The SYSC had neither defined objectives, nor a strategic plan, and thus was unable to identify risks to achieving its goals or to measure performance.

The SYSC's policy documents contained statements that could potentially be categorized as objectives. However, as these statements were not defined as such, it is difficult to discern how they were prioritized by management. Nor were they clearly defined in specific or measurable terms.

There was also no strategic plan specific to the SYSC. Although the Division for Children, Youth and Families (DCYF), under which the SYSC is organizationally positioned, had *Strategic Priorities* for State fiscal year (SFY) 2020 and SFY 2021, that document made only a few references to "juvenile justice" and no direct reference to the SYSC. While the *Strategic Priorities* identified the priorities, goals, and strategies for the DCYF as a whole, it did not identify priorities and goals specific to the SYSC and provided little to no guidance on how the SYSC would contribute to the achievement of DCYF's goals.

The proper exercise of internal control requires that management identify risks to the achievement of their objectives and decide how they will respond to those risks. Defining measurable objectives is the necessary first step in identifying risks. Objectives should be defined in terms that can be understood at all levels of the organization; clearly identifying what is to be achieved, who is to achieve it, how it will be achieved, and the time frames for achievement. This ensures that all staff understand their role in working towards the organization's objectives and enables management to measure performance and assess whether adjustments need to be made.

Statute established seven purposes for the SYSC:

- 1) to provide a wholesome physical and emotional setting for each juvenile;

- 2) to provide protection, care, counseling, supervision, and rehabilitative services as needed;
- 3) to assure that juveniles have not been deprived of the rights they are entitled to by law;
- 4) to teach juveniles to accept responsibility for their actions;
- 5) to recognize juveniles' interests are of major importance while also acknowledging the interests of public safety;
- 6) to cooperate with the courts, law enforcement, and other agencies in juvenile matters to ensure that the needs of juveniles are met with minimum adverse impact upon the juvenile; and
- 7) to return each juvenile committed to a community setting with an improved attitude toward society.

Without defined objectives or a strategic plan, there may be confusion or disagreement amongst management and staff as to what the SYSC's primary priorities and goals are, or how they are to be achieved. Additionally, with the changes to the SYSC's population and the objective to release juveniles in 90 days (regardless of treatment success), it is unclear whether the SYSC's primary purposes have, by default, also been changed. For example, it is unclear whether the primary purpose of the SYSC is to simply house committed juveniles for a finite amount of time and provide necessary services while there, or to meaningfully rehabilitate juveniles to reduce the likelihood of future involvement in the criminal justice system.

**Recommendations:**

**We recommend SYSC management engage in a strategic planning process to define the SYSC's objectives and to detail how those objectives will be achieved and measured. This could be independent of the DCYF or, in the future, integrated into the DCYF's *Strategic Priorities*.**

**The Department of Health and Human Services (DHHS) and SYSC management may wish to work with stakeholders and the Legislature to clarify the SYSC's mission and purpose in response to the changes to the SYSC population and release requirements.**

*Auditee Response:*

*The Department concurs with the recommendations.*

*See response in Observation No. 6.*

**Observation No. 6**

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**Institute Comprehensive Performance Measurement**

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Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals, and is typically conducted by program management. Performance measurement focuses on whether a program has achieved its



objectives, expressed as measurable performance standards. Performance measures may address: 1) the type or level of program activities conducted (process), 2) the direct products and services delivered by a program (outputs), or 3) the results of those products and services (outcomes). A performance measurement system promotes efficient and effective management by assessing whether an agency's activities are achieving its mission and producing desired results. Such a system can tie activities to goals supporting the agency's mission, compare actual performance to pre-established targets, allow agencies to identify their strengths and weaknesses, and actively monitor performance over time. Therefore, establishing formal goals, objectives, and a strategic plan would be the starting point for a performance measurement system.

As noted in Observation No. 5, the SYSC did not have defined objectives, goals, or a strategic plan, and therefore could not evaluate its success efficiently. The SYSC contracted with a private provider to collect and report on 103 process measures for April and October of each year in the areas of behavioral health, family, health, justice, order, programming, reintegration, safety, and security. However, the contract expired in June 2019. The SYSC did not renew the contract because SYSC management concluded that the decrease in the census skewed results, the measurement protocols were ineffective in providing real-time data, and the high cost of continuing the contract outweighed the reasons to renew. Since that time, the SYSC had reportedly been working with the DCYF Bureau of Organizational Learning and Quality Improvement to develop its own performance measurement system.

As of December 2020, the SYSC did not have any process, output, or outcome measures and appeared to use one data point to measure its performance. It compared the number and percentage of first-time offenders committed to the SYSC with repeat offenders committed to the SYSC, which was produced by manually counting the number of juveniles in each category. While the SYSC produced a report on its commitments over the course of four years, there were no established goals to compare the data with to determine whether the goals were met.

As a result of not having a formal strategic plan with defined goals and objectives connected to a performance measurement system, the SYSC's ability to monitor and report on program effectiveness was limited. While the SYSC did use one measure of performance, its efforts fell short of a robust system of measuring program effectiveness.

**Recommendation:**

**We recommend, once the SYSC completes a comprehensive strategic plan that identifies goals and objectives, SYSC management choose performance measures based on attainable data which can be used to determine the organization's achievement of its goals and objectives.**

**Auditee Response:**

*The Department concurs with the recommendation.*

*It is important to recognize the context within which SYSC has operated in recent years. Budget reductions in SFY 19 which resulted in a Reduction in Force was very disruptive to continuity leadership and staff morale. External pressure from regular legislative inquiry, criminal investigation of historical allegations of abuse, civil litigation regarding historical allegations of*

abuse, and unfavorable media coverage of those matters all contribute to an environment that is often fearful and reactive without the constant attention of leadership to attend to these concerns. In the immediate aftermath of the Reduction in Force, SYSC's Director of Operations and full-time contracted psychiatrist resigned, followed by other members of the intermediate leadership team. The leadership team was only secured and stabilized in March 2020, at which point the entire facility had to redesign all aspects of daily operations to manage the threat of the COVID-19 pandemic.

SYSC is situated under DCYF in the organizational structure of the agency. DCYF issued its first Strategic Priorities at the start of SFY 20 for the SFY 20/21 biennium, and is currently in the process of developing the same for the upcoming biennium. The facility has been actively participating in the DCYF strategic priorities process to include defining goals, objectives and outcome measurements. As discussed in the report there may not be specific goals as related to SYSC within the strategic priorities, although the objectives of this detailed plan does collectively address SYSC.

The broader projects of this plan include items such as Organizational Development that addresses staff well-being and retention activities. The activities of EPIC (peer support program), Clinical Service Specialist, redesign of critical incident review process, and additional steps for the Safety Culture Tool Kit have all been implemented at SYSC. Increasing the training opportunities for staff has been a challenge to meet the ever-changing needs of SYSC staff and has seen improved implementation over the past six months. All of these efforts support the needs and well-being of the SYSC staff.

The priority that addresses Safety and Risk includes SYSC in that they will participate in the evidenced-based tool for youth involved in the juvenile justice system. The tool that has been identified is the CANS (Child/Adolescent Needs & Strengths), which will complement assessments and efforts conducted at SYSC to support youth in obtaining targeted individualized services while at the facility to enhance their ability to return to the community with solid foundational skills. Additionally, within the Partnership category of the Strategic Priorities, DCYF is partnering with the Bureau of Children's Behavioral Health to enhance residential programming and implement the use of a Care Management Entity to help support care, discharge planning, and the transition of youth to the community. Those enhancements, in addition to the balance of changes in Senate Bill 14, 2019 Session (N.H. 2019), when implemented, will allow for better support and stability of youth when they exit SYSC.

The priority to strengthen DCYF's engagement with parents, relatives, extended families and lifelong connections for all children to achieve timely permanency has impacted the facility. The systems growth with working with extended families and foster homes has improved opportunities for youth to transition to these options when home is not available. The overall goal has grown over the past couple of years to provide increased visitation at the facility for parent/guardians, siblings and other meaningful primary caring adults. It has increased support and assigned staff from both the Better Together with Birth Parents and FEAT (Fatherhood Engagement Action Team) programs to work with parents and youth entrusted to our care at SYSC. Additionally, having a juvenile justice permanency specialist and community transitional specialist to work with youth at SYSC has supported the necessary transitional and permanency needs of youth.

