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State of New Hampshire

Office of the Child Advocate



ISSUE BRIEFING

Case Number 2023 - 01-IS01

Concerns for Out-of-State Residential Facility: Bledsoe Youth Academy

August 8, 2023

OFFICE OF THE CHILD ADVOCATE: MISSION

The mission of the New Hampshire Office of the Child Advocate (OCA) is to promote equitable and effective reforms that meet the best interests of all New Hampshire children and strengthen public confidence and accountability in the State's systems that support children and families.

To achieve this, we:

- Bring children's voices and lived experience to the table
- Respect the importance of every individual in a child's life
- Build collaborative relationships for reform
- Promote practices that are proven to be effective to help children and families
- Use data and safety science to examine child deaths, other critical incidents, and systemic processes
- Provide information and referral services to the public
- Listen to all concerns about child serving agencies (public and private) and, if necessary, respond to complaints with a credible review process
- Maintain independence and impartiality in all aspects of children's services oversight

DESCRIPTION

The OCA will periodically release issue briefs to inform child-serving agencies and/or the public on activities of the office and/or to provide information and educational outreach on relevant issues in furtherance of the OCA mission and responsibilities. Issue briefs may highlight findings and recommended practices that would contribute to the best interests of children in the care or protection of the State of New Hampshire.

JURISDICTION

RSA 21-V is the OCA's guiding statute. Under RSA 21-V:2 II the office shall:

Ensure that children placed in the care of the state or receiving services under the supervision of an agency in any public or private facility, receive humane and dignified treatment at all times, with full respect for the child's personal dignity, right to privacy, and right to adequate and appropriate healthcare in accordance with state and federal law.

RSA 21-V:2 III states:

Upon its own initiative or upon receipt of a complaint, review and if deemed necessary: (a) Investigate the actions of any agency and make appropriate referrals; provided that department of health and human services specific complaints shall be handled by the ombudsman pursuant to RSA 126-A:4, III. (b) Investigate those complaints in which the child advocate determines that a child or family may be in need of assistance from the office or a systemic issue in the state's provision of services is raised by the complaint. (c) Provide assistance to a child or family whom the child advocate determines is in need of assistance, including seeking resolution of complaints, which may include, but not be limited to, referring a complaint to the appropriate agency or entity, making a recommendation to such agency or entity for action related to the complaint, and sharing information in any proceeding before any court or agency in the state in which matters related to the division's child protection and juvenile justice services are at issue.

Pursuant to RSA 21-V, VII the OCA may:

Periodically review the facilities and procedures of any and all institutions or residences, public or private, where a child has been placed by an agency.

ISSUE

When children are involved with the Division for Children, Youth and Families (DCYF), Developmental Services, or Bureau of Children’s Behavioral Health (BCBH) and require out of home placement yet foster care is not a match due to the specific behavioral, developmental, or mental health needs, they are placed in residential facilities in or out of the State of New Hampshire. These facilities are intended to serve as a temporary residence with therapeutic treatment, to assist the child in gaining skills to better managing their behaviors and emotions so they can return to a community setting. Prior to placing children out-of-state, all family, foster, and in-state options are to be exhausted.¹ Many children referred to residential treatment have suffered years of trauma due to exposure to substance use, mental illness, domestic violence, and/or abuse and neglect by primary caretakers.² New Hampshire currently utilizes the Comprehensive Assessment for Treatment (CAT) to determine the level of appropriate placement given the child’s unique strengths and needs; the CAT scores range from level 1-5 with level 5 being the most restrictive psychiatric setting.³ Preliminary data on the CAT process shows that level 3 is the most frequently determined score for NH children, more than all other placement levels combined.⁴ Although level 3 is commonly scored, New Hampshire currently has only 17 contracted level 3 programs from 5 placement providers (this includes assessment, intensive, and shelter placements - meaning some of these are extremely short stays), that even when fully staffed, cannot take all children in need of this level of care.

The Office of the Child Advocate (OCA) has historically highlighted concerns with the frequency in which our State systems place children in residential care settings.⁵ Research tells us that children are significantly more likely to have grave outcomes such as homelessness, incarceration, and experience additional traumatizing events when placed in residential care.⁶ This concern becomes heightened when children are placed out-of-state, away from family and community connections, into programs that do not have the level of oversight as in-state programs. As of July 1st, 2023, New Hampshire had 306 children in residential placements with 69 of these children placed outside of our State. Although acknowledged by many key stakeholders in New Hampshire, this is an issue we can no longer observe without action.

The OCA spends a significant amount of time visiting residential facilities in and out of New Hampshire to ensure the needs of our children are being met and that the facilities are delivering quality care in a therapeutic environment, then sharing this information to educate key stakeholder about the children’s experiences. In July 2023, the Child Advocate, Cassandra Sanchez and Assistant Child Advocate, Jennifer Jones (the Advocates) visited Bledsoe Youth Academy in Gallatin, Tennessee, a program run by Youth Opportunity Investments. Bledsoe Youth Academy is a 30-bed intensive residential placement program for boys 12-18 years old, licensed by the State of Tennessee. In 2021, the New Hampshire Division of Health and Human Services (DHHS), through its Bureau of Children’s Behavioral Health Services (BCBH) certified the program for residential placement; this facility is categorized as a “Level 3”

¹ www.congress.gov/bill/115th-congress/house-bill/1892

² www.childadvocate.nh.gov/documents/reports/NH_OCA_5th_Annual_Report_FINAL.pdf

³ <https://maximusclinicalservices.com/sites/default/files/pasrr/documents/NH-CAT-Progress-Overview-092321.pdf>

⁴ www.nga.org/wp-content/uploads/2022/10/Maximus_New-Hampshire-CAT-Program-Thuy-Cardiel.pdf

⁵ www.childadvocate.nh.gov/documents/reports/2018-Annual-Report.pdf

⁶ <https://www.childrensrights.org/wp-content/uploads/2021/03/CR-Families-Over-Facilities-Report.pdf>

therapeutic placement⁷. During this site visit, the Advocates observed firsthand concerns regarding the physical space, programming, and culture at Bledsoe Youth Academy.

