New Hampshire

RAP Sheet

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

Spring/Summer Issue 2015

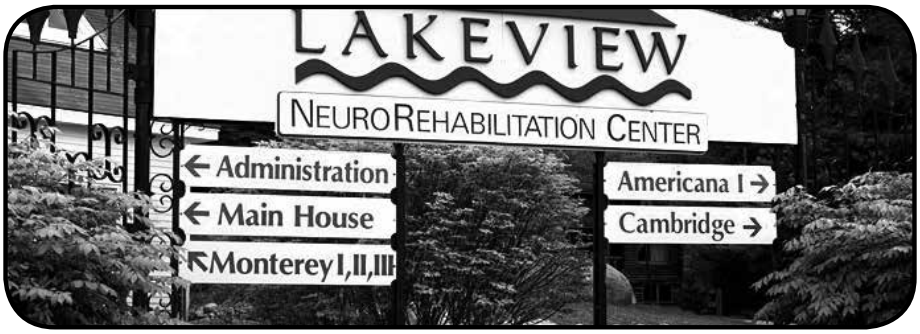
A FAILURE TO PROTECT

Welcome to the Spring/Summer RAP Sheet. In this issue we look at what happens when our education and service systems fail to protect those who are most vulnerable. A return to segregated settings, the devastating consequences of Zero Tolerance policies, and the increased use of restraint and seclusion are putting people with disabilities at considerable risk. We call on our readers to pay attention, to speak out against injustice, and to work for a future where everyone is valued and included.

Susan Covert, Editor

WHAT HAPPENED TO JD?

By Julia Freeman-Woolpert, Outreach Advocacy Director, Disability Rights Center - NH



J.D. lived at Lakeview for 72 days in 2012 until his death at the age of 22. In those 72 days he lost almost 50 pounds and was in a state of metabolic starvation. He died in misery, unattended, and lying for hours in his own urine.

Before J.D. went to Lakeview, he had an active life in his community. He lived with a home provider, had a part time job, attended church, had a gym membership, and loved swimming. He went to stores and restaurants where he was well known. He was in good health. He had a life.

J.D.'s world fell apart when his care provider's circumstances changed and he had to leave his community to go live with a new provider in another town. The move did not go well. J.D. ended up in the hospital and from there he went to Lakeview. J.D.'s stay at Lakeview was supposed to last no more than 90 days until a new community residential placement could be developed. He never made it to 90 days.

At 5:00 on the morning he died, a Lakeview staff member found J.D. lying naked on the floor in a pool of his own urine. Even though the staff

(Continued on next page)

A collaborative effort by the

Disability Rights Center-NH, Institute on Disability, and NH Council on Developmental Disabilities

(Cover story continued)

member suspected J.D. had suffered a seizure, he did not call for help or take action of any kind. Several hours later another direct support staff member came across J.D. lying unresponsive on the floor, left him lying there, and did nothing. J.D. lay unattended until a Lakeview nurse making her rounds with morning medications noticed he wasn't breathing. The nurse began CPR and an ambulance was called. By the time the ambulance arrived at Huggins Hospital at 10:30, J.D. was dead and likely had been for some time.

In the weeks before his death, J.D. had been refusing food and his medications, including one for a seizure disorder. Again and again, he asked to go home. He banged his head repeatedly. He said he wanted to die.

Though his seizures previously had been well controlled, while at Lakeview J.D. had two prolonged seizures resulting in hospitalization. Even with this knowledge and aware that J.D. had been refusing his medications, Lakeview's Primary Care Medical Director did not consult with a neurologist or check J.D.'s anticonvulsant medication levels, which might have shown that the levels had dropped to where they could no longer control his seizures.

While J.D. was refusing food, losing weight and becoming sicker, he was weighed only two or three times at Lakeview. He was weighed when he was admitted and four days before his death when Lakeview's Primary Care Medical Director recorded that J.D.'s weight had dropped almost 50 pounds and a urine test showed signs that he might be in a state of metabolic starvation. This should have been recognized as a potential medical emergency. Lakeview's Medical Director, however, was not concerned about the extreme weight loss, failed to identify the severity of J.D.'s situation, and did not put in place a plan to address his medical needs or even to monitor his weight loss.

Six days before his death, a staff member overheard J.D. say he wanted to kill himself. That same day J.D. was referred to Lakeview's psychologist who ordered that J.D.'s supervision level be increased to a five-minute watch status. The psychologist's notes indicated that she informed Lakeview's clinical team and the program manager in J.D.'s residence about the need for increased supervision. The staff working directly with J.D. never got the message.

Throughout his brief time at Lakeview, staff minimized or ignored J.D.'s physical and emotional distress and failed to keep his family and community providers informed of his decline.

He was loved and he is missed.

