Division for Children, Youth, and Families

Presented to House Finance Division III
March 15, 2019
Joseph E. Ribsam Jr.
NH DHHS
Operational Area: HS & BH

Family Strengthening & Child Well-Being Initiatives

Associate Commissioner
Human Services & Behavioral Health

Division of Economic & Housing Stability
- Family Assistance
- Employment Supports
- Child Support
- Child Care
- Housing Supports

Division for Behavioral Health
- Mental Health
- Drug & Alcohol
- Children’s Mental Health

Division of Long Term Supports & Services
- Elderly & Adult
- Developmental Services
- Special Medical Services
- Community Based Military Programs

Division for Children, Youth & Families
- Field Services
- Family, Community & Program Support
- Learning & Quality Improvement

*From left to right - Emphasis on rapid and holistic engagement with integrated, targeted supports and services to prevent deeper involvement and interventions whenever possible and appropriate.
Child Protective Services
Child Protective Services – Services Provided

Investigate and assess allegations of child abuse and neglect. Provide for the safety, permanency, and well-being of child victims or children at risk of maltreatment.

Child Protective Services

Services include:
• Child abuse/neglect hotline
• Child abuse/neglect assessments (24/7 emergency response)
• In-home/in-community services to keep children safely at home
• Out-of-home residential services when children cannot be safely maintained at home
  • Relative care
  • Foster care
  • Residential care
• Reunification services
• Adoption & Adoptive services

State Mandates

• Child Protection Act – RSA 169-C
• Child Placing Agencies/Foster Care 170-E:24
• Termination of Parental Rights – RSA 170-C
• Interstate Compact on the Placement of Children – RSA 170-A
• Adoption – RSA 170-B
• Services for Children, Youth and Families – 170-G
Child Protective Services - Desired Outcomes

► Strengthen families to keep children safe at home whenever possible

► Support array of evidence based and evidence informed services to mitigate risk and enhance parental protective capacity keep children safe at home

► Where a child cannot be safely maintained at home, work with families to support children with relative caregivers

► Recruit and support foster parents to care for children who cannot be safely maintained in their own homes or with relatives

► Support strong residential programs for children who clinically require support beyond that which can be provided in homes/communities

► Achieve timely permanency, through reunification or adoption, for children who enter state care

► Realize our collective responsibility for child well-being by developing and supporting community efforts to strengthen families and serve youth outside of child protective services
Calls to DCYF Intake

- # of Screened In Referrals
- # of Screened Out Referrals
- # of Additional Information
- Total calls to intake (includes Additional information, I & R & Referrals)
The Data: Sample Size Comparison

In FY 2016–17, 7,034 referrals had either a founded or unfounded disposition as well as a completed risk tool.

<table>
<thead>
<tr>
<th>Unfounded</th>
<th>Founded</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Unfounded high/very high" /></td>
<td><img src="image2" alt="Founded low/moderate" /></td>
</tr>
<tr>
<td><img src="image3" alt="Unfounded low/moderate" /></td>
<td><img src="image4" alt="Founded high/very high" /></td>
</tr>
</tbody>
</table>

- Low/Moderate
- High/Very high
Child Protective Services - Data

Family Services Cases & Clients

- Children served in Family Service Cases
- Children in placement at any time during the year
- Children Served in In-Home cases at any time during the year
- Family Service Cases
Child Protective Services - Data

CPS Involvement Count by Year: 2010 - 2019
Children Involved on Caseload at the Start of the Report Period

Involvement
- In Home Caseload
- Placement Caseload

Data Source: Results Oriented Management, Extracted on 1/15/19
Child Protective Services - Data

CPS Placement Entries and Exits by Year: 2010 - 2018
Entries and Exits Anytime During the Report Period

Status
- Entered
- Exited

Year
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018

Count
- 360
- 387
- 395
- 447
- 284
- 339
- 356
- 336
- 316
- 378
- 417
- 578
- 612
- 680