*Overall, the DCYF Strategic Priorities may not specifically state SYSC although all youth that touch DCYF are impacted by these strategies which have deliberate and direct impact to the work at SYSC and outcomes for youth served within the facility.*

*In September 2018, SYSC made the decision to terminate the contract with PbS (Performance Based Services) Quality Improvement measurements effective at the end of the current contract on June 2019, due to the dramatic change in youth census and cost implications given a tightening budget. The decrease in census resulted in a higher percentage of high acuity youth and made the facility no longer comparable to the facilities that utilize the PbS nationally. Given the inability to benefit from comparison data, PbS was no longer serving it's intended purpose and given the reduced budget, the benefit no longer outweighed the costs.*

*Nevertheless, given the work identified above required to enhance programming and practice within SYSC, DCYF has committed to include SYSC specific strategic priorities and outcome metrics in the SFY 22/23 Strategic Priorities, which will be issued this summer. As referenced above, implementation of these priorities is dependent upon adequate financial support to obtain and implement new evidence-based programming. In addition, updating the electronic record used at SYSC and linking it to the broader case management system being developed for DCYF will be necessary to report on outcomes such as recidivism.*

*In addition to the quantitative outcome metrics through the development and implantation of Strategic Priorities for the next biennium, SYSC will enhance its capacity to gather and act upon qualitative data. First, DCYF utilized a qualitative Case Practice Review process multiple times throughout the year as part of the data gathering mechanism for the federal Child and Family Service Review process – DCYF will develop a process to incorporate cases that involve SYSC in that process to gather qualitative data about SYSC and its role in the broader Juvenile Justice/Child Protection systems. Additionally, SYSC currently engages in a critical incident review process of critical incidents, which are typically incidents in which a restraint is utilized; DCYF and the Bureau of Children's Behavioral Health are in the process of securing training and technical assistance for all residential programs within the state, including SYSC, on Six Core Strategies for the Reduction of Seclusion and Restraint©. A key strategy in that model requires comprehensive debriefing of every incident of restraint and seclusion; this training and technical assistance will enhance the current critical incident review process.*

## **Organizational Structure**

Establishing an organizational structure, assigning responsibility, and delegating authority are interconnected and are basic management controls that should be implemented in order to achieve objectives. Management should establish the organizational structure necessary to achieve operational objectives, identify responsibilities necessary to achieve those objectives, and assign the responsibilities to discrete organizational units, to allow the organization to operate efficiently and effectively and ensure statutory and regulatory compliance. Management should also periodically evaluate the organizational structure to ensure it meets objectives and has adapted to new objectives. Having an appropriate span of control is necessary for an effective organizational

structure. Span of control refers to the number of employees directly supervised by a manager and can be narrow or wide.

### ***Narrow Span Of Control***

Having fewer direct reports (a narrow span of control) typically results in more supervisory layers. Advantages of this type of organizational structure include closer supervision of employees and more professional development or growth opportunities. However, when a span of control is too narrow, managers may spend most of their time micromanaging or performing their employees' work. Consequently, there is the potential for reduced empowerment or delegation, as well as low morale.

### ***Wide Span Of Control***

Having more direct reports (a wide span of control) typically results in fewer supervisory layers. Advantages of this type of organizational structure include the potential for a more flexible organization, the potential for higher empowerment or delegation of responsibility and decision-making, and communication efficiencies between the top and bottom levels of an organization. However, when a span of control is too wide, a manager may be unable to anticipate ground-level performance issues. Other disadvantages include overloaded managers in cases where employees require a lot of task direction, support, and supervision, which may contribute to decreased morale or job satisfaction. Consequently, there may be a greater need for assistant managers to help manage duties.

## **Observation No. 7**

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### **Organizational Structure Should Be Reviewed**

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SYSC management had not systematically reviewed its organizational structure. Instead, SYSC structural changes had been reactive in nature and evolved from budget cutbacks, position vacancies, and changes in statute rather than a thoughtful, formal approach. We note the SYSC has limited control over these types of events and must respond as best as possible to new situations. However, management should determine the organizational structure it needs to successfully fulfill its mission and objectives.

### **Safety, Span Of Control, And Staffing Levels**

Available research literature, which is viewed as largely anecdotal, lacks a consensus with respect to the optimal number of spans or layers for an organization, including public sector organizations. While some consultants recommend between three to five organizational layers and between five to 20 direct reports per manager, the "optimal" span of control in any given situation is influenced by a number of factors:

- 1) managerial job responsibilities,
- 2) managerial skills and competencies,
- 3) employee job responsibilities,

- 4) employee skills and competencies,
- 5) type of interactions between managers and employees,
- 6) clarity of organizational objectives,
- 7) degree of public scrutiny, and
- 8) liability or risk to the organization.

The safety of juveniles and staff are paramount in juvenile facilities. To that end, staffing and supervision needs to be appropriate to the population served. Injury and incident data may indicate organizational structure and staffing levels may not have been ideal. Although Youth Counselors (YC) accounted for 46.3 percent of the SYSC workforce, they accounted for 80 percent of all reported injuries between SFYs 2017 and 2020. Staff injuries resulting from juvenile restraint accounted for 37.1 percent of all injuries, and injuries to staff resulting from fighting accounted for 17.9 percent of all injuries between SFYs 2017 and 2020.

Likewise, the number of recorded behavioral incidents appeared to be an issue. Table 11 shows the types of behaviors that were classified as major or moderate incidents by the SYSC. Behaviors classified as minor incidents are also recorded by the SYSC but are not included in the table.

**Table 11**

**Behavioral Incident Classes**

<b>Major Incident</b>	<b>Moderate Incident</b>
<ul style="list-style-type: none"> <li>• attempted or actual assault</li> <li>• fighting</li> <li>• attempted or actual absence without leave</li> <li>• inappropriate sexual behavior</li> <li>• situations requiring staff to use restrictive intervention or mechanical restraints</li> <li>• validated gang activity</li> <li>• harassment or bullying</li> <li>• destruction to State property</li> <li>• possession of a weapon</li> <li>• possession of prescribed or non-prescribed drugs</li> <li>• possession of contraband</li> <li>• repeatedly not following staff directives</li> <li>• self-tattooing or piercing</li> <li>• use of profanity or racial slurs directed to peers or staff</li> </ul>	<ul style="list-style-type: none"> <li>• horseplay</li> <li>• instigating others</li> <li>• destruction or damage of State property</li> <li>• theft</li> <li>• threats</li> <li>• possession of contraband</li> <li>• repeated refusal to comply with instructions</li> <li>• repeated disruptive behavior</li> <li>• repeated dishonesty or lying</li> <li>• repeated failure to comply with program</li> <li>• repeated disrespect to staff or peers</li> <li>• repeated inappropriate language, profanity, or racial slurs</li> <li>• repeated unauthorized movement</li> <li>• threatening</li> <li>• aggressive posturing</li> <li>• conspiring to abscond</li> </ul>

Source: LBA analysis of *SYSC Guide to Behavioral Learning Expectations and Related Practices*.

Table 12 shows the number of major and moderate behavioral incidents, average daily census for SFYs 2017 through 2020, and average number of incidents per day.

**Table 12**

**Major And Moderate Incidents Within SYSC,  
SFYs 2017-2020**

SFY	Average Daily Census	Unduplicated Number Of Admitted Juveniles	Incidents			Average Number Of Incidents Per Day	Average Number of Incidents Per Unduplicated Juvenile
			Major	Moderate	Total		
2017	64	217	649	402	1,051	2.9	4.8
2018	45	141	464	182	646	1.8	4.6
2019	27	84	238	70	308	0.8	3.7
2020	17	70	243	73	316	0.9	4.5

Source: LBA analysis of unaudited SYSC data.

Our survey of SYSC staff indicated staff felt morale is low and they were micromanaged. When we asked respondents to comment on anything they would like to tell us, 10 of 27 (37.0 percent) indicated staff morale was a problem and four (14.8 percent) indicated micromanagement was a problem. Other disadvantages of an inefficient organizational structure include higher costs generally, a decline in performance, and communication difficulties (slow or cumbersome communications) between the top and bottom levels of an organization. Communication difficulties may result in slowed approvals, due to unnecessary layers, or a lack of accountability as decisions go through several layers.

**Recommendation:**

**We recommend SYSC management conduct a formal organizational review of its structure and span of control. If the review identifies needs, the SYSC should request the necessary resources and statutory changes from the Legislature.**

**Auditee Response:**

*The Department concurs with the recommendation.*

*See response in Observation No. 9.*

**Observation No. 8**

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**Conduct A Formal Staffing Analysis And Develop A Written Staffing Plan**

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The SYSC had not conducted a formal staffing analysis and did not have a written staffing plan. The SYSC did, however, have a staffing plan policy. The policy stated, “The SYSC Administrator or designee shall develop, implement, and document a staffing plan that provides for adequate levels of staffing and programming.”

Although the SYSC had a staffing schedule, a schedule does not substitute for a careful analysis of the facility’s staffing needs. The National Institute of Corrections indicates staffing analysis is critical to facility safety and security, and vitally important to expenditure containment. Staffing analyses help determine appropriate budget requests, support staffing decisions, and allow facilities to respond to changing environments, such as budget cuts, court orders, or planned reductions in force. One important aspect of the staffing analysis is the post plan. The post plan defines all permanent posts in a facility by location, primary function, priority, classification, and hours of operation.

The federal Prison Rape Elimination Act (PREA), requires juvenile detention facilities like the SYSC to prevent, detect, and prosecute sexual abuse. PREA standards require staffing plans to: 1) assess adequate staffing levels with the goal of preventing sexual abuse, 2) be documented, 3) require documentation and justification for deviations from the staffing plan, and 4) at least annually be reassessed and needed adjustments documented.

Without a documented staffing analysis and plan, SYSC management could not be certain that objective, efficient staffing decisions are made in accordance with all requirements of PREA or its own staffing plan policy. Such plans should be used to support budgetary requests.

**Recommendation:**

**We recommend the SYSC conduct a staffing analysis and develop, document, and implement a staffing plan in accordance with PREA and its staffing plan policy, and review the analysis and plan on at least an annual basis.**

**Auditee Response:**

*The Department concurs with the recommendation.*

*See response in Observation No. 9.*

## Observation No. 9

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### Make Efforts To Minimize Staff Turnover

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Staff turnover in juvenile corrections is believed to be high nationwide; however, those rates are not reported regularly and there have been very few studies on the subject. The few studies that have looked at turnover in juvenile corrections facilities reported between 13 and 37 percent annual turnover.

