

CHAPTER 2
HB 49-FN-A - FINAL VERSION

23Mar2023... 0892h
23Mar2023... 1104h
6Apr2023... 1369EBA

2023 SESSION

23-0065
07/10

HOUSE BILL ***49-FN-A***

AN ACT relative to postponing the closure of the Sununu Youth Services Center.

SPONSORS: Rep. Edwards, Rock. 31; Rep. Lynn, Rock. 17; Rep. Leishman, Hills. 33

COMMITTEE: Finance

AMENDED ANALYSIS

This bill sets out parameters for the contract, funding, and deadlines for a replacement youth development center facility.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears [~~in brackets and struckthrough.~~]
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to postponing the closure of the Sununu Youth Services Center.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 2:1 Statement of Findings. The general court finds that:

2 I. Placement in corrections settings can be harmful to children and lead to increased delinquency
3 and adult criminal behavior. It should therefore be reserved for those circumstances in which the safety of
4 a child or of the community requires such confinement.

5 II. Placement of children who are not serious violent offenders in settings other than the Sununu
6 youth services center (SYSC) complies with the Families First Act, Public Law 115-123, and the New
7 Hampshire system of care established pursuant to chapter 44 of the laws of 2019, which prioritize
8 community-based treatment of children.

9 III. Placement of children in corrections settings outside the state of New Hampshire undermines
10 the stabilization and return to productive members to the communities. This act is in furtherance of these
11 goals.

12 2:2 Department of Health and Human Services; Sununu Youth Services Center; Construction and
13 Operation of a Replacement Secure Facility.

14 I. The department of health and human services shall be responsible to construct a secured
15 treatment facility to replace the current Sununu youth services center (SYSC). The capacity of the facility
16 shall be determined using data-driven analysis of SYSC residential trends, state demographics trends and
17 regional trends in juvenile involvement in violent crime and organized crime. In no case shall the facility
18 exceed a physical capacity of 18 beds with an operational plan to support 12 beds. The department shall
19 consult with the community selected for the location and operation of any new facility, as well as any
20 municipality bordering the selected community. The department shall, to the extent practicable,
21 implement any reasonable requests by the communities to ensure the safe operation of the facility,
22 implement a payment in lieu of taxes arrangement to prevent the shifting of costs to local taxpayers, and
23 ensure co-operation with the prospective community. The department may use the final report of the
24 commission established in RSA 169-B:48 in order to finalize the capacity and site selection of the
25 replacement center.

26 II. The facility shall not be administered by any non-governmental entity. The facility shall be
27 owned, administered and operated by the department of health and human services with support and
28 shared services contracts as appropriate. The facility shall be designed to meet the unique needs of
29 youth who are at the facility pursuant to RSA 169-B:14, detention; RSA 169-B:19, commitment; RSA 169-
30 B:24, transfer to superior court; RSA 169-B:32 or RSA 651:17-a, service of adult sentence of incarceration
31 at the youth development center; and RSA 169-A, the interstate compact on juveniles. Upon opening, the

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1 facility shall be referred to as the youth development center (YDC) as identified in RSA 169-B and RSA
2 621. The facility shall have the capability for alternative flexible use when the census so permits.

3 III. The facility and any available co-located services shall be designed to include:

4 (a) A physical design that complements therapeutic and trauma-informed care of children,
5 including a home-like interior and exterior to the maximum extent practicable.

6 (b) Staff visibility and proximity to children, including administrative offices built within the
7 secured facility in proximity to children and staff, to the maximum extent practicable.

8 (c) Capacity to provide services to meet the medical, physical, and behavioral health needs
9 of all potentially eligible residents if appropriate for the child.

10 (d) Space for no more than 18 beds, including space with flexibility to meet the need for
11 safety and security, crisis stabilization, admissions, and discharges for all children. The operational
12 support plan shall anticipate 12 residents.

13 (e) Adequate space to meet the educational needs of all children including children with
14 special education needs, while using virtual educational support services if appropriate for the child.

15 (f) Adequate space for indoor and outdoor recreation.

16 (g) Capacity to meet the nutritional needs of all children.

17 (h) Necessary elements to be architecturally secure and equipped with video surveillance in
18 compliance with RSA 169-B:15-c.

19 (i) Operations may utilize virtual and shared services when consistent with the child's
20 education or treatment plan and appropriate to effectively meet the needs of a particular child or children.

21 IV. The facility programming and operations shall include:

22 (a) The development of staff qualifications and standard job descriptions comprising required
23 licensing or skill attainment. Staff qualifications shall be designed to ensure the provision of treatment to
24 children with behavioral health challenges exacerbated by considerable trauma histories. Job description
25 requirements, where appropriate shall include self and group protection, training in therapeutic
26 approaches to address challenging behaviors, including the use of de-escalation techniques.

27 (b) Use of evidence-based practices, as defined in RSA 170-G:1, V-a, selected to match the
28 needs of the population served at the facility.

29 (c) Utilization of the uniform assessment, as specified in RSA 170-G:4-e, for all detained and
30 committed youth to understand treatment needs and determine if a different level of care is indicated to
31 meet the youth's needs, and where problem behavior appears patterned, a functional behavior analysis to
32 inform effective behavioral interventions.

33 (d) Provision of care management services by a care management entity, as established in
34 RSA 135-F:4, to begin immediate wraparound support upon admission to plan for discharge.

35 (e) Provision of frequent visitation opportunities with family, opportunities to include family in
36 appropriate activities and daily access to family through telephonic or video conferencing.

