

# RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Winter Issue 2014

## MAKING IT BETTER



### PREVENTING THE USE OF RESTRAINT AND SECLUSION

By Jennifer Bertrand

*Welcome to the Winter Issue of the RAP Sheet where we look at what's happening in the Granite State to make life better for people with disabilities and their families. New Hampshire is fortunate to have individuals and organizations that are committed to tackling the hard issues and seeing them through. We hope the stories in this issue will inspire you to step forward and become one of those people who make a difference.*

In New Hampshire, prison inmates have more protections regarding the use of restraint and seclusion than children who attend our schools. While incidences of seclusion and physical restraint impact only a small minority of New Hampshire children, the potential physical and emotional side effects on these children, and the staff who work with them, are extremely serious. These practices have been proven to be inherently dangerous to everyone involved and at times even deadly. It is estimated that nationally, eight to ten children a year die while being restrained. To date there is no federal regulation of the use of restraint and seclusion and, at best, only a patchwork of protections exist at the state level.

Restraint and seclusion are typically used to manage or control unwanted behavior. Evidenced-based alternatives like Positive Behavioral Intervention Supports (PBIS) and Trauma-Informed Care are proven effective and schools that adopt these alternatives drastically reduce their use of restraint and seclusion. The investment to educate teachers and support staff on how to use these alternatives is minimal when compared to the costs of lawsuits that result when children are physically injured or emotionally traumatized. In addition, workers' compensation cases are dramatically reduced in schools that use alternatives to restraint and seclusion.

I first became interested in this topic in April 2012 when my then 12-year-old daughter Chloe was physically restrained at her school. Ironically, this happened after the staff who work with my daughter received



*The Bertrand family*

Photographer – Alexa Johnson Photography

*(Continued on next page)*

SUSAN COVERT, EDITOR

A COLLABORATIVE EFFORT BY THE

DISABILITIES RIGHTS CENTER, INSTITUTE ON DISABILITY, AND NH COUNCIL ON DEVELOPMENTAL DISABILITIES

*(Cover story continued)*

training in Crisis Prevention Intervention (CPI). While the CPI training covered de-escalation techniques, it also included instruction on how to physically restrain a child.

Chloe is diagnosed with Autism. She is also non-verbal; her ability to communicate is extremely limited. The first restraint incident occurred in a private handicap bathroom. Chloe was trying to take off her sock and staff repeatedly blocked her attempts to do this. Chloe became very upset and attempted to hit and bang her head. Clearly, she was trying to communicate something - perhaps she had a pebble or a splinter in her sock. When she came home fingertip bruises were discovered on Chloe's upper arm.

A few months later Chloe was restrained again. The school's report stated that Chloe had "cried out in pain" at the onset of the incident. No nurse was called in and we were not informed about this incident until 2:00 the following afternoon. Under current New Hampshire law, if a student is restrained, schools are allowed up to 24 hours to verbally notify a parent or guardian about the incident. Not knowing what had happened, we were unable to address Chloe's emotional and possible medical needs the day of the crisis.

In September 2012 Chloe was again restrained. In this incident two full-grown adults were positioned on either side of Chloe, holding her arms out and in back of her body. Forcing her to bend over at the hip and face the floor, they secured each of her legs with one of theirs. For two and a half minutes Chloe cried mournfully, unable to

move. My husband and I believe Chloe's spirit was broken that day. We can only imagine the level of desperation, fear, and panic that she experienced.

While we understand that the intention of the staff was to keep Chloe safe, these experiences were traumatizing and dangerous. Restraint and seclusion not only have a negative impact on the children who experience them, these practices also take a toll on dedicated teachers and support staff. Since the incident in September 2012 my husband and I have been working with Chloe's team to increase opportunities for Chloe to be included in activities with other children and to provide additional supports to address her communication needs. It has been more than a year since Chloe has been physically restrained.

As a result of Chloe's experiences I knew change was needed. I joined Advocates Building Lasting Equality in New Hampshire (ABLE NH, <http://www.ablenh.org/>), a growing grassroots organization tackling issues that impact people with disabilities. I established an ABLE chapter in my community and last April our local Southern ABLE NH chapter collaborated with other ABLE chapters to turn out people for a meeting of the Special Education State Advisory Committee (SAC) for Children with Disabilities. Several parents and one young student shared stories of New Hampshire children and youth who have been hurt by restraint or seclusion in our public schools. ABLE members asked the State Advisory Committee to address this issue. At their annual meeting in September 2013 the Committee voted to include restraint and seclusion as one of their 'Priority Issues' for the coming year.

*"More than two decades of peer-reviewed studies have provided strong evidence of positive alternatives for addressing even the most serious behavior challenges, such as self-injury, aggression and property damage. Schools that utilize Positive Behavior Supports with fidelity rarely, if ever, have a need to restrain or seclude children. The entire school benefits, as well, through higher academic scores, lower staff turnover and higher staff morale."*

TASH – Responds to American Association of School Administrators Supporting Restraint and Seclusion  
<http://tash.org/tash-responds-to-aasa-position-supporting-restraint-and-seclusion-in-schools/>

The U.S. Department of Education Office of Civil Rights Data Collection (from nearly 7,000 school districts for the 2009-2010 school year) includes data about school discipline, and for the first time, data about the use of restraint and seclusion.