This issue brief will provide a detailed account of what the Advocates encountered during their time at Bledsoe Youth Academy. Their observations will be shared as it pertains to both the actual facility itself coupled with the overall culture and practices of the placement. In addition, a synopsis of the conversations had directly with the NH kids will be shared to highlight their personal experiences while at this facility. This will lead to further discussion concerning the ways in which the facility does not meet the minimum standards required through NH certification. It will conclude with recommendations provided to the appropriate state agencies in response to these findings.

THE VISIT

On Tuesday, July 11, 2023, the Advocates toured the Bledsoe Youth Academy in Gallatin, TN. The purpose of the visit was to check on the immediate well-being of the New Hampshire kids in this out-of-state placement. The Advocates toured the facility to ensure that it was providing the appropriate level of care expected of a level 3 residential treatment program within the state of NH and met with the kids to gather their perspective on the care and treatment received.

Observations

Upon arrival at the facility, the Advocates were met with a tall chain link fence that surrounded the perimeter of the building; one area of fencing was missing, which staff assured would be repaired soon.



The fence was notable as it was clearly meant to provide a measure of security one finds in a secure detention center. The fencing had what appeared to be chicken wire across the top and two entrances/exits. The primary entrance required being “buzzed in.” A smaller area of fencing for internal movement to other areas of the facility was secured by a large padlock. Entrances were monitored by a closed-circuit security system. Some kids were playing basketball in a small courtyard to the side of the building and others were mingling outside. Within the



fenced lot there were some grassy areas surrounding the building, however, the kids were mostly on the

⁷ New Hampshire designates residential placement facilities by Comprehensive Assessment for Treatment (CAT) Levels. “CAT can have the following outcomes: Family Setting Recommended, Level 1 Residential Recommended, Level 2 Residential Recommended, Level 3 Residential Recommended, Level 4 Residential Recommended, or Level 5 PRTF Recommended. Qualified Residential Treatment Programs are a new designation of non-family-based placements that serve children with specific treatment needs who require short-term placement out of their home. In NH, residential programs designated as Level 2, Level 3, and Level 4 all meet the requirements to be a QRTP. PRTF is a psychiatric residential treatment facility. In the context of the CAT Services program, the State of New Hampshire distinguishes PRTF as a higher level of care (Level 5). A PRTF provides the residential treatment outside of an acute hospital within a medical model of treatment with oversight by a psychiatrist.” https://maximusclinicalservices.com/sites/default/files/pasrr/documents/NH-CAT-FAQs-10.20.21_0.pdf

paved basketball court. They were dressed in various colored, uniform-like clothing. Some were wearing black shorts/bottoms with royal blue or maroon polo tees, while others were in jumpsuits of tan, red, or lime green color. Immediately inside the facility was a small waiting area with staff monitoring individuals checking into or leaving the building. Large monitors displayed various camera angles from inside the entire facility. The door into the program space was locked and could only be entered with a key fob/access card, key, or manually via the monitoring staff.

The Advocates toured the entire facility; the tour was led by the Operations Director. Approximately half the building was under construction due to recent and extensive water damage caused by a sprinkler system activation in one of the kids' rooms. The Advocates learned during the tour that a kid had accidentally hit one of the sprinkler heads with his foot while laying on a top bunk, causing it to activate. The Operations Director provided this information after informing the Advocates that this kid was on "punishment for a month" for the damage caused.



The cafeteria/kitchen area was furnished with several rows of table/bench seating and sparsely decorated with kids' art and a couple of signs. It was reported that there are three meals served to approximately 30 kids in that area per day. During the renovations, the six-hour school day was also conducted in this space, as the classrooms were also damaged in the sprinkler incident.

In the main hallway area connecting staff offices, the cafeteria, a game room, bathrooms, and the entrance, there was some clutter, the carpets felt sticky, and it appeared dirty. There was a small "commissary" area in the hallway where kids could purchase items with "points" earned. The program utilizes a point system to track behavior and program compliance. Kids have a chance to "shop" weekly, or they can choose to save points for a later date. The display case had snack food items, toiletries, handheld games/activities, ear buds, etc.



Of note, while the Advocates were touring, one kid was observed to be sitting on the dirty, sticky carpeted floor eating his lunch separate from the rest of the kids who were gathered in the cafeteria. When asked about this, he shared that he was eating alone as he was "on restriction." This, along with other instances to follow in this report, evidence a culture of shame, humiliation, and inhumane punishment endemic to the program.

The Advocates toured a small gaming room with several gaming "stations", TVs mounted to the wall, and a few stools. There were no windows or natural light in the small area. We were informed it accommodates up to three kids at one time. They are typically allotted a strict timeframe as it is the only recreational use space on the inside of the facility. It was described as a space that could be used during the day if enough daily points were earned. Use of this room was not observed during the visit.



