

THE FURY OF FLORENCE

Residents evacuate as rain pours. [INSIDE, A3](#)



SPORTS, C1

FALCONS RALLY LATE FOR WIN

Bow tops Stark in comeback fashion



JUVENILE JUSTICE

A family’s struggle with a system they say criminalizes, not treats, the behavior of mentally ill youths in N.H.



Greg Rebello (left) and Chris Hoijer hold a portrait of their children at their home in Concord. The couple says the state’s juvenile justice system criminalizes, rather than treats, the behavior of mentally ill youths.

GEOFF FORESTER / Monitor staff

SET UP TO FAIL

By CAITLIN ANDREWS
Monitor staff

At 1:30 a.m. on a Monday, Greg Rebello and Chris Hoijer got a call every parent fears: The people in charge of taking care of their eldest child, Adam, did not know where he was. The family panicked, and Hoijer locked all the doors and downstairs windows in the house. Hoijer said there was no telling what Adam – a child diagnosed with severe emotional and behavioral health disabilities that create impulsive, aggressive behavior – might have done.

“I didn’t know what his plan was,” he said. “At least if he tried to get in, we’d know he was in the house.” Adam, 17, was housed at the Becket Family of Services’ enhanced residential treatment facility in Campton when he left the facility on the evening of June 4. By the end of the day, the family learned Adam – whose name was changed in this story – had broken into a Campton family’s house, stolen a car, and led local and state police on a chase that ended with a crash in Meredith. Adam was sent to the Sununu Youth Services Center, New Hampshire’s juvenile correctional facility, and faced charges of felony theft and

SEE STRUGGLE A4

“They see the behavior and it becomes a wall for most people. They can’t see beyond that, they don’t consider the reasoning for the behavior and that really is his mental health impairment.”

GREG REBELLO

ADVERSE CHILDHOOD EXPERIENCES

‘You can see it in brain scans ... in long-term development’

Officials: ‘Toxic stress’ caused by trauma, neglect can have permanent impact on children

By CAITLIN ANDREWS
Monitor staff

Adverse childhood experiences, or ACEs, as they are known in the child mental and behavioral health community, can lead to lifelong conditions such as post-traumatic

stress disorder, reactive attachment disorder and anxiety. These early life traumatic experiences can include physical, sexual or emotional abuse; physical or emotional neglect; intimate partner violence; substance abuse; household mental illnesses; and parental separation, such as through divorce or incarceration, according to the Substance Abuse and Mental Health Services Administration. Such events cause “toxic stress”

and have a permanent impact on children, said JoAnne Malloy, a research associate professor at the University of New Hampshire’s Institute on Disability in Durham. “Unfortunately, we have a lot of good research that shows toxic stress, especially in babies and young children, is highly damaging to the neurobiological system,” she said. “It releases chemicals into our brains that damage development. You can see it in brain scans, in be-

havior, in long-term development.” Ellyn Schreiber, the director of the Children’s Intervention Program at Riverbend Community Mental Health, said many ACEs can be worked through when a child has supportive and nurturing relationships. Toxic stress sets in “When there are all these traumatic things that happen in the absence of relationships,” she said.

SEE ACES A4

Body cameras up for debate

Many departments, including the State Police, weigh pros and cons of implementing technology

By CAITLIN ANDREWS
Monitor staff

The video shows a man on the ground, rolling away from his vehicle as police sirens blare in the background. Multiple gunshots ring out as two Rochester police officers and two state troopers open fire, killing Douglas Heath. The 23-second video that spread rapidly online gave the public a glimpse of Heath’s fatal encounter with police on Aug. 21 after a chase ended when Heath’s car crashed near Oak Street and Gonic Road in Rochester. But the clip didn’t come from the police officers at the scene. Instead, it came from a witness who filmed it from inside a nearby vehicle. The Attorney General’s office has said the video is being reviewed as part of its investigation and may not tell the whole story. But unless the Rochester police cruiser’s in-car cameras and microphones captured the incident – and the state releases the material – it may be all the public gets to see of New Hampshire’s most recent police-involved shooting.

SEE BODY CAMERAS A5




ETHAN DeWITT
Capital Beat

Overrides bring mixed emotions

It began like all State House voting days do – with a room of huddled House Republicans discussing bills, their Democratic counterparts grouped up elsewhere. This time, though, the stakes seemed higher. Gov. Chris Sununu was defending a range of vetoes issued during his second year in office. The outcomes appeared harrowingly close. So as Republicans gathered, there was the governor, in person, making a final pitch.

