

1012 COMMITTED PROGRAM MISSION

Chapter: **Introduction to DCYF**

Section: **Agency Roles**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **18-36**

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Approved:

Joseph E. Ribsam, Jr., DCYF Director

Related Statute(s): [RSA 169-B:19 I\(j\)](#), [RSA 621](#), and [RSA 621-A](#)

Related Admin Rule(s):

Related Federal Regulation(s): [28 CFR Part 115](#)
PREA Standard 115.311(a)

Related Form(s): [FORM 1028](#), [FORM 2130](#), and [FORM 2361](#)

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

Everyone deserves to be safe. In accordance with the Division for Children, Youth and Families' Mission Statement, the John H. Sununu Youth Services Center (SYSC) is established to provide safe, secure residential treatment care to youth committed by the New Hampshire Family Court. SYSC provides an array of rehabilitative and clinically therapeutic programming overseen by a child psychiatrist, comprehensive medical services provided by licensed medical personnel and residential programming based on a foundation of restorative practices.

Purpose

This policy establishes SYSC Residential Services' mission for youth committed pursuant to RSA 169-B:19 I(j).

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.

"Commitment" or **"Committed"** means the dispositional status of minors who are ordered into the custody of DHHS for the remainder of their minority by a NH court as a result of being adjudicated delinquent, and who are subsequently placed in the care and control of the John H. Sununu Youth Services Center or another facility certified by DHHS for the commitment of minors; included are those juveniles who have been administratively released to parole, and those juveniles who have been paroled by the NH Juvenile Parole Board [see: RSA 169-B:19, I (j); and RSA 621:3, III].

"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.

"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.

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

“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.

Policy

- I. The Committed Program’s mission is to provide a safe and secure environment that offers quality trauma-informed services. Programming will focus on responsibility taking as prescribed in RSA: 621:2 to best prepare committed youth to return to their communities as productive citizens while promoting the philosophy of the New Hampshire Sununu Youth Services Center (SYSC):
 - A. To provide a wholesome physical and emotional setting for each youth detained at or committed to the center;
 - B. To assure that the youth has not been deprived of those rights to which he or she is entitled by law;
 - C. To teach the youth to accept responsibility for his or her actions;
 - D. To recognize that the youth’s interests are of major importance while also acknowledging the interest of public safety;
 - E. To cooperate with the courts, law enforcement agencies, and other agencies in juvenile matters to ensure that the needs of each youth who is involved with these agencies are met with minimum adverse impact upon the youth;
 - F. To return each youth committed to the center to a community setting with an improved attitude toward society; and
 - G. To mandate zero tolerance toward all forms of sexual abuse and sexual harassment (115.311 (a)).
- II. The SYSC Administrator shall oversee the operation of SYSC by:
 - A. Developing a mission plan in consultation with the DCYF Director for SYSC’s purpose, practice, current legal regulations, and professional requirements in alignment with the DCYF Practice Model and the [Beliefs and Guiding Principles of Sununu Youth Services Center](#) (Form 1028); and
 - B. Designating an SYSC PREA Compliance Manager to monitor the SYSC compliance with the provisions of the Prison Rape Elimination Act of 2003 (PREA).