#### Turnover At SYSC

To determine a turnover rate for the SYSC, we compared the staff identified in the December 2019, June 2020, and January 2021 organizational charts. In December 2019, the SYSC identified 108 staff; one year later, in January 2021, 31 (28.7 percent) of those staff were no longer identified in the organizational chart and the total number of staff was 91. Additionally, there was one staff member (1.0 percent) who only appeared in the June 2020 organizational chart, indicating that they were hired and left the SYSC within one year. Accordingly, the SYSC's turnover rate from December 2019 to January 2021, calculated by dividing the total number of staff separations (32 staff) by the average number of staff (99.5 staff), was 32.2 percent. Regardless of whether staff turnover of 32.2 percent is a high rate for juvenile corrections facilities or merely average, staff turnover at the SYSC was significant, particularly considering many of the positions had not been refilled.

Responses to our survey and our discussions with staff indicated that some of the turnover was potentially controllable. For example, when our survey asked staff if there was anything they would like to tell us, four of the 27 staff comments (14.8 percent) indicated they were considering leaving the SYSC; one of the commenters had already accepted another job offer. The SYSC did not have a workforce plan, which should include structured retention and recruitment programs and plans to take a strategic approach.

Turnover is expensive for any organization due to costs associated with the separation of departing staff, as well as the recruitment, hiring, and training of new staff. Moreover, turnover can cause increased staff stress, disruptions in staff relationships and program implementation, breakdowns in lines of communication, and staff burnout, resulting in an organization that is unstable and less effective. In a juvenile corrections facility, high turnover can result in a decrease in the overall safety of the facility, residents not receiving all necessary treatment, and an inability to run effective programs. Furthermore, staff intent or desire to leave the facility, even if it doesn't ultimately result in turnover, is undesirable because that individual is less likely to contribute meaningfully to the organization.

#### Stress And Job Satisfaction

Staff who report higher levels of stress also report lower levels of job satisfaction, which results in higher levels of intentions to leave an organization. SYSC staff responding to our survey indicated that they were experiencing high levels of stress. Of the 36 responses, 22 staff (61.1 percent) reported *high* levels of stress, 12 (33.3 percent) reported *medium* levels of stress, and only two (5.6 percent) reported *low* levels of stress. Of the many causes to which staff attributed the stress, the



most common were issues surrounding management and supervisors, and not having enough staff. Problematic relationships between staff and supervisors create stress. Staff who feel that they are being treated fairly, have input in decision-making, and have a good relationship with their supervisor are more likely to be committed to the organization. Supervisors can create positive work environments that increase job satisfaction by making staff feel valued by the organization and creating and maintaining positive relationships among staff.

Another way to increase job satisfaction is through staff training. Our survey asked staff about their satisfaction with the training that they have received. Of the 31 responses, no staff reported that they were *very dissatisfied*, eight (25.8 percent) reported that they were *dissatisfied*, 12 (38.7 percent) reported that they were *neither satisfied nor dissatisfied*, 10 (32.3 percent) reported that they were *satisfied*, and one (3.2 percent) reported that they were *very satisfied*. Although, the majority of staff were not dissatisfied with the training that they received, 26 of 36 staff responding (72.2 percent) reported that there were aspects of their job where they would like to receive additional training, indicating gaps in their knowledge of their job. If staff do not know how to perform their job, they will not enjoy performing their job.

To increase job satisfaction and improve the work environment, management and supervisors should focus on ways to increase staff morale. In response to the survey question asking staff if there was anything they would like to tell us, 10 of 27 (37.0 percent) comments indicated staff morale was a problem, including comments that morale “is at an all time low.” The overall tone of those comments demonstrated some staff were frustrated and demoralized. This could have been a potential factor for the SYSC’s significant turnover rate and was a clear indication that changes are necessary to increase staff job satisfaction and avoid continued turnover.

### **Recommendations:**

**We recommend the SYSC administration, as part of its strategic planning process, consider the need for a structured, strategic workforce plan, to include retention programs with quantifiable goals and objectives.**

**We further recommend the SYSC administration determine the reasons staff leave the SYSC and design tools to meet retention goals and objectives. The SYSC administration should consider and investigate the extent to which issues such as job satisfaction, staff perceptions of supervision, inadequate training, high stress, and low morale contribute to staff turnover.**

### **Auditee Response:**

*The Department concurs with the recommendations.*

*The DHHS Division of Program Quality and Integrity and the DHHS Office of Human Resources will complete the Organizational Structure review and formal Staffing Analysis, with an anticipated completion of September 2021.*

*Additionally, SYSC will identify staffing needs and inefficiencies leading to staff turnover to develop a plan to support a positive work environment for all SYSC staff. This plan will be*

developed following the completion of and informed by the results of the formal Organizational Structure review and formal Staffing Analysis, with an anticipated completion date of December 31, 2021.

However, some work has begun and will continue as the above processes are completed. SYSC has begun to initiate steps to improve morale and overall staff satisfaction. In 2019, a partnership with Employee Assistance Program was made in which they were provided an on-site office, full access to all staff in the facility with regularly scheduled office hours and notices to staff for access and upcoming opportunities. DCYF's EPIC Peer Support Program has been active and increasing their presence and services to staff over the past eight months.

The SYSC Director of Operations conducts and will continue with bi-annual town halls for all staff to participate for discussion to address facility needs, staffing, morale and other important items as needed. As a response to these meetings staffing patterns were changed to a 4/3 schedule to allow staff additional days off as a support for their personal and emotional stability. The Employee of the Month program was reinstated in July 2020 to recognize the hard work of staff. In October 2020 SYSC teamed with DHHS Organization Development & Training Services to develop a leadership training program that spans over 8 weeks for the entire leadership team at SYSC. This program is in the 5<sup>th</sup> week and has successfully developed a draft mission statement for the facility and is working towards goals and objectives to support all staff in the vision of the future for SYSC.

#### **Observation No. 10**

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##### **Keep Parent And Youth Handbook Up-to-date**

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The version of the *Parent and Youth Handbook* in use as of December 2020 was published in January 2014 and was outdated. The *Handbook* was provided to juveniles and their parents or legal guardians when the juvenile was placed at the SYSC. It described services available to committed juveniles and their families and attempted to answer questions juveniles, parents, or guardians may have had. It also described the facility layout, daily schedule, classification, and re-entry and permanency planning. However, we found it had not been kept up-to-date with its descriptions of services offered, contacts, and other aspects of what could be expected of parents and juveniles.

- The list of "Helpful Contacts" was outdated, as many individuals no longer worked for the SYSC or the DHHS, including the DCYF Director and the Director of Operations. As of July 2020, 16 of the 22 individuals listed as contacts at the SYSC were no longer employed there.
- The *Handbook* stated visiting hours were established for one weekday and one weekend day. However, regular visiting hours prior to COVID-19 were Tuesdays and Thursdays 6:30 pm to 7:30 pm, Saturdays 1:00 pm to 4:30 pm and Sundays for spiritual service attendance for parents with juveniles.
- The *Handbook* stated the SYSC held 12-step program meetings twice per month. However, the SYSC no longer offered this programming.

- The *Handbook* referenced the mentor program. The mentor program was discontinued.
- The *Handbook* stated furloughs may be granted within 30 days of anticipated release. However, the SYSC reported difficulty offering furloughs due to the timeframes established in Chapter 156, Laws of 2017.
- The *Handbook* referenced an 800 number that was given to juveniles upon discharge. However, the SYSC had no 800 number for juveniles to call after they had been discharged, but they did supply juveniles with phone numbers for the Juvenile Probation and Parole Officers, clinical coordinators, YCs, and other supports.
- The *Handbook* referred to re-stabilization plans. However, due to Chapter 156, Laws of 2017, re-stabilization plans were discontinued.
- The *Handbook* referred to *New Direction* workbooks, a cognitive-behavioral treatment curriculum, and the *New Freedom* Program, which were no longer used.
- The *Handbook* stated, “*The Child and Adolescent Needs and Strengths Assessment (CANS)* was utilized among several other nationally recognized mental health screens and assessments to assist in diagnostics, treatment planning and programming.” The *CANS* was not regularly used.
- The *Handbook* referred to the auto technology class but it was dissolved due to budget cuts in 2018.

Because the *Handbook* was outdated, it misrepresented what services were available and may have given juveniles, parents, and guardians, as well as other interested parties, false expectations. We were informed the *Handbook* was in the process of being updated.

**Recommendation:**

**We recommend SYSC management update its *Parent and Youth Handbook* to reflect current services and institute procedures to continuously keep it up-to-date.**

**Auditee Response:**

*The Department concurs with the recommendation.*

*The SYSC contracted Psychologist and SYSC Director of Operations have been working on editing and updating the outdated Handbook for the past several months. The Handbook was finalized the week of February 8, 2021, and is ready for distribution to youth and parents. The Handbook will be part of a larger packet of materials given to youth upon admission to orient youth to the SYSC program. Parents will also receive a packet in the mail introducing them to the SYSC program and providing them with orientation materials as well.*

*Per recommendations, SYSC management will review and make updates to the Handbook, at a minimum, yearly. If significant changes are made throughout that time, the Handbook will be updated to reflect those changes. SYSC Psychologist will work with the SYSC Director of Operations to ensure this process continues to occur.*

**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

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**APPENDIX A  
SCOPE, OBJECTIVE, AND METHODOLOGY**

**Scope & Objectives**

In August 2019, the Fiscal Committee of the General Court adopted a joint Legislative Performance Audit and Oversight Committee recommendation to conduct a performance audit of the Sununu Youth Services Center (SYSC). The entrance conference with the Division of Children, Youth and Families (DCYF) was held in December 2019.