Data Source: Results Oriented Management, Extracted on 1/15/19
Children Adopted during each State Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number Adopted</th>
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<tbody>
<tr>
<td>SFY14</td>
<td>120</td>
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<tr>
<td>SFY15</td>
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<tr>
<td>SFY16</td>
<td>80</td>
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<tr>
<td>SFY17</td>
<td>100</td>
</tr>
<tr>
<td>SFY18</td>
<td>160</td>
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</table>
Child Protective Services - Data

Average Assessments Assigned Per CPSW

Jan-16  Jul-16  Jan-17  Jul-17  Jan-18  Jul-18  Jan-19
Child Protective Services - Data

Family Service Average Workload

- Cases Assigned Per CPSW
- Children involved Per CPSW

Data showing the trend from Jan-16 to Jan-19.
Child Protective Services - Data

CPSW Turnover

- Assessment
- Family Service
- % combined turnover

Federal Fiscal Year

- 2016
- 2017
- 2018
Child Protective Services - Data

Important Factors for Staff Retention

Data Source: DCYF Stay Survey, July, 2018
Juvenile Justice Services

Division for Children, Youth, and Families
Juvenile Justice Services – Services Provided

Support children and youth to remediate challenges with delinquency to promote child, family, and community safety. Support children and youth identified as Children in Need of Services

Juvenile Justice Services

Services include:
• Delinquency Support Services (JPPO Case Management & Community Based Services)
• Children in Need of Services (Voluntary & Involuntary CHINS)
• In-home/in-community services to promote child, family, and community safety
• Out-of-home residential services when child/youth requires more intensive clinical as limited by law for delinquency and CHINS
• Support of permanency for children/youth

State Mandates

• Children in Need of Services – RSA 169-D
• Delinquent Children – RSA 169-D
• Interstate Compact on Juveniles – RSA 169-A
• Services for Children, Youth and Families – 170-G
Juvenile Justice Services - Desired Outcomes

► Strengthen families to support child/youth in the home.

► Support youth to promote well-being and prevent future delinquent behaviors.

► Support strong residential programs for children who clinically require support beyond that which can be provided in homes/communities.

► Ensure permanency for children and youth.

► Build stronger communities and youth reintegration through restorative practices.

► Realize our collective responsibility for child well-being by developing and supporting community efforts to strengthen families and serve youth outside of juvenile justice services
Juvenile Justice Services - Data

Juvenile Justice Services

Open Cases anytime during the year
Youth Served in Home
Juvenile Justice Services - Data

Juvenile Justice Caseload
(open anytime during the year)

- Total JJ Cases
- Delinquency
- CHINS
- Voluntary CHINS

State Fiscal Year
(July through June)
Juvenile Justice Services - Data

Average Cases Assigned Per JPPO

[Graph showing the average cases assigned per JPPO from Jan-16 to Jan-19 with a trend indicating slight fluctuations but no significant changes.]
## Juvenile Justice & Child Protection
Actual Costs of Residential and Community Based Services SFY18

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Non-Medicaid</th>
<th>Medicaid</th>
<th>Total Costs</th>
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</thead>
<tbody>
<tr>
<td>Residential – Juvenile Justice</td>
<td>$8,925,767</td>
<td>$13,213,722</td>
<td>$22,139,485</td>
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<tr>
<td>Residential – Child Protection</td>
<td>$11,188,994</td>
<td>$11,220,092</td>
<td>$22,409,086</td>
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<tr>
<td>Community Based – Juvenile Justice</td>
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<td>$1,935,916</td>
<td>$4,363,631</td>
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<tr>
<td>Community Based – Child Protection</td>
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<td>$7,075,092</td>
<td>$8,667,868</td>
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### Youth in Out-of-State Residential Programs

