

RAP Sheet

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

Spring Issue 2013

A SYSTEM IN CRISIS



NEW HAMPSHIRE'S MENTAL HEALTH CLASS ACTION LAWSUIT MOVES FORWARD

W e l c o m e

to our Spring Issue.

Once a national model, today New Hampshire's mental health system is in a state of crisis. With underfunded community mental health centers unable to provide adequate care, the state faces a class action suit to improve services. While this issue lays out the challenges facing the mental health system, we also share best practices and innovations that could help New Hampshire get back on track.

Experts find Individuals with Mental Illness Needlessly Institutionalized Due to the State's Failure to Provide Community-Based Services

On January 29, 2013, the Plaintiffs in New Hampshire's mental health class action lawsuit filed their Motion for Class Certification. The motion requests that the Court certify the case, *Amanda D. v. Governor, et al.* (formerly *Lynn E. v. Lynch, et al.*), as a class action on behalf of all persons with serious mental illness who are institutionalized at New Hampshire Hospital or the Glencliff Home or who are at serious risk of institutionalization in these facilities. The lawsuit, filed in February 2012, seeks integrated, community mental health services and seeks to end the needless institutionalization of individuals with serious mental illness

In their filing, the Plaintiffs included findings by national mental health experts that reviewed New Hampshire's system of care for individuals with serious mental illness, including conducting extensive reviews of individual treatment records and interviews with individuals with serious mental illness, family members, guardians, and treatment providers. Those experts found that the vast majority of individuals with serious mental illness sent to New Hampshire Hospital and the Glencliff Home (New Hampshire's nursing facility for individuals with psychiatric or developmental disabilities) could have avoided institutionalization if the State had adequate community-based mental health services. One expert found that the consequences of "repeated and prolonged hospitalizations were devastating, with virtually all those reviewed experiencing



(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)

unnecessary segregation, isolation from family and friends, and a sense of hopelessness reinforced by the inability of the system to effectively plan for and meet their needs in the community."

The experts consistently found that if individuals with serious mental illness had access to services such as those sought in the case - Assertive Community Treatment Teams, Mobile Crisis Intervention, Supportive Housing, and Supported Employment - they could have avoided hospitalization. Instead, one expert noted, "I saw a mental health system that was consistently broken, failing [individuals with mental illness] in a similar way regardless of their individual needs or conditions. I saw a system reliant on institutionalization, utilizing models and approaches I hadn't encountered in more than 20 years. ... Contrary to accepted practice, the hospital operates as the primary source of stabilization in the continuum of care, and the only place where persons with serious mental illness can access care when they have more challenging needs." For those with serious mental illness, the lack of access to community services creates a continuous cycle of repeated, unnecessary, and harmful hospitalizations, including frequent use of emergency room services and encounters with the criminal justice system.

Long Waits in Hospital Emergency Rooms: More In-patient Beds Not the Answer

Much has been written regarding the long waits in community hospital emergency rooms for individuals experiencing a psychiatric crisis. NAMI NH (National Alliance On Mental Illness) and 14 other statewide organizations held a press conference in January to highlight the current crisis. In February 2013, The Foundation for Healthy Communities released its report, *HELP: People Seeking Mental Health Care in New Hampshire*, which studied the problem of the increasing numbers of individuals waiting in hospital emergency rooms for appropriate mental health treatment. As noted in the report "[t]he human or emotional costs and the social costs (e.g., unemployment or reduced productivity, court fees and jail expenses, school failure, etc.) associated with no mental

health treatment or delayed treatments are important and the brief stories within this report provide a glimpse of the stress and risks for patients and others. Extended holding in the [emergency department] may exacerbate symptoms and/or the illness."

Emergency rooms often do not have psychiatrists or staff with expertise in psychiatric care to provide appropriate treatment. And yet, individuals experiencing a psychiatric crisis are sent to emergency rooms because there are insufficient community mental health services to address the needs of individuals with serious mental illness. Community-based supports such as Mobile Crisis Intervention and Assertive Community Treatment provide services to individuals in their homes and other community settings and are proven, effective methods for the prevention of psychiatric hospitalizations. As noted in the Foundation for Healthy Communities report, a "strong, accessible community-based mental health [system] is critical to addressing the problem of people with an acute psychiatric illness seeking help in hospital [emergency departments]."

Clinically effective community mental health services have been proven to help people with serious mental illness recover, live meaningful lives, and avoid unnecessary and expensive hospitalizations. Unfortunately, recent State budget proposals seek to address the emergency room crisis by proposing the building of more expensive in-patient psychiatric beds. A bed at New Hampshire Hospital costs well over \$1000 per day, and an acute psychiatric residential treatment bed is over \$500 per day. The average cost of community mental health treatment is a small fraction of those costs. Community mental health services keep people out of the hospitals and emergency rooms, lead to better outcomes and more meaningful and productive lives for individuals with serious mental illness. New Hampshire does not need more in-patient beds, it does need to implement the community-based services that will create a system of care to keep people from being unnecessarily held in emergency rooms or suffering from unnecessary, prolonged, or repeated hospitalizations at New Hampshire Hospital.