SEE CAPITAL BEAT A6



WEATHER

FOGGY MORNING, SUNNY AFTERNOON

High 83, low 61. Star Botsford, 7, of Hooksett draws the day.

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INSIDE




LOCAL & STATE

NEW VISION FOR CASTLE

Kimball Castle in Gilford was sold to Starkey Realty in Concord.

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A Concord family’s struggle with New Hampshire’s juvenile justice system

STRUGGLE FROM A1

breaking and entering, the family said, along with a misdemeanor trespassing charge.

In early July, Adam was sentenced to the Sununu Center until he turns 18 in December. It’s an outcome the family feels was almost inevitable.

Since he was young, Adam has been diagnosed with several severe behavioral health disabilities.

He’s spent time at multiple schools for children with disabilities, including the Lighthouse School in Chelmsford, Mass., and the Crotched Mountain School in Greenfield day programs; each time, he’s had to leave because of his aggressive behavior related to his disorders. He’s been hospitalized and has had several brushes with the law. Some have landed him at the Sununu Center before.

Now, Adam’s family is worried he won’t get the treatment he needs at the Sununu Center; and if they can’t get guardianship of him when he turns 18, he’ll eventually end up on the streets or in prison.

The Hoijer-Rebello family released dozens of psychiatric evaluations, letters, memos and documents related to their son’s education and treatment to the *Monitor*. They span a large part of Adam’s life, detailing everything from his early home life to recent brushes with the law.

They revealed a struggle that is all too common for New Hampshire children with behavioral disabilities: The state lacks adequate services to treat these children, particularly those with severe behavioral disabilities. And when the system prioritizes the “least restrictive” type of treatment first, these children often have to “fail up” in order to get the services they need.

“They’re trying to take that round peg and cram it into a square hole,” Rebello said in July, before Adam was sentenced to the Sununu Center. “It’s something we’re fighting, we’re fighting to get him an appropriate placement, but there really isn’t one.”

They are upset with the state for a long pattern of criminalizing their son’s behavior rather than treating him for mental illness.

Attempts to speak with Adam for this story through his family were unsuccessful.

Officials with the state’s Department of Health and Human Services wouldn’t speak about this case specifically, but said the Sununu Center has adequate resources to address the needs of children there.

“The Sununu Youth Services Center provides a safe and secure environment to allow youths to receive services to address their mental health needs,” public information officer Jake Leon said in a prepared statement.

‘An emotional burn victim’

At first glance, the Rebello-Hoijer family’s Concord home looks like any New England farmhouse.

The walk to the front door is peppered with the sounds of bleating goats, clucking chickens and a pair of barking dogs.

The mudroom opens onto a roomy kitchen, and a squashy couch is usually taken up by a black cat or two. Pictures of Adam, along with the family’s other adopted son Raymond, at various ages adorn the

walls.

The cozy atmosphere shatters when doors open. An alarm sounds, accompanied by a robotic voice announcing which door was opened. If the boys’ doors open, what Hoijer calls the “missile launch” sounds, a loud, blaring alarm is heard throughout the house. The windows are also alarmed, and two cameras watch the main doors.

The family said the alarms were necessary after Adam tried to run away from home by rappelling out his second-story bedroom window using a bed sheet in March 2016, Rebello said. Around the same time, he was also in trouble after hitting his father and attacking police. The family was worried about his safety, and theirs.

“As he continued up in the years, we had to ratchet up trying to keep him safe,” he said. “What really got him into a placement was that we couldn’t keep him safe anymore.”

Adam’s parents knew he was not going to be a typical child when they first fostered him at the age of 3½.

“We knew Adam was going to require more than your basic public education,” Rebello said. “... You could tell by his behaviors, they were really outrageous, hugely reactive.”

Several psychiatric evaluations the family released to the *Monitor* detail Adam’s story. His biological parents both had a history of substance abuse; his mother had a history of psychiatric placements, PTSD and bipolar disorder.

The parents separated when Adam was 9 months old, and he, along with his two half-sisters, lived in Barnstead for a time. His older sister was often his primary caretaker, and the family struggled to stay housed.

The Division for Children, Youth and Families took custody of Adam and his sibling’s in 2003 after they were left alone in a hotel room, and he was separated from his siblings. He was placed with his biological father.