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CITY</th>
<th>STATE</th>
<th>Daily Rate</th>
<th># of Youth</th>
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<tr>
<td>BRANDON RES TREATMENT CENTER INC</td>
<td>Natick</td>
<td>Massachusetts</td>
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<tr>
<td>CLARINDA YOUTH CORPORATION</td>
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<tr>
<td>DEVEREUX FOUNDATION</td>
<td>Rutland</td>
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<tr>
<td>HILLCREST EDUCATIONAL CENTER INC - HIGH POINT</td>
<td>Lenox</td>
<td>Massachusetts</td>
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<tr>
<td>HILLCREST EDUCATIONAL CTR INTENSIVE TRT UNIT</td>
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<td>Massachusetts</td>
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<tr>
<td>MILLCREEK OF ARKANSAS</td>
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<td>Arkansas</td>
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<tr>
<td>ST ANNS HOME INC - MAIN RESIDENCE</td>
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<td>Massachusetts</td>
<td>$526</td>
<td>3</td>
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<tr>
<td>ST ANNS HOME INC</td>
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<td>Massachusetts</td>
<td>$682</td>
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<td>ST ANNS HOME – PUBLIC SCHOOL</td>
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<tr>
<td>STETSON SCHOOL INC</td>
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<td>Massachusetts</td>
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<td>Vermont</td>
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<td>Vermont</td>
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<td>$715</td>
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<tr>
<td>WHITNEY ACADEMY - DIGHTON I RESIDENCE</td>
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<td>WHITNEY ACADEMY - DIGHTON II RESIDENCE</td>
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<td>$715</td>
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<tr>
<td>WHITNEY ACADEMY INC - FREETOWN RESIDENCE</td>
<td>East Freetown</td>
<td>Massachusetts</td>
<td>$715</td>
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</table>

Total: 70

Data as of 3/7/19
Reasons of Out-of-State Placements

- Out-of-State Placement closer in distance to support family connections.
- Level of Care unavailable in New Hampshire. For example, there are no Intensive Psychological Residential Treatment Facilities in the state.
- Even where Level of Care is available, in-state providers do not have sufficient capacity to meet demand.
- In some instances, the NH rate is not competitive with other states or in-state education placements.
- Growth in demand from Child Protection in recent years.
- Providers sometimes unwilling to accept some youth based on level of treatment need, prior conduct, or challenging prior history in their programs.
Family First Preventative Services Act

Residential Services:
- Federal IV-E funds (50% match) to be limited as follows
- Parental income test - 1996 AFDC guidelines
- Residential programing only when clinically necessary with limited exceptions:
  - Human Trafficking Programs
  - Pregnant/Parenting Programs
  - Independent Living Programs for young adults (18+)
- Qualified Residential Treatment Programs
  - Accredited (HB2 & PN Service Redesign)
  - Clinical model/programing (PN Service Redesign)
  - Nursing & Clinical Staff (PN Service Redesign)
  - Post-discharge services (PN Service Redesign)
- Independent needs assessment (SB14)
- Family teaming/decision-making (SB14)

Prevention Services:
- Federal IV-E funds (50% match) to be newly authorized as follows
- No parental income test
- First time IV-E funding available for children & their families before placement
- Children must be identified as at “imminent risk for foster care” (Funding for tool in HB2)
  - Could be designed to include current & new voluntary services and traditional “open cases”
- Only Evidence Based & Trauma Informed Services identified in IV-E Preventative Services Clearinghouse (PN Service Redesign)
  - Mental Health Services
  - SUD Treatment Services
  - In-home Parenting Support (education, family counseling, home visiting, etc.)
DCYF & Children’s Behavioral Health

Current State

- Child Protection Services
  - Care Mgt. Entity
  - Intensive CBH Services
  - 211
- Juvenile Justice Services
  - Residential Services
  - DCYF In-Home Services
  - Emergency Departments
  - SYSC
  - NH Hospital
  - Community MH Centers
  - Law Enforcement
DCYF & Children’s Behavioral Health

Future State

System of Care

Child Protection Services

Juvenile Justice Services
While significant workforce challenges remain, reduction in workload and organizational stability following the crisis has resulted in improved staff morale and retention.

Reversing a three year trend, the number of children entering child protective placement has reduced while the number of children achieving permanency has increased, indicating growing stability despite continuing record high child abuse/neglect assessments.