BETH DIXON, FOUNDING MEMBER OF NEW HAMPSHIRE LEADERSHIP, HONORED

Beth Dixon, a founding member of New Hampshire Leadership and its current Outreach and Development Coordinator, received the Brianna Dillon Leadership Award, for her decades of work as a champion for social justice and civil rights for individuals with disabilities and their families. This award is presented annually at the New Hampshire Leadership Reunion to an individual who has shown creative leadership in, and commitment to, the full participation of all people in the political and cultural life of New Hampshire.

"Since graduating from the first New Hampshire Leadership, Beth has gone on to challenge the existing system and cultural expectations for people with disabilities and their families and has been working tirelessly to create a new landscape," stated Mary Schuh, the Institute on Disability's Director of Development and Consumer Affairs. "This new landscape represents a culture and community who believe in every person's competence, seeks out and celebrates everyone's gifts, holds high expectations, and supports individuals to not only create dreams for themselves, their families, and their communities, but to make those dreams a reality."

New Hampshire Leadership is an intensive, eight-month program that provides leadership and advocacy training for individuals with disabilities and their family members. Since 1988, the program has been a pivotal change experience for family members and adults with disabilities by providing state-of-the-art information and strategies to effect change on disability-related issues locally and across the state. As a result of the work of its hundreds of alumni, New Hampshire has achieved national recognition for its innovative approaches to supporting people with disabilities and their families in their communities. Alumni of the program have passed state legislation, founded advocacy organizations, and serve at all levels of New Hampshire local and state government. For more information visit **www.nhleadership.org**.

LAKEVIEW NEUROREHABILITATION CENTER - INVESTIGATIVE FINDINGS

By Julia Freeman-Woolpert, Outreach Advocacy Director, Disability Rights Center - NH

Isolated residential facilities are some of the most dangerous settings for vulnerable people with disabilities. Grouping people with disabilities far away from the eyes of their friends, family, and the public can increase the risk that they will be abused and neglected, and that it will go unreported and unnoticed. This is what happened in Effingham, New Hampshire at Lakeview Neurorehabilitation Center. The Center, which operates a residential treatment facility and a special education program, was found to have engaged in a long-term pattern of abuse and neglect that resulted in physical and emotional injuries and, in at least one case, death. It was only after investigations by Disability Rights Center that these abuses came to light.

In the fall of 2014, following its investigation of reported abuse and a death at Lakeview, DRC issued reports detailing concerns about abuse, neglect, and programmatic deficiencies at the Center. DRC called for the closure of Lakeview and immediate action by the State of New Hampshire to ensure the safety and wellbeing of its current residents. DRC recommended that the State develop a range of community-based housing and supportive service options to ensure that all individuals, including those with challenging physical, emotional, and behavioral needs, are able to remain in their home communities and be fully integrated into community life.

Upon reviewing DRC's reports, Governor Hassan ordered a halt to all New Hampshire admissions to Lakeview and commissioned an independent review of the facility, as well as a review of the State's oversight and monitoring of the services provided at Lakeview.

The New Hampshire Department of Health and Human Services (DHHS) conducted its own review of the facility. The DHHS review team confirmed the deficiencies identified by DRC and found that "chronic and acute staffing deficits combined with acuity of admissions as well as deficiencies in training, communication, crisis management, program oversight and lack of a robust quality improvement function has caused a confluence of circumstances leading to unintended, potentially problematic incidents and 'bad outcomes' for program residents." DHHS continued the moratorium on new admissions to the Center and required Lakeview to submit a plan of corrective action to address the review team's findings and recommendations.

In November 2014, the New Hampshire Department of Education (NHDOE) identified serious issues of noncompliance at Lakeview's special education program, including failure to provide students with a curriculum, failure to comply with State law limiting the use of restraint, and failure to ensure that all staff members hold appropriate certification or licensure for their assigned positions. NHDOE placed Lakeview on a "provisional approval" status and directed it not to accept any additional students from New Hampshire or any other state.

On April 2, 2015, the independent reviewer commissioned by the Governor issued her reports. The reviewer found Lakeview lacks sufficient staff and basic skills in service delivery, supervision, management, and quality oversight and that the Center cannot currently assure the health and safety of its residents. The evaluator also determined that the corrective action plan developed by Lakeview with the State's Department of Health and Human Services (DHHS) is inadequate and that facility does not have the capacity to successfully implement and sustain corrective actions in a reasonable amount of time. Furthermore, the report found New Hampshire's oversight and monitoring of facilities needs significant restructuring in order to ensure delivery of quality services and residents' safety.