In September 2003, Adam’s mother was found dead in her apartment; a month later, Adam was removed from his father’s care after he failed a drug test. A year later, Adam came to live in the Rebello-Hoijer household and was adopted when he was 5.

Adam has received many diagnoses throughout his life, but reactive attachment disorder seems to be the one that sticks the most. The American Psychological Association characterizes the disorder as a “consistent pattern of inhibited, emotionally withdrawn behavior,” where a child rarely seeks or responds to comfort when distressed; minimal social and emotional responsiveness to others; and episodes of unexplained irritability, sadness or fearfulness during non-threatening interactions with others.

The disorder is caused by extremely stressful living conditions as a child, including neglect, social deprivation and inconsistent caregivers, the association says, that limit opportunities to develop stable attachments.

“We knew Adam was going to require more than your basic public education. ... You could tell by his behaviors, they were really outrageous, hugely reactive.”

GREG REBELLO

A 2011 report written by Green House Group psychologist Lara Kroodtsma calls Adam a “social contradiction” and an “emotional burn victim.” Unable to read social situations, he’s always on guard and expects the worst from others, Kroodtsma wrote.

“He has a tendency to interpret neutral events or interactions with other people as an attack,” she wrote. When that happens, Adam would lash out, or attack provocatively, to protect himself.

His parents said Adam often experiences intense mood swings, going from “I love you” to “I hate you” in moments. But they also know the child he can be when he feels comfortable and safe.

“He’s a very bright kid,” Rebello said. “He has a really good personality, a good sense of humor.”

Hoijer noted Adam’s love of animals, saying they brought on the goats and the chickens for him to care for. And while Adam and Raymond sometimes “get along as brothers do,” Hoijer said he knows Adam cares for his adopted sibling.

“He’s always been in support of the underdog,” he said. “And that’s gotten him in trouble before.”

A 2015 report from the Center for Start Services calls Adam “outgoing, friendly and articulate.” When he’s relaxed, he can be “cooperative, friendly and outgoing.”

“When he sees another in distress or hurt, he displays empathy and caring, and wants to help,” the report reads.

His parents said they feel those in charge of Adam’s well-being sometimes don’t see his good qualities or the reasons why he acts out.

“They see the behavior, and it becomes a wall for most people,” Rebello said. “They can’t see beyond that, they don’t consider the reasoning for the behavior and that really is his mental health impairment.”

Education

Education has always been a struggle for Adam.

He started school at Beaver Meadow Elementary in 2009. It was the family’s first experience in “having to fail in order to receive the supports the world seems to operate on,” Hoijer said.

A May 2011 observation from the Green House Group in Manchester noted Adam is “unable to consistently demonstrate what he knows independently,” most likely due to processing, emotional, attending and sensory regulation dysfunctions resulting from his development.

The family knew Adam would need an individualized education program, but Adam had to go a whole year – and be removed from the classroom over 40 times – before he got one. It was a theme throughout his education; no matter where Adam went, his outrageous, aggressive behavior continued.

A March 2013 report from the Lighthouse School notes Adam had 342 crisis intervention incidents in the first 113 days of the 2012-13 school year alone. He was restrained 41 times for representing a threat to himself and others, the re-

port notes.

The report details moments of violence, and sexually inappropriate and disrespectful comments.

Later reports from Crotched Mountain School document at least six instances in 2015 where Adam had to be restrained after getting aggressive with peers and staff. Sometimes, he was injured in the process.

Trouble with the law

Stealing a car wasn’t the first time Adam had a brush with the law.

According to a 2016 pre-dispositional investigation, Adam’s first contact with the juvenile justice system was at age 10. He was charged with three delinquent petitions of simple assault in 2011, charges that were later dropped because of Adam’s age and diagnoses.

Adam faced multiple delinquent charges in 2014, including resisting arrest and criminal threatening after Adam threatened a police officer with a sharpened pencil.

That case almost went to trial but was ultimately withdrawn – because Adam was ultimately found to be incompetent to stand trial by psychologist Michael Vanaskie.

Adam was charged with five total petitions in March 2016, four of which stemmed from Adam hitting Hoijer with a craftsman level after an argument. Hoijer called the police, and Adam got more aggressive, biting, kicking and head-butting the officers who tried to detain him.

Adam was found competent to stand trial in that instance and pleaded guilty to two counts of simple assault against police; the other charges were withdrawn.