Among the report's findings:

- ◆ Of all 38,792 students physically restrained by school staff members, nearly 70% were students with disabilities. Yet just 12% of the 42 million students in the data set have disabilities.
- ◆ Of students with disabilities who were mechanically restrained, which includes being handcuffed, tied down, strapped to a chair, or held with equipment for that purpose, a disproportionate share, 44%, were African-American. Only 21% the overall population of students with disabilities are African-Americans.
- ◆ Schools were far more likely to isolate students with disabilities. Of the 111,417 instances of seclusion in the survey, 61.7% were of students with disabilities.

(*Civil Rights Data Collection*, U.S. Department of Education Office for Civil Rights, 6 March 2012, <http://ocrdata.ed.gov/>).

The Southern ABLE NH Chapter also has been working with the Disability Rights Center to draft State legislation to address the use of restraint and seclusion in schools and treatment facility settings. This proposed legislation modifies the current restraint provisions and enacts a statute regulating the use of seclusion in schools and treatment facilities. The bill will be heard in the 2014 session. To raise awareness about this issue and generate support for this legislation, ABLE NH chapters are hosting screenings of *Restraint & Seclusion Hear Our Stories*, a documentary by Dan Habib, resident filmmaker at the Institute on Disability at UNH.

My passion and determination to improve the lives of children in New Hampshire are proof that each one of us has the power to make a difference. Change is possible when we take the time to gain leadership skills, put energy into organizing, and foster relationships with powerful organizations and individuals. For more information about how you can get involved or if your child has been subjected to restraint or seclusion, please contact Jennifer at [ablenhsouth@gmail.com](mailto:ablenhsouth@gmail.com).



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Nixon, Vogelmann, Barry, Slawsky & Simoneau P.A. is proud to support the RAP Sheet, the DRC, IOD/UNH, and NHDDC, and the Disability Community.

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## TRAUMA-INFORMED CARE

Traumatic experiences can be dehumanizing, shocking, or terrifying. Trauma can result from physical, sexual, and institutional abuse and from disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma can result from long-term neglect, as well as from experiences of violence. Trauma can be a singular incident or multiple compounding events that occur over time. Trauma often includes betrayal of a trusted person or institution and a loss of safety.

Trauma can be the result of behavioral intervention that includes the use of restraints or seclusion.

Trauma impacts one's relationships with self, others, communities, and environment. It often results in recurring feelings of shame, guilt, rage, isolation, and disconnection. Experiencing trauma can have significant

effects on a young child's attachment relationships and social and emotional development; these effects can persist into later childhood and even adulthood.

There is a consensus in the field that most consumers of mental health services are trauma survivors and their trauma experiences help shape their responses to outreach and services.

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role trauma has played in their lives. It changes the approach to care from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

Healing is possible.

### FOR MORE INFORMATION ABOUT TRAUMA-INFORMED CARE

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.

<http://www.samhsa.gov/nctic/>

#### **National Child Traumatic Stress Network**

Raising the standard of care and improving access to services for traumatized children, their families and communities throughout the United States.

<http://www.nctsn.org/>

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# STOP HURTING KIDS

Stop Hurting Kids is the national campaign to end restraint and seclusion abuse in schools. It was developed to combat abusive practices that can lead to physical injury, trauma, and death. For too long students across the United States have been at risk of restraint and seclusion techniques that have been proven to hold no educational or therapeutic value, despite evidence-based, positive alternatives.

All students are entitled to a safe place to learn and grow, and parents and educators should be equipped with the information, tools, and resources needed to support students in a positive and meaningful way. The Stop Hurting Kids campaign seeks to spark a public dialogue about restraint and seclusion in schools, elevate the grassroots movement that has called for the end of these practices for years, and gain support for the adoption of practices and policies that maintain a learning environment free from the threat of these abuses.

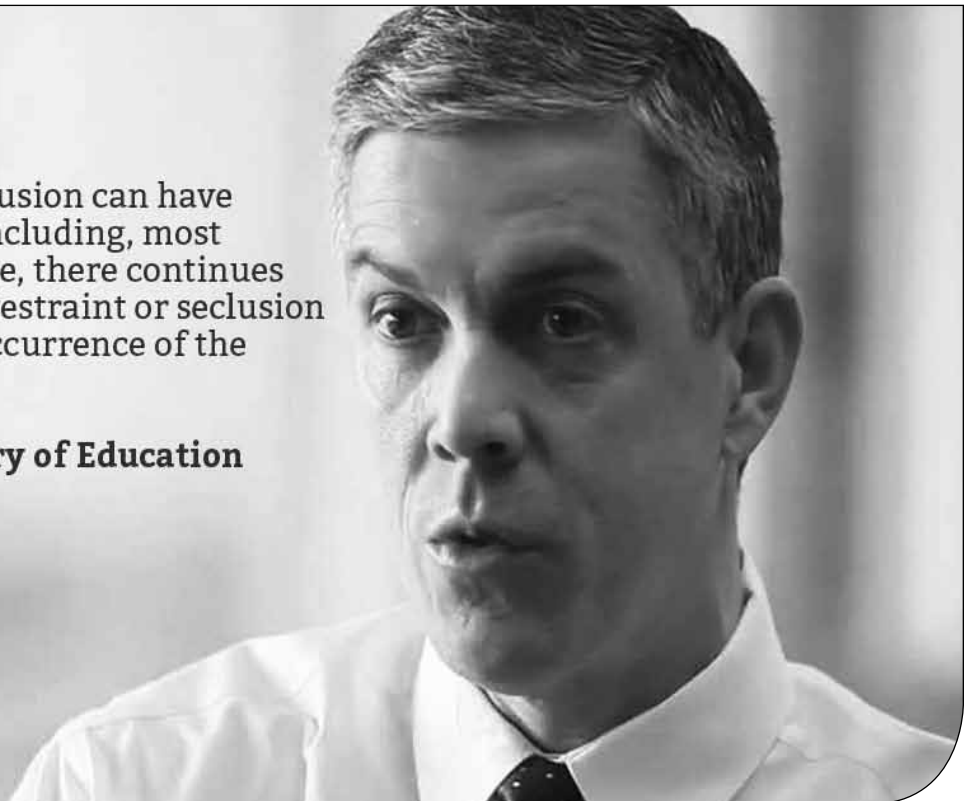
Stop Hurting Kids was developed through the combined efforts of advocacy, disability, social justice, and mental health organizations. These organizations are united in their resolve to eliminate restraint and seclusion abuse in schools, and in bringing greater awareness to this issue through a national advocacy campaign.