Bedrooms were equipped with two sets of bunkbeds and one single bed, with up to five kids in each room. All bedding was uniform. Of note, several rooms that were intended for five-person occupancy had extra mattresses as the facility had two bedrooms under construction. During the visit, it was explained that some kids were sleeping with mattresses on the floors of bedrooms or in the “day area.” There were very few personal items or memorabilia observed in the kids’ living spaces. All belongings and clothes were to remain in small cubbies, no personal apparel or leisure items were observed in the cubbies. It was unclear where the kids’ personal items were stored. Kids are not allowed to wear their own clothing; the “regular” uniform consists of a maroon or blue polo shirt and black pants or shorts. Further evidence of a culture that is not responsive to children’s personal needs.



The Advocates observed cameras in every bedroom viewing the entirety of the room.

Attached to each bedroom was a bathroom area comprised of double sinks, a shower stall, and a toilet. The cameras could also view into the bathroom area to the sinks. Kids must change in either the shower stall or toilet area as those are the only two areas of their living space in which they are afforded privacy.

The daily routine of the facility is rigid and institutionalized. At 6 a.m. kids must get up, make their beds, clean their space, and get out for the day. While touring a couple bedrooms with the Advocates, the Program Director reported that a room was not to her standard. When asked to expand, she pointed out that a pillowcase was on one of the beds, and that was unacceptable. She ran her finger over a baseboard and said that it was dirty, pointing to dust on her fingertip. She shared that she was “finna get them in trouble” once the tour was complete. Of note, most areas throughout the entire facility felt unclean, had a smell like mold coupled with chemicals, and were generally unkept, including the Director’s own office. The kids’ standard was inconsistent with the rest of the facility’s condition.



There were a couple of day-use areas with seating and televisions. During the tour, many kids were observed in one of these day rooms watching a movie. The space was crowded and most of the kids were sitting two to four to a seating area, with one kid sleeping sitting upright, and another laying on the floor. The Advocates were informed that going into bedrooms prior to the 9 p.m. bedtime is prohibited. It is difficult to imagine being in a congregate living situation, one promoted for treatment, where there are no opportunities to privately take space or decompress during the day, furthering the impression of a non-therapeutic milieu, and a rather stressful living environment in general.



There was a small music room furnished with what appeared to be a couple of speakers and possibly audio equipment; none of which were in use (no instruments of any kind were noted.) It is unclear what options come with access to this room; however, staff stated the kids love it.

In the downstairs of the facility were small offices for clinical and administrative purposes. The spaces were small but adequately furnished. Clinical operations

were not directly observed by the Advocates during the visit. In conversation with the clinical staff, it was explained that the kids have individual therapy one day per week as well as daily groups. There are clinical staff in the building during daytime hours and they work on rotation to ensure one clinician is in the building until 8pm each weeknight; there is also a clinical director on call for off hours. With prompting from the Advocates, the clinician reported that Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was the clinical modality used. She shared that kids are expected to begin opening up about their trauma within the first month.

There was an area of the campus under active construction (due to the previously noted sprinkler malfunction). Once completed, this area will include updated bedrooms, new clinical offices, a new conference room, and new classrooms.



Back at the main entrance, the Advocates observed two kids, one of whom was placed by NH and was wearing a lime green jumpsuit, cleaning the common areas with a staff member monitoring. This included mopping, cleaning glass windows (internal), collecting trash, etc. The Director excused herself to use the restroom and she called to one of the kids to come clean the bathroom better before she was to use it. The Advocates observed the kid enter the bathroom and clean what was pointed out before she entered the space. This is further evidence of an unhealthy and demeaning culture, coming from the top administrator.

When conversing casually with staff, the reference to when all kids are gathered was noted as “pop” a prison term for “general population.” When the Advocates asked more about the daily point system, the Director was unable to clearly articulate how the system works. The Advocates were also unable to fully understand the complex 40+ daily points and how they are earned/lost, although it was clear that length of stay for kids was based on points and compliance rather than treatment progress. If a kid makes a misstep while in this program, they are committed to the program for a longer period, and the next grading period is extended 10-21 days.

The Director spoke highly of the ways in which the program gave back to the local community. She shared that kids cleaned headstones in a cemetery across the street and would pick up trash on the side of the road a few miles from the program. There is a video of the kids picking up litter on the side of a busy road near an “adopt a street” sign advertising Bledsoe Youth Academy.⁸ Community connections are critical to healthy development, but when the community service activities are that of an adult prisoner, this does not lead to positive community connection, rather, further demeans and stigmatizes the kids.

At the conclusion of the tour, the Advocates had a final check in with New Hampshire kids then exited the program.

⁸ <https://www.youtube.com/watch?v=7ZrI5rhL4Jg>

Meetings with Kids

A critical piece to any facility visit is to meet with the kids from New Hampshire to check on how they are doing and allow them to describe their experiences in the program. This includes immediate health, safety, and wellbeing; access to clinical treatment; diet and access to food; program and extra-curricular activities; and schooling.

Over the course of nearly two hours of conversation with the NH kids placed at Bledsoe Youth Academy, the Advocates gathered a list of concerns about the care they are receiving. It is important to note that these kids had previously met with the OCA when in prior placements, and in those interactions, they proved to be accurate reporters. During these check-ins, the Advocates learned:

There is a significant lack of ethical treatment and boundaries by direct care staff.