It wasn’t the last time Adam was aggressive with police, either. He was arrested in early September 2016 after his parents reported he had run away from home. Police found Adam at home, punching a Toyota Highlander and then ripping off its passenger-side mirror. When approached, Adam punched and bit the officers and was Tasered. Ultimately, Adam pleaded guilty to two counts of simple assault against a police officer.

The prosecution tried to get Hoijer to testify against Adam in both incidents, but he refused. “He’s my son,” Hoijer said, shaking his head. “Our relationship is shaky as it is.”

The last incident was the first time Adam was placed at the Sununu Center pending trial. It didn’t take long for him to get in trouble – he assaulted a staff member within days of his placement after he assaulted a peer. A report written by staffer Sean Howlett said Adam head-butted a staffer while he was restrained, resulting in an injury above the staffer’s right eye.

‘Bad medicine for mental health’

Adam will be spending the rest of his childhood at the Sununu Center.

The family visits when they can, and Adam calls every other day. They said he seems confused and unclear about what the future holds.

“He’s thinking that he might live in a transitional house m-f and come home on weekends,” Rebello wrote in an email. “None of this stuff has

been discussed with us as a family.”

His parents are frustrated because despite multiple placements and therapies, the state’s child welfare system has been unable to help him. And with no placements in-state that cater to children with severe behavioral disabilities – and what they say is the state’s reluctance to place Adam in an out-of-state facility – they feel like there are no options between day programs and the Sununu Center.

They also think the system doesn’t recognize Adam’s behaviors as being beyond his control.

“A parent feels very ineffective when they can only stand by essentially muted, while others make decisions regarding your child’s future,” they wrote in an email after Adam was committed. “Even more so when you vehemently believe that these decisions are not in the child’s best interest. Choosing to address only the behaviors without addressing the cause is bad medicine for mental health.”

They also worry that Adam will not receive the intensive therapy he needs to be able to enter the community again. They said Adam is a risk for self-harm, something they said the Sununu Center has not taken seriously.

Leon, the DHHS spokesperson, said the Sununu Center provides residents with a staff expert in mental health care, specifically focused treatment plans that are individualized to each resident’s needs, and open lines of communication between everyone involved in a resident’s life. Their goal is to address residents’ mental health needs when they first enter the center and give them what they need to return to the community safely and quickly. Residents begin their first day at SYSC under heightened observation, followed by a multi-day assessment process that includes a clinical mental health assessment and a drug and alcohol assessment. A treatment plan is developed for each child.

The Sununu Center has psychiatrists, mental health counselors, a special education case manager and many nurses with psychiatric training and experience, Leon said, who provide a range of therapeutic interventions.

“Communication between the youth, parents or guardians, and the treatment team is frequent and essential,” he said in an email. “This continuum of care is designed to ensure that youths receive mental health care services and supports while at the Sununu Center and upon their return to the community.”

The family is working on getting guardianship of Adam, a process they said takes six months. But even that is complicated. They feel Adam will be unable to live on his own but may be too dangerous to live with the family. They talk about getting a restraining order, and whether Medicaid will pay for an out-of-state placement.

Hoijer compared trying to care for Adam to being on a circular train track that occasionally derails – hopelessly.

“It’s like we see the light at the end of the tunnel,” he said. “And then, all the sudden, it’s gone.”

(Caitlin Andrews can be reached at 369-3309, candrews@cmonitor.com or on Twitter at @ActualCAndrews.)

‘Toxic stress’ can have a lasting impact for children

ACES FROM A1

Malloy compared such stress to walking down the street and seeing a dangerous dog.

“Your entire body gears to respond to that stress,” she said. “It doesn’t allow you to think about what you are going to buy for dinner. That’s the equivalent to what babies feel when their parents are stressed.”

Except for children with multiple ACEs, the stress either doesn’t end or is triggered easily, Malloy said. Constant exposure to toxic stress can impact a child’s social and emotional development, as well as their physical health.

The Centers for Disease Control found in a landmark 1998 study that ACEs can pave the way for adopting health-risk behaviors, like substance abuse, diseases and disability, and even early death.

For a child with reactive attachment disorder – a condition characterized by a consistent pattern of inhibited, emotionally withdrawn behavior and episodes of unexplained irritability, sadness or fearfulness during non-threatening interactions with others – having an adult confront them over something like doing their homework can feel a lot like that dog, Malloy said. Their reactions are often

beyond their control.