ABLE NH – MENTAL HEALTH TASK FORCE

By Matthew Gold

The recent rash of mass shootings has touched off a national discussion about behavioral and emotional disabilities. This is a subject that I know about first hand. I've lived with emotional disabilities for most of my life. I remember being in Prescott Park in downtown Portsmouth and people staring at me because of the faces I was making. I was meditating by the water and trying to get my mood swings, obsessions, dissociations, and eating disorder under control. Everyone gave me a wide berth. Even though I was never violent, there were times when I lost control and my fiancée would be afraid of me. After the Newtown shooting, there were moments when I wondered if Adam Lanza ever experienced these things. Then I got angry, because I know that it didn't have to be that way. I'm living proof.

My life has changed dramatically. I have the support of my fiancée and friends. My girlfriend never left my side, often comforting me in the early morning hours as I wrestled with my disability. I had a competent psychiatrist who helped me survive the worst times. And I had the determination to get better. I found a book on Zen meditation and decided to try it. I would walk to Prescott Park—half an hour away from my ramshackle apartment – and for two years I spent six hours a day, every single day meditating by the water. When I started meditating, I was barely keeping out of the hospital. Slowly, things got better. It's been five months now since my psychiatrist declared me to be completely healthy.

A friend reached out to me and asked me to join ABLE NH. ABLE was the first group to ever treat me like a person, not just as a patient or a disability. In November 2011 I went to ABLE's weeklong training put on by the Gamaliel Foundation. Gamaliel is a national organization based in Chicago that provides training on community organizing and leadership development. Gamaliel trainer John Norton took me seriously, respected me as an adult, and challenged me to break out of my belief that having

a disability made me helpless. Now I know my disability isn't a weakness at all. It's my greatest source of strength.

I'm excited to take what I've learned to develop an ABLE mental health chapter. For self-advocates with an emotional disability, the nature of our disability often results in isolation. Self-advocates in the developmental disability and autism communities usually have strong family support networks. This is not so for those of us dealing with mental health challenges. Many of us with emotional disabilities are alienated from our own families. This is why it's so important that we come together. Individuals, agencies, advocates, and self-advocates all need to find ways to work together. For too long we've been competing for the same slice of a shrinking pie. It's time we organized and spoke as one voice. The ABLE Mental Health Task Force won't just be for self-advocates and families. It will be for everyone. This is our moment to make a real difference.



Matthew Gold is a self-advocate and leader with ABLE NH. If you are interested in joining the ABLE Mental Health Task Force force or wish to contact him, he can be reached via email at redlaylabooks@gmail.com He also invites you to read his blog about living with behavioral disabilities at <http://mattxgold.blogspot.com/>



CRISIS RESPITE – A VALUABLE ALTERNATIVE TO HOSPITALIZATION

Mark W. Nichols, Susan E. Seidler, and Jude Dolan - Staff members of STEP Peer Support Centers

When his fiancé was tragically killed in a car accident Tom went into a downward spiral. He worried his mental health was at risk and feared he was headed for the hospital, something he desperately wanted to avoid.

Friends reminded Tom about the crisis respite program, a non-medical alternative to hospitalization, available at Stepping Stone, the local peer support agency. Tom was already a Stepping Stone member and had benefitted from the daily groups and telephone support offered there. He decided to give the crisis respite program a try.

Tom spent a week in crisis respite. With support from other Stepping Stone members and program staff, Tom worked to identify stressors, learn coping skills, and find ways to move forward in his life. Tom was pleased to have avoided hospitalization and proud that he was able to make good choices and maintain control of his life.

"Crisis respite made me feel safer than being in the hospital. I felt like an equal to the staff here, instead of just a patient in the hospital," Tom said. "I liked the one-on-one, no pressure. I felt comfortable and was able to open up and share. I also felt like I was with friends instead of strangers at a hospital."

On the first year anniversary of his fiancé's death, Tom felt himself headed for another emotional crisis. He returned to the respite program, but this time only stayed a few days. With support from the program he was able to quickly resume his life. As the second anniversary approached,

Tom again considered crisis respite. With reflection, Tom realized that he had learned effective coping skills, had a strong support network, and no longer needed the program. Tom has been able to get through extremely hard times and with no hospitalization!

New Hampshire's only crisis respite program is located at Stepping Stone, in Claremont. Guided by the philosophy of peer support and self-help, we developed and implemented a consumer run program. We believe the more choices and options that people have, the greater their sense of empowerment. Being able to take control of your life generally results in a better quality of life. This is the outcome we wish for our respite guests. Our hope is to create an opportunity where people can "make lemonade from lemons." By learning how to manage an impending crisis, people develop skills that can put them on a path to wellness.