- Disclosures were made that kids are offered incentives by staff to assault other “problematic” kids. For example, if a kid is giving staff a difficult time, another kid might be asked by staff to go after him physically and would be rewarded by staff with a snack or some other incentive, and the aggressor would not be written up for the behavior.
- Restraints by staff worry the kids and elicit fear due to observed injuries during restraints, specifically rug burns to their faces while in prone restraints on the carpeted floor. This was confirmed by the Program Director who stated, “yes that happens and so I have asked staff to use a towel or sheet on the floor first.” For context, the NH kids described being restrained less in this program than in prior placements due to their fear of being hurt during restraints. Additionally, it was described that some restraints involved arms being held behind them like “arm bars” while pushed with their stomach up against a wall and lifted with feet off the floor by the restraining staff.

The facility operates on a culture of fear and humiliation.

- To stay on the staff’s “good side” one kid, who worked at fast-food restaurant, brought back food for staff. He shared that only two other kids in the program were allowed to work and they work at other local fast-food restaurants. He reported that if he brought back the specific meals requested by staff, they generally leave him alone. He stated that if he was unable to bring their exact “order,” they might find ways to give him a hard time such as unjustified write ups (taking points from the point system, etc.). He denied using his own means to provide these meals.
- The kids reported staff as the most difficult part of this placement. One offered that staff read their files and utilize information from them to berate and insult all kids into compliance. For example, they have heard staff say to other kids in the program “you are here because your uncle raped you” and the kids reported being told “you are here because your mamas don’t love you.” The Advocates asked, “What is that like for you?” In response, one kid became emotional, and his eyes welled with tears as he said, “It’s horrible.”

The facility fails to provide the necessary therapeutic milieu and medical care.

- It was shared that the clinicians were good/nice when one on one. They reported all kids have one scheduled session per week. However, they were not able to check in with clinical by request or as needed. Direct staff has accused kids of only wanting to see their clinician to “get snacks” as it was

learned clinical sessions allow for personal snacks to be consumed. The kids reported that was not the case for them; they have been denied access to their clinicians when they felt they needed support.

- In further discussing the clinical programming, the kids indicated that the group therapy “sucks.” They noted the sessions were poorly planned, there were not always relevant topics, and they have not learned from them. Rather than gaining skills to better manage their trauma reactive behaviors, they were sitting through the groups to ensure they got points for clinical attendance.
- The kids described not liking the food served from the kitchen. One particularly noted that he refused to eat for a couple of days when he first arrived at the facility. He noted that he began eating after medical staff stated he was either going to “get a feeding tube down the throat or have an IV stuck in the arm” if he continued refusal. When asked about on site vs. external medical care, the kids reported that it was very rare for them to be brought off site for medical attention. In addition, kids were not always seen for injuries in a timely manner.
- When asked about cleaning duties the Advocates observed on the tour, one kid stated, “he doesn’t mind it, it keeps him busy.”
- There were no observed or reported locations for kids to privately take space or decompress during the day, which may be necessary given the rigid schedule the facility keeps of a 6 a.m. wake up and 9 p.m. bedtime.

The facility is unsanitary, and the accommodations are insufficient.

- The kids reported concerns for bed bugs as they had been told by other children that they had bed bug bites; this has not been substantiated by the Advocates, however the concern is valid. The kids also stated that there are mice that come and go from the laundry rooms by way of holes in the walls.
- The kids reported that at times they had to sleep on mattresses on the floor and/or in common areas. They were eventually given beds in rooms because they are “from New Hampshire.” It appears that those decisions tend to be made based on state of origin requirements for care and potential for compliance checks from certain states.

Staff attitudes reflect a punitive/detention culture.

- When asked about clothing and the significance of the specific-colored, prison style jumpsuits, the Advocates learned that they are used to indicate behavioral needs and/or punishment. Kids who are deemed dangerous or violent are to wear a red jumpsuit; kids who are suffering disciplinary consequences are in a lime green jumpsuit; and kids wearing tan jumpsuits are considered unsafe to themselves (self-harm/suicidal ideation). When asked if this was understood by all kids in the program, the kids noted it was. They also informed that some of these jumpsuits lead to kids sleeping on mattresses on the floor outside of their rooms so staff can “monitor” them, although there are cameras in each bedroom. When asking the kids why the jumpsuits were necessary, they explained that staff say it would be too difficult to identify them if they ran and were not dressed in the uniform as staff would not be able to easily report what they had on. These “uniforms” are not only dehumanizing and institutional, but they also violate each kid’s privacy by broadcasting to the community their personal struggles.

- The Advocates asked the kids if they have a general understanding of the complex point system. It was indicated that they do understand the system and explained that points can be lost for trivial reasons. An example was the beds not being made to the military-like standards causing a deduction in points (corners must be folded perfectly and all sheets/blankets lying completely flat). Another reason for point loss might be a kid being told to get out of bed more than one time.
- One kid stated that he wanted to return to NH’s juvenile detention center (SYSC) stating “I will do whatever it takes to get back to SYSC. I would rather be committed there than be here.” To achieve this, he contemplated sacrificing long term progress with criminal behavior for the short-term goal of leaving this placement. He reported that the staff, clinical programming, and the food were all superior at SYSC. Stating quite firmly that his clinical supports at SYSC, consisting of a full-time clinician and a part-time doctoral intern, were far more supportive to him and educated on the topic of trauma. The kids stated their wishes are to leave the program.
- When asked about what is best about the program, one kid offered he was happy to now have access to a library as he enjoys reading. Another stated that he appreciates the opportunity to work.