“It’s neurobiological,” she said. “If that dog is coming at you, you’re going to react.”

Schreiber said children who receive treatment at the Intervention Program are often already experiencing mental health issues before they arrive. And even with proper care and a healthy lifestyle, health risks like cancer and diabetes can still persist, she said.

Anecdotally, Schreiber said the number of children who have high-risk safety concerns and require intensive services over the last 20 years has increased. She believes ACEs are the main cause, saying substance abuse has ramped up and that the mental health community didn’t pay enough attention to the ramifications of early attachment disruption.

“There’s a group of kids who grew up not having the kind of nurturing, constant support needed to be effective parents,” Schreiber said. “They grew up and had kids. ... If you’re a child predisposed to have a mental illness, you’re probably going to develop one.”

(Caitlin Andrews can be reached at 369-3309, candrews@cmonitor.com or on Twitter at @ActualCAndrews.)

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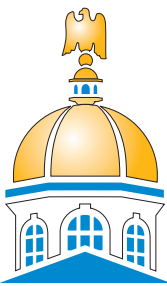
Jaguars jump ahead early, hold off Patriots, 31-20, in rematch of last year's AFC title game. **SPORTS, B1**

NATION & WORLD, A8

FLOOD FEARS HIGH AS WATERS RISE

North Carolina Gov. Roy Cooper: "The risk to life is rising with the angry waters."

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JUVENILE JUSTICE

Divisions heighten the challenge

Mental health issues common among youth at Sununu Center

By CAITLIN ANDREWS
Monitor staff

New Hampshire was rocked this May when a federal investigative group reported a child with emotional disabilities suffered a fractured shoulder due to illegal physical restraint at the Sununu Youth Detention Center.

Yet the issues surrounding children with behavioral health disabilities and the juvenile justice system have long been a struggle in the Granite State.

A May report the Disability Rights Center on the incident notes former medical director of the

SEE HEALTH A2



CAITLIN ANDREWS / Monitor staff
Michelle Wangerin of New Hampshire Legal Assistance said, "I think behavioral health and juvenile justice collide more often than they should."

How the court system works

By CAITLIN ANDREWS
Monitor staff

The path to the Sununu Youth Detainment Center for children, regardless of whether they have a behavioral health disorder or not, begins in the criminal justice system.

The Sununu Center is the most restrictive placement option for juveniles and is supposed to be used only as a "last resort," for serious and/or chronic juvenile offenders, according

to a Department of Health and Human Services report on the adequacy of New Hampshire's child welfare system released in August.

There are several reasons juveniles may be detained or committed to the Center, such as community safety, volatile behavior, and a risk of absconding. Juveniles can either be detained at the Center while awaiting adjudication or committed after

SEE COURT SYSTEM A2

ELECTION 2020

Early parade of Democrats

Potential presidential hopefuls Merkley, Inslee and Delaney attend events in Granite State

By PAUL STEINHAUSER
For the Monitor

Sen. Jeff Merkley says he hasn't decided yet on whether he'll launch a presidential bid, but his fourth trip since March to New Hampshire has the look and feel of a campaign swing.

Merkley, who's officially in the first-in-the-nation primary state to help Democrats running in November's elections, told the *Monitor* that he and his wife Mary will make a decision on a 2020 bid after the midterms.

"We're going to wrestle with that right after the election and we'll figure it out then and decide on what we're going to do," he said.

Merkley was one of three Democrats with potential presidential ambitions to parachute into the Granite State this weekend to assist Democrats. Washington State Gov. Jay Inslee – the chairman of the Democratic Governors Association, was in the state to lend a hand to Democratic gubernatorial nominee Molly Kelly, and Congressman John Delaney of Maryland – who declared his candidacy for president a year ago – spent the weekend helping Democrats up and down the ticket.

With New Hampshire's state primary now in the rear view mirror, expect the already brisk pace of visits by possible 2020 White House contenders to increase during the eight-week sprint to the midterm elections. And once the midterms are over, the next presidential campaign officially begins.

Merkley, one of the most progressive members of the Senate, was the only Democrat in the chamber to endorse Sen. Bernie Sander in the 2016 presidential primary. But he said his decision to run won't be influenced by possible 2020 White House bids by Sanders or Sen. Elizabeth Warren of Massachusetts, another progressive leader who's flirting with a White House bid.