MONITORING: ANOTHER WAY DRC PROTECTS YOUR RIGHTS

By Julia Freeman-Woolpert, Outreach Advocacy Director, DRC-NH

One of the ways Disability Rights Center – NH protects your rights is by monitoring facilities serving individuals with disabilities. The authority to monitor facilities comes from federal law, which grants extensive access to DRC and other Protection and Advocacy organizations around the country to protect people with disabilities. Monitoring includes frequent visits to facilities where we observe programs, review records, and speak privately to residents and staff. If needed, DRC also can provide information, training, and referrals to facilities.

DRC may monitor any facility that serves individuals with disabilities, including hospitals, residential schools, treatment facilities, and residential settings. This list includes residences operated by, or under contract with, Area Agencies or Community Mental Health Centers.

If DRC suspects abuse or neglect within a facility, it can conduct an investigation. The investigation would include interviews with victims and witnesses and, with consent, a review of the records for individuals with disabilities served by the facility. In order to obtain consent to review these records, DRC may access the names and contact information of parents and guardians of residents with disabilities. In cases where there is probable cause of abuse and neglect and certain other conditions, DRC may access records without first obtaining guardian consent.

Congress granted Protection and Advocacy organizations the authority to do monitoring in recognition that abuses within facilities, such as Lakeview, sometimes occur and can go unnoticed and unreported unless the facility is monitored and investigated by an outside entity. With broad access to facilities, DRC helps to ensure that residents are free from harm by bringing to light problems and working to address them,

On April 10, 2015, Commissioner of Education Virginia Barry issued a letter to the Chief Operating Officer at Lakeview to cease operation of its special education program. In her letter, the Commissioner cited Lakeview's failure to address numerous deficiencies and noted that at the most recent site visit, which was unannounced, additional evidence of non-compliance was discovered. The Commissioner ordered Lakeview's special education program to close and its New Hampshire students to be placed elsewhere within 60 days. Lakeview plans to appeal the decision.

The Disability Rights Center is concerned that Lakeview's residential program for adults and children is not being closed, and that residents continue to be at risk. DRC believes that the State should not allow Lakeview to continue to operate under a corrective action plan that doesn't have a reasonable likelihood of success.

The situation at Lakeview is developing rapidly. More information about Lakeview, including the documents referred to in this article, as well as most recent developments can be found at **http://www.drcnh.org/Lakeview.html**.

If you or your loved one has intensive treatment needs, we suggest you work with your Area Agency and/or school district to develop appropriate community-based programs. If you have specific questions or concerns regarding services to address intensive treatment needs, please contact the DRC at our toll free number ***(1-800-834-1721)*** *or online* ***(http://www.drcnh.org/A2J.html)*** *to schedule an appointment with one of our intake attorneys.*

MENTAL HEALTH COURTS - MAKING COMMUNITIES SAFER WHILE HELPING OFFENDERS ACCESS TREATMENT

By Carol Stamatakis, Executive Director, NH Council on Developmental Disabilities

Communities in many parts of New Hampshire have come together to establish mental health courts and their success has convinced policymakers that they are well worth their cost.

Mental health courts are specialized alternative sentencing programs that offer court-monitored treatment as an alternative to traditional incarceration. New Hampshire's first mental health court was established in Keene in 2001. Currently 12 Circuit Court District Divisions - Nashua, Merrimack, Manchester, Plymouth, Lebanon, Littleton, Laconia, Concord, Keene, Portsmouth, Brentwood and Rochester – operate mental health courts. While federal grants typically provide start-up funding, County and local support are critical for their ongoing operation.

New Hampshire's mental health courts retain their own local flavor, however, they share many characteristics. The District Courts use a screening process to determine whether an individual is appropriate for the program; most do not require a person to be convicted in order to participate. In all cases participation is voluntary and is usually for a one-year period. Mental health courts typically provide ongoing monitoring of compliance, meetings with program staff, and regular reviews. Most programs utilize a "team" approach that includes involvement of community agencies in screening and program compliance. For individuals whose participation is on a pretrial basis, the end result is usually the withdrawal of charges. Those who successfully complete the program after they have been convicted or have pled guilty may avoid incarceration.

Judge James Leary of the Nashua District Court reported that the mental health court serving the Nashua area has "certainly reduced recidivism." He stressed the importance of community participation to the success of program, however, cautioned that the shortage of community treatment options present a challenge for alternative sentencing programs. The Judge noted that individuals coming into Nashua's program typically must wait for treatment and even those in "serious, dire condition" may wait for months for an evaluation. He also has seen an increasing number of participants with developmental disabilities, particularly autism, being referred to mental health court.

Keene's Alternative Sentencing Program and Mental Health Court serves individuals who have substance abuse and/or mental health disorders. In addition to requiring treatment, program participants may be referred to other needed services including: educational programs, employment services, parenting classes, and housing supports. An important component of the program is an after-care plan that is developed with the participant. Program director, Michael Potter, reported an extraordinary high prevalence of co-occurring mental health and substance abuse disorders for participants. In 2014, 61% of the 119 individuals served in Keene's drug and mental health courts had co-occurring conditions; 74% of the 73 mental health court clients had substance abuse disorders and 41% of the 46 drug court clients had mental health disorders.