We encourage you to explore the resources available on our website. You can watch the new documentary, *Restraint and Seclusion: Our Stories Heard*, and hear and read first-hand accounts of the impact of these practices. We've also collected a growing number of resources that provide an in-depth view of restraint and seclusion from multiple perspectives – human rights, legal, business, and more. <http://stophurtingkids.com/>

Once you've become familiar with this issue, we urge you to join the campaign and take action to ensure the end of restraint and seclusion abuse in schools.

**"The use of restraint and seclusion can have very serious consequences, including, most tragically, death. Furthermore, there continues to be no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behavior."**

**– Arne Duncan, U.S. Secretary of Education**





## COUNT ME IN!

Becky McKeown, New Hampshire Council on Developmental Disabilities

Every day people with developmental disabilities get the message that they don't belong. Kids are told they can't play on the same sports teams or participate in the same school activities as their peers. Adults are told they can't work at the same job or even at the same wage, as other people simply because they were born "different." While recent years have seen significant gains in rights and opportunities, exclusion is still a reality for too many people with disabilities.

Negative assumptions about people with disabilities can prevent them from being fully included. In order to challenge these assumptions and build communities that welcome people of all abilities, the New Hampshire Council on Developmental Disabilities launched its *Count Me In!* contest. The Council invited New Hampshire residents to submit an original video or video slideshow no longer than 30 seconds based on the topic "*Count Me In!*" The Council challenged participants to create videos with powerful images that put a positive and fresh spin on people with developmental disabilities and what they can

do. Submissions by youth, young adults, and individuals with disabilities were especially encouraged.

Contest winners were announced at the Council's 2013 Holiday Gathering in Concord. First place went to sisters Sarah and Eliza Cooley of Concord who were honored by Governor Maggie Hassan and the Council for their video, which features Sarah, a 29-year-old writer who happens to have a disability. Sarah shares the message that everyone has something different to offer the world and no one should be counted out. As she says in the video, "I have an intellectual disability, but I'm still normal." Sarah accepted the \$500 prize donated by Parenting New Hampshire magazine on behalf of herself and Eliza, who is currently working with the AmeriCorps program in Colorado serving as a childbirth educator.

Cartoonist and illustrator Adam Whittier, from Sunapee, won second place with his animated video featuring a boy named Toby who uses a wheelchair. Toby feels left out when he is unable to play with his friends on the playground. With a little creativity, Toby's friends find a way to include him. Adam, a graduate of the Center for Cartoon Studies in Vermont, received a \$250 prize donated by Living Innovations.

Third place went to the Hampstead Middle School 5th and 6th grade "Our World Club." The club created a video about including and becoming friends with kids with autism. The mission of the Our World Club, which was created in response to a racial slur, is to promote cultural education and tolerance. Students believe that they can make the world a better place; they are working on awareness activities and doing fundraising to support causes that match their mission. The club received a \$100 prize donated by Living Innovations.

The three videos will be featured in the Council's upcoming public awareness campaign on community inclusion. You can watch the *Count Me In!* winning videos at - <http://nhcdd.org/CountMeIn.htm>

For more information about the New Hampshire Council on Developmental Disabilities, please visit our website at - <http://nhcdd.org>

Photographer - Carl Cooley



Sisters Sarah and Eliza Cooley



**S**ystematic, Therapeutic, Assessment, Resources and Treatment (START) is a nationally acclaimed model that promotes an integrated system of care in the provision of community services, natural supports, and mental health treatment to people with intellectual/developmental disabilities and behavioral health needs. The mission of START is to enhance local service capacity and provide collaborative cost-effective support to individuals and their families through exemplary clinical services, training and consultation, technical support, and service evaluation.

Currently all ten Developmental Service Area Agencies in New Hampshire participate in START Services (each region has at least one full-time START Coordinator). Until recently, START services supported adults and teens through their lifespan beginning at 16 years of age. In January 2014, four Area Agencies will provide START Services to support children 6 years of age through their lifespan. Agencies participating in this pilot include: Community Bridges in Concord, Gateways Community Services in Nashua, Moore Center Services in Manchester, and Monadnock Developmental Services in Keene.

