

2132 CLINICAL AND REHABILITATIVE SERVICES FOR COMMITTED YOUTH

Chapter: **Sununu Youth Services Center**

Section: **Clinical and Classification**



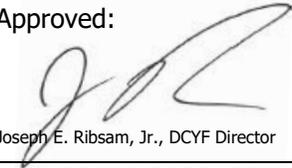
New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **18-36**

Approved:

Effective Date: **December 2018**

Scheduled Review Date:


Joseph E. Ribsam, Jr., DCYF Director

Related Statute(s): [RSA 621](#), and [RSA 621-A](#)
Related Admin Rule(s):
Related Federal Regulation(s): [28 CFR Part 115](#)
PREA Standards [115.367\(c\)](#) in part, [115.378\(d\)](#)

Related Form(s): [FORM 2130](#), [FORM 2131](#),
[FORM 2134](#), [FORM 2197](#), and [FORM 2361](#)
Bridges' Screen(s) and Attachment(s):

The Sununu Youth Services Center (SYSC) provides evidence-based clinical and rehabilitative interventions balancing the focal needs of the youth and family, and the safety of the community. The evidence-based services include joining with the youth and family for: comprehensive assessment to identify focal treatment needs; treatment planning; provision of individual, family and group counseling; substance use disorder treatment; offense specific treatment; trauma focused cognitive behavioral therapy; facilitation of treatment meetings; and reporting to the Juvenile Parole Board and/or Juvenile Court. Youth may receive programming through the Honest Minds program; a specialized program that offers youth an opportunity to identify and then abandon thinking patterns that have guided their behaviors.

Purpose

This policy establishes clinical and rehabilitative services for committed youth.

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 Parole Board.

"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.

"IEP" or **"Individualized Education Program"** means the written plan for the education of a child/youth with a disability that has been developed by a school district in accordance with rules adopted by the state Board of Education, and that provides necessary special education, or special education and educationally related services, within an approved program (RSA 186-C:2(III)).

"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.

"TBRI" or **"Trust-Based Relational Intervention"** means the attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children developed by Texas Christian University.

"TCI" or **"Therapeutic Crisis Intervention"** means the therapeutic crisis management system developed by Cornell University designed to teach staff how to help children learn constructive ways to handle crisis.

"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.

"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. At least annually, the SYSC Administrator and the SYSC Administrator of Clinical Services shall assess the collective service needs of the SYSC committed population to identify individualized focal programming to facilitate successful, uninterrupted community reintegration.
- II. The SYSC Administrator of Clinical Services shall supervise Clinical Coordinators (CC), clinical programs, and perform the administrative and programming responsibilities as defined in this policy.
- III. Placement and programming assignments for each youth identified as transgender or intersex shall be reassessed at least twice each year during their TPM to review any threats to safety experienced by the youth (115.342(e)).
- IV. 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. See [Policy 2140 Classification of Committed Youth](#) for additional information.
- V. The following is an outline of clinical and rehabilitative services available to all committed youth:

- A. Direct psychiatric care, medication management, and psychiatric consultation as therapeutically determined to be appropriate by the SYSC psychiatrist;
- B. Focal Treatment Planning for each committed youth;
 - 1. An assigned CC will complete a comprehensive assessment of the youth's strengths, needs, risk level, and protective factors to identify focal areas of treatment including: Mental Health, Educational, Medical, Spiritual, Permanency, and the rehabilitative services required to mitigate risk of harm to self and the community. See Policy [2130 Treatment Planning and Review](#) for additional information;
- C. Continuation and update of the youth's Individual Education Plan (IEP), including individual and group counseling with the CC when identified as a service within the IEP;
- D. The Triangle Program therapeutic milieu program which utilizes strength-based incentives and measurable goals/objectives for the youth's Educational, Clinical, and Residential domains;
- E. Residential Counseling based on the cognitive restructuring model as provided by Youth Counselors (YC) who have received training and on-going recertification in Therapeutic Crisis Intervention (TCI) and Trust-Based Relational Intervention (TBRI);
- F. Trust Presentations based on a special education model of assessment allowing youth to use projects, artifacts, and/or oral reporting to demonstrate competency with their focal treatment goals;
 - 1. YCs shall work with the youth to review their Focal Treatment Plan to prepare for Trust Presentations;
 - 2. Unit Managers (UM) shall assess competency readiness for Trust Presentations; and
 - 3. The youth's assigned CC shall schedule Trust Presentations with the SYSC Department Heads.
- G. Individual therapy, minimally once a week, with the assigned CC;
- H. Family Counseling, minimally once every other week, provided by the assigned CC;
- I. Crisis Intervention and Stabilization:
 - 1. SYSC employs consistent, ongoing efforts based on a youth's Resident Personal Safety Plan, Form 2131 to assist youth in building internal coping skills. See Policy [2131 Proactive Safety Planning](#) for additional information;
 - 2. YCs shall utilize TCI and TBRI with youth. The expressed purpose of these techniques is to prevent further escalation and mitigate the need for physical management;
 - 3. CCs are available to staff and youth regarding crisis situations; and