The Keene program has been successful on a number of levels:

- Of those referred, 71% have successfully completed the program.
- Of those who completed the program, 61% were employed (compared to 30% at the time of referral).
- Five years after completing the program, 75% of participants have not re-offended.

The role of mental health courts in the reduction in recidivism has been remarkable. For those not involved in alternative sentencing programs, the likelihood of re-offending is close to 75%.

The positive outcomes of Keene's program resulted in strong community support for County funding. At a Cheshire County budget hearing, a man who successfully completed the program testified that rather than being in jail, he is working, paying taxes, buying a house, and supporting his family. The most compelling testimony came from his 9-year old daughter who told the delegation, "This program gave me my daddy back."

SLIDING BACKWARDS

By Richard Cohen, Executive Director, Disability Rights Center - NH

New Hampshire's progress in eliminating segregated and congregate facilities for people with disabilities has come to a virtual halt in recent years. Indeed we seem to be experiencing a reverse trend. For children, there continues to be too much reliance on segregated educational day and residential settings, despite the clear evidence that inclusive education with corresponding higher expectations produces far better outcomes. For adults with developmental disabilities, our state is seeing a surge of new proposals for segregated programs and facilities.

The irony in all this is unmistakable. New Hampshire was the first state in the union to operate a service system for individuals with developmental disabilities without a state run institution. When New Hampshire began phasing out Laconia State School, it designed a system that promoted community practices and inclusion and utilized small residential settings. New Hampshire demonstrated that even individuals with significant behavioral and other challenges could be served in the community with the right supports.

New Hampshire's approach was in contrast to other states whose deinstitutionalization efforts supported or permitted the development of moderate to large residential settings that had many of the same trappings as institutions. When I moved to Minnesota from New Hampshire in 1984 to assume a court monitor position, I was astonished by the large number of so-called group homes, many of which housed from 8 to 64 residents. While their state institutions were worse, these "community settings" ran a close second in terms of inadequate programming, substandard conditions, lack of choice, limited community participation, and a generally poor quality of life for their residents.

By the time I returned to New Hampshire in 2002, our own state system, once a national model, had begun to decline. One of the cause and effects of this decline was the increased use of segregated, congregate, and often substandard facilities such as Lakeview Neurorehabilitation Center, segregated agrarian communities, large group homes, and other facilities. More of these segregated models currently are being considered and planned. Most people in the developmental services system are being "placed" in these settings without real or informed choice or consideration of other possible options. Indeed most people end up in segregated environments by default, as true community options are increasingly unavailable.

Many of these segregated environments violate basic standards of care, and all run counter to the core values of the community-based movement and underlying federal and state disability law, including:

- The opportunity for a quality education (for children).
- The opportunity to be part of the community.
- Access to quality health care and the right to be safe and free from abuse and neglect.
- The right to choose and act upon personal preferences and to take normal risks associated with life within bounds of reasonable risk.
- The opportunity to enjoy a quality life and to engage in meaningful and rewarding activity, including employment.
- The right to health, recreational, and other services typically available to the general populations, as well as more specialized services, assistive technology, or accommodations.
- The right to self-determination.

While area agency administrators and even state officials acknowledge that most of these placements are due to the lack of community alternatives, there are some who genuinely believe in and support a segregated model. Reasons generally offered include: cost savings, specialty centralization, protection, and the assumption that it is better for people with disabilities to be "with their own kind". On all counts, their reasoning is faulty.

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SEVERING THE SCHOOL-TO-PRISON PIPELINE

By JoAnne Malloy, Ph.D., Institute on Disability

We have a school discipline crisis in the United States. Overuse of exclusionary and excessively harsh disciplinary practices has resulted in record numbers of students being suspended or expelled from school. In their comprehensive national report, *Opportunities Suspended: The Devastating Consequences of Zero Tolerance and School Discipline Polices,* the Civil Rights Project at Harvard University and the Advancement Project found that an alarming number of students, and a disproportionate number of students of color, are being suspended and expelled for minor, non-violent expenses.

The adoption of Zero Tolerance policies and intrusive police involvement in school discipline have created a school-to-prison pipeline that, in the words of Deborah Archer, Director of the Racial Justice Project at New York Law School, "push our nation's schoolchildren out of the classroom and into the streets, the juvenile justice system, or the criminal justice system."

There are significant differences in race, ethnicity, and disability for those students who end up in the school-to-prison pipeline and those who do not. Youth in juvenile detention facilities are more likely to be male, African American or Hispanic, and have serious emotional and/or learning disabilities. An overwhelming majority of those who are incarcerated have histories of significant environmental, educational, and personal challenges that were not identified or addressed while they were younger.