Our audit was designed to answer the following question:

**How has the SYSC adjusted its operations in response to the requirements of Chapter 156, Laws of 2017?**

To answer this question, we determined:

- how changes contained in Chapter 156, Laws of 2017 affected the SYSC population;
- how the types of services offered at the SYSC had changed since Chapter 156, Laws of 2017 was passed; and
- how efficient were SYSC administrative operations.

The audit period was primarily State fiscal year (SFY) 2018 through SFY 2020, although some data may have been used prior to SFY 2018 to show trend information. We also used some data that included calendar year 2020.

**Methodology**

To gain an understanding of the SYSC, we:

- reviewed relevant State laws, administrative rules, policies and procedures, financial information, data reports, program information, and forms; and
- interviewed SYSC management and key stakeholders.

To identify changes to the juvenile justice system, we reviewed and analyzed Chapter 156, Laws of 2017.

*Treatment Services*

To evaluate treatment services provided by the SYSC, we:

- reviewed juvenile case records and developed a database to analyze the records,

- surveyed SYSC management and staff to obtain their opinions on the operations of the SYSC,
- evaluated psychological and substance use assessment instruments,
- evaluated treatment programs to determine whether they were evidence-based and could provide valid and reliable results,
- compiled a list of services offered during the audit period,
- conducted a judgmental sample of juveniles to evaluate compliance with policies regarding the use of treatment plans,
- analyzed the frequency and duration of therapeutic services,
- reviewed American Correctional Association standards for juvenile correctional facilities, and
- examined SYSC recidivism data.

### *Administration*

To review the administrative operations of SYSC, we:

- reviewed organizational structure and span of control,
- reviewed SYSC policies,
- reviewed SYSC staffing,
- reviewed performance measurement system, and
- reviewed employee injury reports.

### **File Review**

We reviewed juvenile electronic records contained in the BRIDGES computer system, CourtStream system, and electronic documents to determine how detentions and commitments had changed since Chapter 156, Laws 2017 became effective. Because no one computer system contained all the information for a juvenile, we had to create our own database to collect information from each computer system to get a complete view of a juvenile's record. We reviewed the records of all juveniles admitted (both detained and committed) to the SYSC during SFYs 2016 through 2020 and examined their records going back to when they were originally admitted to SYSC. We obtained information on their demographics, delinquency charges, when they were admitted and released, whether they returned, what services they received, their treatment plans, and their disciplinary record. In total, we reviewed a population of 551 unduplicated juveniles.

To review treatment planning and services provided, we judgmentally selected a subset of 15 juveniles chosen from the population described above. We then examined the treatment plan of these 15 juveniles to determine whether the treatment plans: 1) existed, 2) complied with SYSC policies, and 3) had any bearing on the juveniles' release from the SYSC. We also examined the services provided to the 15 juveniles to determine whether services were, in fact, provided and the frequency at which they were provided.

## **Surveys**

In September 2020, we sent a link to a web-based survey via email to all 93 SYSC staff employed as of June 30, 2020. Employees could respond anonymously to the survey. We received 36 complete responses for a 38.7 percent response rate. We combined and simplified similar answers to open-ended questions and presented them in topical categories; multipart responses were counted in multiple categories where applicable. We note that not all employees have easy access to computers at the facility. The results of this survey can be found in Appendix C.

We conducted a separate email survey sent to 72 SYSC youth counselors, clinicians, educators, and nurses employed as of June 30, 2020, to identify services provided to juveniles both before and after Chapter 156, Laws of 2017 became effective. We received 20 surveys in return for a completion rate of 27.8 percent. Multipart responses were counted in multiple categories where applicable. The results of this survey can be found in Appendix D.

## **Internal Control**

Internal control is defined as a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. Auditing standards require we identify and determine which, if any, internal control principles are significant to the audit. We identified three internal control principles that we considered the most significant to the audit objective.

1. **Establish Structure, Responsibility, And Authority** – requires management to establish an organizational structure, assign responsibility, and delegate authority to achieve the entity's objectives. We reviewed the organizational structure at certain points in time during the audit period and found the SYSC organizational structure should be reviewed (Observation No. 7).
2. **Define Objectives and Risk Tolerances** – requires management to define objectives clearly to enable the identification of risks and define risk tolerances. We sought to identify the SYSC's objectives and found the SYSC had not clearly defined its objectives or developed a strategic plan (Observation No. 5).
3. **Identify, Analyze, and Respond to Change** – requires management to identify, analyze, and respond to significant changes that could impact the internal control system. In response to Chapter 156, Laws of 2017 we found the SYSC made multiple changes regarding its day-to-day operations; however, significant changes had not been made to its core treatment programs (Observation No. 2).

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STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER

APPENDIX B  
AGENCY RESPONSE TO AUDIT



Lori A. Shibiouette  
Commissioner

Joseph E. Ribsam, Jr.  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857  
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Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 25, 2021

The Honorable Kenneth L. Weyler, Chair  
Joint Legislative Fiscal Committee  
Legislative Office Building  
Concord, NH 03301

Dear Representative Weyler:

The Department of Health and Human Services appreciates the work of the Office of Legislative Budget Assistant, Audit Division in reviewing the operations of the Sununu Youth Services Center (SYSC).

This report will contribute to the understanding of the challenges currently faced at SYSC and inform the path forward to ensure that youth who are committed and detained receive the care they require. The audit articulates many of challenges faced in recent years at the facility, documents and contextualizes the operations, and identifies recommendations that align with best practices. Much of what was recommended aligns with ongoing efforts, and we look forward to implementing the same for the benefit of the youth and families we serve.

We are hopeful that this audit helps launch a productive conversation about utilization of SYSC, the enhancement of clinical and therapeutic programming within SYSC, and the connection with the broader system-of-care being established to support youth outside of SYSC.

We are thankful for the thoroughness and professionalism of the auditing team.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ribsam Jr.", written over a light blue horizontal line.

Joseph E. Ribsam Jr.  
Director  
Division for Children, Youth, & Families

*The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.*

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**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

**APPENDIX C  
SURVEY OF SYSC STAFF**

In September 2020, we sent a link to a web-based survey via email to all 93 Sununu Youth Services Center (SYSC) staff employed as of June 30, 2020. Employees could respond anonymously to the survey. We received 36 complete responses for a 38.7 percent response rate. We combined and simplified similar answers to open-ended questions and presented them in topical categories; multipart responses were counted in multiple categories where applicable. Some totals in the following tables may not add up to 100 percent due to rounding or where respondents could respond multiple times to the same question.

<b>Question 1. Approximately how many years have you worked, in total, at the Sununu Youth Services Center and/or the Youth Development Center?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Less than 3 years	6	16.7
3-5 years	4	11.1
6-8 years	7	19.4
9-11 years	5	13.9
More than 11 years	14	38.9
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 2. Please tell us your current position within the Sununu Youth Services Center.</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Youth Counselor	12	33.3
Educator	3	8.3
Nurse	4	11.1
Clinician	3	8.3
Manager/Supervisor	4	11.1
Other (please specify)	10	27.8
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 3. During State fiscal year 2020 (July 1, 2019 through June 30, 2020), did you work at Sununu Youth Services Center full-time, part-time, or a mixture of both?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Full-time	31	86.1
Part-time	3	8.3
Mixture of both	2	5.6
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 4. Do you work directly with youth?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	28	77.8
No	8	22.2
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 5. In general, do you believe that committed youth receive the right type of rehabilitative treatment before they are released?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	10	35.7
No	13	46.4
Don't know	5	17.9
	<i>respondent answered question</i>	28
	<i>respondent skipped question</i>	8

<b>Question 6. Please explain why you believe that, in general, committed youth do not receive the right type of rehabilitative treatment before release.</b>		
<b>Comments</b>	<b>Count</b>	
Lack of youth accountability	5	
Groups/treatments facilitated by staff without the proper qualifications	4	
Commitments are too short	4	
Inadequate structure	3	
Groups are repetitive	2	
Ineffective policies	2	
Lack of treatment	2	
Leadership issues	2	
No youth buy-in to programming because they will be released in 3 months	2	
Restrictions placed on staff	2	
Not preparing youth for the real world	1	
Repeat offenders know what limitations are placed on Youth Counselors	1	
Spend one shift here and see for yourself	1	
	<i>provided comment</i>	14
	<i>respondent skipped question</i>	22

<b>Question 7. In general, do you believe that committed youth receive the right amount of rehabilitative treatment before they are released?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	5	17.9
No	20	71.4
Don't know	3	10.7
	<i>respondent answered question</i>	28
	<i>respondent skipped question</i>	8

**Question 8. Please explain why you believe that, in general, committed youth do not receive the right amount of rehabilitative treatment before release.**

Comments	Count
Youth are not at SYSC long enough	10
Lack of youth accountability	4
Groups should be run by Clinicians, not Youth Counselors	4
Lack of treatment	3
High recidivism shows that youth are not getting what they need	2
Lack of training	2
No youth buy-in to programming because they will be released in 3 months	2
Administrative deficiencies	2
Restrictions placed on staff	2
Youth can be hard to deal with and Youth Counselors are burned out	1
Groups are repetitive	1
<i>provided comment</i>	20
<i>respondent skipped question</i>	16

**Question 9. Do you interact with youth in a group setting?**

Answer Options	Count	Percent
Yes	22	78.6
No	6	21.4
<i>respondent answered question</i>	28	
<i>respondent skipped question</i>	8	