- III. Each committed youth will receive appropriate Mental Health, Residential, Educational, Medical, Spiritual, and Social Services culminating in an appropriate and safe return to the home community or a community based program.
- A. Upon admission to SYSC, each committed youth shall receive a comprehensive assessment to determine level of risk, protective factors, and identify the Focal Educational, Mental Health, and Rehabilitative needs of the youth.
1. Each committed youth shall receive appropriate Focal Treatment Program related services that are age, gender, and offense specific, and culturally sensitive;
 2. The youth's JPPO shall draft and submit "Exit Guidelines" to the treatment team within 60 days of commitment, in alignment with the SYSC belief of a positive, uninterrupted return to the youth's home community or a community based program; and
 3. Each committed youth shall receive transition assistance and support to ensure successful uninterrupted reintegration of the youth back into their home community or a community based program.
- B. The [Classification](#) Board shall:
1. Review all assessments and documentation provided by the JPPO, Clinical Coordinator (CC), Education, Medical, Spiritual, and Permanency to include but not limited to:
 - (a) PREA Vulnerability Assessment Form 2917;
 - (b) Mental Health Assessment (MHA),;
 - (c) Suicide/homicide assessment;
 - (d) Clinical interview;
 - (e) Education records;
 - (f) Medical records;
 - (g) Spiritual assessment;
 - (h) Substance use or misuse assessment; and
 - (i) Youth and family history provided by the JPPO including court records;
 2. Discuss pertinent and relevant information and identify focal treatment areas regarding domains: mental health diagnosis, education, medical, spiritual, and residential;
 3. Identify a list of three to five focal treatment areas specifically identified from the assessment material provided, make appropriate referrals to Psychiatric, Mentor, or Substance Use Disorder program, and create a referral for programming; and

4. See [Policy 2140](#) for further information on Classification of committed youth.
- C. The [Education](#) Program shall:
1. Provide a formal educational assessment including placement testing in Reading and Mathematics;
 2. Review the current Individualized Education Plan, 504 Plan, and or transcripts;
 3. Consult with the home school district in order to create an individualized education program experience that attempts to replace patterns of failure with a sense of achievement;
 4. Incorporate the youth's individualized education program experience in the youth's individualized Focal Treatment Plan (FTP); and
 5. Provide vocational opportunities in line with the youth's vocational assessment and/or interest inventory, as available.
 - (a) See the Academic, Vocation and Work section in [Chapter 11](#) of the DCYF Policy Manual for additional information.
- D. The [Clinical](#) Program shall:
1. Provide a formal, accurate comprehensive assessment via all appropriate assessment tools provided to clinical staff;
 2. Diagnose mental health conditions according to specific criteria as outlined in the DSM 5;
 3. Provide individual, family and group therapy to assigned youth and those referred to clinical programs; and
 4. The youth's assigned CC shall ensure:
 - (a) The use of clinical expertise to administer formal comprehensive assessments, diagnose mental health conditions, and identify focal treatment areas from all information provided via Classification Board;
 - (b) Identification of treatment areas based on available information and develop a FTP to address specific focal issues related to commitment at SYSC;
 - (c) Collaborative development of Form 2361 Exit Guidelines in order to provide specific and viable placement options, community supports, and other relative information to create a comprehensive transition plan leading to successful uninterrupted reintegration into the youth's home community or a community-based program according to RSA 621:19;
 - (d) Coordination and facilitation of Treatment Plan Meetings (TPM) including:
 - (1) Planning for development of the FTP;

- (2) Coordinating the place and time of the TPM with treatment team members (youth, parents, JPPO, education, medical, and residential staff); and
 - (3) The monitoring and reporting of the youth's progress in treatment;
 - (e) Updated Court Reports and Parole Reports are created and attendance at hearings to report on the facts of the youth's progress as required;
 - (f) Facilitation and scheduling of FTP Youth Presentations, when appropriate as part of their overall Triangle Program, as youth develop competency and move forward towards increasing levels of trust leading to successful uninterrupted transition; and
 - (g) See the Clinical and Classification section in [Chapter 11](#) of the DCYF Policy Manual for additional information.
- IV. The mission statement for the Committed Program shall be reviewed and updated at least annually to reflect best practices in secure residential care for youth as determined by relevant data, the annual PREA review, changes in secure residential care of youth due to case law, changes in federal law, and other influences in juvenile justice and child welfare that are integrated into the SYSC Practice Model.
- V. The SYSC Administrator or designee, in consultation with SYSC staff and the Division administration, shall develop annual goals and long-term planning as informed by data collected through a continuous quality improvement process.
- VI. The SYSC Administrator or designee shall communicate the annual goals and long-term planning through the SYSC Facility Improvement Plan.