These exclusionary and unequal discipline practices contribute to a widening social divide in our nation. Too many youth, particularly those of color and those with disabilities, are denied access to the education they need to become successful adults. Being systematically closed out of school puts these youth on a trajectory for unemployment or underemployment, prison, addiction, poverty, and hopelessness.

Best Practices in Schools

Positive school environments are good for *all* students and can break the behavior patterns that lead many youth with challenging behaviors into delinquency. Schools that adopt positive responses to behavior with a focus on prevention have significantly better student outcomes. This is true even when controlling for student and community factors such as poverty, race/ethnicity, or disability. Best practices for effectively managing student behavior include: a consistent schoolwide approach to behavior management, use of evidence-based instructional practices, and adherence to school rules that are fair and are consistently implemented. Effective schools are those that foster student attachment to the school community, promote meaningful involvement of parents and family members, foster caring relationships across the entire school community, and have strong, supportive leadership.

GETTING A SECOND CHANCE

Alienated from her family and school, as a teenager LaToya was spiraling out of control. Her behavior led to tragedy. While driving impaired LaToya caused a horrible accident that killed two of her friends. LaToya was tried as an adult and spent four years in prison. While she was incarcerated, LaToya began to turn her life around. Taking advantage of the educational programming that New Hampshire's correctional system recently adopted, LaToya earned her high school diploma. She is now out of prison and planning to pursue a community college degree. While she will always have to live with the burden of what she did, LaToya has been given a chance for a future that can be positive and productive.

Effective schools also work with appropriate community providers to address the needs of their most high-risk students, including those who exhibit anti-social or aggressive behavior patterns that are due to early childhood trauma or chaotic home environments. This includes providing individualized wraparound planning and supports for students who have significant emotional or behavioral challenges that threaten their ability to remain in their community school or in their family home.

The RENEW Intervention (Rehabilitation for Empowerment, Natural supports, Education and Work) is a nationally recognized model for supporting students who are disconnected from school and at risk of expulsion or incarceration. RENEW provides students with an individualized structured process to create and pursue a plan for finishing high school, finding employment, going to college, and becoming more independent. Components of RENEW include: 1) personal futures planning, 2) individualized team development, 3) coordinated school and community resources, 3) a flexible education program, 4) school to post-school transition planning, 5) employment and work-based learning, 6) mentoring, and 7) sustainable community connections. A trained RENEW facilitator works with the young adult to focus on high school completion, employment, post-secondary education and training, and community inclusion. (For more information about RENEW visit **www.renew.unh.edu**.)

By developing proactive positive approaches to managing student behavior and creating inclusive school environments we can put an end to the school-to-prison pipeline.

To view an interview with LaToya and video interviews with other young people in New Hampshire who have been incarcerated, visit the website: **www.whocaresaboutkelsey.com**.

Photographer - Dan Habib

LaToya Fletcher with Virginia Barry, Commissioner, NH Department of Education and William Wrenn, Commissioner, NH Department of Corrections at her high school graduation, June 2013.

SAVE THE DATE

Direct Support Professional "Yellow Flag" Recognition Day

September 11, 2015
State House Lawn

Governor Maggie Hassan and David Ouellette, Project Director for the NH Council on Developmental Disabilities, celebrate 2014 DSP Recognition Day.

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First, it is not true that large congregate models provide cost savings due to economies of scale and are less expensive than smaller arrangements. For example, Lakeview costs nearly $300,000 per person annually; the annual cost of individuals served through the state's Medicaid DD waiver is $44,000 and the cost for those on the brain injury waiver is $89,000. The DD waiver in particular may be underfunded, but even if properly funded, it would hardly approach $300,000.

Second, centralization of specialty services does not result in more providers or better services. Generally, talented professionals and paraprofessionals prefer not to work in segregated and congregate settings. People with disabilities are much better off accessing services that are generally available to everyone.

Third, putting people in congregate and segregated programs does not provide needed protections or keep them safe. In fact, quite the contrary, as history has so vividly demonstrated time and again these environments are often harmful and abusive.

Finally, it is not good for anyone when we limit who individuals with developmental disabilities may associate with. Certainly, people with disabilities can and should have strong, abiding relationships with others who experience disability. However, when individuals are isolated in segregated settings and their personal connections are limited solely to others with disabilities or to paid or volunteer staff, we all lose the opportunity to enjoy positive relationships with a wide variety of people.

Segregating, congregating, and isolating people run counter to the values and best practices in human services. Furthermore, these help to perpetuate the stigma that people with disabilities are incapable, unworthy, potentially dangerous, and at best, objects of pity. Stigma and misperceptions are the most challenging obstacles to achieving true integration, quality services, and high expectations that are necessary for the delivery of meaningful education and training.