SEE DEMOCRATS A6



U.S. Sen. Jeff Merkley of Oregon gets a round of applause at the Ron and Gerri King house party on Saturday.



Jay Inslee speaks at Democratic gubernatorial nominee Molly Kelly's canvassing kickoff Sunday in Exeter.



John Delaney gives a "America 2030" presentation at Saint Anselm College in Manchester on Sunday.

GOP event draws hundreds

Coulter, Carr, Lewandowski hold private show at Bektash Center

By RAY DUCKLER
Monitor staff

Radio personality Howie Carr brought his traveling show of conservatism and tough talk to Concord on Sunday at the Bektash Shrine Center, leading to parked cars along Pembroke Road due to the overflow crowd.

Carr, whose Boston-based radio show is immensely popular throughout New England, was joined on stage by author Ann Coulter and former Donald Trump campaign manager Corey Lewandowski of Windham, bringing together three larger-than-life personalities less than two months before the vital midterm elections.

The event was called *The Deplorables Show*, a reference to the ill-advised label used to describe Trump supporters by Hillary Clinton, Trump's presidential opponent, during the campaign two years ago.

The private event featured meet-and-greet and book signing opportunities, costing as much as \$110 for couples and \$75 for single tickets. The Bektash Center can hold 700 people in its auditorium, and while an attendance figure was not available, the event was sold out and people were seen standing near the doors, far from the three stars of the show.

All three Republicans have gained national attention through their books, their voices on radio and their appearances on TV, with Coulter and Lewandowski well known for their contributing reporting and commentary on cable news net-

SEE 'DEPLORABLES' A6

INSIDE



BUSINESS
IT'S SQUIRREL VS. FARMER

You've seen them darting across the roadways, but this year's bumper crop of little critters is also causing a headache in pumpkin patches and apple orchards.

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NATION & WORLD

OFFICIAL: PRESSURE SENSORS FOCUS OF GAS EXPLOSIONS PROBE

The investigation into the Massachusetts natural gas explosions is focused on pressure sensors that were being taken out of service shortly before the blasts. **Page A8**



WEATHER

PARTLY SUNNY AND NICE

High 82, low 68. Winds SW 4-8 mph. Natalie Sestito, 7, of Weare draws the day.

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ONLINE: For more photos and video from the 'Monitor' staff, visit concordmonitor.com.

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JUVENILE JUSTICE

Reports: Mental health issues common among youth at Sununu Center

HEALTH FROM A1

state’s Juvenile Justice Services Eric Vance said in 2008 that an estimated 60 to 70 percent of the boys and 70 to 90 percent of the girls at the Sununu Center have been physically and/or sexually abused and are dealing with post-traumatic stress disorder.

A decade later, those numbers are relatively unchanged, despite legislative efforts to reduce the number of children committed to the center. A Department of Health and Human Services report on the adequacy of New Hampshire’s child welfare system released in August reported that 67 percent of all youth eligible for release from the Sununu Center have an identified disability, with “emotional disability” as the most prominent type.

The report also found New Hampshire lacks adequate services to treat these children. In a system that prioritizes the “least restrictive, most appropriate” type of treatment first – even if that’s not appropriate for a child – these children often have to “fail up” in order to get the services they need, the report found.

The state is working toward a more integrated system that would coordinate care across multiple agencies, but it will be some time before it gets there. In the meantime, many children are unable to access the care they need until they interact with the juvenile justice system, advocates say.

“I think behavioral health and juvenile justice collide more often than they should,” said Michelle Wangerin, the Youth Law Project director for New Hampshire Legal Assistance. “Using it (the juvenile justice system) as the primary service model for the mental and behavioral health system is hugely problematic.”

The problem

One of the biggest challenges is the juvenile probation system often handles minors who would be better served in other systems, DHHS found.

Michael Skibbie, policy director for the Disability Rights Center in New Hampshire, said the conduct of children with behavioral disabilities frequently lands them in court. Often, they head to the Sununu Center because there is nowhere in the state restrictive enough to take them.

“I don’t think there’s much to dispute that in New Hampshire a lot of kids are placed at the Sununu Center not because of the severity of their crime, but because we’re unable to find an appropriate setting for them,” he said.

Wangerin, who focuses on issues such as juvenile justice and the school-to-prison pipeline, said the

most glaring gap is the lack of good, non-residential community services.

“We want to prevent them from needing residential placement unless they need it,” she said. “There’s all kinds of research identifying that they do better when remaining in family placements.”

