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State of New Hampshire

Office of the Child Advocate



Office of the Child Advocate Issue Statement: Transitioning the Sununu Youth Services Center

The Office of the Child Advocate (OCA) is an independent and impartial agency mandated pursuant to RSA chapter 21-V to provide oversight of state and state-arranged services to children, to promote children's best interest and effective reforms, and to educate and advise the governor, legislature, commissioner, and the public. The OCA will periodically release issue briefings or statements to inform state child-serving systems and the public on relevant issues in furtherance of the OCA mission and responsibilities.

There is consensus among policy makers, administration, advocates, scholars, and young people to close the Sununu Youth Services Center (SYSC), New Hampshire's only detention and commitment center for juveniles. Rationale for closure varies from saving the cost associated with operating the 144-bed facility, to empirical evidence demonstrating ineffective and harmful outcomes from incarcerating children, to understanding the increasingly complex needs of children placed at the facility. Consensus among leadership regarding the next steps, however, has yet to occur. There is an impending closure date of March 2023,¹ with no true plan for the children currently residing at the facility.

Since a 2003 U.S. General Accounting Office Report on Child Welfare and Juvenile Justice on the use of child welfare and juvenile justice services to access mental health care, we have known that children enter the juvenile justice system inappropriately as a result of unmet mental health needs.² In fact, the majority of children in the juvenile justice system have a diagnosable mental health disorder.³ Many of these children also have extensive child protection histories.⁴ As of the date of this statement there are 12 children at the facility. Out of these 12, 9 have extensive histories of reports to DCYF for concerns of abuse or neglect, and 3 have previous child protection cases. This means that many children end up in the system not because of the seriousness of their offense, but because of complex family dynamics, a lack of understanding of their needs, and the inability to access services and treatment in their community. This creates a false narrative about criminality among juveniles. Are there children who commit acts worthy of being placed in the juvenile justice system? Sure. But when you truly examine the needs of children in the system, there are few and far between that rise to this level.

There is no question that New Hampshire needs an alternative to the current juvenile detention facility. However, closing the facility without a plan for the children should not be an option. Other states have done that with potentially disastrous results for children. Connecticut closed its Juvenile Training School in 2018 with no plan in place; as a result, boys were placed in pretrial detention centers.⁵ Vermont closed its only

¹ 2021, HB 2-FN-A at [billText.aspx \(state.nh.us\)](http://billText.aspx(state.nh.us))

² Government Accountability Office. (2003). *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*. [GAO-03-397 Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services](https://www.gao.gov/products/GAO-03-397)

³ Coccozza, J.J., Skowrya, K.R., & Shufelt, J.L. (2010). *Addressing the Mental Health Needs of Youth in Contact with the Juvenile Justice System in System of Care Communities: An Overview and Summary of Key Issues*, at 1. Washington, D.C.: Technical Assistance Partnership for Child and Family Mental Health.

⁴ See generally Office of Juvenile Justice and Delinquency Prevention. (2021). *Intersection of Juvenile Justice and Child Welfare Systems*. <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/Intersection-Juvenile-Justice-Child-Welfare-Systems>

⁵ Werth, J. (2018, Aug. 31). Advocate: State didn't do enough to plan for CJTS closure. *The CT Mirror*. [Advocates: State didn't do enough to plan for CJTS closure \(ctmirror.org\)](https://www.ctmirror.org)

juvenile detention facility in 2020 and since that time has housed some children out-of-state at SYSC, some in hotels, and some in state adult jails.⁶ Putting children in adult jails is not a safe or child-centered solution. Studies have shown that children in adult jails and prisons are 36 times more likely to commit suicide and are at great risk for sexual assault.⁷ Putting children in adult jails does not serve to protect the community, but rather increases the likelihood that they will reoffend.⁸

To further denounce the idea of placing children in jail settings, beginning in the late 1990s, evaluative research has demonstrated that incarceration in large congregate facilities is not an effective model of rehabilitation for children and instead may harm them.⁹ Detention and confinement in a prison setting sets children apart, reinforcing negative self-image of worthlessness.¹⁰ Incarceration during adolescence has been associated with severe long-term effects including poor school performance, unstable employment, incarceration in adulthood, and unplanned parenthood.¹¹ To ensure best outcomes for children, next steps should not simply focus on the size and capacity of a building. Shifting the focus to constructing a program that supports children's needs will go much farther than negotiating the bricks and mortar of a facility. It is helpful to consider a clinically supportive child-centered facility as a reinvestment in children and community safety.

