

## 2140 CLASSIFICATION OF COMMITTED YOUTH

Chapter: **Sununu Youth Services Center**

Section: **Clinical and Classification**



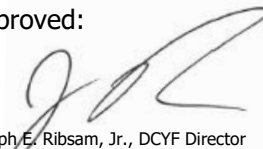
New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **18-36**

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Joseph E. Ribsam, Jr., DCYF Director

Related Statute(s): [RSA 21-G](#), [RSA 621](#), and [RSA 621-A](#)

Related Admin Rule(s):

Related Federal Regulation(s): [28 CFR Part 115](#)  
**PREA Standards 115.342(a), 342(c), and 342(d)**

Related Form(s): [FORM 1550J](#), [FORM 1550CS](#),  
[FORM 2026](#), [FORM 2130](#), [FORM 2138](#), [FORM 2141](#),  
[FORM 2142](#), [FORM 2186](#), [FORM 2197](#), and [FORM 2279](#)

Bridges' Screen(s) and Attachment(s):

Everyone needs and deserves a life of well-being. As such, all youth committed to the Sununu Youth Services Center (SYSC) are classified to an appropriate level of security, placement, and programming upon admission and as needed throughout their residency at the SYSC. Based upon all assessments conducted during the intake process and available to SYSC, the classification process considers the level of strengths, assessed needs, risk, and focal treatment goal orientated programming indicated. The classification process shall also include assessments aimed at keeping youth safe and free from sexual abuse according to the applicable provisions of the Prison Rape Elimination Act of 2003 (PREA). Acts of discrimination are prohibited in the classification process.

### Purpose

This policy establishes the classification procedure for youth committed to the Sununu Youth Services Center (SYSC) to make housing, bed, program, education, and work assignments.

### Definitions

**"CC"** or **"Clinical Coordinator"** means the master level clinical therapist assigned to each youth at SYSC to conduct mental health and behavioral assessment, facilitate individual and family and group therapy, diagnose mental health conditions via DSM5, create Focal Treatment planning for each youth monitor and report progress to the Treatment Team, the Court, and the Juvenile Parole Board.

**"Concurrent Goal"** means the alternative plan for the child/youth in placement that will achieve another permanency goal if reunification with a parent is not possible.

**"CPSW"** or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

**"DCYF"** or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

**"FTP"** or **"Focal Treatment Plan"** means the written, time-limited, goal-oriented, therapeutic plan (Form 2130) developed by the youth, family, and the treatment team which include strategies to address assessed focal areas of behavior that brought the youth into secure placement and is consistent with rehabilitative and restorative practices.

**"Intersex"** means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

**"JPPO"** or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

**"Nolle Prosequi"** means a declaration made to the judge by a prosecutor in a juvenile matter, either before or during trial, meaning the case against the juvenile is being dropped.

**"Permanency Goal"** means the desired outcome of interventions and services, which is determined to be consistent with the health, safety, well-being, and best interest of the child/youth. For each child/youth, there will be one primary current goal from the following options:

- (1) Maintain in own home;
- (2) Return home (reunification);
- (3) Adoption;
- (4) Legal guardianship; or
- (5) Another Planned Permanent Living Arrangement (APPLA).

**"PREA"** or **"Prison Rape Elimination Act"** means the standards enacted on August 20<sup>th</sup>, 2012 and enforced by the U.S. Department of Justice to eliminate prison rape pursuant to the Prison Rape Elimination Act of 2003.

**"Sexual Abuse"** for the purposes of this policy includes:

- (1) *Sexual abuse of a committed or detained youth by committed or detained youth* means any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuses:
  - a. Contact between the penis and the vulva, or the penis and the anus, including any degree of penetration;
  - b. Contact between the mouth and the penis, vulva, or anus;
  - c. Any degree of penetration of the anal or genital opening of another person, by a hand, finger, object, or other instrument; and
  - d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
- (2) *Sexual abuse of a committed or detained youth by a staff member, contractor, or volunteer* includes any of the following acts, with or without consent of the committed or detained youth:
  - a. Contact between the penis and the vulva, or the penis and the anus, including any degree of penetration;