Respite guests are invited to enter into a mutually responsible relationship with our staff of well-trained peers. In the best scenarios, guests have an alternative to treatment in more restrictive hospital settings and are able to avoid involuntary admissions. They also receive the support they need to set personal goals and make plans that enable them to move forward in their lives in a positive way.

The feedback we receive underlines the effectiveness of our approach. One guest told us, "I've been in respite a number of times. I do feel comfortable and safe. I feel respite has kept me out of the hospital for a long time. I feel staff here is very supportive and caring. If someone were to ask me, I'd recommend respite to them."

As one of the first of its kind in the country and the world, Stepping Stones has been helping others to develop similar crisis respite programs. We have had visitors from neighboring states and from as far away as New Zealand and Japan. Fourteen states now have crisis respite programs and more are being developed. New Hampshire is currently working to expand crisis respite to other locations in our state.

For more information, please visit our website at www.steppingstonenextstep.org or contact Mark Nichols at 1-888-582-0920 x103 (toll-free)





BEING CULTURALLY RESPONSIVE

Kim Calhoun, LICSW, Manchester School District Social Worker

As a school social worker in Manchester, I work with an expanding refugee and immigrant population. Several years ago, I learned a valuable lesson that has informed the way I approach my job.

Concerned about the mental health needs of some refugee students and their family members, I started to compile a list of mental health professionals. I thought if I just called around, I could create a directory of providers organized by location. I could simply give the newcomer parents this “map” and they could find the mental health professional closest to where they lived. Problem solved, quickly and efficiently. In response to my inquiry about being included on the “map” one astute therapist took the time to talk with me about matching special populations - like refugees - with providers who are culturally informed and professionally and personally attuned to the unique needs of these populations. This was the moment when I began to appreciate the importance of working with culturally responsive professionals who are trying to meaningfully engage with ethnic communities.

What does it mean for a professional to be culturally responsive? First, a culturally responsive provider must be aware of his or her own cultural lens. Our social class, gender, race, ethnicity, and religion profoundly influence how we see and interact with the world. When working with immigrant populations, it is important to hold our own cultural lens lightly and take care that we do not try and force others to fit into our worldview. For example, most western cultures place a premium on individual autonomy, there is the expectation that decisions are made based on an individual’s personal needs and a desire for independence. However, in many non-western cultures, the family and community come first; there is the expectation that decisions are made collectively, and centered on the needs of the family and the community.

Being culturally responsive means getting to know the people you serve. Spending time in people’s homes I have the opportunity to see what is important to them. The refugees that I work with have pictures taped to their walls of their families at cultural gatherings, attending English language classes, working in the fields or at the farmer’s market, or creating clothing and handbags with

a sewing collective. These captured moments are touchstones; they help me to appreciate the ways that refugees honor their cultural heritage as they rebuild their lives in a new community.



A culturally responsive provider also has to be comfortable with both complexity and ambiguity. Our mental health system is centered primarily on a western medical model approach to care. Providers working with other cultures will need to be able “bend a little” in order to meet the needs of the people they are serving. Providers should be open to considering alternative treatments for depression or helping a person deal with trauma. For example, would the visual arts, drama, music, or dance be beneficial in helping a person from another culture recover from trauma?

Finally, a culturally responsive professional needs to have an understanding about the distribution of power. Whether we are therapists, teachers, or advocates, if we are members of the dominant culture, we must be mindful of the effect that has on our relationship with the individuals we serve. We have to be educated about the impact that institutional racism and “white privilege” have on refugees and others who are from a non-dominant culture. For example, what does it mean for minority students and their families to be in the Manchester School District where a third of students are people of color, yet less than 1% of the district’s teachers and other professionals are people of color? To be culturally responsive, I believe we need to keep asking these tough and uncomfortable questions.



COLLABORATIVE CARE ROUNDS

Greg Prazar, MD, President of the New Hampshire Pediatric Society

Given the lack of child mental health services in New Hampshire, the pediatrician is often on the frontline of managing complicated behavioral health needs. For pediatricians and other professionals, "Collaborative Care Rounds" offers the opportunity to improve our capacity to care for children with behavioral health problems. Collaborative Care Rounds of the New Hampshire Seacoast meets monthly at the Institute on Disabilities on the UNH campus. It is a testament to its value that a dedicated group of professionals - pediatricians, developmental pediatricians, child psychiatrists, and psychotherapists - all show up at 7:00 am on a Friday morning.

Our meetings cover a wide range of topics, and are frequently case-based discussions. The most frequent topics concern children and youth with one or more of the following issues: complex ADHD, disruptive dysregulated behavior, autism spectrum disorder, anxiety, and depression.

Craig Donnelly, MD, Director of Child and Adolescent Psychiatry and John Moeschler, MD, Director of Clinical Genetics, both at Dartmouth-Hitchcock, co-facilitate the meetings. Donnelly makes the monthly drive from Norwich, Vermont - "only on days with inclement weather." One can imagine how much he truly enjoys this group, waking at 4:00 am to drive to these meetings! Moeschler, our benefactor and source for esoteric medical knowledge, provides the space, coffee, fruit, and pastries that sustain us at the meetings. Donnelly uses a Socratic approach, often asking participants to offer advice about a difficult case in which he is involved. He is also a master at modeling and suggesting interviewing techniques (I frequently write down scripts which I can use with my patients). Many of our meetings focus on appropriate medication use for mental health problems.

