

Agency Name	Sununu Youth Services Center
Audit Name	Performance Audit
Audit Period	SFY 2020-2024
Status Report Date	September 9, 2024

Completion Status:	
Unresolved	1
Partially	2
Substantially	1
Fully	6
Total Action Items	10

Summary of Audit Observations/Findings					
Number	Observation Title	Status [place X in status column]			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Reevaluate Criteria For Release From The SYSC				X
2	Provide Evidence-based Treatment Programming			X	
3	Mental Health Assessment Should Be Evidence-based				x
4	Define Individual Therapy and Family Counseling and the Requirements to Provide Them		X		
5	Define Objectives and Develop a Strategic Plan		X		
6	Institute Comprehensive Performance Measurement	X			
7	Organizational Structure Should Be Reviewed				X
8	Conduct a Formal Staffing Analysis and Develop a Written Staffing Plan				X
9	Make Efforts to Minimize Staff Turnover				X
10	Keep Parent and Youth Handbook Update-to-date				X

Observation 1: Reevaluate Criteria For Release From The

Summary of Finding: We recommend the Legislature consider amending and harmonizing statutes regarding release of juveniles from the SYSC to eliminate contradiction; and allowing the JPB to consider factors such as participation in the SYSC Programming, progress towards treatment goals, a decreased likelihood that the juvenile will re-offend, and the best interests of the juvenile and the public.

Current Status: This observation is out of the hands of DHHS and directed towards the legislature for resolution. Therefore, it is considered fully resolved by DHHS. The legislature has not taken up this policy recommendation.

Observation 2: Provide Evidence-based Treatment Programming

Summary of Finding: We recommend that SYSC continue with the review of clinical programming, ensure programming selected is evidence-based, review programming annually, and review the use of trained psychological associates and Youth Counselors to administer clinical treatment programs. With an annual review of programming in accordance with policy.

Current Status: This observation is substantially resolved. The clinical services at SYSC now include the SYSC Psychologist, two full time master's level clinicians, and a part-time predoctoral intern. All clinicians are trained in evidence-based models of clinical interventions. In addition, the facility has chosen to implement Trauma Affect Regulation Guide for Education and Therapy (TARGET), an evidence-based trauma-focused comprehensive clinical and milieu treatment. The clinical team is almost fully trained in this model. The larger facility will be trained in the milieu component in Spring 2025. Further, SYSC has developed a Clinical Committee dedicated to the implementation of evidence-based behavioral management programming. The facility is working on developing and implementing Positive Behavioral Interventions and Supports (PBIS), which is a positive youth development model to behavioral intervention.

Observation 3: Mental Health Assessment Should Be Evidenced-based

Summary of Finding: We recommend SYSC replace the *Mental Health Assessment* form with an assessment that is evidence-based and supported by research establishing its reliability and validity for use in a juvenile corrections setting.

Current Status: This observation is fully resolved. SYSC adopted and implemented the MAYSI-2. The MAYSI-2 is a brief behavioral health screening tool designed especially for juvenile justice programs and facilities. It identifies youth, 12 through 17 years old, who may have important, pressing behavioral health/mental health needs. Its primary use is in juvenile probation, diversion programs and intake in juvenile detention and corrections. The clinical team is trained in the administration of the MAYSI-2 and uses the webMAYSI for scoring and interpretation of the measure.

Observation 4: Define Individual Therapy and Family Counseling and the Requirements To Provide Them

Summary of Finding: We recommend SYSC clarify the policy on individual therapy and family counseling by stating whether the policy establishes a requirement to provide a minimum number of services to committed juveniles; define services and contacts between juveniles, families, and clinical staff that satisfy the provision of individual therapy and family counseling; and define all services identified in the clinical notes.

Current Status: This observation is partially resolved. The policy outlines the minimum number of services and type of service. For example, individual therapy with a masters level clinician at minimum once per week, and family therapy with masters level clinician at minimum, once every other week. Other services provided to the youth are outlined in the policy; however, it is outdated and policy needs to be updated to reflect current groups and other therapies being offered.

Observation 5: Define Objectives and Develop a Strategic Plan

Summary of Finding: We recommend SYSC management engage in a strategic planning process to define the SYSC's objectives and to detail how those objectives will be achieved and measured. The Department of Health and Human Services and SYSC management may wish to work with stakeholders and the Legislature to clarify the SYSC's mission and purpose in response to the changes to the SYSC population and release requirements.