**Question 10. Approximately, what percentage of your typical work day is spent with youth in a group setting?**

Answer Options	Count	Percent
1-25%	8	36.4
26-50%	3	13.6
51-75%	6	27.3
76-100%	5	22.7
None	0	0.0
<i>respondent answered question</i>	22	
<i>respondent skipped question</i>	14	

**Question 11. What is the typical size of a group?**

Comments	Count
Up to 4 youth	10
Up to 5 youth	9
3 youth	1
12 youth	1
Prior to COVID-19, groups were 3-8 youth	1
Depends on the unit and the number of youth there	1
<i>provided comment</i>	22
<i>respondent skipped question</i>	14

<b>Question 12. What is the purpose of the groups?</b>	
<b>Comments</b>	<b>Count</b>
Treatment	10
Education	5
Social interaction	5
Unit living (support and intervention)	5
Activities	4
Psychoeducation	2
Skill building	2
Other	2
Career assessment	1
To learn youths' ways of thinking	1
Parole	1
<i>provided comment</i>	22
<i>respondent skipped question</i>	14

<b>Question 13. Approximately, what percentage of your typical work day is spent in direct contact with youth one-on-one?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
1-25%	16	57.1
26-50%	3	10.7
51-75%	4	14.3
76-100%	5	17.9
None	0	0.0
<i>respondent answered question</i>	28	
<i>respondent skipped question</i>	8	

<b>Question 14. Does every youth committed to the Sununu Youth Services Center receive an individualized treatment plan within 30 days of commitment?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	21	75.0
No	1	3.6
Don't know	6	21.4
<i>respondent answered question</i>	28	
<i>respondent skipped question</i>	8	

<b>Question 15. Have you worked at Sununu Youth Services Center since at least 2017?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	25	89.3
No	3	10.7
<i>respondent answered question</i>	28	
<i>respondent skipped question</i>	8	

<b>Question 16. Have youth treatment plans changed since 2017?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	14	56.0
No	3	12.0
Don't know	8	32.0
	<i>respondent answered question</i>	25
	<i>respondent skipped question</i>	11

<b>Question 17. How have youth treatment plans changed?</b>		
<b>Comments</b>	<b>Count</b>	
Plans have been truncated	6	
Plans are more individualized	3	
Expectations for youth have been lowered	2	
Plans are more detailed	2	
Plans are more treatment-based	2	
Youth opinions are taken very seriously	2	
Formatting, theory, interventions, approach, etc.	1	
Youth find loopholes everywhere	1	
There is no discipline	1	
Not sure	1	
	<i>provided comment</i>	14
	<i>respondent skipped question</i>	22

<b>Question 18. Are you working in the same position today as you worked in 2017?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	22	88.0
No	3	12.0
	<i>respondent answered question</i>	25
	<i>respondent skipped question</i>	11

<b>Question 19. Have your responsibilities changed substantially since 2017?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	9	40.9
No	13	59.1
	<i>respondent answered question</i>	22
	<i>respondent skipped question</i>	14

<b>Question 20. How have your responsibilities changed?</b>	
<b>Comments</b>	<b>Count</b>
Constant changes to policies and procedures	2
Experience more micromanagement	2
More required documentation/paperwork	2
Doing work that should be done by Clinicians	2
I just babysit now	1
Internal to external focus	1
Change from detention facility to treatment facility brings many changes	1
I am left alone more frequently with youth, placed in situations where I am forced to work a male unit (alone) as a female staff	1
	<i>provided comment</i> 9
	<i>respondent skipped question</i> 27

<b>Question 21. Have the rehabilitative services offered to youth changed substantially since 2017?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	11	44.0
No	5	20.0
Don't know	9	36.0
	<i>respondent answered question</i> 25	
	<i>respondent skipped question</i> 11	

<b>Question 22. How have the rehabilitative services offered to youth changed?</b>	
<b>Comments</b>	<b>Count</b>
Loss of programming	2
More services	2
No youth accountability	2
Shorter term	2
Increased focus upon transitioning into the "outside/real" world and connecting with outside resources	1
Youth can literally choose what they want to do and when	1
A huge paradigm shift that has been very difficult for Youth Counselors	1
More group work	1
Possibility of Community access/ trips with staff supervision and furloughs can come much sooner.	1
Loss of outpatient transports and outside clinical transports	1
Constant changes	1
Decreased budget and staff	1
Rehabilitation services tend to be more sporadic and less involved for the youth	1
Groups are held less frequently and are a lot less involved	1
	<i>provided comment</i> 11
	<i>respondent skipped question</i> 25



**Question 23. Has there been an impact from the requirement, introduced in HB 517, to parole non-violent offenders within 3 months?**

Answer Options	Count	Percent
Yes	9	81.8
No	0	0.0
Don't know	2	18.2
<i>respondent answered question</i>		11
<i>respondent skipped question</i>		25

**Question 24. What has been the impact of the requirement to parole nonviolent offenders within 3 months?**

Comments	Count	
No youth buy-in to programming because they will be released in 3 months	11	
High recidivism	11	
Not at facility long enough to receive the necessary treatment	10	
Timing for permanency plans	2	
Decrease in youth population at the facility	2	
Lack of youth accountability	2	
Dangerous youth are being released into the community	2	
Impact extends to many areas including juvenile justice system in general, employees, etc.	1	
Commitment orders require youths' lawyer to oversee treatment and attend meetings at the facility, but youth just see their lawyer as their protector from civil liberties violations	1	
There seems to have been a systemic vote of no confidence in SYSC	1	
More challenges in diagnosing and treating mental health issues	1	
Youth that don't buy into the programming act out and incite their peers to act out, creating more unsafe environments and situations	1	
Not sure	1	
<i>provided comment</i>		24
<i>respondent skipped question</i>		12

**Question 25. About how many hours of formal training did you receive in State fiscal year 2020 (July 1, 2019 through June 30, 2020)?**

Answer Options	Count	Percent
Zero	5	13.9
1-5 hours	14	38.9
6-10 hours	9	25.0
11-15 hours	4	11.1
More than 15 hours	4	11.1
Don't know	0	0.0
<i>respondent answered question</i>		36
<i>respondent skipped question</i>		0

<b>Question 26. Was this amount of training adequate given your job responsibilities?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	15	48.4
No	16	51.6
<i>respondent answered question</i>		31
<i>respondent skipped question</i>		5

<b>Question 27. Were the topics relevant to your job responsibilities?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	10	32.3
Some of the topics were relevant	18	58.1
No	3	9.7
<i>respondent answered question</i>		31
<i>respondent skipped question</i>		5

<b>Question 28. How satisfied are you with the training that you have received?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Very dissatisfied	0	0.0
Dissatisfied	8	25.8
Neither satisfied nor dissatisfied	12	38.7
Satisfied	10	32.3
Very satisfied	1	3.2
<i>respondent answered question</i>		31
<i>respondent skipped question</i>		5

<b>Question 29. Why were you dissatisfied with the training received?</b>		
<b>Comments</b>	<b>Count</b>	
Not enough training in general	5	
Training was irrelevant to the job	3	
Not enough training relating to job duties	3	
No CPR training provided	2	
Constant changes to policies/facility rules without communication from administration and without obtaining feedback from staff	1	
Trust-based Relational Intervention (TBRI) training has never been used/operationalized in a facility, yet it was pushed on staff	1	
Training is all online, not in-person	1	
<i>provided comment</i>		8
<i>respondent skipped question</i>		28

<b>Question 30. Is there a specific aspect of your job where you would like to receive more training?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Yes	26	72.2
No	10	27.8
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 31. What training would you like to receive?</b>		
<b>Comments</b>	<b>Count</b>	
Working with mentally ill youth	7	
Any job training	7	
CPR	4	
Behavioral management	3	
Facility policies and guidelines	3	
Holding youth accountable through ever-changing policies	2	
Reimbursement for trainings to maintain licensing	2	
Current science on child development/youth thought process	2	
De-escalation techniques	2	
First aid	2	
Gangs	2	
Juvenile justice system trainings and updates	2	
Role of SYSC within the juvenile justice system	2	
Defensive tactics	1	
Evidence-based practices for incentive-based programming for youth in a secure residential setting	1	
Staff wellness and morale options in a facility setting that operates 24/7	1	
Skill development	1	
MACH review	1	
Nursing contact hours training	1	
	<i>provided comment</i>	26
	<i>respondent skipped question</i>	10

<b>Question 32. How would you rate the level of stress that you currently feel working in your job at Sununu Youth Services Center?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Low	2	5.6
Medium	12	33.3
High	22	61.1
	<i>respondent answered question</i>	36
	<i>respondent skipped question</i>	0

<b>Question 33. To what do you attribute the stress?</b>	
<b>Comments</b>	<b>Count</b>
Not supported by management/supervisor	12
Not enough staff	10
Management	7
Lack of youth accountability/discipline	8
Micromanagement by management	7
Unsafe workplace	7
Impact of COVID-19	7
Job security	3
Inconsistent programming	3
Lack of funds for programming	2
Management is punitive	3
Lack of Leadership	2
Oversight demands	3
Personnel issues	3
Poor communication between departments	2
Staff turnover	2
SYSC is not understood by the public	2
Inconsistent environment which makes for unpredictability	1
Personal liability when dealing with incarcerated youth	1
Transition of SYSC from a long-term program into a short-term holding facility	1
It stresses me out that youth come here and don't take treatment seriously, they just want to do their time and the statutes support that. It makes me sad how confused they are by even going to court and hearing the legal dance regarding what can be legally found true versus the truth as they lived it. The legal system messes with their moral compass, yet that is not recognized.	1
Morale is the worst I have ever seen	1
OCA wants to treat delinquents like abused children and the result is ineffective.	1
Follow through	1
Negative attitude of staff	1
We are way too top heavy	1
Frustration, feeling helpless	1
Staff following protocols and duties related to their Supplemental Job Description	1
<i>provided comment</i>	34
<i>respondent skipped question</i>	2