Implementation of: 24/7 Intake; 24/7 CPS Emergency Response; Redesigned Pre-service Training; New Simulation Training; Voluntary Services; Expanded SUD Supports/Services; Rapid Safety Feedback; SAFE Home Study; Home Study Unit; Enhanced Field Support for Foster Parents; Increased Foster Care Subsidy; Document Imaging; Strengthened Record Retention Protocols; and Stabilized New Leadership of Every DCYF Bureau.
DCYF - Key Challenges

Staff support: appropriate workload, effective services for families, and a culture of safety to allow staff to support families and secure child safety and well-being in exceeding complex environment.

Keep Kids Safe at Home: Preventative and Voluntary Services to mitigate risks before children are abuse or neglected occur. Development of a robust System of Care to support children and youth with behavioral health challenges and their families before delinquency occurs.

Residential and In-Home Service Modernization: Supporting residential providers to enhance trauma informed clinical capacity and In-Home Service providers to transition to evidence based models in line with best practices and the Family First Preventative Services Act.
## Prioritized Needs - Staff

<table>
<thead>
<tr>
<th>Position Name</th>
<th>Request SFY20</th>
<th>Request SFY21</th>
<th>HB1 SFY20</th>
<th>HB1 SFY21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business System Analyst I</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Case Aide</td>
<td>14</td>
<td>14</td>
<td>14 unfunded</td>
<td>14 unfunded</td>
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<tr>
<td>CPSW</td>
<td>27</td>
<td>57</td>
<td>10 funded</td>
<td>10 funded</td>
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<tr>
<td>Secretary II</td>
<td>11</td>
<td>19</td>
<td>5 unfunded</td>
<td>5 unfunded</td>
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<tr>
<td>CPS Supervisor IV</td>
<td>9</td>
<td>20</td>
<td>4 funded 1 unfunded</td>
<td>4 funded 1 unfunded</td>
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<tr>
<td>Administrator III</td>
<td>1</td>
<td>1</td>
<td>1 unfunded</td>
<td>1 unfunded</td>
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<tr>
<td>Program Specialist</td>
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<tr>
<td>Nurses</td>
<td>15</td>
<td>15</td>
<td>8 funded 7 unfunded</td>
<td>8 funded 7 unfunded</td>
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</table>
## Prioritized Needs - Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Request SFY20</th>
<th>Request SFY21</th>
<th>HB1 SFY20</th>
<th>HB1 SFY21</th>
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<td>JPPO</td>
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<tr>
<td>JPS Supervisor IV</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Attorney II*</td>
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<td>2 funded</td>
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<tr>
<td></td>
<td></td>
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<td>2 unfunded</td>
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<td>Legal Secretary*</td>
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<td><strong>150</strong></td>
<td><strong>62</strong></td>
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*Legal Positions budgeted within Legal Services Budget.*
## Approved Prioritized Needs

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<tr>
<th>Item</th>
<th>Request SFY20</th>
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<th>HB1 SFY20</th>
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<td>1M</td>
<td>3.5M</td>
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<tr>
<td>Contracts: After-hours Intake &amp; Case Closure</td>
<td>576K</td>
<td>584K</td>
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<tr>
<td>Rapid Safety Feedback</td>
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<td>SDM Study/ Revision &amp; Residential Accreditation Grants</td>
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**Staffing**

<table>
<thead>
<tr>
<th>Governor Recommended Positions SFY20</th>
<th>%</th>
<th>4210 Child Protection Accounting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>4%</td>
<td>2956 – Director’s Office</td>
</tr>
<tr>
<td>395</td>
<td>86%</td>
<td>2957 – Child Protection</td>
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<tr>
<td>24</td>
<td>5%</td>
<td>2960 – Org’l Learning &amp; Quality Improv</td>
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<tr>
<td>17</td>
<td>4%</td>
<td>2961 – Foster Care Health Program</td>
</tr>
<tr>
<td>1</td>
<td>0%</td>
<td>2970 – Teen Independent Living</td>
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</table>
## Staffing