Current standards of practice grounded in the science of child development and outcomes research promote an approach that includes engaged, trauma-sensitive adults guided by child development, pro-social peer modeling, opportunities for academic success, and activities that contribute to developing decision-making and critical thinking skills.¹² As one boy detained at the SYSC expressed, "I can feel my brain rotting in here." Children also recently shared that they were not getting enough mental health support and wanted more time with a clinician. Although 2022, SB 458 was not passed, there was consensus that the state needs to replace the youth detention center with a non-correctional program that is treatment focused, developmentally responsive, has intensive staff-child supervision and mentoring relationships, nurtures family engagement, and strengthens community connections. The ideal program, even when locked and secure, is home-like, developmentally and trauma-informed, engages children in interpersonal and community relationships, boosts educational achievement, and promotes pro-social skills and emotional development.¹³ Key factors in rehabilitation and resilience from adverse childhood experiences include nurturing relationships, feeling safe in a stable environment, and a sense of connectedness to the community.¹⁴ The very same factors contribute to prevention of delinquency.¹⁵

⁶ See Robinson, R. (2022, Apr. 5). DCF looking to open 'staff secure' juvenile facility in Brattleboro. *VTDigger*. [DCF looking to open 'staff-secure' juvenile facility in Brattleboro - VTDigger](#); Tan, T. (2022, June 9). 4 Juveniles have been held at Vermont's adult jails since Woodside closed in 2020. *VTDigger*. [4 juveniles have been held at Vermont's adult jails since Woodside closed in 2020 - VTDigger](#)

⁷ See National Juvenile Justice Network. [Keep Youth Out of Adult Prisons \(njjn.org\)](#)

⁸ See *id.*

⁹ Feld, Barry C., *Bad Kids: Race and the Transformation of the Juvenile Court* (New York: Oxford University Press, 1999).

¹⁰ McCarthy, P, Schiraldi, V & Shark, M. (2016) [The future of youth justice: A Community-based alternative to the youth prison model](#). *New Thinking in Community Corrections*, at 5. Harvard Kennedy School Program in Criminal Justice Policy and Management, National Institute of Justice.

¹¹ Lambie, I & Randell, I (2013). [The impact of incarceration on juvenile offenders](#). *Clinical Psychology Review*, 33: 448-459.

¹² Bonnie, R.J., Johnson, R.L., Chemers, B.M., and Schuck, J. (Eds.). (2013). *Reforming Juvenile Justice: A Developmental Approach*. Washington, DC: The National Academies Press, Committee on Law and Justice, Division of Behavioral and Social Sciences and Education.

¹³ McCarthy, P, Schiraldi, V, & Shark, M. (2016) [The future of youth justice: A Community-based alternative to the youth prison model](#). *New Thinking in Community Corrections*, at 20-21, 24-25. Harvard Kennedy School Program in Criminal Justice, Policy and Management, National Institute of Justice.

¹⁴ Sege, RD & Browne, CH, (2017). [Responding to ACEs with HOPE: Health, outcomes from positive experiences](#). *Academic Pediatrics*, 17 (7s): S79-S85, S81-S82.

¹⁵ The Annie E. Casey Foundation. (2018). [Transforming Juvenile Probation: A Vision for Getting it Right](#). Baltimore, MD: Annie E. Casey Foundation. Retrieved from www.aecf.org.

New Hampshire has begun to implement changes to the juvenile justice system that will lead to more positive outcomes for children. The State has already legislatively reduced the population of children detained or committed at SYSC. In addition, under changes now phased in across the state from 2021 SB 94, pre-petition assessments using the Child and Adolescent Needs and Strengths Assessment (CANS) are proving to be successful in diverting children from the system. In the first nine months over 400 assessments have been completed. Preliminary data shows that 75% have resulted in children being diverted from court. Approximately 10% of the children have been identified as having significant behavioral health needs. These children are accessing high fidelity wraparound services; 9% are utilizing Fast Forward, 3% are voluntarily engaged with Multi-Systemic Therapy, and 16% are connected to community mental health services. In addition, 25% are accessing local community supports such as Boys & Girls Clubs, YMCA/YWCA, employment, tutoring, and local diversion programs.