FINDINGS

In 2020, the New Hampshire Division for Children, Youth and Families (DCYF), made a purposeful and mindful shift to a more community-centered, trauma-informed treatment and habilitation model of services to align with the Family First Prevention Services Act of 2018 (FFPSA).⁹ This included more in-home, pre-court services, diversion, and a focus on community-based preventative services and preservation of connections. As recently as June of 2023, New Hampshire continues to make changes to this effect. Governor Sununu signed into law Senate Bill 49, explicitly recognizing the harm caused by placing Granite State kids in “*corrections settings*.” It specifically states that placing them in such settings “outside the state of New Hampshire undermines the stabilization and return to productive members to the communities.”¹⁰ This, of course, describes detention centers, not residential treatment facilities. Bledsoe, although reporting to the state of NH to be a Level 3 residential treatment facility, is utilized as a juvenile detention center which was confirmed by the Tennessee Department of Children’s Services. Although it is difficult to put a price tag on quality therapeutic care, one would be hard pressed to believe that there is any benefit in spending up to \$5,000 per child per month to a facility that is not meeting even the basic standard of care deemed acceptable by the State of New Hampshire.

The OCA requested the Bledsoe “contract” from Bureau of Children’s Behavioral Health Services (BCBH) as well as any restraint and seclusion reports required by statute. The response explained that Bledsoe is not contracted, rather they are certified per He-C 6350. BCBH began contracting with most programs in New Hampshire and bordering states in 2021. Currently national programs remain certified. In addition to discovering that Bledsoe is certified, not contracted, the OCA learned BCBH maintains no centralized cache of 126-U restraint and seclusion reports from certified out-of-state facilities. The OCA then requested, with specification, all certification documents from Bledsoe, and every other out-of-state facility certified pursuant to He-C 6350. BCBH has been diligently providing records relating to Bledsoe,

⁹ www.congress.gov/bill/115th-congress/house-bill/1892

¹⁰ See SB 49-FN-A Final Version, Chapter 2, 2023 Session, Section 2:1 Statement of Findings.

gencourt.state.nh.us/bill_status/legacy/bs2016/billText.aspx?sy=2023&id=65&txtFormat=html

and to date, the OCA has received documents relating to both the original 2021 certification and the 2023 re-certification.

DHHS has implemented Administrative Rules¹¹ relating to the certification of residential placement facilities, which includes the process and standards for certification of both in state and out-of-state residential placement facilities for children placed by DCYF, as well as those placed by BCBH. These facilities are certified by BCBH.¹² Upon reviewing He-C 6350, it requires many of the same documents and programmatic components as the State contract for a Level 3 facility, including the therapeutic program components (see Attachment #2).¹³

He-C 6350.15 Basic Standards for Residential Treatment Programs, requires, in part:

- Care in a structured, therapeutic environment.
- Age and developmentally appropriate opportunities and activities consistent with the reasonable and prudent parent standard that positively support the education, physical, intellectual, and social needs of children within the residential treatment program and community.
- Positive child development techniques that emphasize providing services and opportunities to support kids in developing a sense of competence, usefulness, belonging and empowerment.
- Services required by the treatment plan, including individual, group, and family counseling to children shall be available within the residential treatment program or shall be referred to community agencies depending on the need of the child and family, and the category of service. Treatment programs shall support family-centered practices and incorporate the family-centered focus in the program's milieu.

After the OCA visit to Bledsoe and subsequent meetings, we maintain that the facility is not meeting the certification standards in several ways:

Intensive Treatment Program Requirements¹⁴

Bledsoe assured New Hampshire BCBH that it could provide the level of therapeutic programming and support as identified in the certification standards. The facility itself has an institutional, detention-style feel rather than a home-like environment. The milieu and culture are punitive and dehumanizing, not therapeutic in nature. Use of a daily point system, the severity and length of consequences, color-coded jumpsuits which violate privacy, dignity and humanity, the bedrooms being impersonal and overcrowded, and humiliation by staff also do not align with trauma-informed care. The information that Bledsoe provided to the BCBH, as far as the OCA can tell based on the documents received, does not comport with the level of experience or training for the leadership or the staff observed, nor the level of programming presented at the facility.

Clinical services are not clearly described in the same way as in the program description. It is reported that Trauma Informed Cognitive Behavioral Therapy (TF-CBT) is the therapeutic modality utilized at the facility. The model involves spending session time with children individually, caregivers individually, and

¹¹ https://gencourt.state.nh.us/rules/state_agencies/he-c6300.html

¹² See He-C 6350.16 & .17 addresses Intermediate and Intensive Treatment Program Requirements

¹³ Exhibit B to the State contract for a Level 3 residential provider is below in Attachment #2

¹⁴ See He-C 6350.17 https://gencourt.state.nh.us/rules/state_agencies/he-c6300.html

with children and caregivers together (conjoint sessions).¹⁵ Bledsoe has not been integrating family into the therapeutic programming, therefore not following the TF-CBT model with fidelity. Additionally, kids should have access to clinical staff when needed rather than having to wait until their scheduled time. When children are referred to therapy because their predominant problems are disruptive behaviors such as defiance, disobedience, aggression, or rule- or lawbreaking, the first order of business is to directly address these behaviors. Similarly, children who are severely depressed or suicidal, or who have active substance abuse, should first receive treatments specific to those conditions. TF-CBT will often be an appropriate intervention for these children once the above presenting problems have been addressed.¹⁶