<table>
<thead>
<tr>
<th>Governor Recommended Positions SFY20</th>
<th>%</th>
<th>4214 Juvenile Justice Services Accounting Unit</th>
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</thead>
<tbody>
<tr>
<td>108</td>
<td>99%</td>
<td>7905 – Juvenile Field Services</td>
</tr>
<tr>
<td>1</td>
<td>1%</td>
<td>7906 – Offc Juvenile Justice Delinquency Prevention (OJJDP)</td>
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</tbody>
</table>
Child Protection

The purpose of Child Protection is to assist families in the protection, development, permanency, and well-being of their children and the communities in which they live.

Children and families who come to the attention of the child protection system do so as a result of abuse and/or neglect reports being made to DHHS/DCYF pursuant to NH RSA 169-C. The children and youth involved in these reports have been alleged to have been subjected to maltreatment and trauma and are in danger or at risk of harm due to the following: sexual, physical, emotional and psychological abuse, neglect including educational, emotional, medical, and physical.

Parents involved with the child protection system may have a history of abuse and trauma in their own childhood, and/or currently struggle with mental health challenges, substance abuse, domestic violence and a scarcity of resources. These circumstances have a direct impact on their ability to assure the ongoing safety and protection of their children.

<table>
<thead>
<tr>
<th>Activity-Accounting Unit</th>
<th>Accounting Unit Title</th>
<th>Division</th>
<th>Bureau</th>
<th>Budget Book Page #</th>
<th>Budget Briefing Book Page #</th>
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<td>4210-2956</td>
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<td>CP</td>
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<td>CP</td>
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## Child Protection

<table>
<thead>
<tr>
<th>Activity-Accounting Unit</th>
<th>Accounting Unit Title</th>
<th>Division</th>
<th>Bureau</th>
<th>Budget Book Page #</th>
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## Child Protection

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Juvenile Justice Services

The purpose of the services provided to delinquents and Children in Need of Services (CHINS) are to promote community safety and positive youth development via Juvenile Probation and Parole Supervision. Juvenile Probation and Parole Officers work to assure youth/offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities.

Juvenile Field Services provides services to communities and the general public whose safety and well-being have been placed at risk, by the provision of supervision and case management to adjudicated youth by Juvenile Probation and Parole Officers. They serve juveniles adjudicated as delinquents or CHINS for whom the supervision and services provided promote accountability, positive youth development and to facilitate the successful utilization of home based and community services and/or the successful re-integration of the youth into their families and communities. They also serve the families of adjudicated delinquents or CHINS who seek Juvenile Justice Services, collaborate with law enforcement and seek court assistance in addressing misconduct and its causes.

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Sununu Youth Center

Division for Children, Youth, and Families
Sununu Youth Services Center – Services Provided

Provide a safe and secure environment for detained and committed youth that receive crisis intervention, mental health, and focal treatment services in a secure setting. Ensure safety and well being of committed and detained youth and the overall safety of the community.

Sununu Youth Services Center

Services include:
- Focal Treatment Plans
- Clinical and Psychiatric Assessments and Services
- Educational and Vocational Planning/Services
- Medical, Dental, Nutritional Services
- Family Engagement (Visits, Engagement & Development in Treatment)
- Assured Staff and Resident Safety
- Community Re-entry Planning (Early Transition and Community Reintegration)
- Recreational/Experiential and Independent Living Skills
- Reunification/Permanency Planning (Stable Home, Job Placement, Community Connections)

State Mandates

- RSA 169-B – Delinquent Children
- RSA 170-H – Parole of Delinquents
- RSA 170-G – Services for Children, Youth and Families
- RSA 621 – Youth Development Center
- RSA 621-A – Youth Services Center
Sununu Youth Services Center – Desired Outcomes

► Promote and balance community safety and positive youth development

► Mitigate risk of harm to self and community to prevent/decrease recidivism

► Improve decision making skills, self-esteem, and confidence levels

► Improve community and family relationships/functioning

► Build/Create Protective Factors (Education/Credit Recovery, Vocational Skills, Accountability to self/others)

► Effective permanency planning for youth with positive community integration
SYSC – Unit Description for Youth Served

► F-000: The Honest Mind Program is the foundation of the most intensive program at SYSC.