Smaller community service arrangements and homelike settings have a protective effect against stigma. While the size of a program or a residence does not guarantee that a person's basic rights and needs will be met, having smaller community based services provide a far better opportunity for the individual with a developmental disability to enjoy a productive and meaningful life.

GET INVOLVED IN POSITIVE CHANGE! GET INVOLVED IN ABLE NH

ABLE NH advocates for the civil and human rights of all children and adults with disabilities and promotes full participation by improving systems of supports, connecting families, inspiring communities, and influencing public policy.

ABLE NH needs your support to continue its work to:

- Ensure New Hampshire will never again have a state run institution for individuals with developmental disabilities.
- Protect the systems at the state and federal level that support citizens to remain in their homes and prevent unnecessary institutionalization.
- Build strong coalitions that ensure citizens of all abilities have adequate supports and services.
- Reinforce the message that no one group in need of support can ever truly benefit at the expense of another. United We Must Stand!
- End all waiting lists - whether officially sanctioned or unofficially maintained - to ensure people have the high quality services and supports needed to maintain their health and safety and to participate in their communities with freedom and dignity.
- Ensure that Medicaid or other human service reform efforts are committed to community based care.
- Educate neighbors, family, friends, and public officials about the importance of supporting individuals with disabilities to fully participate in their communities.
- Ensure that public officials finally have open discussions about the need for a fair tax structure in our state.

In 2014 ABLE NH members voted to make Medicaid Managed Care a priority for the statewide organization. The Medicaid Managed Care Task Force, chaired by Denise Colby of Belmont, has built strong relationships with stakeholders across New Hampshire and increased awareness about the consequences of putting long-term supports and services under managed care. The Task Force has worked to ensure the State's managed care meetings are available via WebEx and has successfully pressured Well Sense to drop its 500 policy codes; this simplifies the process to obtain approval for therapies – specifically for children with Autism in need of speech therapy.

If you have an interest in joining the Task Force, please contact Denise Colby direct at ***dsc4eva@aol.com***

To learn more about ABLE NH visit its website- ***http://www.ablenh.org/***

SAVE THE DATES

21ST ANNUAL DIRECT SUPPORT PROFESSIONAL CONFERENCE

SEPTEMBER 10 & 11, 2015

Grappone Conference Center
Concord, NH 03301

AutCom

Autism National Committee
http://www.autcom.org

25th Anniversary Conference: Human Rights for All

SEPTEMBER 25-26, 2015

Radisson Hotel • 700 Elm Street
Manchester, NH 03101

DOING IT THE RIGHT WAY - LAW ENFORCEMENT RESPONSE WHEN A PERSON WITH

By Elaine de Mello, LCSW, National Alliance on Mental Illness - NH

"There are two ways that a police officer can handle a person in a mental health crisis: the quick way or the right way. If you do it the quick way it will take a lot longer than the right way." This was the late Ken Braiterman's advice to law enforcement officers and recruits in NAMI NH trainings at the New Hampshire Police Academy.

The approach that a police officer takes is particularly important when the person in crisis has mental illness. Handling the situation in a calm thoughtful manner can reduce the trauma for the person with mental illness and ultimately is more effective than the use of intrusive interventions in de-escalating the situation safely and minimizing risk of injury.

The Police Standards and Training Council (PSTC), in partnership with NAMI NH, for a number of years has been providing law enforcement personnel with the training and tools they need to better understand and assist people with mental illness. NAMI NH training is part of the Police Academy curriculum for new recruits. Recruits who will be serving as full time police officers receive 16 hours of training; those going into part time positions receive 8 hours of training. Throughout the year, NAMI NH and PSTC also provide in-service trainings for seasoned officers. Approximately 400 recruits and officers annually receive NAMI NH training through PSTC.

Photographer – Elaine de Mello

Chris Moore-Vissing and Monique Jevne, speakers with NAMI NH's In Our Own Voice program, share their stories of recovery from mental illness with law enforcement officers at the NH Police Standards and Training Council in Concord NH.

This training teaches the use of verbal and non-verbal de-escalation techniques; promotes an understanding of mental illness, stigma and trauma; and emphasizes the benefits of a compassionate and respectful approach. Training typically includes presentations from speakers who have experienced mental illness and uses roleplaying to give officers practice in responding to different situations. Officers also learn about resources and options for resolution in situations that are not life threatening.

Drawing on NAMI NH's Connect Program, which has been designated as a National Best Practice program, officers learn about suicide prevention, effective intervention, and postvention (response after a suicide). In recognition that police officers and first responders have higher rates of depression, trauma, and risk for suicide than the general population, the training includes information on how to recognize warning signs in themselves or in their partner and provides information about where they can go to get help.