Grievance Procedures¹⁷

Certification requires that a grievance procedure be established and provided in the parent and kid handbooks, so children may constructively address their concerns without fear of retaliation. However, from talking to the NH kids at Bledsoe, they fear retaliation from the staff, not only if they make a complaint, but for any number of “wrongdoings.” In a meeting on July 24, 2023, the Bledsoe Program Director discounted nearly all of the OCA’s concerns, reiterating that, while the program had a formal grievance procedure in place, the children would come to her, as she had a great rapport with them. This response contradicts statements made during the tour with the Advocates, and her observed behavior towards the kids. Further, as noted alongside the timeline below, there have been accusations made about one kid “lying to DCYF” since the OCA voiced concern for the operations of this program.

Certification Issues¹⁸

In a recent meeting, BCBH certification acknowledged that they had not conducted either the initial certification site visit to Bledsoe, or the required 2-year recertification visit to Bledsoe, which was just recertified in June 2023, despite the facility's month-to-month license with the state of Tennessee due to a required fire inspection. This was not deeply explored with BCBH during the initial meetings as there was urgency to focus on the safety of the kids currently placed at Bledsoe. OCA will inquire further as to why these in person certification visits have not occurred and work with the agency to develop a plan of resolution. DCYF staff visit NH kids placed at the facility monthly. These DCYF staff typically are not the direct case worker assigned to the kids’ cases, they spend a very short period of time at the facility and are normally confined to one room for a brief one-on-one meeting. The staff that have visited the kids currently placed there reported no concerns.

A simple Google search of “Youth Opportunity Investment” or “Bledsoe Youth Academy” brings up some concerning headlines within the first page of results, including “Nashville juvenile detention center operator withdraws, prompting emergency contract” (July 29, 2022)¹⁹; “Disturbance at Gallatin youth home leads to 17 charged, 5 arrested” (October 10, 2017)²⁰; and a Glassdoor rating of only 1.9 out of 5, with concerning reviews, some of which are from former employees who were “unwilling to provide

¹⁵ www.ncbi.nlm.nih.gov/pmc/articles/PMC5965038/

¹⁶ www.nctsn.org/sites/default/files/resources/how_to_implement_tfcbt.pdf

¹⁷ See He-C 6350.33 https://gencourt.state.nh.us/rules/state_agencies/he-c6300.html

¹⁸ See He-C 6350.06 https://gencourt.state.nh.us/rules/state_agencies/he-c6300.html

¹⁹ “Nashville juvenile detention center operator withdraws, prompting emergency contract”, Timms, Mariah, The Tennessean, July 29, 2022

²⁰ “Disturbance at Gallatin youth home leads to 17 charged, 5 arrested”, Cordan, Andy, WKRN News, October 10, 2017

[identifying information] due to fear of retaliation.”²¹ An outreach to Ombudsmen in surrounding states resulted in the OCA discovering that the State of Arkansas has prohibited Youth Opportunity Investments from functioning in their state, after an investigation by their Juvenile Justice ombudsman discovered policy violations, evidence of abuse, and concern for a lack of qualified leadership at a YOI site in Lewisville.²²

Violations of NH Law

Certified facilities are required to comply with NH law, including documentation of incidents under RSA 126-U.²³ Further, according to RSA 21-V:7, all reports of restraints and seclusions of any child in the care or custody of the Division must be reported to the OCA within 48 hours.²⁴ According to BCBH, DCYF individual case workers would be directly receiving any incident reports at this time. National programs have not been requested to provide the reporting to the centralized incident reporting inbox. That is a clear dereliction of the duty of care entrusted to the Division, as well as interference with the OCA’s oversight obligations.

New Hampshire law prohibits children being detained in any facility “which includes construction fixtures designed to physically restrict the movements and activities of persons in custody, including but not limited to locked rooms and buildings, fences, or other physical structures.”²⁵ Minors who have been adjudicated as children in need of services or minors who have been adjudicated as juvenile delinquents may be placed in “facilities which are not physically restricted.”²⁶ It is clear from the Advocates’ observations, and confirmed by the Tennessee Department of Children’s Services is that Bledsoe is a “physically restricted” youth detention facility. The NH kids reported to the Advocates that many of their peers at Bledsoe have been adjudicated on serious and violent crimes.

IMMEDIATE ACTION STEPS

On **7.11.23**, after touring the facility, an email was sent from the Bledsoe parking lot by the Child Advocate to BCBH personnel charged with maintaining certification and compliance of out-of-state placement providers to make them aware of the concerns that were discovered in the context of the onsite visit. The email asked for a meeting to discuss the concerns in detail and that the OCA was seeking the immediate return of our kids to New Hampshire.