We spent one meeting discussing how to empower parents to be intelligent consumers of therapy for their child. We identified what parents should expect from a good therapist. Our list included: 1) a clear, common sense description of the problem; 2) a specific explanation of the therapy modality used and how it addresses the problem; 3) an estimate of how long therapy will last,

and 4) a pragmatic explanation of the goal of treatment. Many meetings have focused on the appropriate diagnosis and treatment of depression and the pathophysiology of depression (e.g., pre-pubertal children diagnosed with depression are four times more likely to be diagnosed with bipolar disease as an adult than are teenagers diagnosed with depression). Several meetings have focused on how to overcome patient and parent resistance to seeing a therapist.

Our discussions of community psychiatry topics have addressed the scarcity of: family therapists, therapists who can offer intensive in home parenting support, and experts in the nonmedical and medical treatment of children with challenging behaviors and autism. We frequently discuss how communities can effectively cope with teen suicides.

Collaborative Care Rounds have successfully helped practicing pediatricians and mental health professionals feel more comfortable in treating children with anxiety and depression and in co-managing children with more complex mental health needs. Perhaps most valuable is that our group is as reassuring as it is illuminating. All of us struggle to manage the complex medical and psychosocial adversity afflicting our patients and their families. In the busy performance-based field of modern medicine, it is no small thing to have a time and a place where we can join together with trusted and experienced colleagues. Participants in our group willingly bare our mistakes, admit the limits of our expertise, share our successes and discoveries, and mutually support each other - in fact elevate each other- to be a bit better than we thought we could be. There is a remarkable shared empathy that comes from attending Collaborative Care Rounds. I never leave a meeting without having learned something new and of value, and feeling refreshed and rejuvenated for the challenges that are ahead.

The Collaborative Care Rounds is supported by the New Hampshire LEND Program: <http://www.mchlend.unh.edu/home.aspx>

Dr. Prazar has been a primary care pediatrician in Exeter since 1976. In 2011 he was honored by the New Hampshire Pediatric Society as the state's Pediatrician of the Year.



DAWNING OF A NEW DAY IN MENTAL HEALTH TREATMENT

Ken Norton, Executive Director, National Alliance on Mental Illness, NH

Early on the morning of June 28, 2012, I was running with group along the Seattle waterfront. A fellow runner, an attorney who does national advocacy for children's mental health, said, "Forty more minutes till the Supreme Court decides. What do you think they'll do?" I blurted out, "They'll do the right thing!" This made everyone break pace a bit and ask, "Really?"

Later in my hotel room I listened crestfallen to a reporter declaring the Court had overruled the law. Minutes later a correction was issued and my mood turned to elation. Obama Care, also known as the Affordable Care Act (ACA), was now the law of our land!

I was in Seattle for the National Alliance On Mental Illness (NAMI) annual convention and the smiles and mood that day were joyful. NAMI had led the charge, both in New Hampshire and around the country, to insure that the Affordable Care Act included specific provisions for people with mental illness and we had worked tirelessly for its passage.

For too long, people with mental illness have been discriminated against, particularly in health insurance coverage – or more specifically, the lack of it. Many insurance policies excluded any coverage for mental illness. Others considered mental illness a pre-existing condition and denied coverage for mental health services. Insurance companies typically had severe restrictions for reimbursement of mental health services, imposed lifetime coverage limits, or charged a premium for mental health coverage. In 2001 NAMI NH successfully advocated for the passage of legislation establishing health insurance parity, requiring health care coverage for major mental illness to be on par with coverage for other medical conditions. New Hampshire was one of the first states in the country to pass such legislation. Unfortunately, the insurance companies soon found ways around it.

The consequences for poor mental health care have been severe. In New Hampshire, suicide is the second leading cause of death for those 10 to 35 years of age and the fourth leading cause of death for those 35 to 54. More alarming, a

recent study sponsored by the National Institute of Mental Health surveyed mortality data from eight states and found people with major mental illness die 14 to 32 years earlier than other Americans. The study found chronic illness and not suicide to be the cause death. Those with serious mental illness were more likely to have diseases associated with smoking, obesity, and poverty.

With the passage of the Affordable Care Act, today the sun is rising on a completely different landscape for health and mental health treatment. First and foremost the ACA will provide health insurance coverage to millions of Americans who previously had no insurance. The Medicaid expansion aspect of the ACA that Governor Hassan has included in her budget will allow many working poor families in our state to receive health insurance. Medicaid expansion specifically provides reimbursement for treating substance use disorders, treatment that had not previously been covered and which is essential for effective mental health care. The ACA already has mandated coverage of young adults between the ages of 18-26 on their parents' health plan. This is often the age of onset for schizophrenia and other major mental illnesses; the availability of health insurance coverage for this population will promote early detection and treatment. This provision, popular with most Americans, already has shown excellent results.