<b>Question 34. Is there anything else you would like to tell us?</b>	
<b>Comment</b>	<b>Count</b>
No.	2
I do believe that everyone working at SYSC has a genuine concern for the youth that we service and work hard to rehabilitate. I understand that the world at large has taken a shift away from long-term incarceration as a model for change. SYSC is certainly going through a transition. What seems to be missing is the clear vision of SYSC what is meant to become in the future. The SYSC staff and facility is a resource of considerable value and could/should be a model for juvenile justice on a national scale given clear and decisive parameters and public/political support.	1
We are ruining a generation of youth by not holding them accountable for anti-social behaviors. Youth are getting the message they can break laws and little, if anything, will happen to them. we are not preparing them for what will happen when they enter the adult world.	1
There are good people here and they are all going to leave if something isn't done. I have a family and I am considering my options.	1
This place is too soft on these youth. There are no rules and the youth basically run the institution. Zero accountability for their actions.	1
This place is lucky I am a go-getter and not usually afraid to go ask questions and take charge. If I had a different type of personality, I would have struggled coming in here as a new employee.	1
Limit the amount of influence the Office of Child Advocacy has on how dangerous situations are handled. Change the statute that governs length of stay at the facility.	1
Help. We are dying a slow death and no one really seems to care.	1
I believe SYSC is a solid facility that provides treatment programming for youth that need this level of care. (Secured treatment environment) Our mission provides evidence treatment-based to youth. The program is individualized for each youth to best fit their needs. I strongly believe we perform great work here.	1
Help.	1
Parole review needs to include evaluation of progress in treatment. Every youth should be compelled to have a plan for how they will make changes and should have to speak or read a prepared statement at Parole review. Public Defenders should be mandated to take Adolescent Development education; youth are not adults. SYSC has been strangled by union protections that focus solely on years of service, disregarding staff performance of their duties. Excellent performance needs to be rewarded and we need to stop the cycle of laying off all of our fresh/optimistic staff because they are lowest on the years of service ladder. Though I sometimes wonder if Youth Counselors will be happy with anyone, it is time for a new director. Leadership style/manner is hugely significant when the staff mirror our youth, meaning they are angry and oppositional. Our current leader does not have the magic combo to productively harness and engage such dynamics. Thank you for asking what we think.	1

<p>Outside groups have influenced us in a very negative way as well. It seems the OCA and DRC have made it their sole purpose to hinder how we operate to the point where the job is unsafe. The OCA Director has told the youth here on multiple occasions that they can call her with their concerns at any time. She has been quoted as saying she believes no child should ever be in a secure facility. I believe she has no idea what kind of youth we serve here at SYSC. Over the past 2 years we have had 5 murderers, 3 of which were in the building at the same time. During that time frame we have also had several youth with Attempted Murder charges. I am not quite sure how someone with no experience working with youth gets appointed to be the Director of the OCA, but I believe she needs to focus more on placements throughout the state that are mistreating kids because here at SYSC, all youth are treated with respect. Staff here at SYSC are here because we want to make a positive difference in the lives of the youth we serve which in turn makes the communities they will return to when they leave here better.</p>	<p>1</p>
<p>People need to understand that discipline is teaching - not punishment. Here are consequences for actions - both good and bad. If misbehavior is not addressed with meaningful consequences, the youth is learning that the behavior is not a big deal. This is not fair to the youth because if they do not change their thinking they will not change their behavior and will end up in the adult system. We need to do better.</p>	<p>1</p>
<p>Admin is constantly getting promotions and new hires then rules keep changing. There is no consistency here and staff keep leaving. People are afraid to do their jobs for fear they're going to be fired. Nothing here can be done without director's approval.</p>	<p>1</p>
<p>This facility needs better leadership. One that allows the staff to feel empowered to take charge and not feel that they have to "work around" someone rather than having an open line of communication. However, the stress level amongst the youth counselors is significant. I am aware of little ongoing training, poor communication, lack of a cohesive plan to manage the units. Units are messy and disorganized from a facility standpoint. Because morale is low among the YCs and staffing is challenged due to staff leaving, they are working with limited resources. Plus, there is very little positive recognition for staff other than a recently added "Employee of the Month" nomination. Our staff are remarkably committed individuals who deserve to be applauded for their efforts. More often than not, they are criticized and express feeling demoralized.</p>	<p>1</p>

<p>It has been a very difficult past few years under this director as she has micromanaged everything. There has been a large turnover in staff because of it. We have lost long time employees to early retirement because they no longer want to put up with it. We have lost new employees because of the stress and high acuity of mentally ill residents. We have seen a lack of ability to discipline the residents due to certain legislative laws and lack of time they are here. You cannot change a person's behavior in 3 months. Residents laugh at staff because they know there is nothing we can do, "I'm getting paroled in 3 months anyway so I'm not doing anything". I have seen good staff leave because "what is the point". We have been yelled at and assaulted by residents. Look at our staff injury reports. Staff have had to listen to racist remarks, swearing, inappropriate sexual comments from the residents and nothing is done about it. We are told that it is part of the job so deal with it. This facility is underutilized as there is a large amount of Gang activity in Manchester and now Concord that needs to be dealt with. There is a whole unit that could be used for Community based treatment but sits empty. Kids this age group are being used to commit crimes because they "get less time". We have had 5 juvenile Murderers since 2017, we have many others who are awaiting certification as adults for attempted murder and other gun related charges. We have others who have sex assault charges. These are the most dangerous kids in NH and we are treating them with kid gloves when we should be keeping them here longer and using more stringent rules. These kids know if they don't like something they cry abuse to the office of Child advocate or disability rights center and they cry foul and get laws changed that do not help these kids in the long run. Either we deal with the criminal activity while they are young or we pay to house them in prison later in life. I have been doing this for many years and this has really just become a place where we hold kids until some placement takes them and then we get them back when they assault someone at placement or they run away from placement. When we did not have the 3 month parole law the residents had to work their programs to earn trust and furloughs before they were eligible for release back into the community. Now they don't!</p>	<p>1</p>
<p>The past 2 years have been the most difficult to work at SYSC since the change in management. The lack of support from the director of SYSC and the micro management of the Medical department by a nonmedical professional is serious cause for concern. This coupled with all the other 24/7 state faculties receiving a 15% base pay enhancement for retention and recruitment has prompted me to consider looking for another position in the state. The morale among the youth counselors is at an all time low and is not providing the youth here to be in a positive environment with positive minded staff.</p>	<p>1</p>

Survey Of SYSC Staff

I strongly believe in rehabilitation of the residents but I just as strongly believe in deterring negative and unsafe behavior. We need more consequences that keep staff and other kids safe. We lack the ability to utilize consequences and because of that resident feel more empowered to misbehave and act out.	1
<b>Yes</b>	1
I have worked at SYSC for many years and have never felt so undervalued. I am early retiring due to the fact that I can no longer work for this woman and the values that she portrays.	1
I loved my job all the way until the laws changed and we stopped doing the right thing for kids and the community. I have way too much to say about this topic to wright it all down. We need real leadership and support.	1
I am leaving the facility due to the management and administration issues that I have had to deal with on a continual basis and the lack of support in order for me to do my job both effectively and successfully. I am also receiving a job where I am taking a \$6.00/hour pay cut due to the inability to continue to deal with the stress and management at SYSC. While I have enjoyed working with the youth, it is not worth dealing with the continual stress of the job in order to work with administration and specific supervisors.	1
Thank-you for this opportunity to share my observations and opinions.	1
The majority of SYSC staff are dedicated to providing high quality treatment programming to youth that need a secured setting.	1
There are great staff at the Center that are unable to perform the job to the best of their ability due to lack of staff to help support all of the roles needing to be filled in the Center to ensure safety, which is the first priority. Individualized treatment plans are developed and implemented to the best of staff availability, but staff are not always able to be "at the table" for planning and decision making, as there aren't enough staff to support taking one or two from the floor for a meeting.	1



The Division is not like it used to be. Promote from within, decisions are based on our convenience and not the clients we are mandated to provide. The Division has become extremely controlling and hinders people/groups from doing their jobs. Not a lot of communication between admin and underlings, dismissive, disrespectful, passive aggressive, passively retaliatory, it's just not a healthy environment. Staff are leaving in droves because of the administration. Amin needs to be held accountable. There should not be separate sets of rules depending on who you are. Admin does not always maintain confidentiality - information about staff is provided to other staff. They without information from depts. within the facility that should have the information - they can't do their job without it esp. around medical info. I could go on and on.....	1
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*provided comment* 27  
*respondent skipped question* 9

Question 34. Comment Themes	Count
Staff morale	10
Leadership issues	7
Hardworking and caring staff	5
Lack of youth accountability	5
Employee considering/is leaving SYSC	4
Micromanagement	4
Office of Child Advocate	3
Lack of support	3
Help	2
High number of accused murderers placed at SYSC	2
Staff performance should be rewarded	2

Question 35. Would you like to receive email notification when we release our final report on the SYSC?		
Answer Options	Count	Percent
No	19	52.8
Yes	17	47.2

*respondent answered question* 36  
*respondent skipped question* 0

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**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

**APPENDIX D  
SURVEY OF SYSC STAFF - SERVICES**

In November 2020, we sent a link to a web-based survey via email to 72 Sununu Youth Services Center (SYSC) staff, excluding staff who did not provide services to committed juveniles. We received 20 complete responses for a 27.8 percent response rate. Some totals in the following tables may not add up to 100 percent due to rounding.