On **7.20.23** the OCA team met virtually with BCBH, and DCYF administration to include supervisory staff from Juvenile Justice. The Advocates described all OCA findings captured within this issue brief, as well as the serious concerns for the treatment, safety, and overall wellbeing of any kid at Bledsoe Youth Academy. The Advocates made it very clear that kids were sent to Bledsoe under the impression that the facility is a treatment facility rich in its clinical programming and that by all observations, this appeared to be a punitive placement matching that of a juvenile detention facility. It was determined that some of these concerns rose to the level of filing abuse and neglect with Tennessee Child Protective Services as

²¹ www.glassdoor.com/Search/results.htm?keyword=youth%20opportunity%20investments

²² <https://www.arkansasonline.com/news/2019/aug/18/ombudsman-details-abuses-at-kids-lockup/>

²³ <https://www.gencourt.state.nh.us/rsa/html/X/126-U/126-U-mrg.htm>

²⁴ <https://www.gencourt.state.nh.us/rsa/html/I/21-V/21-V-mrg.htm>

²⁵ See RSA 169-D:9-b Prohibited Manner of Detention. <https://gencourt.state.nh.us/rsa/html/XII/169-D/169-D-mrg.htm>

²⁶ See RSA 169-D:9-c Detention in Certain Facilities; CHINS and Juvenile Delinquents.

<https://gencourt.state.nh.us/rsa/html/XII/169-D/169-D-mrg.htm>

TIMELINE

July 11 - Day 1 Tour

- The Advocates tour Bledsoe Youth Academy
- Child Advocate emails BCBH about concerns
- The Advocates review DCYF case records

July 12 - Day 2

- BCBH refers the Advocates to Intake or Bledsoe
- The Advocates email BCBH again
- BCBH proposes a meeting in 8 days

July 17 - Day 7

- The OCA begins investigating Bledsoe Youth Academy and DCYF certification\contract practices for out-of-state youth placement

July 18 - Day 8

- OCA requests Bledsoe Youth Academy certification\contract and RSA 126-U reports for the past year

July 20 - Day 10

- OCA emails BCBH to follow up
- OCA files abuse and neglect with Tennessee Child Protection

July 21 - Day 11

- Child Advocate meeting with Tennessee Licensing

July 24 - Day 14

- Meeting with OCA, BCBH, DCYF, Bledsoe Youth Academy staff and Youth Opportunity representatives

July 25 - Day 15

- DCYF visits Bledsoe Youth Academy

July 28 - Day 18

- OCA emails DCYF administration following up on the July 23 meeting

August 1 - Day 22

- Meeting: OCA and DCYF Juvenile Justice Supervisor
- Child Advocate and DHHS Associate Commissioner follow up conversation

August 2 - Day 23

- Child Advocate and DHHS Associate Commissioner additional follow up

August 8 - Day 29

- OCA releases Issue Briefing

well as outreaching Tennessee Licensing. At the close of the meeting, the Advocates answered the direct question as to whether we wanted the two NH kids at Bledsoe returned home to which the answer was a resounding “yes” followed with, immediately. DCYF reported that they were exploring alternative placement options for the kids and were aware of the lack of treatment progress for one kid. BCBH notified the group that they would be outreaching Bledsoe leadership to schedule a meeting to discuss the concerns.

On **7.20.23** The Assistant Child Advocate reported the concerns for child safety to Tennessee’s Child Protection hotline. The intake was accepted for investigation and to be handled via their Special Investigations Unit.

On **7.21.23** The Child Advocate had a scheduled meeting with Tennessee Licensing to report concerns about the physical facility, current construction due to the sprinkler break, children displaced also due to the sprinkler break, and to inform that the OCA has filed abuse and neglect with Tennessee Child Protection. The Child Advocate was informed that Licensing will commence an investigation in conjunction with Child Protection. It was noted that if Bledsoe did not report the sprinkler break and subsequent construction leading to the displacement of children to Licensing, this would result in a citation to the program. They also confirmed that Bledsoe’s license is in good standings, but the renewal is on a month-to-month basis as they are awaiting a fire inspection report.

On **7.24.23** the OCA team met virtually with BCBH, DCYF administration, Bledsoe management and staff, as well as Youth Opportunity Investments (“YOI”), the parent company for Bledsoe. During the meeting there was a candid discussion that referenced all the concerns raised by OCA to NH BCBH and DCYF. During this approximately one and a half hour meeting, the group was provided with an outlined list of the concerns. The response from Bledsoe was largely denying, minimizing, or attempting to dispel the concerns. Some of the

explanations provided entirely contradicted the information that NH OCA received from Bledsoe staff when on site. For example, when addressing the colors of jumpsuits, the Facility Director reported that kids only wear lime green jumpsuits when they are new to the program, approximately the first two weeks. This was a direct contradiction to the information collected from the Operations Director during the site visit and does not align with the placement date as this NH kid has been there for months. When addressing the concern for a kid reporting that if they refuse to eat, nursing staff have threatened the use of IV feeding and/or using a tube that would be inserted orally to feed. The nurse in attendance stated that the kid must have “eavesdropped outside of (her) door” to hear that information as he had no direct knowledge of those statements firsthand. When discussing the plausible threat made by the Operations Director that the kids would be in trouble for the presentation of their bedroom space, she reported she was not referring to the kids, rather, she was referring to her staff. When discussing excessive prone restraint and reports of rug burn on kids’ faces, the Operations Director explained that this is largely due to the carpeting and not staff intentionally being excessive. She further offered that she instructs staff to put down a blanket, towel, or pillow as protection, not recognizing the potentially fatal consequences of having a kid held face down on materials that can easily block their airway. In summary, the responses from Bledsoe staff and/or YOI suggested either the kids were lying, that OCA misunderstood their observations, or were met with dismissal, denial, and defensiveness. During the meeting OCA was extremely clear about the continued concern for NH kids, and the recommendation that they come home immediately. BCBH directed that another meeting with Bledsoe, YOI, and BCBH would be scheduled to discuss policy and best practice. DCYF indicated that they would schedule a prompt in person visit with the NH kids at Bledsoe. Bledsoe Operations Director concluded that she “believed” the children and was taking all the reported concerns seriously.