In every state, ACA regulated Health Exchanges will be created to assist businesses and individuals in comparing price, coverage and other aspects of different health plans. This will help to ensure that people have the information they need to make an informed choice when selecting a health care plan. Exchanges also will assure that plans provide equal coverage for mental and physical illnesses. The outcomes of regulations that promote more integrated physical and mental health care are harder to measure, but over time these have tremendous promise for improving health care for people with mental illness.

BRING IT ON! The mental health community looks forward to full implementation of the Affordable Care Act in 2014!



YOUTH WITH MENTAL ILLNESS AND THE JUVENILE

Michael Skibbie, Policy Director, Disabilities Rights Center

Children with mental illness are much more likely to be arrested, prosecuted, and convicted than their non-disabled peers. They also spend longer periods in corrections facilities and on probation than convicted youth who do not have disabilities. In America, children with mental illness comprise up to 70% of the juvenile justice population. This gross overrepresentation is believed to result from a number of interrelated dynamics.

- ◆ Weakened social skills and poor decision-making, often the result of ineffective treatment, may increase the likelihood of delinquent behavior by a child with mental illness.
- ◆ Although most adolescents engage in some level of delinquency, children with behavioral disorders may have a reduced ability to avoid detection and apprehension by authorities.
- ◆ Once problem behaviors become known, children with mental illness are more likely to be prosecuted than other children who engage in similar behavior. Their demeanor, communication skills, and difficulty handling encounters with authority make them more likely to be seen as unruly, unmanageable, and lacking remorse. Because so much discretion is vested in police, judges, and others, these perceptions can have a significant influence on how deeply a child is pulled into the justice system.

- ◆ Too often families and schools resort to juvenile court in order to get treatment services that would otherwise be difficult, expensive, or impossible to access. This may be due to a family's inability to secure insurance reimbursement or privately pay for services, the school's reluctance to recognize behavior problems as being related to an educational disability, or the limited availability of effective community services.

Children with behavioral disorders also are less likely to forge positive connections that can be protective factors against delinquency. They are less likely to have strong relationships with supportive adults and pro-social peers. This alienation alone can increase the likelihood of delinquent behavior. The stigma and exclusion that follow encounters with the school discipline and court systems aggravate that isolation, setting in motion a destructive cycle which leads to more frequent and serious problem behaviors.

Fortunately, there are effective strategies that can counter these destructive dynamics.

- ◆ Implementation of school-based systems like Positive Behavioral Interventions and Supports can address problem behaviors before they lead to exclusion or referral to the justice system.

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Butenhof & Bomster, PC is pleased to support the RAP Sheet and its producers, the DRC, NHCDD, and IOD/UNH. Butenhof & Bomster, PC offers a broad spectrum of legal services and advocacy to assist its clients and family members in navigating the complex legal issues facing persons with disabilities and their families.

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Our office is located at 149 Hanover Street, Suite 300, Manchester, NH 03101

JUSTICE SYSTEM



◆ Coordination across systems typically results in better outcomes for children and reductions in costs. Improved collaboration among schools, community mental health centers, and justice agencies is especially critical for children with complex behavioral health conditions who are at the greatest risk for removal from home and community.

- ◆ Effective training of police and others who are called upon to respond to the behaviors of children with mental health disorders can increase the use of referrals for treatment rather than prosecution. There is a national movement to improve police responses to incidents involving mental illness; several New Hampshire police agencies have recently increased their efforts in this area.
- ◆ Within the juvenile justice system, the implementation of early assessment procedures results in court responses that are better informed and lead to services that alleviate rather than aggravate the conditions which contribute to problem behaviors.
- ◆ Creating pathways to services that bypass courts reduces the stigma and other negative consequences of the adversarial system and increases the willingness of children and families to participate in treatment. The New Hampshire legislature is currently considering proposals to allow families to access some services without court involvement.

Of course, for youth who end up in corrections facilities or other placements, safe conditions and effective treatment are critical. When it can be safely accomplished, the best outcomes result when a child returns quickly to home, school and community.

A message from Don Shumway

We need your help. It is critical that we fix our broken mental health system and assure that people with mental illness receive effective community mental health services and lead fulfilling lives. A contribution from you to support the lawsuit will help us reach that goal.



To make a tax deductible donation, go to <http://www.drcnh.org/donatemh.html>, or send a check to the Disabilities Rights Center, 18 Low Avenue, Concord, NH 03301. For more information, call 1-800-834-1721.



Mental Health Legal Rights Fund
Ensuring People with Mental Illness Get the
Community Services They Need to Live Independently.

Don Shumway, former Commissioner of NH Department Health and Humans Services is the co-chair of the MHLRF along with Lew Feldstein, former Head of the NH Charitable Foundation, and John Broderick, former Chief Justice of the NH Supreme Court.