- b. Contact between the mouth and the penis, vulva, or anus;
- c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d. Any degree of penetration of the anal or genital opening, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in sections (a) through (e) of this definition;
- g. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a committed or detained youth; and
- h. Voyeurism, meaning an invasion of privacy of a committed or detained youth by staff, contractor, or volunteer for reasons unrelated to official duties, such as: peering at a youth who is using a toilet to perform bodily functions; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

**"Sexual Harassment"** for the purposes of this policy means:

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by a committed or detained youth toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to a committed or detained youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

**"SYSC"** or the **"John H. Sununu Youth Services Center"** means the architecturally secure juvenile treatment facility administered by the Division for Children, Youth and Families for committed juveniles and detained youth, and for NH youth involved with the NH court system prior to their adjudication.

**"TPM"** or **"Treatment Plan Meeting"** means a meeting to develop or revise a youth's Focal Treatment Plan that initially occurs within one month of a youth's commitment then at least every three months thereafter.

**"Transgender"** means a person whose gender identity (*i.e.*, internal sense of feeling male or female) is different from the person's assigned sex at birth.

**“Volunteer”** means an individual who has been approved to donate time and effort on either a single or reoccurring basis to enhance the activities and programs of the Sununu Youth Services Center.

**“UM”** or **“Unit Manager”** means an employee of DCYF who is authorized by the Division to have supervisory duties for a residential unit within the SYSC.

**“YC”** or **“Youth Counselor”** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Youth Counselor.

**“YouthCenter”** means the web-based automated information system used by DCYF staff to document and track information regarding youth committed or detained at the SYSC.

## Policy

- I. The Administrator of Clinical Services or designee shall create and maintain the SYSC Classification Manual for Committed Youth (Form 2142). This manual shall be reviewed annually, updated as needed, and be the guiding manual for the classification process.
- II. Classification Timeframes:
  - A. All youth committed or detained to the SYSC will be temporarily pre-classified pending sufficient time for the Classification Board to make an informed decision of the youth’s categories of classification.
    1. Youth must be assigned an initial risk level at the time of admission. Unless otherwise specified all youth will be on an administrative “B” watch status.
    2. Youth must be assigned a housing unit at the completion of the admission process.
  - B. Committed youth shall be classified as soon as possible, but no later than two (2) weeks after admission to SYSC, however, the following exceptions apply:
    1. Youth returning from parole status who have not yet been revoked by the parole board will be classified the next classification date following their revocation hearing.
      - (a) Unless otherwise required, youth will temporarily return to their previous focal treatment plan and intervention.
    2. Youth with pending court or administrative action that would likely affect the classification of the youth will be reclassified after those issues have been formally disposed, if appropriate.
  - C. Detained youth cannot be scheduled for classification due to the temporary nature of their admission.
- III. Categories of Classification - All committed youth shall be classified in the following domains:
  - A. Residential – including building and unit;
  - B. Level of Care – Focal treatment intervention; and
  - C. Focal areas of individually assessed treatment needs:

1. Substance use disorder (SUDS);
  2. Sexual offender treatment (contract);
  3. Trauma survivor's treatment;
  4. Fire-setting treatment, when funded;
  5. Violent offender's treatment;
  6. Offense-specific treatment;
  7. Behavioral Health diagnosis;
  8. Grief and loss treatment;
  9. Independent living programming;
  10. Psychiatric evaluation/monitoring;
  11. Referral to mentor program, when appropriate;
  12. Referral to Permanency Specialist, when appropriate;
  13. Educational Programming;
  14. Vocational Programming, as available; and
  15. Any other identified special needs or focal treatment areas.
- D. Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall any staff of the SYSC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive (115.342 (c)).
- E. In deciding whether to assign, or reassign, a transgender or intersex youth to a unit for male or female youth, and in making other housing and programming assignments, the Classification Board shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems (115.342 (d)).
1. Such concerns must be documented in the Classification Board Report and sent to the SYSC PREA Compliance Manager.
- F. The Classification Board and SYSC PREA Compliance Manager may consult with the DCYF PREA Coordinator as needed in making determinations pursuant to sections D. and E. immediately above.