Current Status: This observation is partially resolved. As mentioned in the previous report, DCYF has a process to develop division-wide strategic priorities on a biannual basis, which provide performance measures. Although there were several objectives identified for SYSC in the division's previous strategic priorities, newly developed objectives have been generated, with an area of focus on SYSC. Completion is anticipated in September 2026.

Observation 6: Institute Comprehensive Performance Measurement

Summary of Finding: We recommend once SYSC complete a comprehensive strategic plan that identifies goals and objectives, SYSC choose performance measures based on attainable data which can be used to determine the organization's achievement of its goals and objectives.

Current Status: This observation is unresolved. As referenced in the response to Observation 5, the biannual DCYF Strategic Priorities contain performance measures. The upcoming strategic priorities review will ensure SYSC components are present in the DCYF Strategic Priorities, obtaining identified performance measures. Completion is anticipated in September 2026.

Observation 7: Organizational Structure Should Be Reviewed

Summary of Finding: We recommend SYSC Management conduct a formal organizational review of the SYSC structure and its span of control. If the review identifies needs, the SYSC should request the necessary resources and statutory changes from the Legislature.

Current Status: This observation is Fully resolved. SYSC Administration has conducted an organizational review of the SYSC Structure. Needs for structural changes were identified in order to enhance programming and safety. The need for increased staffing support was recognized and administered. Also identified was the need for additional administrative positions to improve SYSC's overall practice and performance at a managerial level. Requested managerial position has been fulfilled, currently supporting the new need for organizational supports. Programmatic support has been identified, adding a position for a Recreation Counselor to support the needs of the youth.

Observation 8: Conduct a Formal Staffing Analysis and Develop a Written Staffing Plan

Summary of Finding: We recommend SYSC conduct a staffing analysis; develop, document, and implement a staffing plan in accordance with PREA and its staffing policy and review on at least an annual basis.

Current Status: This observation is fully resolved and a PREA Staffing Plan was signed and went into effect on July 25, 2024.

The PREA Coordinator and SYSC Administration have been actively working to prioritize PREA standards and improving overall practice, implementation, and knowledge within the facility, with special attention to ensuring that adequate staffing and practices around safety are implemented.

Since May of 2023, SYSC has begun a process of restructuring policies, practices, and procedures related to PREA in an effort to ensure adherence to the 42 Federal PREA Standards in policy, practice, and implementation within the facility. Steps that have been taken to achieve this include, a comprehensive review of policies, rebuilding and implementing a new process for reporting PREA incidents, implementation of thorough and comprehensive administrative investigations, closer partnering and collaboration with NHSPD on potentially criminal matters, increasing knowledge and education around PREA with facility staff and administration, development and implementation of comprehensive quality assurance and oversight practices and procedures, and the revision of existing forms and development of additional forms to support the accurate and comprehensive documentation of PREA related incidents and investigations.

Observation 9: Make Efforts to Minimize Staff Turnover

Summary of Finding: We recommend the SYSC administration as part of its strategic planning process, consider the need for a structured, strategic workforce plan, to include retention programs with quantifiable goals and objectives, determine the reasons staff leave the SYSC, and design tools to meet retention goals and objectives. The SYSC should consider and investigate the extent to which issues such as job satisfaction, staff perceptions of supervision, inadequate training, high stress and low morale contribute to the staff turn-over.

Current Status: This observation is Fully Resolved. Significant efforts have been made to mitigate staff turnover. As mentioned in the previous report, The DHHS Division of Program Quality and Integrity has met with the DHHS Office of Human Resources to discuss the audit findings. SYSC has established partnership with the EAP program and increasing utilization of the DCYF EPIC Peer Support Program, identifying and training several SYSC Youth Counselors to fulfill this role. Additionally, two surveys have been completed, one facilitated by the DHHS Division of Program Quality and Integrity and one by DCYF Bureau of Evaluations, Analytics and Reporting. Both surveys have fairly common responses, identifying areas of focus for SYSC administration. Action planning has been developed in efforts to address these concerns, which have contributed to staff turnover. SYSC administration will continue to work through efforts to support the identified areas of need, building upon staff retention.

Observation 10: Keep Parent and Youth Handbook Update-to-date

Summary of Finding: We recommend SYSC management update the *Parent and Youth Handbook* to reflect current services and institute procedures to continuously keep it up-to-date.

Current Status: This observation is fully resolved. The Parent and Youth Handbook and the Youth Handbook are being revised bi-annually to reflect current practices. There is currently a revision ongoing to reflect recent request for edits and update programming.