37 (f) Provision of educational programming and staffing that meets the individualized educational
38 needs of each child, including children with special education needs, creates meaningful educator-child
39 pairings, maintains connections with sending school districts, and which includes availability of Hi-SET

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1 preparation and testing as appropriate. Virtual educational opportunities shall be leveraged appropriately
2 to help meet the residents' needs.

3 (g) Integration of clinical sessions and recreational large muscle movement activities
4 throughout the day.

5 (h) Access by the office of the child advocate, in real-time, as established in RSA 21-V:4, II,
6 to the electronic case management system used by the facility, regular access to youth placed in the
7 facility under RSA 21-V:4, III, and video surveillance and general access to the facility pursuant to RSA
8 21-V:2, VII.

9 (i) Provision of adequate security to maintain the safety of staff and residents as well as the
10 safety of the surrounding community and the general public.

11 (j) Training that emphasizes the treatment of youth with behavioral health challenges using
12 approaches that include the employment of de-escalation techniques and that recognizes the risk that
13 children may have considerable trauma histories, and that is otherwise applicable to the facility.

14 (k) Procedures for supporting children in the community with flexible assignments based
15 upon census changes.

16 V. The department of health and human services shall begin to implement the programming
17 changes in subparagraphs IV(a) through (k) without regard to whether children are at the SYSC or the
18 new facility as soon as reasonably practicable.

19 VI. The department of health and human services shall submit quarterly progress reports to the
20 joint legislative oversight committee on health and human services, established by RSA 126- A:13, and to
21 the office of the child advocate established under RSA 21-V beginning no later than 60 days after the
22 passage of this act, until such time as the facility is operational. Each quarterly report shall include a
23 statement indicating whether the reported progress is sufficient to meet the accepted completion deadline
24 for the opening of the facility. In the event that sufficient progress to meet this deadline has not been
25 made, the progress report shall include the reasons for any projected delay in meeting the deadline, a
26 description of the efforts being undertaken to minimize any delay in the development and opening of the
27 facility and projected completion date. In addition, the quarterly progress reports shall include the
28 following information:

- 29 (a) Progress towards retaining an architectural consultant to design the plan for the facility;
- 30 (b) Progress towards completion of the design for the facility;
- 31 (c) Progress towards contracting with the company that will construct the replacement facility;
- 32 (d) The anticipated date construction of the replacement facility will be completed; and
- 33 (e) The anticipated date by which the replacement facility will be operational.

34 VII. The department of health and human services may use the final report of the commission
35 established in RSA 169-B:48 in order to finalize the site selection of the replacement center.

36 VIII. The governor, with the approval of the fiscal committee of the general court, may delay the
37 project completion date for construction delays or other unforeseen circumstances provided any such
38 delay be no more than one year.

39 2:3 Sununu Youth Services Center; Architect Procurement. Amend 2023, 1:4 to read as follows:

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1 1:4 Department of Health and Human Services; Sununu Youth Services Center; Construction and
2 Operation of a Replacement Secure Facility. The department of health and human services, in
3 collaboration with the department of administrative services, shall issue a request to procure a qualified
4 architect ~~[on or before March 1, 2023]~~ ***within 60 days of the effective date of this act***, and shall collaborate
5 to issue a request for proposals for a contractor to build the resulting construction project ***on a time line***
6 ***supporting the use of American Rescue Plan Act of 2021, Public Law 117-2 funds or any other federal***
7 ***funds***. The SYSC shall immediately be closed for detention or admission of any child when a replacement
8 facility is sufficiently completed that children can be legally and safely housed there.

9 2:4 Possession and Relinquishment of the Sununu Youth Services Center (SYSC). As of the date of
10 the opening of the youth development center set forth in section 2 of this act, and notwithstanding RSA
11 4:40, the department of administrative services shall take possession of the entire property currently
12 housing the SYSC on South River Road in Manchester, New Hampshire. The department shall relinquish
13 the property and any revenues received shall be deposited in the general fund. The department shall
14 consult with the city of Manchester, the New Hampshire department of business and economic affairs,
15 and other organizations, as appropriate, prior to any sale of the property. In relinquishing the property, the
16 return of the property to an entity that will enhance the tax and business tax rolls of the city of Manchester
17 and the state of New Hampshire shall be a high priority. Any relinquishment of the SYSC shall be
18 approved by the governor and council.

19 2:5 Appropriation; Construction and Operation of a Replacement Secure Facility. The sum of
20 \$21,600,000 for the fiscal year ending June 30, 2023 is hereby appropriated to the department of health
21 and human services for the design and construction of the new secured youth development facility, as
22 described in section 2 of this act. Such funds shall prioritize use of federal funds, be nonlapsing and
23 continually appropriated to the department for the purposes of this act. Of this amount, the governor shall
24 determine if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021,
25 Public Law 117-2 (ARPA) or any other federal funds can be used for this purpose and any remainder shall
26 be general funds. Should any amount of New Hampshire's ARPA State Fiscal Recovery Fund (SFRF)
27 allocation, from the American Rescue Plan Act of 2021, Public Law 117-2, be identified and authorized for
28 use on this project as outlined above, all such funds must be fully obligated for the project by September
29 30, 2024, and be fully expended no later than the ARPA SFRF deadline of December 31, 2026.
30 Moreover, all required ARPA SFRF compliance and guidance must be followed, and the department of
31 health and human services must coordinate with the governor's office for emergency relief & recovery
32 (GOFERR) to fulfill those requirements and ensure proper accounting of and reporting on the use of
33 ARPA SFRF on this project. The governor is authorized to draw a warrant for the general fund share of
34 said sum out of any money in the treasury not otherwise appropriated.

35 2:6 Effective Date. This act shall take effect upon its passage.

Approved: April 13, 2023
Effective Date: April 13, 2023