<b>Question 1. What is your current position within the Sununu Youth Services Center?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
Youth Counselor	6	30.0
Educator	4	20.0
Nurse	3	15.0
Clinician	2	10.0
Manager/Supervisor	1	5.0
Other (please specify)	4	20.0
	<i>respondent answered question</i>	20
	<i>respondent skipped question</i>	0

<b>Question 2. How long have you worked at the Sununu Youth Services Center?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
I began working at the Sununu Youth Services Center prior to July 1, 2017	16	80.0
I began working at the Sununu Youth Services Center after July 1, 2017	4	20.0
	<i>respondent answered question</i>	20
	<i>respondent skipped question</i>	0

The following questions were asked twice. We asked the respondents to consider the services identified in SYSC policies and manuals and to indicate whether the services were generally provided to committed youth, available to committed youth as need, or not provided to committed youth. The first set of questions asked the respondents to consider whether the services were provided prior to the implementation of Chapter 156, Laws of 2017, and the second set of questions asked whether the services were provided after the law was implemented. Respondents indicating that they began working at the SYSC after July 1, 2017, were not asked to consider the services provided before the implementation of the law. The responses to both sets of questions are provided side-by-side for direct comparison.

<b>Questions 3 and 54. Medical Assessment conducted by a physician</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	11	68.8	14	70.0
Available to committed youth, as needed or as requested	3	18.8	2	10.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 4 and 55. Health Assessment (Form 2279)</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	10	62.5	13	65.0
Available to committed youth, as needed or as requested	2	12.5	3	15.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	4	25.0	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 5 and 56. Dental screening upon admission</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	6	30.0
Available to committed youth, as needed or as requested	4	25.0	7	35.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	4	25.0	6	30.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 6 and 57. Dental services conducted by hygienist or dentist</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	7	35.0
Available to committed youth, as needed or as requested	5	31.3	8	40.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	2	12.5	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 7 and 58. Mental Health Assessment conducted by a clinician</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	11	68.8	17	85.0
Available to committed youth, as needed or as requested	5	31.3	1	5.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	0	0.0	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 8 and 59. Evaluation for psychotropic medication needs conducted by psychiatrist</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	9	45.0
Available to committed youth, as needed or as requested	6	37.5	8	40.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 9 and 60. PREA Vulnerability Assessment (Form 2197)</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	12	75.0	15	75.0
Available to committed youth, as needed or as requested	3	18.8	2	10.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	1	6.3	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 10 and 61. Beck Suicidal Ideation Assessment</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	12	60.0
Available to committed youth, as needed or as requested	3	18.8	1	5.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	4	25.0	7	35.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 11 and 62. Resident Personal Safety Plan (Form 2131)</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	13	81.3	17	85.0
Available to committed youth, as needed or as requested	2	12.5	1	5.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	1	6.3	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

**Questions 12 and 63. Recommendations by clinicians for specialized programming for youth at high risk for victimization**

Answer Options	Before July 1, 2017		After July 1, 2017	
	Count	Percent	Count	Percent
Generally provided to all committed youth	9	56.3	11	55.0
Available to committed youth, as needed or as requested	3	18.8	3	15.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	4	25.0	6	30.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

**Questions 13 and 64. Substance use/abuse assessment by clinician trained in administration of the tool**

Answer Options	Before July 1, 2017		After July 1, 2017	
	Count	Percent	Count	Percent
Generally provided to all committed youth	10	62.5	11	55.0
Available to committed youth, as needed or as requested	3	18.8	4	20.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	3	18.8	5	25.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

**Questions 14 and 65. UCLA Trauma Screening**

Answer Options	Before July 1, 2017		After July 1, 2017	
	Count	Percent	Count	Percent
Generally provided to all committed youth	7	43.8	7	35.0
Available to committed youth, as needed or as requested	2	12.5	2	10.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	7	43.8	11	55.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 15 and 66. Psychosocial Assessment (Form 2143)</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	9	45.0
Available to committed youth, as needed or as requested	2	12.5	2	10.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	6	37.5	9	45.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 16 and 67. Direct psychiatric care provided by a psychiatrist</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	3	18.8	1	5.0
Available to committed youth, as needed or as requested	10	62.5	13	65.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	3	18.8	6	30.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 17 and 68. Crisis intervention and stabilization</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	10	62.5	14	70.0
Available to committed youth, as needed or as requested	6	37.5	6	30.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	0	0.0	0	0.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	



<b>Questions 18 and 69. Individual therapy provided by a clinician</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	12	75.0	16	80.0
Available to committed youth, as needed or as requested	4	25.0	4	20.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	0	0.0	0	0.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 19 and 70. Individual counseling provided by a youth counselor</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	13	81.3	14	70.0
Available to committed youth, as needed or as requested	3	18.8	6	30.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	0	0.0	0	0.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 20 and 71. Group therapy provided by a clinician</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	11	55.0
Available to committed youth, as needed or as requested	6	37.5	8	40.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 21 and 72. Group counseling provided by a youth counselor</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	12	60.0
Available to committed youth, as needed or as requested	5	31.3	7	35.0
Not provided to committed youth	1	6.3	0	0.0
Don't know	1	6.3	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 22 and 73. Family therapy provided by a clinician</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	10	50.0
Available to committed youth, as needed or as requested	7	43.8	9	45.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	1	6.3	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 23 and 74. Residential counseling provided by youth counselors</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	10	62.5	14	70.0
Available to committed youth, as needed or as requested	5	31.3	4	20.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	1	6.3	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 24 and 75. Pregnancy counseling</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	0	0.0	0	0.0
Available to committed youth, as needed or as requested	11	68.8	10	50.0
Not provided to committed youth	0	0.0	2	10.0
Don't know	5	31.3	8	40.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 25 and 76. Educational assessment by the school principal or designee, including placement testing in reading and mathematics</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	11	68.8	14	70.0
Available to committed youth, as needed or as requested	3	18.8	3	15.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 26 and 77. Review by the school principal or designee of the current Individualized Education Plan, 504 Plan, and/or educational transcripts</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	10	62.5	13	65.0
Available to committed youth, as needed or as requested	4	25.0	4	20.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 27 and 78. Educational counseling services</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	6	37.5	11	55.0
Available to committed youth, as needed or as requested	7	43.8	7	35.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	3	18.8	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 28 and 79. Special Education services</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	9	45.0
Available to committed youth, as needed or as requested	7	43.8	9	45.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	1	6.3	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 29 and 80. Vocational assessment conducted by permanency specialist or designee</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	7	43.8	10	50.0
Available to committed youth, as needed or as requested	8	50.0	6	30.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	1	6.3	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 30 and 81. Permanency assessment conducted by a permanency specialist</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	11	55.0
Available to committed youth, as needed or as requested	6	37.5	7	35.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 31 and 82. Permanency or re-entry planning</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	13	65.0
Available to committed youth, as needed or as requested	5	31.3	4	20.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 32 and 83. Transition services to assist and support youths' reintegration back into their home community</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	7	43.8	11	55.0
Available to committed youth, as needed or as requested	5	31.3	6	30.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	4	25.5	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 33 and 84. Spiritual Assessment conducted by a chaplain (Form 2186)</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	10	50.0
Available to committed youth, as needed or as requested	5	31.3	4	20.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	3	18.8	5	25.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 34 and 85. Chapel and Bible study groups</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	7	43.8	7	35.0
Available to committed youth, as needed or as requested	7	43.8	11	55.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	2	12.5	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 35 and 86. Spiritually-based counseling</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	6	37.5	3	15.0
Available to committed youth, as needed or as requested	8	50.0	14	70.0
Not provided to committed youth	0	0.0	1	5.0
Don't know	2	12.5	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 36 and 87. Opportunities for at least one hour per day of large muscle activity</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	12	75.0	15	75.0
Available to committed youth, as needed or as requested	4	25.0	5	25.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	0	0.0	0	0.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 37 and 88. Opportunities for at least one hour per day of structured leisure-time activities</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	12	75.0	16	80.0
Available to committed youth, as needed or as requested	4	25.0	4	20.0
Not provided to committed youth	0	0.0	0	0.0
Don't know	0	0.0	0	0.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 38 and 89. Opportunities for recreational activities off of the SYSC campus</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	5	31.3	4	20.0
Available to committed youth, as needed or as requested	5	31.3	6	30.0
Not provided to committed youth	3	18.8	8	40.0
Don't know	3	18.8	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 39 and 90. Weekly community meetings</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	12	60.0
Available to committed youth, as needed or as requested	2	12.5	3	15.0
Not provided to committed youth	2	12.5	3	15.0
Don't know	3	18.8	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 40 and 91. 12-Step programs</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	1	6.3	1	5.0
Available to committed youth, as needed or as requested	5	31.3	3	15.0
Not provided to committed youth	5	31.3	8	40.0
Don't know	5	31.3	8	40.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 41 and 92. Tutoring</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	6	37.5	4	20.0
Available to committed youth, as needed or as requested	8	50.0	9	45.0
Not provided to committed youth	1	6.3	3	15.0
Don't know	1	6.3	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	