With a strong commitment to person-centered services, START facilitates the development and implementation of individual Cross-Systems Crisis Prevention and Intervention Plans. START's collaborative model provides support and technical assistance to a range of community partners including: individuals and their families, school districts, mobile mental health crisis teams, residential and day providers, and outpatient and inpatient mental health providers.

START works with community partners to clarify roles and responsibilities, overcome existing barriers in the service system, and enhance the capacity of the system as a whole. Certified START Coordinators access experts in the field, make linkages with local and national resources, and coordinate ongoing consultation and training for both START programs and their community partners. To improve the system of care, START assesses services needs, identifies areas where efficiencies, resources, and commu-

nity connections can be enhanced; and works with stakeholders to insure that effective service delivery takes place.

Primary reasons an individual may be referred to START Services include: a recent admission to a psychiatric hospital, demonstration of complex mental health needs that require crisis intervention, frequent medication changes, or risk of losing a residential placement. Other reasons for referral may include, but are not limited to complex behavioral, medical, and/or trauma related issues; an out-of-district school placement or a recommendation for an out-of-district placement; the need for an acute assessment for medication or diagnosis; or the inability to find a respite provider due to behavioral needs or mental health complexities. Referrals are made through the individual's Area Agency service coordinator.

For further information please contact:

Brian Huckins

NH START Central Collaborative Team Leader  
[bhuckins@communitybridgesnh.org](mailto:bhuckins@communitybridgesnh.org)

### **The RAP Sheet has Gone Electronic!**

In order to:

- Reach more readers
- Reduce costs
- Be more environmentally friendly

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For those who do not have access to email, a limited number of RAP Sheets will still be printed. To continue to receive paper copies by mail, or if you have questions about RAP Sheet distribution, **please call Mary at (603) 271-7039.**



## LANDMARK SETTLEMENT WILL EXPAND NEW HAMPSHIRE'S COMMUNITY MENTAL HEALTH SERVICE

In December 2013, a landmark settlement was reached in the class action suit alleging that the State of New Hampshire has been violating the rights of individuals with serious mental illness by failing to provide community mental health services necessary to avoid needless institutionalization. The settlement agreement entered into by the Disabilities Rights Center, United States Department of Justice, and the New Hampshire Attorney General's Office in the case of *Amanda D. v. Hassan* will significantly enhance and expand community-based mental health services for thousands of people with mental illness in New Hampshire.

Under the proposed settlement agreement, New Hampshire will expand its supported housing to include a minimum of 450 supported housing units, add Assertive Community Treatment (ACT) to serve 1500 people, and significantly expand supported employment programs, creating opportunities for individuals to join the workforce, engage in productive activities, and improve the quality of their lives. The agreement also introduces new mobile crisis services in the Concord, Manchester, and Nashua regions, the availability of these community-based alternatives will reduce the need for emergency room services and inpatient hospital beds.

"The settlement agreement is a real leap forward in the renewal of New Hampshire's commitment to community-based mental health services," said Amy Messer, Legal Director of the Disabilities Rights Center and counsel for the plaintiff class. "Thousands of individuals with serious mental illness will now get the services and supports they need and want to live full, meaningful, and productive lives in the community." Plaintiff Mandy D. (age 24) agreed; she is happy that her participation in the lawsuit is helping more people get the housing and services they need to live independently in the community.

Six New Hampshire residents with psychiatric disabilities filed the class action lawsuit in February 2012 against

the State of New Hampshire alleging that individuals with psychiatric disabilities were unnecessarily institutionalized or at serious risk of unnecessary institutionalization, as a result of New Hampshire's lack of adequate community mental health services. The plaintiffs are represented by the Disabilities Rights Center, Devine Millimet Attorneys at Law, the Center for Public Representation, and the Judge David L. Bazelon Center for Mental Health Law. After an investigation, the United States Department of Justice intervened in the lawsuit in support of the plaintiffs. In September 2013, the United States District Court certified the matter as a class action. Trial had been scheduled for June 2014.

"Access to community based mental health services has long been proven to eliminate or reduce the needless institutionalization of people with serious mental illness," said Dan Will an attorney with Devine Millimet. "Community services not only lead to a higher quality of life for individuals with disabilities, but are also far less costly than institutional care."

The State Attorney General's Office, the United States Department of Justice, and plaintiffs' Counsel worked cooperatively over the past several months to reach a comprehensive, long-term solution to address the needs of individuals with psychiatric disabilities and restore and improve New Hampshire's mental health system.

The services included in the agreement are proven, cost-effective measures that lead to recovery and the ability of people with serious mental illness to live successful and fulfilling lives in the community. The central components of the services include:

- ◆ **Assertive Community Treatment** – a multi-disciplinary team of professionals who are available around the clock and provide a wide range of flexible services, including case management, medication management, psychiatric services, assistance with employment and housing, substance abuse services, crisis services, and other services and supports to allow individuals to live independently in the community. ACT teams are mobile, providing services in individuals' homes and in other community settings.