When children who don’t need residential placement get put into a place like the Sununu Center, the move disrupts family bonds, Wangerin said, and removes them from their community, like school and sports teams. It can also expose them to a negative peer group, she said, which can worsen their behavior.

Unlike traditional residential settings, where weekend visits home or to clinicians may be possible, children at the Sununu Center are unable to leave, Wangerin said. Children are unable to start adjusting to life back at home, and “the intensive family work doesn’t happen,” she said.

JoAnne Malloy, a research associate professor at the University of New Hampshire’s Institute on Disability, said the Sununu Center is no place for children with behavior conditions.

“People say they’ve redesigned it, but those kids are still locked up,” she said. “There are children and youth there who are truly dangerous. ... Once there, you have a record. Some treatment can be good, but you’re not learning how to be in school or how to deal with stress.”

Structural issues

The child’s mental health system faces many of the same challenges as the adult system.

A 2017 report from the Human Services Research Institute found one of the biggest problems to be a shortage of child psychiatrists and clinicians trained in evidence-based, trauma-informed treatment models.

“Professionals who move into New Hampshire from out of state can experience challenges obtaining licensure (and) demonstrating that the state requirements have been met,” the report reads.

Use of evidence-based practices is also sporadic in community mental health centers, the report found.

Because those services are so rare, there’s a heavier reliance on inpatient care for children, similar to the adult system, the report says. And when residential services are viewed as permanent living situations, the rate of turnover for beds in the system is reduced. If parents are unaware of local, community-based treatment options, they often seek care out of state.

For people who work within the system, one of the biggest problems is communication.

“There are all these systems that serve the child,” said Ellyn Schreiber, director of the children’s



GEOFF FORESTER / Monitor staff

Riverbend’s Director of Children’s Intervention program Ellyn Schreiber.

intervention program at Riverbend Community Mental Health, “and they have to be able to talk to each other.”

Schreiber said a child typically has more people involved in their care than adults, like parents and school employees; and if communication is bad, a child can fall through the cracks.

Incremental progress

Becky Whitley, the children’s behavioral health policy coordinator for New Futures, said the state is working towards building a wraparound style of care, where community-based teams chosen by the family offer support by developing and monitoring a plan of care that addresses family needs. The Legislature directed the state to develop such a system in 2016, building on years of work by advocates, state agencies, school districts and providers.

Efforts to do so are hampered when players in the system operate in silos, Whitley said. The system is underfunded, and fragmented, leaving children and families unable to access supports early, when treatment is most effective. “We’re clearly not there yet,” she said.

Part of the state’s initiative includes a program called FAST Forward, which serves children with severe emotional disturbances by providing peer support, respite care, transportation and other services.

The program’s focus is to identify and build on the family strengths by using the wraparound approach. For children to access FAST Forward, they need to be Medicaid eligible; ages six to young adults transition-

ing out of school, foster care, or state placements, and at risk of multi-agency involvement, including out of home placement in a residential treatment facility, psychiatric hospital, or juvenile justice facility, according to the New Hampshire Children’s Behavior health Collaborative website.

The state noted three other places with successfully implemented similar systems in its August report: New Jersey, Milwaukee County in Wisconsin and Indiana.

New Jersey services 12,000 children annually through its wraparound approach and retains the responsibility of developing the provider network, contracting, rate setting, and payment. It’s funded through a combination of Medicaid and state dollars.

Families access services through a contracted systems administrator, who assesses the needs and eligibility for services, authorizes services, and provides care coordination. Complex cases are referred to care management organizations, who provide care management to youth with both moderate and high needs through a comprehensive Medicaid waiver.

Through its program, New Jersey has reduced the utilization of residential treatment/group home beds from 2,000 to 1,000, the report says.

Milwaukee Wraparound contracts with six community agencies for over 100 care coordinators who facilitate planning teams and implement wraparound approaches. They serve about 1,700 see children weekly, provide crisis intervention services, and coordinate with child welfare and ju-

venile justice based on identified roles.

About \$52 million in funding is pooled across several state and county agencies for the program, including Medicaid dollars. The state’s report notes Milwaukee’s system has reduced the number of children who need to access residential treatment facilities and has shortened their stays.

Indiana Choices serves up to 700 children each year through its contract with Indiana Department of Child Services. Choices assumes the risk for the level of care for a youth and if the youth needs more intensive intervention, like a residential placement.