<b>Questions 42 and 93. Individualized treatment programs</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	12	75.0	16	80.0
Available to committed youth, as needed or as requested	3	18.8	3	15.0
Not provided to committed youth	1	6.3	0	0.0
Don't know	0	0.0	1	5.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 43 and 94. Strength-Based Privilege System</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	10	50.0
Available to committed youth, as needed or as requested	3	18.8	2	10.0
Not provided to committed youth	2	12.5	3	15.0
Don't know	2	12.5	5	25.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 44 and 95. Mentor Program</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	5	31.3	4	20.0
Available to committed youth, as needed or as requested	6	37.5	7	35.0
Not provided to committed youth	2	12.5	4	20.0
Don't know	3	18.8	5	25.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 45 and 96. Furloughs or home visits</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	7	43.8	4	20.0
Available to committed youth, as needed or as requested	4	25.0	6	30.0
Not provided to committed youth	3	18.8	6	30.0
Don't know	2	12.5	4	20.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 46 and 97. Triangle Program</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	2	12.5	1	5.0
Available to committed youth, as needed or as requested	1	6.3	0	0.0
Not provided to committed youth	2	12.5	4	20.0
Don't know	11	68.8	15	75.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 47 and 98. Core psychoeducational group - Substance Awareness</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	8	50.0	10	50.0
Available to committed youth, as needed or as requested	4	25.0	7	35.0
Not provided to committed youth	1	6.3	1	5.0
Don't know	3	18.8	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 48 and 99. Core psychoeducational group - Anger Management</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	11	55.0
Available to committed youth, as needed or as requested	3	18.8	7	35.0
Not provided to committed youth	1	6.3	0	0.0
Don't know	3	18.8	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 49 and 100. Core psychoeducational group - Honest Mind</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	9	56.3	10	50.0
Available to committed youth, as needed or as requested	4	25.0	8	40.0
Not provided to committed youth	1	6.3	0	0.0
Don't know	2	12.5	2	10.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 50 and 101. Core psychoeducational group - Release and Reintegration</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	11	68.8	11	55.0
Available to committed youth, as needed or as requested	2	12.5	6	30.0
Not provided to committed youth	1	6.3	0	0.0
Don't know	2	12.5	3	15.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 51 and 102. Restorative Justice Circles</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	4	25.0	3	15.0
Available to committed youth, as needed or as requested	4	25.0	7	35.0
Not provided to committed youth	3	18.8	3	15.0
Don't know	5	31.3	7	35.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Questions 52 and 103. Peer Recovery Group</b>				
<b>Answer Options</b>	<b>Before July 1, 2017</b>		<b>After July 1, 2017</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Generally provided to all committed youth	2	12.5	0	0.0
Available to committed youth, as needed or as requested	5	31.3	3	15.0
Not provided to committed youth	2	12.5	8	40.0
Don't know	7	43.8	9	45.0
<i>respondent answered question</i>	16		20	
<i>respondent skipped question</i>	4		0	

<b>Question 53. Were there services that your department provided to committed juveniles immediately prior to implementation of HB 517 that are not listed in the previous questions?</b>			
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>	
No	7	43.8	
Yes (please describe)	9	56.3	
<i>respondent answered question</i>	16		
<i>respondent skipped question</i>	4		

<b>Question 53. Text Responses, Yes:</b>	<b>Count</b>
<p>Bringing youth into the community to get their non-Driver's license/photo ID. Providing study materials for youth to pass their written driver's ed. Test. Going on tours of programs like Job Corps in Manchester. Finding jobs for youth (who have trust status) in the community and arranging transportation. Continuing the partnership with St. Anselm College for opportunities such as Mentoring, Public Speaking, pen pals, and Public Achievement. Participating in programs like the Upreach Program re: learning about horses-how to take care of them, how to treat them, how to ride. The local bicycle program partnership-learning how to build/fix bikes and receiving one at the end of the program. Participation in the SYSC Maple Program-where trees on site are tapped and made into syrup and other products. Career exploration. College Planning.</p>	1
<p>As an educator, we worked with all students to meet their individual academic needs. While most students were focused on earning credits towards graduation from their sending school districts, some students had alternative plans. Many older students worked towards completing their HiSet (Graduation Equivalency test) and we provide focused learning based on their needs. Additionally we offered a wide range of individualized learning based upon current academic level [2nd grade - 12th+ including ESL (English as a Second Language)].</p>	1
<p>Empathy group. Painting group</p>	1
<p>TF-CBT was done as appropriate / as needed with youth. Three months is not long enough to adequately do TF-CBT. Prior to HB517 progress in treatment was a key way youth moved forward in their program. Progress in treatment is now less of a consideration, in favor of discussions about safety, the definition of which is always debated. To clarify, we have not done 12-step programs at SYSC as they consistently send the wrong message. Youth hear the wrong parts of the stories the leaders tell; walking away thinking they can continue to use until much later in life.</p>	1
<p>We used to have Woodshop and Automotive shop and we used to have a recycling program and we used to have students working in the campus store. Due to Teacher cuts these programs are no longer in place. We used to have residents go out to the "Kids Café", run by the Salvation Army, to do community service by helping with the children there. Kids no longer participate in Home Furloughs because they often are not here long enough to complete a program and earn trust levels. It's difficult to help an at risk youth who are only here for "3 months" and knows they will go to parole at 3 months so they only do the minimum of work while here. Also the criminally minded youth know they will be back on the streets in 3 months or 6 months and they continue to cycle in and out of here often.</p>	1

Experiential program for youth to do campus activities and community activities that didn't reach standards set for those trust status.	1
Based on policy #2185, the Chaplain provided "spiritually based drug and alcohol counseling." In addition, the Pastoral Service Department implemented the "Cultural Awareness" group; the "Emotional Needs" Group (to enable the residents to see their emotional deficiencies and work with them in a productive way to deal effectively with their trauma-driven behavior). In addition, many other extra-co-curricular activities were designed and executed through the Pastoral services available.	1
More outside support groups and more outside programs that will help youth with their issues when they return back to the community. Lack of leadership by the current administration and they cannot figure out what is best for the population at large and why is the return rate so high and the lack of training for current employees and the lack of true leadership not politics.	1
Family therapy, collaboration with JPPO, and community programs, etc.	1
<i>provided comment</i>	9

<b>Question 104. Are there services that your department currently provides to committed juveniles that are not listed in the previous questions?</b>		
<b>Answer Options</b>	<b>Count</b>	<b>Percent</b>
No	12	60.0
Yes (please describe)	8	40.0
	<i>respondent answered question</i>	20
	<i>respondent skipped question</i>	0

<b>Question 104. Text Responses, Yes:</b>	<b>Count</b>
Personal Safety Plans. Virtual Hearings/Meetings with families, attorneys, courts, placements, evaluators. Access to the courtyard for gardening to grow food for consumption. Increasing Computer Skills-learning to code. Developing Independent Living Skills. Access to Culinary Arts. Offering support to youth after they leave - if they initiate it.	1
The education department continues to provide the services described in my prior description. As an educator, we worked with all students to meet their individual academic needs. While most students were focused on earning credits towards graduation from their sending school districts, some students had alternative plans. Many older students worked towards completing their HiSet (Graduation Equivalency test) and we provide focused learning based on their needs. Additionally we offered a wide range of individualized learning based upon current academic level [2nd grade - 12th+ including ESL (English as a Second Language)].	1
Painting group	1

We no longer have Vocational classes for Automotive, Woodshop, and the campus store. These programs were eliminated in our most recent budget reductions. These youth need these programs as they are not all college bound. Also these residents are not here long enough to finish a program and earn trust to be able to go on furlough/home visit.	1
Committed youth are reviewed by the Classification Board and assigned to a therapeutic program of care (behavioral health, honest mind, substance abuse, intermediate). They engage in monthly treatment plan meeting (TPMs) and a comprehensive treatment plan is developed by their treatment team. Youth also have the opportunity to earn building trust, campus trust, community trust, and furlough trust. Given COVID, we are limited in what we can currently do for community and furlough trust.	1
Painting groups weekly Cultural diversity weekly fitness group weekly	1
Some of the services listed in this section have been limited or hindered by COVID-19 restrictions (Mentoring, tutoring, furloughs, etc.).	1
Art groups refection groups PT group hygiene groups	1
<i>provided comment</i>	8

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**STATE OF NEW HAMPSHIRE  
SUNUNU YOUTH SERVICES CENTER**

**APPENDIX E  
STATUS OF PRIOR AUDIT OBSERVATIONS**

We previously reviewed the following operations of the Sununu Youth Services Center (SYSC) relevant to the current audit.

We evaluated the SYSC's status towards resolving the recommendation from one relevant observation, shown in Table 13.

**Table 13**

**Status Of Prior Audit Observations And Status Key**

Status	Key	Total
Resolved	● ●	1
Resolution in process (action beyond meetings and discussion)	● ○	0
Unresolved	○ ○	0
<b>Total</b>		<b>1</b>

Source: LBA analysis.

A copy of the prior audit can be accessed at our website, <http://www.gencourt.state.nh.us/LBA/>.

The following is the status of the applicable observation contained in our *State Of New Hampshire Juvenile Justice Services Pre-Adjudicated Placements, Performance Audit Report, February 2013*.

<u>No.</u>	<u>Title</u>	<u>Status</u>
3.	Formally Assess Alternate Uses Of The Sununu Youth Services Center	● ●

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