- ◆ **Supported Housing** – integrated, scattered-site, permanent housing, coupled with on-going mental health and support services provided by ACT, case management, and/or a housing specialist
- ◆ **Supported Employment** – assistance to help individuals with disabilities find and maintain competitive employment at integrated job sites in the community, reducing the risk of institutionalization, and enabling individuals to support themselves and their families
- ◆ **Mobile Crisis Teams** – response 24/7 to individuals in their homes and communities, including access to new crisis apartments, where individuals experiencing a mental health crisis can stay for up to seven days, as an alternative to hospitalization

New Hampshire will work to develop community settings for individuals with serious mental illness and complex medical needs currently residing at the Glencliff Home, the State-run nursing home. The proposed 16 community residence beds may include enhanced family care, supportive roommate, or other non-congregate settings to help achieve integration back to the community.

Office of Public Guardian (OPG) Executive Director Linda Mallon, was excited at the prospect. "This is an extraordinary and positive step towards a robust community mental health system." OPG serves two of the named plaintiffs in the case, as well as many members of the plaintiff class that will benefit from the expansion of these services.

The settlement agreement must be approved by the United States District Court before the agreement can take full effect. A hearing is scheduled before United States District Court Judge Steven McAuliffe on February 12, 2014 for final approval.

**For more information contact:**

Amy Messer, Disabilities Rights Center, 603-228-0432 ext. 121 or [amym@drcnh.org](mailto:amym@drcnh.org)

## *My Opinion Matters*



## **Your Opinion Matters!**

Navigating the world of developmental disabilities can be confusing, frustrating and overwhelming. You may feel lost. You may be unsure of what options you and/or your child have.

That's why the  
*My Opinion Matters*  
blog was created.

Parents, self-advocates and professionals from all across New Hampshire now have a place to share their stories and tips with each other. Your opinion matters, and we'd love to hear it.

Visit  
**[www.MyOpinionMattersNH.com](http://www.MyOpinionMattersNH.com)**  
to share your story.



NEW HAMPSHIRE COUNCIL ON  
DEVELOPMENTAL DISABILITIES

# SWIFT: SCHOOL WIDE INTEGRATED FRAMEWORK FOR TRANSFORMATION



## ~ EQUITY AND EXCELLENCE FOR ALL ~

From the White Mountains to the Lakes Region to the southern border, schools across New Hampshire are gearing up to fully realize the vision of *All Means All* through their participation in the SWIFT Center.

**SWIFT** is a national K-8 center, based at the University of Kansas in partnership with the Institute on Disability's National Center for Inclusive Education at the University of New Hampshire. SWIFT provides academic and behavioral support to promote the learning and academic achievement of all students, including students with disabilities and those with the most extensive needs.

The SWIFT Center is committed to eliminating the silos in education by bridging general and specialized education to create powerful learning opportunities for students and teachers. SWIFT promotes active, engaged partnerships among families and community members to ensure that every child is a valued member of their school and given the supports they need to achieve academic and social success. What do we mean by "every child"? SWIFT supports students who are struggling readers, academically gifted, living in poverty, high achievers, culturally and ethnically diverse, and those with disabilities and the most complex needs.

Based on over thirty years of research, the SWIFT Center focuses on five key areas to support school wide transformation:

- ◆ Integrated Education Framework
- ◆ Multi-tiered System of Support
- ◆ Family and Community Engagement
- ◆ Administrative Leadership
- ◆ Inclusive Policy Structure and Practice

A SWIFT classroom represents a diverse learning community. In a SWIFT classroom, ALL students are learning together and have the supports they need to fully participate in the general education curriculum. General educators, specialized educators, support staff, and family and community members work in tandem to differentiate instruction. For example, you may witness a parent volunteer practicing sight words with a student, a classroom teacher and a specialized educator leading differentiated small reading groups, a speech/language therapist working on reading vocabulary with another group of students, and classmates collaborating on a reading comprehension activity. In a SWIFT classroom, students are valued for their unique contributions to the learning community and educators have the support they need to successfully teach ALL children.

How can you get involved? Sign up for our email list, connect with us on the [SWIFT Talk blog](#), like us on [Facebook](#), and follow us on [Twitter](#) to learn how New Hampshire school communities are benefitting from SWIFT Center resources. <http://www.swiftschools.org/>



*In a SWIFT classroom all students learn together and are valued for their unique contributions.*

Photographer – Dan Habib

# YOU ARE INVITED TO THE 2014 NEW HAMPSHIRE LEADERSHIP REUNION GALA AND FUNDRAISER

FRIDAY, APRIL 4 | 7PM-10PM  
GRAPPONE CONFERENCE CENTER | CONCORD, NH



Tickets are \$25  
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or call  
**603.228.2084.**

Please join us for the 2014 NH LEADERSHIP REUNION GALA to reconnect with alumni, meet series sponsors and the 2014 class, and enjoy an evening to support NH LEADERSHIP, featuring:

✿ Hors d'oeuvres and a cash bar

✿ Raffle Baskets

✿ Silent and Live Auction

✿ Second Annual Brianna Dillon  
Leadership Medal presentation

✿ Inspirational Stories

## ✧ ✧ Visit the Institute on Disability Bookstore ✧ ✧

The leading resource for products that support  
community inclusion and individual excellence.