In September 2021, the Department of Health and Human Services (DHHS) released a report detailing principles and recommendations for moving forward with the closure of SYSC and establishing an integrated residential treatment facility.¹⁶ The department outlined a new staffing plan that aligns with a residential behavioral treatment program and may require recruiting staff with social work and/or education backgrounds. It detailed a trauma-informed treatment model that incorporates the individual therapeutic needs of each child and is fully integrated within education and the child's daily schedule. It further laid out plans for meaningful recreational activities and community engagement.

Consistent with this proposal, New Hampshire continues to expand the community-based system of care as established in 2019, SB 14, and promote a trauma-informed approach to working with young people and their families in their community. In October 2021, the Comprehensive Assessment for Treatment (CAT) service began to evaluate children potentially in need of placement. This service continues to assess children across the state to match children with placements that can best meet their clinical needs. Promoting and utilizing services such as Multi-Systemic Therapy (MST), Intercept, Care Management Entities (CMEs), FastForward, Transitional Enhanced Care Coordination (TRECC), and mobile crisis rapid response will further support children and maintain them in the community.

Although these are steps in the right direction, these changes alone do not resolve the need for an alternative program. Without action, New Hampshire will find itself in a similar state of crisis as our neighboring states when they closed their juvenile detention centers without a plan in place.

Recommendations

1. **Invest in SYSC Workforce now.** Youth counselors and staff at SYSC have a difficult role. Recent negative media, the impending closure of the facility, and increased stress of staff due to workforce shortages has exacerbated the problem. Police presence at the facility is not the answer. The state needs to invest in workforce now that can seamlessly transition to a new facility in the future, such as individuals with social work and/or education backgrounds that can begin to implement the trauma-informed treatment model outlined by the department in the current facility. Along with increased pay, youth counselors need to be offered additional training opportunities grounded in trauma-informed care with the focus on treatment and healing. Staff would greatly benefit from opportunities to process the secondary trauma they endure

¹⁶ Department of Health and Human Services Sununu Youth Services Center (SYSC) Workgroup Report (Sept. 29, 2021) available at [SYSC-Report_09292021-1.pdf \(newhampshirebulletin.com\)](#)

working in this type of setting. Investment in the workforce at SYSC will allow for staffing stability which leads to relationship building with the children, a better ability to manage crisis situations, and more positive outcomes of reform for children.

2. **Leadership in the Legislature and among administration** to pass a bill early in the 2023 session that will reschedule the closure of SYSC to a definitive date that reasonably allows for developing a new plan. The bill needs to consider the current programming of SYSC and move to align the programming with that of an integrated trauma-informed treatment facility. This would allow children to receive the care and treatment they need *now* while the logistics of a new facility are worked out.

Secondary to programming is the structure and size of a new facility. While ideally closure would occur in 2024 with a new facility ready for the children, the date should be no later than April 2025 with contingency for earlier closure should alternative space be established. It is important to consider ample time to construct a new facility to avoid further challenges, such as the current state, where a closure date is approaching with no place for the children to go.

The number of beds in a new facility posed a significant challenge last session, ultimately leading to the inability to pass SB 458. The OCA advocated for the language, “not more than 18 beds” as opposed to 18 beds definitively in the amended bill. Given this has been a sticking point, we recommend that 18 beds be reconsidered to allow for separation as needed, with the plan to use fewer beds over time as community supports and alternative placements become available.

3. **Assess needs of children currently placed at SYSC for transition now.** It has been a constant theme starting with the 2019 Juvenile Justice Community Forum where Patrick McCarthy, former president and CEO of the Annie E. Casey Foundation, recommended that each child currently at SYSC should be assessed for their needs and the availability of services to wrap around them to send them home safely. This could be accomplished by having a multidisciplinary assessment committee conduct comprehensive needs/strengths assessments of all children placed at SYSC to identify the children that could return home with appropriate community services and in-home supports or the children that require additional therapeutic support through residential placement. Each child should be referred to the Transitional Enhanced Care Coordination program (TRECC) and this provider should participate in the multidisciplinary assessment committee. Children that meet the capacity to transition to the community should be prioritized for services such as Multi-Systemic Therapy (MST) and Intercept. Assessments should begin immediately with planned transitions from SYSC as appropriate with the necessary providers in place.
4. **Continue to expand the children’s system of care** which will require increasing investment in these community-based services. Currently the community-based services available to children and families to help children remain in the community are facing workforce shortages. Many of these provider agencies have lengthy waitlists and are working to meet the high needs of children currently at risk of placement. The state needs to invest in these programs so they can recruit and retain qualified staff as well as reduce the wait times to access these services.