Having conducted mental illness training with law enforcement across several decades it is impressive to see how much attitudes have changed and how invested police officers now are in trying to assure positive outcomes for people with mental illness. Law enforcement typically sees people at their worst. They rarely have the chance to talk with people after the crisis is resolved. Speakers from NAMI NH's In Our Own Voice (IOOV) project are incorporated into the training. Their participation

MENTAL ILLNESS IS IN CRISIS

gives officers the opportunity to hear from people who have survived a crisis and moved on to lead successful lives. Officers consistently report that hearing directly from people who have experienced mental illness was the most powerful and memorable part of their training.

In a recent presentation to the Academy, IOOV speaker Chris Vissing-Moore reflected that when police officers treat people with respect before, during and after a crisis, "You not only save lives, you preserve lives."

For more information about law enforcement training with NAMI NH, please contact Elaine de Mello at edemello@naminh.org. To book an IOOV presentation or to become an IOOV presenter, please contact Deb Karr-Francis at ***dkarr@naminh.org****. More information about mental illness and NAMI NH is available on our website -* ***www.naminh.org****. Information on suicide prevention and related resources can be found at* ***www.theconnectprogram.org***

LIMITING THE USE OF RESTRAINT AND SECLUSION IN SCHOOLS

By Julia Freeman-Woolpert, Outreach Advocacy Director and Cindy Robertson, Senior Staff Attorney, DRC - NH

Using restraints and seclusion to punish a child or to control behavior are dangerous traumatizing practices that can potentially be fatal. In addition, staff who administer restraints also are at risk of trauma or injury. Most of the children who are restrained or secluded in schools or treatment settings are children with disabilities who have behavioral or emotional issues, children who cannot communicate well, or children who are minorities.

In response to a coordinated advocacy effort by Disability Rights Center-NH and families, the New Hampshire Legislature passed legislation in 2014 that addresses this issue. While the law (NH RSA 126-U) does not fully ban the use of restraint and seclusion, it significantly limits and regulates their use in schools and treatment facilities. Restraint and seclusion can only be used in an emergency when there is a "substantial and imminent risk of serious bodily harm" to the child or others. They cannot be used as punishment or discipline. Only trained personnel are allowed to use restraint and seclusion, and only after other interventions have failed or been found to be inappropriate.

Under the law, dangerous restraint techniques may ***never*** be used. It is illegal to use any restraint that obstructs breathing or circulation; compresses the chest, lungs, sternum, diaphragm, back, or abdomen; or covers the face or body with anything. This includes the most dangerous prone restraint where a child is placed faced down on the ground. In his testimony before the legislature, the State's Chief Medical Examiner Dr. Thomas Andrew stated that simply placing a child face down on the ground results in breathing difficulties and can carry with it fatal risks.

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NH House Passes First-In-The-Nation Legislation To End Payment of Subminimum Wages To Persons With Disabilities

On April 16, 2015 the New Hampshire House of Representatives passed SB 47. New Hampshire becomes the first state in the country to repeal statutes that permit employers to pay persons with disabilities less than the state minimum wage simply because they have a disability. SB 47 received unanimous bipartisan support in both the house and the senate.

"SB 47 is a historic policy statement that reflects the current approach to hiring persons with disabilities that has evolved since the 1940's in New Hampshire - every person with a disability can be competitively employed with the right supports and right job match," said Chris Rueggeberg, Policy Director for the New Hampshire Council on Developmental Disabilities. "Paying people with disabilities subminimum wages is not necessary or helpful for them to get a job. They can be hired on their merits and abilities," added Rueggeberg.

SB 47 prime sponsor Senator Hosmer has hired people with disabilities at his AutoServ business for the past 20 years. "The people I hire improve the whole culture and working atmosphere for all my employees," said Senator Hosmer.

SB 47 repeals outdated statutes and outdated approaches to hiring persons with disabilities that date to 1949. Employers in New Hampshire no longer pay persons with disabilities a subminimum wage. Sheltered workshops are closed. Disability rights organizations, rehabilitation professionals, persons with disabilities working at competitive wage jobs and their employers, the NH Labor Department, the NH Department of Health and Human Services, and Vocational Rehabilitation and Services for Blind and Visually Impaired in the NH Department of Education all worked to pass SB 47.

"I'm very pleased that the House has approved SB 47. Last year, when I discovered that it is was legal in New Hampshire to pay persons with a disability less than the minimum wage simply because of their disability I introduced legislation to study this issue. The study committee that I chaired unanimously recommended legislation to ban this practice in New Hampshire," said former State Representative Chris Muns.

(Continued from page 13)

The law requires that any room used for seclusion have adequate heating, cooling, lighting, ventilation, and a ceiling as high as other rooms in the building. If the room is locked, there must be a way to escape in case of a fire or other emergency. While in seclusion, the child must be observed continually by a staff member. Finally, NH RSA 126-U also prohibits the intentional infliction of pain; use of unpleasant substances to punish or control; and unnecessary ridicule, humiliation, or emotional trauma.