**[www.iodbookstore.com](http://www.iodbookstore.com)**

### Featured Resource:

**Who Cares About Kelsey? DVD for Individual Use**

Producer/Director: Dan Habib

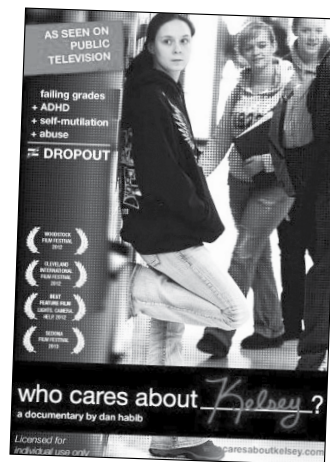
"Director's Cut" Length: 75-minute documentary film

"Public Cut" Length: 56-minute documentary film

Features: Close captioned and audio described, 2 trailers, and 1 mini-film

Kelsey Carroll has one goal -to graduate from high school- and plenty of reasons why she shouldn't. During Kelsey's sophomore year, new school leadership implemented Positive Behavioral Interventions and Supports (PBIS) and a youth-directed planning process called RENEW to improve the school's culture and reduce the dropout rate.

*Who Cares About Kelsey?* is the story of Kelsey's transformation from a defiant and disruptive "problem student" to a motivated and self-confident young woman. You can learn more about the film, view additional mini-films including a recent film looking at restraint and seclusion at [www.whocaresaboutkelsey.com](http://www.whocaresaboutkelsey.com).





# SUPPORTS TO CHILDREN IN NEED OF SERVICES

By Michael Skibbie, Policy Director, Disabilities Rights Center

Beginning in September 2013 New Hampshire has taken a new approach to services for children with behavioral needs. Families seeking help for their children who have problem behaviors will no longer be required to go through the court system in order to receive the assistance they need.

These changes were made during the 2013 session of the New Hampshire Legislature. They were the result of a joint effort of the Governor's office, legislative leaders of both parties, children's advocates, and representatives of schools and law enforcement.

Before 2011, services for children engaged in non-criminal behaviors such as truancy, running away, and failure to obey parents, were only accessible through the juvenile court system. Cases involving such behaviors became known as "CHINS" cases, shorthand for children in need of services.

In 2011, as part of a series of deep and wide-ranging cuts to the budget of the Department of Health and Human Services, funding for all of the traditional CHINS categories was eliminated. The small amount of remaining funding was reserved for a few dozen cases of children who were a danger to themselves or others and had significant disabilities that required residential services.

In the two years since the CHINS elimination, schools, law enforcement, mental health providers, and children's advocates became increasingly concerned that there were no available means to effectively respond to the needs of children with problem behaviors. Family access to services dropped significantly. Policy advocates feared an increasing number of children were being pushed into the more punitive delinquency system and that truant and runaway children were at risk of significant harm. During her election campaign, Governor Hassan promised early action on this issue. The budget she proposed in February 2013 included restoration of most of the traditional CHINS categories and a significant increase in funding for services. The budget, however, included significant restrictions on the availability of residential treatment, the most expensive service.

In the meantime, advocates working with education and law enforcement groups under the auspices of the Child

Advocacy Network developed a proposal for legislation to make services available to willing families without requiring them to go through the adversarial court system. Because the court system could increase the conflict in an already troubled family and court cases could take months to reach the stage where services were actually delivered, a voluntary service option was seen as a more efficient and effective avenue for the many families that would welcome services.

The proposed legislation was opposed by the Department of Health and Human Services, but supported by House and Senate policy and budget committees and by the Governor. With some changes to accommodate concerns about funding availability, the legislation was ultimately passed and became effective on September 1, 2013.

Services are now available either through the court or the voluntary system for children engaged in truancy, running away, and disobedience to parents, as well as for children who are identified as being a danger due to a significant disability. Residential services are not available in cases other than runaway or danger due to disability. The Department can deny voluntary services if it concludes that the child would not fit one of the CHINS categories or if it otherwise determines that services are inappropriate. In cases where services are denied, traditional court-based petitions may still be brought.

Because of the Department's budget concerns, the voluntary service option is subject to suspension if the Commissioner determines that funding will be insufficient and reports the basis for that determination to the Joint Legislative Fiscal Committee of the State Legislature (this committee, composed of House and Senate members, has authority over certain budgetary matters which arise outside the normal appropriation process).

Referrals for services for children with behavior problems may be made by from 8:00 to 4:30 Monday through Friday by calling the Division of Children, Youth, and Families central intake unit at 800-894-5533 or 603-271-6562. Truancy referrals may be made by schools or truant officers; all other referrals may be made by a parent, legal guardian or custodian, school official, or law enforcement officer.



## NEW HAMPSHIRE MEDICAID MANAGED CARE HEALTH PLANS

### QUESTIONS AND ANSWERS ABOUT ENROLLMENT

#### **I am on Medicaid now. Do I have to enroll in a Health Plan?**

It depends on if you are in a mandatory, voluntary, or exempt status.

**“Mandatory”** – you must be enrolled in a Health Plan. You are not in a “voluntary” or “exempt” status.

**“Voluntary”** – you have two choices:

1. Enroll in a Health Plan; or
2. *Opt out* of enrolling in any Health Plan.

**“Exempt”** – you *may not* enroll in any Health Plan.

#### **If I opt out or I am “exempt,” how do I get Medicaid?**

You get Medicaid the same way you did before Managed Care began.