ADOPTING CORE COMPETENCIES TO IMPROVE THE QUALITY OF CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES

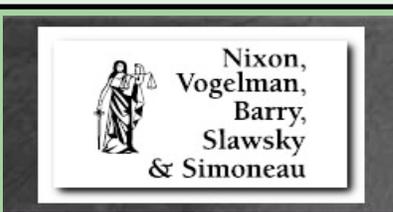
JoAnne Malloy, Ph.D., Institute on Disability at UNH

The New Hampshire Children's Behavioral Health Core Competencies were developed in 2012 as a collaborative effort by the state's community mental health centers, Institute on Disability, and Department of Health and Human Services, with support from an Endowment for Health Grant. The competencies set consistent standards for the recruitment, selection, retention, development, and assessment for children's behavioral health staff. Core competencies are a critical element of a professional development infrastructure; they support the delivery of quality services and ensure continuous improvement of the workforce.

The Core Competencies are structured around seven domains (all domains are broken into subdomains) and three levels of staff competency.

DOMAINS

1. Family Driven and Youth Guided Practice
2. Cultural and Linguistic Competence
3. Childhood Development and Disorders
4. Screening, Assessment, and Referral
5. Treatment Planning, Interventions, and Service Delivery
6. Systems Knowledge and Collaboration
7. Quality Improvement, Professionalism, and Ethics



Nixon, Vogelman, Barry, Slawsky & Simoneau P.A. is proud to support the RAP Sheet, the DRC, IOD/UNH, and NHDDC, and the Disability Community in this the 22nd Anniversary Year of the ADA.

Considered by many to be the state's preeminent personal injury and medical malpractice law firm, Nixon, Vogelman, Barry, Slawsky & Simoneau P.A. also has a diverse practice which includes employment discrimination, Social Security disability claims, and civil rights, particularly protecting the rights of persons who are deaf or have disabilities.

Offices are located at 77 Central Street,
Manchester, NH 03101.

For more information, see <http://www.davenixonlaw.com>.

LEVELS OF COMPETENCY

- ◆ Foundational Level: What staff working with children, youth, and families must know and be able to do.
- ◆ Intermediate Level: For staff who have expertise, specific knowledge, greater levels of responsibility, autonomy, and decision-making ability in treatment planning and implementation.
- ◆ Specialist or Advanced Level: For staff with advanced skills and knowledge who have the ability to train others, provide clinical supervision, and engage community leaders.

PURPOSES OF THE COMPETENCIES

- ◆ To improve outcomes for children, youth, and families
- ◆ To improve the quality of care by providing the training and support systems for children's mental health staff
- ◆ To be regarded as leaders for children's mental health in our communities and the state
- ◆ To create consistency and continuity of children's mental health services throughout the state
- ◆ To ensure retention of well trained, effective staff
- ◆ To provide better support and development for staff
- ◆ To be responsive to the mental health needs of children, youth, and families
- ◆ To create more consistent, efficient training resources for staff
- ◆ To create a system to evaluate staff competencies
- ◆ To effectively communicate the mission and services provided by the children's mental health system.

The Children's Behavioral Health Core Competencies group continues to provide leadership on training, assessment, and professional development within the core competencies model it has developed.

Click the link below to access a PDF copy of the NH Behavioral Health Core Competencies http://www.iod.unh.edu/pdf/NH_BHCompetencies_FINAL.pdf



SYSTEM OF CARE: A FRAMEWORK DESIGNED TO IMPROVE SERVICES TO CHILDREN AND YOUTH WITH MENTAL HEALTH NEEDS AND THEIR FAMILIES

Kathleen Abate, Claudia Ferber, and JoAnne Malloy, members of the NH Children's Behavioral Health Collaborative

In 1982 Dr. Jane Knitzer, renowned child advocate, issued her ground breaking work, *Unclaimed Children: The Failure of Public Responsibility to Children in Need of Mental Health Services*. Dr. Knitzer described an ineffective policy and service environment that was leaving millions of children with mental health needs and their families without critical services. Among her findings, Knitzer identified a crisis-driven system that disregarded the needs and expertise of families; was overly reliant on expensive, out-of-home care, including hospitalization, residential treatment, and foster care; and was unresponsive to the needs of individuals from culturally and linguistically diverse backgrounds. Knitzer's work set in motion the development of the System of Care framework that has become the standard for children's mental health policy, research, and practice. (In 2010, the original System of Care was revised to reflect changes in the evolution of mental health care.)

A *System of Care* is a coordinated network of community-based services and supports for children and youth with serious mental health challenges and their families. An effective System of Care builds meaningful partnerships with families and youth, addresses their cultural and linguistic needs, and provides the services and supports they need to function better at home, in school, and in the community.