Schools are now required to verbally notify the parents, guardian, and guardian ad litem of any restraint or seclusion, or use of intentional physical contact in response to a child's behavior. This should be done as soon as practical, and must be done before the end of the school day or before the child sees the parent. Following the use or restraint or seclusion, the school is required within 5 business days to prepare a written report about the incident, the report must be sent to the parent within an additional 2 business days, unless there is a court order against notification.

Restraint and seclusion are rarely necessary to control a child's behavior. There are many effective alternatives, such as Positive Behavioral Interventions and Supports (PBIS), for addressing and de-escalating behavior problems, promoting appropriate student behavior, and creating positive school climates. (For more information about PBIS - **https://www.pbis.org/**)

IOD TRAINING & EVENTS

It's All About Teamwork: Incorporating Genetics and Family History into the Work of the Patient Centered Medical Home Webinar Series

The New England Genetics Collaborative (NEGC) is leading a Tri-State webinar series with the child health improvement partnerships in Maine (ME CHIP), New Hampshire (NHPIP) and Vermont (VCHIP). The series highlights a team approach for caring for children with genetic and complex conditions within the Patient Centered Medical Home to improve collaboration, coordination, and satisfaction for families and providers.

Dates & Topics:
May 28, 2015 - Why Medical Home and Care Coordination are Important for Children

June 4, 2015 - How to Achieve a Shared Plan of Care for Kids with Primary Care Providers, Families, and Specialists

July 16, 2015 - Obtaining and Documenting a Pediatric Family History – Understanding Why it is Important, Identifying Red Flags, and Capturing the Information in the Electronic Medical Record

September 17, 2015 - Sustaining the Momentum / Incorporating Genetics in the Management of Children in the Primary Care Office

Time: 12:00 pm - 1:00pm

Location: Online

Cost: Free

Second Annual ArkSTART Conference: Getting it Right

At this one day conference you will learn about mental health disorders and treatment for persons with intellectual and developmental disabilities (I/DD). The conference looks at mental health problems in the context of the whole person and provides strategies on how to adjust your current intervention and treatment strategies for persons I/DD.

Date: June 10, 2015

Presenters: Dr. Joan Beasley, Dr. Jill Hinton, Dr. Karen Weigle, Dr. Leslie Smith

Time: 9:00 am - 4:00 pm

Location: Hilton Garden Inn, 10914 Kanis Road, West Little Rock, AR

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

Advocate NH Third Annual Conference Advocacy: Learn It! Live It! Love It!

This year, we put YOU in the driver's seat— at morning round table discussions participants will share their dreams and set their own goals with new friends. In our fun, action-packed Spotlight Sessions you will learn new skills and have a chance to practice advocacy. You will get the tools that you need to navigate your own path!

Date: June 27, 2015

Time: 9:00 am - 3:30 pm

Location: Grappone Conference Center, Concord, NH

Cost: $30

Camp creATe

Camp CreATe is a week long hands on exploration of Assistive Technology for home, school, work and play. Whether you join us for a single day or all five, it is sure to be an amazingly creative experience!

Date: August 3-7, 2015

Time: 9:00am - 3:00pm

Presenters: Therese Willkomm, Diana Petchauer, Stacy Driscoll, Paul Pelland, Wade Wingler

Location: Professional Development Center, IOD Concord

Cost: $85 each day

2015 Conference on School Culture, Climate, and Positive Behavior Support

This year's conference - **Strengths, Strategies, and Systems of Support** - includes presentations by national leaders, NH educators, youth, and community partners. There will be opportunities for teams to work together. We will share examples, tools, and practices to help schools and communities improve their culture, climate, and safety. The conference also features a youth strand to engage young people to become leaders for positive change in their school's culture and climate.

Date: August 12-13, 2015

Presenter: Leslie Packer, Ph.D.

Location: SERESC Event & Conference Center, 29 Commerce Drive, Bedford, NH

Cost: $399 individual, $349 member of a group of 3 or more, A limited number of free spaces are available for youth 14-21/

3 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

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New Hampshire
RAP Sheet
The Latest in Disability Research, Advocacy, Policy, and Practice
Spring/Summer Issue 2015

NH Council on Developmental Disabilities
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- ***NH's Developmental Services System at Risk***
- ***Mental Health Courts***
- ***Personal Stories***

DISABILITY RIGHTS CENTER - NH
64 North Main Street, Suite 2, 3rd Floor, Concord, NH 03301-4913
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 ✦ Website: 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 AT THE UNIVERSITY OF NEW HAMPSHIRE
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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
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Concord, NH 03301-4447
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Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

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