#### **Can I change from mandatory to voluntary status?**

Some people may be able to change from mandatory to voluntary. If you are in a mandatory status, but you are also eligible for a voluntary eligibility group, you may switch eligibility groups.

#### **Voluntary Groups**

Children under age 19 who are:

- Eligible for Supplemental Security Income (SSI)
- Eligible for Home Care for Children with Severe Disabilities (also known as “Katie Beckett”)
- In foster care or other out-of-home placement;
- Receiving foster care or adoption assistance; or
- Receiving services through Special Medical Services or Partners-in-Health.

People of any age who are eligible for both Medicare and Medicaid (also known as “dual eligibles”)

#### **Exempt Groups**

People with Veterans Administration benefits

People only eligible for Medicaid under:

- Qualified Medicare Beneficiary (QMB) program
- Specified Low-Income Medicare Beneficiary (SLMB) program
- Qualified Disabled Working Individual program

People on In and Out Medicaid

### **MANDATORY ENROLLMENT**

#### **If I am in a mandatory status and I do not enroll, how will I be auto-assigned to a Health Plan?**

The State will auto-assign you by looking at:

- (1) Your past Medicaid bills to:
  - (a) See if you have a primary care provider and which Health Plans the provider participates with;
  - (b) See if you have a regular specialist and which Health Plans the specialist participates with;
- (2) Which Health Plan a family member in your house has chosen;

If the State cannot make an assignment based on these facts, the State will just assign you to one of the Health Plans.

#### **If I am in a mandatory status, when may I change Health Plans?**

You may change Health Plans by making a written or oral request *at any of the following times*:

- (1) During the 90 days following whichever date is later:
  - (a) The date of your first Health Plan selection or auto-assignment, or
  - (b) The date the State sends you confirmation of your selection or auto-assignment,
- (2) At any time, if you are auto-assigned to a Health Plan and you have an existing relationship with a primary care provider who is only in another Health Plan network;
- (3) During open enrollment, every 12 months; and
- (4) For 60 days after a re-enrollment, if you temporarily lost Medicaid eligibility and missed the annual enrollment.

You also may change Health Plans at any time by making a written or oral request *for any of the following reasons*:

- (1) You are undergoing care and need related services that are not available in your Health Plan network and your health care provider determines that receiving the services separately would cause you unnecessary risk;
- (2) You want to select the same Health Plan as a household family member;
- (3) Poor quality of care;
- (4) Lack of access to covered services;
- (5) Your Health Plan member rights were violated;
- (6) The Health Plan’s network providers do not have experience in your unique healthcare needs; or
- (7) You move out of state.

To change Health Plans contact the Enrollment Call Center at 1-888-901-4999 or go to [www.nheasy.nh.gov](http://www.nheasy.nh.gov).

### **VOLUNTARY ENROLLMENT**

#### **If I am in a voluntary status and I do not tell the State that I opt out, will I be auto-assigned?**

Yes, if you do not enroll in a Health Plan or tell the State that you opt out, you will be auto-assigned to a Health Plan.

#### **If I am in a voluntary status, when may I disenroll?**

You may change Health Plans or disenroll at *any time* and you do not need a reason to do so. Contact the Enrollment Call Center at 1-888-901-4999 or go to [www.nheasy.nh.gov](http://www.nheasy.nh.gov) to change Health Plans or to disenroll.

#### **HAVE MORE ENROLLMENT QUESTIONS?**

**CALL THE ENROLLMENT CALL CENTER AT 1-888-901-4999.**

#### **NEED LEGAL ASSISTANCE?**

**CALL THE DISABILITIES RIGHTS CENTER AT 1-800-834-1721.**

Provided by the Council on Developmental Disabilities and the Disabilities Rights Center.

# IOD TRAINING &

## **Inclusive Education Webinar Series: Moving from Vision to Action: Establishing and Communicating a Vision for Inclusive Education**

This live webinar series is designed to support parents and educators who want a road map to guide the membership, participation, and learning of students with more significant disabilities in general education classrooms and other inclusive settings.

- ♦ **January 28, 2014:** Establishing and Communicating a Vision for Inclusive Education
- ♦ **February 12, 2014:** Best Practices in Inclusive Education: How to Know It When You See It
- ♦ **March 4, 2014:** Creating Inclusive IEPs
- ♦ **March 25, 2014:** "What Do I Do Monday Morning?" Translating the Vision for Inclusive Education into the Classroom
- ♦ **April 15, 2014:** Integrating Related Services into General Education Instruction and Typical Activities
- ♦ **May 13, 2014:** Maximizing Social Relationships at School and at Home
- ♦ **May 27, 2014:** Think College! Planning for Post-Secondary Education

**Presenter:** Dr. Cheryl Jorgensen

**Time:** 3:30pm - 4:30pm

**Location:** Online

**Cost:** \$59, Register for all 7 and get one free!

## **PBIS Behavioral Support Team Training: Taking Problem Solving to Action Planning**

Participants will learn about evidence-based group intervention strategies, supporting participants to design interventions in their school, and a focus on progress-monitoring tools and sustainability. Learn how to get the most out of team meetings using a process that improves team efficiency and effectiveness.