4. All occurrences of physical management shall be reported to the Supervisor On-Duty and the SYSC Administrator or designee as soon as practicable. See [Policy 2080](#) for additional information;
- J. Core psychoeducation groups consisting of the following weekly groups:
1. Substance Awareness;
 2. Anger Management;
 3. Honest Minds Lite; and
 4. Release and Reintegration;
- K. Restorative Circles, including:
1. Weekly community meetings to help empower youth by addressing unit or individual issues and concerns; and
 2. Encourage the appropriate expression of emotions and cooperative problem-solving;
- L. Peer recovery group: A youth-facilitated, staff-supported recovery group in which youth discuss present and future recovery oriented thoughts and behavior;
- M. Individualized programs to meet the specific therapeutic needs of youth including, but not limited to:
1. New Hampshire Trails – providing instruction on independent living skills;
 2. Impact Program – providing vocational-oriented education skills;
 3. New Hampshire Vocational Rehabilitation – providing employment skills development;
 4. New Hampshire Higher Education Assistance Foundation – providing support for college enrollment;
 5. Local partnerships with colleges and universities – providing tutoring, mentoring, and skill building in activities like public speaking;
 6. Sexual Health Information Network and Education (SHINE) program – providing sexual health information and education for youth;
 7. Straight Ahead Ministries– providing support for Bible Studies;
 8. Individualized religious services; and
 9. Gender-specific programming;
- N. Pregnancy Counseling: The SYSC Administrator of Clinical Services shall ensure that pregnant youth are provided with comprehensive counseling and assistance in keeping with their expressed desires in planning for their unborn child;

1. SYSC shall contact and enlist the services of the Pregnancy Care Center at Catholic Medical Center when approved by the youth;
- O. Spiritual awareness and spiritual growth activities are provided to all youth. These programs are voluntary and accommodations are made to provide services based on honoring the youth and their family's religious choices and preferences;
- P. Re-entry/Permanency Planning:
1. Re-entry planning involves preparing youth to live in their homes or appropriate alternative and is part of every youth's individualized Focal Treatment Plan; and
 2. The youth's Focal Treatment Team designs and updates draft exit guidelines on Form 2361 within 60 days of the youth's entry to SYSC; and
- Q. For youth who report being the victim of sexual abuse or have been identified as such by the PREA Vulnerability Assessment Instrument, Form 2197, the SYSC Administrator and SYSC Administrator of Clinical Services shall ensure the monitoring of the youth's conduct and treatment, for at least 90 days, to assess if there are changes that may suggest possible retaliation for the report of sexual abuse or identification as indicated by the PREA Vulnerability Assessment.
1. The SYSC Administrator of Clinical Services shall ensure prompt action to remedy any such retaliation;
 2. Monitoring under this section shall include, but not be limited to youth disciplinary reports and housing or program changes, including referrals to the [Crisis Services Unit](#); and
 3. If the initial monitoring indicates a continuing need for monitoring, the youth's programmatic needs shall be reassessed and monitoring under this section may be continued beyond the 90 days (115.367 (c) in part) if the initial monitoring indicates a continuing need.
- VI. Incidents of Sexual Abuse: Following an administrative or delinquency finding that a youth has been involved in youth-on-youth sexual abuse, or any other sexual abuse, the youth's assigned CC shall re-assess the youth's needs.
- A. Youth who have engaged in the sexual abuse of another shall be assessed for participation in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Programmatically, the SYSC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education (115.378 (d)).
 - B. See [Policy 2100 Rules Violations](#) for additional information regarding interventions and disciplinary sanctions for committed youth following an administrative or delinquency finding the youth engaged in youth-on-youth sexual abuse.
- VII. Unit Manager (UM) Responsibility:

- A. UMs are responsible to ensure the appropriate services are provided by their staff for youth in their units.
 - B. UMs must ensure staff complete service delivery information of the following:
 - 1. Individual Journal/TPM Reports, Form 2134;
 - 2. Progress Report via YouthCenter;
 - 3. Contact log entry via YouthCenter;
 - 4. CORE Psychoeducation Group attendance forms;
 - 5. Daily Focal Treatment Plan goal and objective review;
 - 6. Preparation for Trust Presentations;
 - 7. Weekly counseling encounters via YouthCenter case note; and
 - 8. Monthly progress note recorded in the SYSC secure drive.
- VIII. Emergency Management: SYSC utilizes specific contingency plans to safely manage emergency situations. See [Policy 2053](#) for additional information.