While it has been 30 years since the publication of Dr. Knitzer's work, the experience for New Hampshire children and youth with serious mental health challenges and their families continue to include a lack of access to community-based care, little or no collaboration among service systems, lack of family and youth involvement, and underutilization of evidence-based best practices in mental health care. While the number of children and youth served by the state's mental health system has remained constant at 10,000, the past three years has seen significant reductions in the State budget for children's mental health services.

In 2010, service providers, advocates, and policy makers formed the New Hampshire Children's Behavioral Health Collaborative to improve access to and treatment for children and youth with emotional, behavioral, substance use, and mental health challenges. The Collaborative, which now includes over 50 organizations, has identified barriers to care in New Hampshire and consulted with national experts on how to transform the state's mental health services using the System of Care framework. In March 2013, the Collaborative issued *New Hampshire's Children's Behavioral Health Plan*. With support from both the Department of Health and Human Services and the Department of Education, the plan offers a roadmap for the creation of an integrated and comprehensive child and family serving behavioral health system. (After April 2013, the plan can be found on line at www.NH4Youth.org)



Research has shown that the System of Care approach has improved functional and clinical outcomes for children and youth, including increases in emotional and behavioral strengths, improved school performance, fewer contacts with law enforcement, reduced reliance on inpatient care, and more stable living conditions. Efforts to build a comprehensive integrated service delivery system that works in partnership with youth and families is the most rational approach for improving outcomes for New Hampshire's children and youth with mental health challenges.

▶ *Save the Date!* ◀



Self Advocacy: Learn it! Live it! Love it!

A Conference

May 10-11, 2013

At the Executive Court in Manchester

Keynote Speakers:

John Fenley,
President, People First



Tracy Thresher, Star of
Wretches and Jabberers



Mary Gonzales,
Organizer, Gamaliel
Foundation



Brought to you by: the NH Allies in Self Advocacy Network. To register, go to
<http://self-advocacy.eventbrite.com>

For more information, call Julia Freeman-Woolpert, Disabilities Rights Center, 1-800-834-1721.

Sponsors:  INSTITUTE ON DISABILITY
UNIVERSITY OF NEW HAMPSHIRE

 NEW HAMPSHIRE COUNCIL ON
DEVELOPMENTAL DISABILITIES

NH Bureau of
Developmental Services




Mental Health Resources

NEW HAMPSHIRE RESOURCES

The Disabilities Rights Center

18 Lowe Avenue
Concord, NH 03301
1-800-834-1721 or (603) 228-0432
TTD: 1-800-834-

For information on mental health issues see DRC website link:

<http://www.drcnh.org/IssueAreas/Mental%20Health.htm>

For press coverage about the mental health crisis in New Hampshire:

<http://www.drcnh.org/mentalhealthcrisis.html#MHpress>

Endowment for Health

14 South Street
Concord, NH 03301
(603) 228-1304
<http://www.endowmentforhealth.org/about-us/>

Granite State Federation for Families for Children's Mental Health

97 Hooksett Road #258
Manchester, NH 03104
(603) 296-0692
<https://www.facebook.com/pages/Granite-State-Federation-of-Families-for-Childrens-Mental-Health/123016951058943>

Institute on Disability

NH Children's Mental Health Competencies
http://iod.unh.edu/Projects/nhcmh_competencies/project_description.aspx

National Alliance on Mental Illness – New Hampshire Chapter

85 North State Street
Concord, NH 03301
(603) 225-5359 or (800) 242-6264
<http://naminh.org/>

NH Bureau of Behavioral Health

105 Pleasant Street
Concord, NH 03301
(603) 271-5000
<http://www.dhhs.nh.gov/dcbcs/bbh/index.htm>

A list of peer support agencies:

<http://www.dhhs.nh.gov/dcbcs/bbh/peer.htm>

A list of community mental health centers:

<http://www.dhhs.nh.gov/dcbcs/bbh/centers.htm>

NH Division of Children and Families

105 Pleasant Street
Concord, NH 03301
<http://www.dhhs.state.nh.us/dcyf/>

NATIONAL RESOURCES:

National Technical Assistance Center for Children's Mental Health

Georgetown University
<http://gucchd.georgetown.edu/67211.html>

US DHHS Substance Abuse and Mental Health Services Administration (SAMHSA)

Has an Evidence-Based Practices kit for Assertive Community Treatment:

<http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

More Evidence-Based Practices kits can be downloaded here:

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>



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

IOD

iPad After-School Discovery Series: New Tools and Techniques for the Inclusive Classroom

How to operate your iPad, techniques to engage students, and a world of powerful apps.

REMAINING DATES & TOPICS:

May 1, 2013 Using iPad Apps to Foster Specific Developmental Skills in Young Children
Presenter: Shannon Fitch
Time: 4pm – 6pm
Location: IOD Professional Development Center, Concord, NH
Cost: \$59 each

Emergent Literacy Webinar Series

Learn about working with young children to build literacy skills.

REMAINING DATES & TOPICS:

May 2, 2013 Emergent Literacy in Preschool Using an RtI Model
Time: 6:30pm – 8:30pm ET
Location: Online
Cost: \$59 each
Presenter: Leigh Rohde, Ph.D.