**Date:** March 11, 2014

**Presenter:** Kathy Francoeur

**Time:** 8:00 am - 2:30 pm

**Location:** Institute on Disability: Professional Development Center, Concord, NH

**Cost:** \$119 for an individual, \$99 for a member of a group of 3 or more

## **Navigating Choice & Change in Later Life**

This workshop offers an introduction to person-centered planning for adults, including an overview of what we mean by a person-centered system of care. *Approved for 6.0 Category 1 NH NASW Continuing Education Units.*

**Date:** March 20, 2014

**Presenter:** Patty Cotton, M.Ed. and Kate Crary, B.S.

**Time:** 9:00 am - 4:00 pm

**Location:** Institute on Disability: Professional Development Center, Concord, NH

**Cost:** \$90

## **PBIS Universal Team Training Retreats**

Schools that implement a system of effective behavioral and academic interventions and practices have better educational outcomes and staff satisfaction. A core element of the PBIS system is the work of a Leadership or Universal Team. This retreat will allow team members to understand, organize, and to review their progress during the school year and plan for the 2014-15 school year.

**Date:** March 27, 2014

**Presenter:** JoAnne Malloy, Ph.D.

**Time:** 8:00 am - 2:30 pm

**Location:** Holiday Inn, 172 N. Main Street, Concord, New Hampshire

**Cost:** \$119 for individual, \$99 for a member of a group of 3 or more

### **4 EASY WAYS TO REGISTER!**



1 online  
**WWW.IOD.UNH.EDU**



2 call to register or to request a  
registration form  
**603.228.2084**



3 mail a completed registration form  
**INSTITUTE ON DISABILITY  
56 OLD SUNCOOK ROAD, SUITE 2  
CONCORD, NH 03301**



4 fax a completed registration form  
**603.228.3270**

# EVENTS



INSTITUTE ON DISABILITY / UCED  
*A University Center for Excellence on Disability*

## **RENEW Facilitator Training Institute**

This two-day institute will provide in-depth training about the Rehabilitation for Empowerment, Natural supports, Education, and Work (RENEW) model and process. *This training has been approved by the NH NASW for 14 Category 1 Continuing Education Units.*

**Date:** April 02, 2014

**Presenters:** Jonathon Drake, MSW, Heidi Cloutier, MSW, and Kathy Francoeur, B.A.

**Time:** 8:00 am - 4:00pm

**Location:** Holiday Inn, 172 North Main Street, Concord, NH

**Cost:** \$349

## **Common Ground and New Possibilities:**

### **A Working Summit on the Role of Internships for New Professionals in Children's Behavioral Health**

This event is designed to bring diverse stakeholders together to learn about cross-disciplinary pre-service learning. The Summit will include a keynote presentation, breakout sessions, as well as time for facilitated discussion.

**Date:** April 04, 2014

**Keynote Speaker:** Dr. Judith Meyers

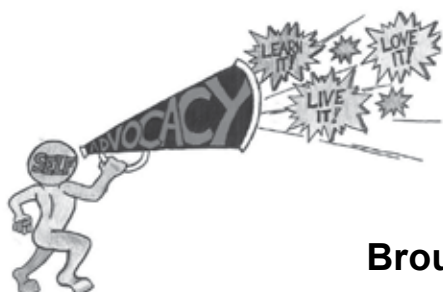
**Time:** 9:00 am – 4:00 pm

**Location:** New England College, Henniker, NH

**Cost:** TBD

## ***Save the Date!***

### **Advocacy: Learn it! Live it! Love it!**



**Second Annual Conference**

**June 28, 2014**

**At the Grappone Center in Concord**

**Brought to you by:**



<http://www.advocatenh.org>

**For more information, call Julia Freeman-Woolpert, Disabilities Rights Center.**

**1-800-834-1721.**

# RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Winter Issue 2014

## NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

**RETURN SERVICE REQUESTED**

## INSIDE THIS ISSUE

- ◆ *Ending Restraint and Seclusion*
- ◆ *Landmark Settlement to Expand NH Mental Health Services*
- ◆ *Count Me In!*
- ◆ *Personal Stories*

◆ The RAP Sheet Has Gone Electronic - see inside for details on how to subscribe ◆

### DISABILITIES RIGHTS CENTER, INC.

18 Low Avenue, Concord, NH 03301-4971

Voice and TDD: (603) 228-0432 ◆ 1-800-834-1721 ◆ FAX: (603) 225-2077

TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)

E-mail: [advocacy@drcnh.org](mailto:advocacy@drcnh.org) ◆ Website: [www.drcnh.org](http://www.drcnh.org)

*"Protection and Advocacy System for New Hampshire"*

*The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.*

### INSTITUTE ON DISABILITY/UCED – UNIVERSITY OF NH

10 West Edge Drive, Suite 101, Durham, NH 03824-3522

Phone (Tel/TTY): (603) 862-4320 ◆ Fax: (603) 862-0555 ◆ Website: [www.iod.unh.edu](http://www.iod.unh.edu)

### Institute on Disability/UNH – Concord

56 Old Suncook Road, Suite 2

Concord, NH 03301

Phone (Tel/TTY): (603) 228-2084

*The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.*

### NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

Phone: (603) 271-3236 ◆ TTY/TDD: 1-800-735-2964 ◆ Website: [www.nhddc.org](http://www.nhddc.org)

*Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.*

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