► F-100: The Behavioral Health Program treats a wide variety of diagnoses, comorbid disorders, concurrent conditions, etc.

► F-200: Youth who are identified with the need for Substance Use Disorder Treatment are treated by a Master Licensed Alcohol and Drug Counselor (MLADC) and Intermediate Program for youth who may have delinquent behaviors and secondarily identified Behavioral health issues.

► E-200: Female resident unit separation for compliance with PREA laws and regulations.

► E-000: Detention for youth pending disposition of their case in the court system.

► E-100: The Crisis Services Unit (CSU). Placement on the CSU is a response to the youth’s mental health and or behavioral dysregulation to insure safety and security of the youth and staff.

► G Unit utilized for meetings, but could be repurposed for additional youth programing.

► H Unit occupied by the Granite Pathways Youth Substance Use Treatment Program.
SYSC – Staffing

Oversight, Supervision, Support to both Staff and Youth to insure delivery of therapeutic services while maintaining Safety & Security.

Assessment, Focal Treatment Planning, Safety Planning, Individual & Family Therapy, Substance Treatment, Transitional/Permanency Planning,

Special Education Certified School. Provides academic services to all youth to support achievement and success in diploma receipt.


Medical, Suicide MH, Assessments, Routine and Emergent Medical Care, Medication Distribution, Psychiatric Services, With Outsourcing for Physician, Dentist and Hygienist

Insures provision of well-balanced nutritional meals in accordance with federal standards to youth in the facility and the SUDS contracted unit.

Maintenance services for the 156 Acre parcel to include all grounds buildings. Administrative services to support functions within SYSC.
Sample Daily Schedule for Youth

7:15am – Wake up
7:15-7:35- Make bed, morning hygiene
7:35- Breakfast
8:00- 1st period (School Store Business/Marketing)
8:50- 2nd period (Art)
9:40-3rd period (Culinary)
10:30- 4th period (English)
11:20- Study Hall
11:55-Lunch
12:40pm- 5th Period (Physical Science or Biology)
1:30- 6th period (Life Skills or Resource) NOTE: Mondays Equine Therapy
2:20- End of School day, Line up
2:25-2:40 Transition time on unit
2:40-3:00- Free Time

3:00-4:00- Community meetings with YC’s & Clinicians or Therapeutic Groups
4:00-5:00- Gym, Mentoring St A’s, Bible Study, FiT Program,
5:00-5:30- Dinner
5:30-5:45- Transition Time on unit
5:45-6:00- Unit Chores
6:00-6:30- Therapeutic Groups (Anger Mgmt, SUDS, Honest Minds, etc.)
6:30-7:30- Visits (if no scheduled visits youth will have groups or activities)
7:35-7:45- Med sick call
7:50-8:00- Shower
8:00-9:00 – Upper level time in Multi-purpose room
9:00- Bed time*

*this varies from 8:00 to 9:30 depending upon youth trust level
SYSC Data

Number of Youth Served

A youth can be both committed and detained in the same month, but will only be counted once in the total for the month.

Source: Courtstream
SYSC Data
Average Daily Census

Source: Courtstream
## Staffing

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<th>Governor Recommended Positions SFY20</th>
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<td>7906 – Director’s Office</td>
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<tr>
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The John H. Sununu Youth Services Center (SYSC) was built as a 144 bed secure rehabilitation and detention facility. The co-ed facility services both adjudicated and detained youth. The primary function of the facility is to promote and balance community safety and positive youth development through the utilization of therapeutic practices. This is achieved by assuring offender accountability through restorative practices to communities harmed by misconduct. SYSC provides security, supervision, and appropriate programs for youth to ensure that committed residents have a greater chance of being successful in the community when they leave the Center than when they enter it.

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