They pay for all community-based and placement services. Choices is paid a capitated per member per month rate for managing the cases. Children in the Choices program spend up to 45 fewer days in residential settings than other Child Services youth, according to the report.

If operated correctly, a system that relies on community supports would keep children out of institutions like the Sununu Center, Whitley said.

“It’s a big building,” she said, “and there’s sort of an institutional bias to fill an empty building. ... If you truly have a robust system of care, you don’t need institutions like this.”

(Material from the Associated Press was used in this report. Caitlin Andrews can be reached at 369-3309, candrews@cmonitor.com or on Twitter at @ActualCAndrews.)

How it works: The path to the Sununu Youth Detainment Center

COURT SYSTEM FROM A1

they’ve been found guilty of a crime.

But when the child mental health system struggles to meet the needs of its charges, a child can end up in the Sununu Center due to a lack of viable alternatives, said Michael Skibbie, policy director for the Disability Rights Center in New Hampshire.

“There are a high number of kids who have had half a dozen failed alternative placements,” he said. “They’re not kids who should be placed in the Sununu Center because they are dangerous; it’s because we’ve said ‘we need to try something else and nothing’s working.’”

There are three different types of juvenile cases in the state’s circuit court, said Judge Edwin Kelly, administrative judge of the state’s circuit court system: delinquency, Child in Need of Services (CHINS), and abuse and neglect.

CHINS cases and delinquency cases are similar in that both require the assigning of a juvenile probation and parole officer to the youth. But that’s about where the similarities end; CHINS deal specifically with children who are truants from school, frequently run away, or engage in criminal or motor vehicle violations.

Delinquency cases are generally brought by police and have many of the same features as the adult system: the charges are similar, children can be appointed a lawyer if their family cannot afford one, and the court is burdened with proving their case.

A juvenile probation and parole officer (JPPO) is charged by the court to do an assessment of the child’s background within 30 days of their initial hearing; that report can include recommendations for punishment, Kelly said.

Kelly said the juvenile justice system is, by law, more fo-

“The average person had no idea what we’re dealing with. They immediately see the child as a serious problem ... the community at large wants to see punishment, and they use an adult theory on children. ... We tell judges children are not little adults. They’re not adult-like, and we can’t treat them that way.”

JUDGE EDWIN KELLY,

administrative judge of the state’s circuit court system

cused on rehabilitation than punishment.

“It’s extremely atypical that a child be sent to jail,” he said. “... (Punishment) is theoretically a part of the process, it’s not the primary focus.

“Once you get past the finding of delinquency, the focus is back on the child,” he added.

Part of the probation officer’s job is to interview people in the child’s life to get a sense

of why they committed the crime. This can include conversations with lawyers, health providers, family and school staff. A child’s behavioral health doesn’t get considered until the dispositional hearing, Kelly said unless there’s a competency issue.

Kelly used the example of a child breaking a window. “If that young person just sort of did it in anger, the court would

order the child to reimburse the owner of the window,” he said. “If, on the other hand, the broken window is evidence of mental health or behavioral issue, it’s not isolated, it’s going to become obvious.”

If mental health is the underlying cause, the court can order services for the child the family may have to reimburse at a later date.

As lawmakers have tried to cut down on the costs of operating the Sununu Center – as well as acknowledging the harm that can come from placement there – the types of crimes where commitment is viable have changed.

Commitment may be ordered “for any offense which would be a felony or class A misdemeanor if committed by an adult” if the minor has previously committed at least three felonies or class A misdemeanors prior, according to state law, RSA 169-B. Earlier this year, the Legislature voted to only allow commitment to the Sununu Center if

there is “clear and convincing evidence” that commitment is necessary to protect the safety of the minor or of the community.

Kelly said there is “real concern” about detaining children in a secure facility.

“It is extremely harmful to a large swath of kids that come through,” he said. “Those inside the court system try to keep the number down, because they recognize the impact on a young child.”

For real change to occur, there needs to be a cultural change, Kelly said, particularly in recognizing what causes children to cross paths with the juvenile justice system, such as behavioral health problems or abuse and neglect.

“The average person had no idea what we’re dealing with,” he said. “They immediately see the child as a serious problem ... the community at large wants to see punishment, and they use an adult theory on children.

“We tell judges children are not little adults,” he went onto say. “They’re not adult-like, and we can’t treat them that way.”

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