#### IV. Classification Board

- A. The Classification Board is the internal committee responsible for classifying committed youth.

- B. The Classification Board shall meet weekly as determined by the Classification Board Chairperson or designee;
- C. The Classification Board may comprise the following members:
  - 1. The Classification Board Chairperson or designee;
  - 2. The youth's JPPO, and CPSW if applicable;
  - 3. The Administrator of Clinical Services, or designee;
  - 4. The youth's assigned Clinical Coordinator (CC);
  - 5. The head of the SYSC Medical Department, or designee;
  - 6. The School Principal, or designee;
  - 7. The SYSC Chaplain;
  - 8. Interns (with approval from the Classification Board Chairperson);
  - 9. The Mentor Coordinator; and
  - 10. The DCYF Permanency Specialist.
- D. The Classification Board Chairperson may exempt any standing member who provides prior notice and a written report and it is determined the members absence will not affect the classification decision.
  - 1. Participation by phone may be allowed with the approval of the Classification Board Chairperson.
- E. The youth's assigned CC shall ensure the following reports and information are available to all Classification Board members before the youth's Classification meeting is conducted:
  - 1. The youth's Mental Health Assessment completed by the CC;
  - 2. The youth's Substance Use/Abuse Assessment completed by a CC who has been trained in the administration of the tool;
  - 3. The youth's Health Assessment, Form 2279 completed by the Medical Department head, or designee;
  - 4. The youth's Educational Assessment completed by the School Principal, or designee;
  - 5. The youth's Spiritual Assessment, Form 2186 completed by the SYSC Chaplain;
  - 6. The youth's Vocational Assessment completed by the DCYF Permanency Specialist or designee;
  - 7. The youth's Permanency Assessment completed by an DCYF Permanency Specialist;

8. The youth's Referral Packet submitted by the youth's JPPO upon admission that includes, but is not limited to:
    - (a) Form 2026 JPPO Collateral Contact;
    - (b) Pre-dispositional Investigation Report if available;
    - (c) The youth's case plan (Form 1550J or Form 1550CS) if available;
    - (d) The youth's permanency goal and concurrent goal if the case plan is not available;
    - (e) Diagnostic reports and evaluations including from any previous programs;
    - (f) The court order for the commitment of the youth, including all charges;
      - (1) Misdemeanors and felonies must be delineated;
      - (2) All plea deals must be identified;
      - (3) All committing offenses must be delineated; and
      - (4) All charges nolle prosequi must be identified;
    - (g) The plan relative to discharge;
  9. Any and all information obtained pursuant to initial and subsequent screenings, such as the youth's PREA Vulnerability Assessment Instrument (Form 2197), with the goal of keeping the youth safe and free from sexual abuse (115.342 (a)); and
  10. Any and all information obtained pursuant to initial and subsequent screenings pertaining to youth and family strengths.
- V. The Classification Board Chairperson or designee shall ensure Classification Schedules are distributed no later than the day after classification for the current week. The schedule is typically for two (2) weeks in advance.
- VI. Classification Board Meeting:
- A. The youth's JPPO will present a brief summary of the youth's background, family, charges, immediate and long-term needs, and program recommendations. The JPPO may present the opinion of the youth's parent/guardian regarding the youth's classification.
  - B. Staff who completed the reports described in Section IV-E above or their designee will provide brief summaries.
  - C. The youth's CC or designee shall present a verbal summary of their review of the youth's record to include past and current relevant information regarding programming and needs.
  - D. The attending members will make a classification decision:

1. The Classification Board shall determine the appropriate classification consisting of:
    - (a) Residential building on unit (i.e. 000, 100, and 200);
    - (b) Identified treatment focal areas of intervention as described in section III-C.
    - (c) Program (i.e. Behavioral Health, Honest Minds, SUDS.); and
    - (d) The youth's assigned Youth Counselor (YC) and CC.
  2. Notice of classification decisions shall be sent no later than the following Friday after the classification; and
  3. The SYSC School shall be responsible for implementing class assignments and vocational programming.
- E. Any classification concerns must be brought to the SYSC Administrator or designee.
- VII. The Classification Board Chairperson or designee shall complete the Classification Board Report no later than one (1) week after classification for each committed youth.
1. This report shall document information, including the attendance sheet and the review of assessments identified in IV-E above and the classification decision.
  2. This report shall be documented in YouthCenter as a case note and distributed to:
    - (a) The youth's assigned CC who shall ensure it is filed in the youth's chart;
    - (b) The youth's information binder on the unit available to YCs;
    - (c) The Education Department;
    - (d) The Medical Department;
    - (e) The youth's JPPO, and CPSW if applicable;
    - (f) The Administrator of Clinical Services; and
    - (g) The SYSC Administrator.
- VIII. The youth's assigned CC, in consultation with the youth's JPPO, shall schedule the youth's Initial Treatment Planning Meeting (TPM) within two (2) weeks of a youth's classification pursuant to policy [2130 Treatment Plans and Reviews](#).

### **Reclassification**

- I. General Provisions:
  - A. It is the expressed intent of the SYSC to limit the reclassification of a committed youth to only when other available means of programmatic changes and interventions fail to ensure the ongoing rehabilitation and/or safety of the youth or community.
  - B. Youth shall remain in their home unit pending completion of the reclassification process.



II. Referral for Reclassification:

- A. Any member of a youth's treatment team or the SYSC Administrator, or designee, may initiate the reclassification process. Examples of youth behavior that might warrant a reclassification referral include, but are not limited to:
  - 1. Repeated failure to meet basic expectations in the current program;
  - 2. The assessed need for specialized programming based on information that was not available at the time of original classification; and
  - 3. Youth returning after release (i.e. Administrative Release, Parole, etc.) with new charges or a violation warranting review of current classification.
- B. The decision to recommend reclassification of a youth may be made at a scheduled TPM or on an emergent basis after other, less intrusive means to address the youth's needs have been exhausted or determined unnecessary due to the youth's presenting behaviors.
- C. The youth's treatment team must document what other attempts to address target behaviors or unfulfilled goals have been made before recommending reclassification.
  - 1. The youth's treatment team must have a majority that agrees all efforts to change behaviors or achieve goals in a specific program have been made or the youth, due to changing circumstances, would be better served by a specific program/intensity level.
- D. All reclassification requests shall be directed to the Classification Board Chairperson.
  - 1. For approved requests, the Classification Board Chairperson adds the name of the youth to the classification schedule for the next scheduled meeting.
  - 2. The SYSC Administrator or designee shall ensure justification for the request to reclassify the youth is documented.

III. Reclassification meeting and determination:

- A. For reclassification, the Classification Board may include the following members in addition to those members listed in section IV-C above of this policy:
  - 1. The CC, or designee, of the youth's classified home unit;
  - 2. The Unit Manager (UM), or designee, of the youth's classified home unit;
  - 3. The CC and UM, or designee, of the requested receiving residential unit; and
  - 4. Direct Care staff knowledgeable of the youth's current presenting behaviors and other challenges.
- B. The Classification Board shall review all available documentation to ensure reclassification is the least restrictive and most appropriate option for the youth. Examples of documents reviewed may include, but are not limited to:

1. Previous Classification Reports Form 2141;
  2. All internal and external documents regarding the youth since their previous classification including:
    - (a) Incident reports;
    - (b) Records of discipline;
    - (c) TPM reports;
    - (d) Court or Police Reports; and
    - (e) All other relevant documents.
  3. The Classification Report, Form 2141 must be documented in YouthCenter as a case note when complete.
  4. The Classification Board Chairperson shall ensure Form 2138 Quarterly Review of Appropriateness of Continued Secure Care, in compliance with RSA 621:19, IV, is completed for the youth if the youth being reclassified was previously released from the SYSC.
- IV. The Classification Board, including the additional member(s) noted in III-A above, shall determine the appropriate classification for the youth.
- V. Any classification or reclassification concerns must be brought to the SYSC Administrator or their designee.