Foundations in Transition: Youth-Centered Strategies

Learn how to improve youth's self-determination skills and develop relevant transition plans.

REMAINING DATES & TOPICS:

April 10, 2013
 Think Outside the Box: Youth-Centered Educational and Employment Options
Presenters: Heidi Wyman, Dawn Breault, and Elizabeth Cardine
May 16, 2013
 Answering the 5 W's for Transition Resource Development
Presenters: Heidi Wyman and Michelle Lewis
Time: 8:30am – 2:30pm
Location: Holiday Inn, Concord, NH
Cost: \$125 each

Taking Control: Advanced Tools for Person-Centered Planning

Learn advanced skills in person-centered planning.

Date: April 12, 2013
Location: IOD Professional Development Center, Concord, NH
Time: 9am – 4pm
Cost: \$99
Presenter: Patty Cotton, M.Ed.

Living Well in Our Communities: Thriving as We Age

Learn innovative ideas related to aging well in our communities.

Date: May 7, 2013
Location: Grappone Conference Center, Concord, NH
Time: 8am – 4pm
Cost: \$99
Keynote Presenters:
 Brent Forester, MD, and
 Mary Lou Fuller

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

TRAINING & EVENTS

Apps for Aging

Learn about iPad apps and accessories that benefit older adults.

Date: May 16, 2013
Time: 3:30pm – 5pm ET
Location: Online
Cost: \$59
Presenter: Therese Willkomm, Ph.D.

Methods, Models, & Tools for Facilitated Person Centered Planning

An interactive forum to develop and practice effective group facilitation skills

Dates: May 23, 24, 30, 31, and June 3, 2013
Time: 9am–4pm
Locations: NH Hall, 124 Main Street, Room G44, and The Browne Center, 340 Dame Road, Durham, NH
Presenters: Patty Cotton, M.Ed., and Pam McPhee, MSW
Cost: \$650*

*\$50/person group discount available (3 or more)

To take this course for UNH credit, do not register through the IOD. Contact the UNH Registrar's Office at 603.862.1500 or visit www.unh.edu/summersession. KIN 798/898.08 – Person-Centered Planning

Creating Inclusive IEPs Part II: Beyond the Basics

A webinar on how to write each section of an Individualized Education Plan (IEP).

Date: May 30, 2013
Time: 3:30pm – 5pm ET
Location: Online
Cost: \$59
Presenter: Cheryl Jorgensen, Ph.D.

The National Center on Inclusive Education Summer Institute – When Behavior Gets in the Way: Creating Caring Schools and Communities

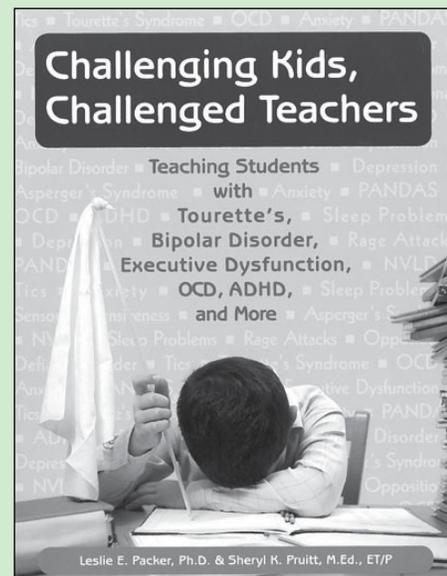
The Institute will address positive behavior interventions, augmentative and alternative communication, inclusive classroom strategies, youth leadership, and emerging issues.

Dates: July 29-31, 2012
Location: Radisson Hotel, Manchester, NH
Time: 8am – 4pm

Featured Presenters:

Lydia Brown, George Sugai, Dan Habib, JoAnne Malloy, Mary Schuh, Cheryl Jorgensen, Michael McSheehan, Heidi Cloutier, and Youth Strand Participants

Visit the Institute on Disability Bookstore to browse the complete catalog or to place an order:
<http://www.iodbookstore.com>



RAP Sheet

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

Spring Issue 2013

NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290
Concord, NH 03301-2451

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- ◆ *Crisis Respite Care*
- ◆ *Affordable Care Act Coverage for Mental Health*
- ◆ *ABLE NH - Mental Health Task Force*

◆ **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 ◆ 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 – 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

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

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

This publication was supported solely by federal funding from grants from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Centers for Medicare and Medicaid-Real Choice System Change; U.S. Department of Health and Human Services, Administration on Developmental Disabilities and the Health Resources Services Administration; Maternal and Child Health Bureau; Office of Disability Employment Policy; U.S. Department of Education Department of Rehabilitation Services and National Institute on Disability Rehabilitation and Research (NIDRR); US Department of Labor; the Social Security Administration; and a grant from the New Hampshire Bar Foundation.

The contents are solely the responsibility of the grantees and do not necessarily represent the official views of the federal grantors.