On **7.28.23** the OCA sent a follow up email to NH DCYF administration expressing continued concern for retaliation on the kids, their overall well-being at the program, and for their emotional and physical safety coupled with the lack of accountability taken by Bledsoe or YOI during the meeting. A response was received thanking us for our concern and follow up.

On **8.1.23** the OCA requested a virtual meeting with the DCYF Juvenile Justice supervisor to discuss a note in one kid’s record stating the Bledsoe clinician had called NH to report concerns for his “lying” and “substance use” and his need to remain in the program longer. OCA shared concerns that the timing of such an allegation was curious given the recent events. The supervisor confirmed that she had spoken with the clinician per her request and was told about a past tense issue the DCYF team was already aware of. When asked for further context to what the clinician meant when they emailed about the child having gone “downhill” and “lying”, there were no further examples provided and the conversation concluded that he is doing quite well. OCA was also informed that this child was no longer working and had not been for a bit of time. It remains unknown why there would be an email sent questioning the credibility of this kid and why he is no longer working as this is contradictory to the progress and updates discussed in all prior meetings. When OCA met with the Operations Director during the on-site visit, she also described this kid as honest, specifically that he had been forthcoming about the incident, and because of his honesty, he would maintain his job.

In subsequent conversations with the Associate Commissioner of DHHS, The Child Advocate has been informed that BCBH will schedule an in-person site visit to Bledsoe Youth Academy and DCYF will plan for more thorough assessments of the facility during their monthly check-ins with kids.

RECOMMENDATIONS

1. The immediate return of the two NH children placed at Bledsoe Youth Academy to a program in New Hampshire where they will receive adequate treatment.
2. No further placement of children from NH at Bledsoe Youth Academy.
3. DHHS shall develop a plan with timelines to end placement of NH children in out-of-state placements beyond the New England region.
4. New Hampshire kids are only to be residentially placed in Qualified Residential Treatment Programs (QRTP) or Psychiatric Residential Treatment Programs (PRTF) contracted with DHHS.
5. DCYF to engage in monthly in-person visits to all children in out-of-state placements. These visits must include a tour of the entire facility, discussions with leadership about program culture and therapeutic programming, and check-ins with the children to inquire about care received.
6. DCYF to develop a Standard Operating Procedure (SOP) and form for assessment of the out-of-state facility to be completed during each monthly in-person visit.
7. All QRTPs and PRTFs shall be viewed and assessed in person by the BCBH prior to entering into a contract to ensure compliance with training requirements, program requirements, an appropriate therapeutic milieu, and a culture centered in trauma-informed care.
8. BCBH shall conduct quarterly in person assessments of out-of-state placements, including periodic unannounced visits.
9. In the short-term, BCBH contract and certification team shall fully assess all out-of-state placement facilities that are currently certified with NH, by visiting in person and reviewing all compliance measures.
10. BCBH contract and certification team to be allocated an additional position. The role of this new position would be to assess residential facilities by visiting on site, including traveling to out-of-state programs.
11. The OCA shall conduct a System Review Mapping on the issue of out-of-state placements and provide findings to DHHS.

CONCLUSION

The Advocates found the kids at Bledsoe Youth Academy to be motivated to adhere to programming largely based on fear. Whether it be the fear of being mocked/ridiculed, made to wear a particular-colored jumpsuit, or set up and targeted by staff via a peer-on-peer attack – make no mistake, fear is a motivating factor. The Office of the Child Advocate does not discount the personal resilience, determination, and hard work of the kids surviving this program; however, it does question how this benefits kids who have come from backgrounds of significant abuse and neglect leading to extensive trauma. It is irresponsible at best to suggest that even the strongest clinical offerings could be effective when a child has experienced and continues to experience complex trauma. The very behaviors that are expressed by this trauma, such as lack of emotions or heightened sensitivity to the moods of their caregivers may be seen as progress in

their behaviors when they are actually the opposite.²⁷ Simply put, you cannot be available to make gains emotionally when you are in survival mode within your immediate surroundings.

When leaving Bledsoe, the Advocates walked away with an overwhelming feeling of concern for all kids in this program. While the program may have a few positives, the totality of concerns made it difficult to see any benefit in placing NH children at this facility. Carpeting can be replaced, walls painted, new furniture purchased, but a culture deeply rooted in punitive and dysfunctional practices must first be acknowledged and then changed, which is a lengthy process. A facility cannot boast clinical offerings while simultaneously allowing staff to abuse and neglect children behind the tall fencing, brick walls, and locked doors that provide a visual of a youth detention center.

The State of New Hampshire has made great progress in the last several years in understanding trauma-informed care and holding our own treatment programs to a higher standard than was once acceptable. Just this year our legislature agreed that our children deserve more, even those detained and committed to our only youth detention center, which will henceforth be re-designed and renamed as a treatment facility (albeit “secure”). If we are holding our own in state programs accountable to the standard of dignity and treatment for our most vulnerable children, then why would we continue to send them to a program far away that does not align with even our most basic expectations?

²⁷ www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects