

# DCYF Review of Existing Services

## *Purpose of Review*

This review of services is intended to assess the status of services currently available for youth via residential treatment within the Division of Children Youth and Services (DCYF) certified providers. This assessment provides an overview of the available services; however, it does not come to conclusions regarding the capacity or quality of the system to meet the needs of the youth who are placed by the court in residential treatment settings within New Hampshire. A broader and more thorough assessment would need to be conducted to provide clarity to the capacity and the quality of the system and the system's ability to adequately meet the needs of the youth and the safety of the community.

## *Currently Certified*

Below are the in-state residential treatment programs currently certified by DCYF with their corresponding certification bed number and Department approved licensed capacity.

\*There are three different factors that contribute to the number of children who can be placed at a program; 1. Licensed, 2. Certified, and 3. Operational Capacity.

- Licensed beds are approved by the Child Care Licensing Unit of DHHS in accordance with He-C 4001 or Health Facilities of DHHS in accordance with RSA 151 .
- Certified numbers are a portion of those licensed beds which the Division for Children Youth and Families certify as beds we could access based on RSA 170-G:4 XVIII He-C 6350 and He-C 6420.
- "Operational capacity" while a facility may be licensed or certified for a certain number of beds, their actual "operational capacity" may be significantly lower. A facility's "operational capacity" may depend on a number of factors including the facility's ability to acquire and keep necessary staffing, its ability to recruit and retain qualified individuals to provide clinical and special education services, program costs and the adequacy of its reimbursement rate to cover those costs. As a result of these and other factors the actual "operational capacity" of a number of our facilities is/may be substantially lower than their licensed or certified capacity. This number is fluid and may change, therefore it is not included below.

DCYF Certified In-State Residential Treatment Programs	Number of Licensed Beds *	Certified Beds
<b>Assessment Treatment Program</b>		
CAST- MPA	44	16
<b>Intermediate Treatment Programs</b>		
Chase Home	25	18
Dover Children's Home	19	12
Orion House	18	17
Webster House	20	19
<b>Intensive Residential Treatment Programs</b>		
Becket Academy- Rumney	16	16
Crotched Mountain	113	10
Easter Seals-(Boys)	16	10
Easter Seals-(Kroll)	5	5

Easter Seals-Zachary Rd.	106	39
Easter Seals-Lancaster	24	6
ES Crisis (uses existing licensed beds)		8
Nashua Children's Home	55	46
NFI-Davenport School	22	20
Pine Haven	23	20
Spaulding (3 programs)	61	26
VPI- Campton	26	16
VPI East Haverhill Academy (EHA)	16	2
VPI Sub Acute at Depot St	5	4
Wediko	44	28
<b>Shelter Care Programs</b>		
Traverse (can use 4 additional MPA licensed beds)	8	8
<b>Nursing Programs</b>		
Cedar Crest (we don't certify a number)	26	
<b>Total</b>	<b>692</b>	<b>346</b>

### *Program closures*

Over the last 11 years there have been a number of New Hampshire program closures. It should be noted that a number of these programs were hospitals and group homes which we do not have a certification category for any longer (eff. 2015). These program closures are captured below.

Closed Since 2006		
Antrim	New Hampshire	Closed
Blue heron	New Hampshire	Closed
Boylston	New Hampshire	closed
Child and Family Services	New Hampshire	Closed
Cheshire	New Hampshire	Closed
Eckerd	New Hampshire	Closed
Hannah House	New Hampshire	Closed
Malley Farm	New Hampshire	Closed
Mount Prospect Intensive	New Hampshire	Closed
New England Salem	New Hampshire	Closed
NFI Midway Shelter	New Hampshire	Closed
NFI North Country Shelter	New Hampshire	Closed
NFI Northern NH Human Services	New Hampshire	Closed
Odyssey	New Hampshire	Closed
Our House for Girls	New Hampshire	Closed
PACE	New Hampshire	Closed
Phoenix	New Hampshire	Closed
Rolfe and Rumford	New Hampshire	Closed
Saint Charles	New Hampshire	Closed

In addition we have a number of programs which began after 2006, but closed since then. Those programs include

<b>2006-2017</b>		
Dover Pregnant and Young Parent	New Hampshire	Closed
Easter Seals Girls	New Hampshire	Closed
Easter Seals Co Occurring	New Hampshire	Closed

In addition we have had a number of new programs which have been developed based on need per RSA 170-G:4 XVIII, some based on response from closures listed above. The newly created programs have been developed based on our existing population of youth eligible for community based programs.

<b>New since 2015 and currently certified</b>			Daily Rate
Easter Seals- Crisis Program	New Hampshire	New	\$ 900.63 (no education)
VPI- Sub Acute	New Hampshire	New	\$ 736.31
VPI- East Haverhill Academy	New Hampshire	New	\$ 423.68
VPI- Campton Experiential Program	New Hampshire	New	\$ 445.18
Becket Academy At Rumney	New Hampshire	New	\$ 427.74
MPA- Comprehensive Assessment and Short Term Treatment	New Hampshire	New	\$ 413.93
Traverse Interim Shelter	New Hampshire	New	\$ 337.82 (no education)

New Hampshire programs which have closed over the last seven years have attributed this to these major factors, 1. Reduction in the number of referrals for a period of time (which is no longer a factor); and 2. Rates which have been the same since 2008. Although there was a brief increase of 2% in 2009 that 2% increase was retracted in 2011. The department had been operating under the constraints of HB2 276:148 (I, II) which had eliminated the ability to allow provider rate increases for in-state providers. The most recent budget session eliminated the departments constraints of HB2 276:14 and did yield a \$2,200,000 increase for provider rates, yet providers have expressed in the past that the increase will need to be anywhere from a 35% to 50 % rate increase, and in some cases higher, to meet the current treatment needs of children and required programming.

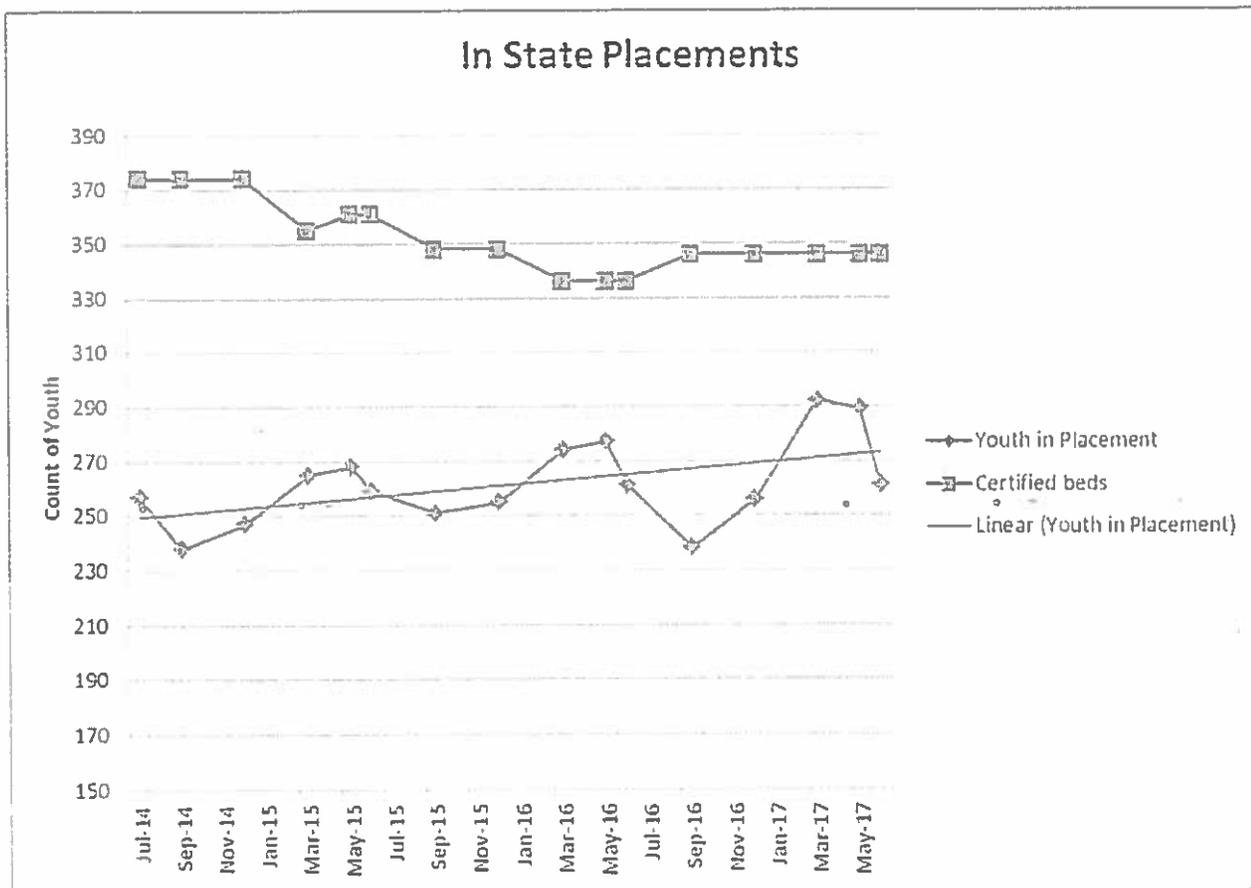
### ***Placement Trends***

Residential treatment placement trends demonstrate an increase in residential placement. There is always reduction over the summer of the residential placements; however, the system requires capacity to be able to meet the needs of all youth at the height of the youth in placement. In addition the system should afford for unexpected increases of a particular type of youth with a specific treatment need. The system must be flexible enough to be able to meet the evolving needs of the children youth and families in New Hampshire.

In addition, the below represents DCYF certified beds and DCYF placement \*. It should be noted that there are many programs which are filling the beds that are certified by DCYF with youth from NH who are educationally placed, privately placed by families or placed from local New England States. The Certified number does not restrict the program from occupying those beds with other youth. These

programs historically have filled beds with youth from other referral sources in order to have a diverse referral pool in order to offset the DCYF established rate and to fill beds which DCYF was underutilizing. There were times when, dependent upon placement need, treatment needs or trends in challenging populations, DCYF under-utilized the certified beds. This may have been due to legislative changes (i.e. changes within the CHINS statute), efforts to reduce the length of stay and the efforts to reduce the amount of reliance on residential treatment program's (Frameworks for Collaboration Efforts) and the programs explored diverse referral sources.

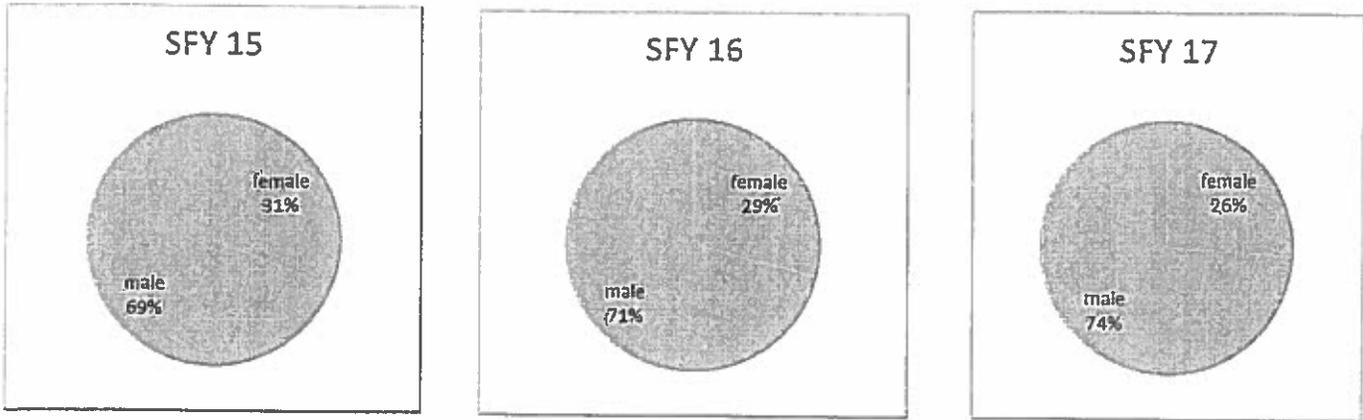
***In State Placement Trends***



The following is the number of beds available to males, females and co-eds (SFY 2018 is included):

beds available in the different programs	SFY 15	SFY 16	SFY 17	SFY 18
	374	348	346	336
Co-ed	207	241	240	231
male	152	92	86	85
female	15	15	20	20

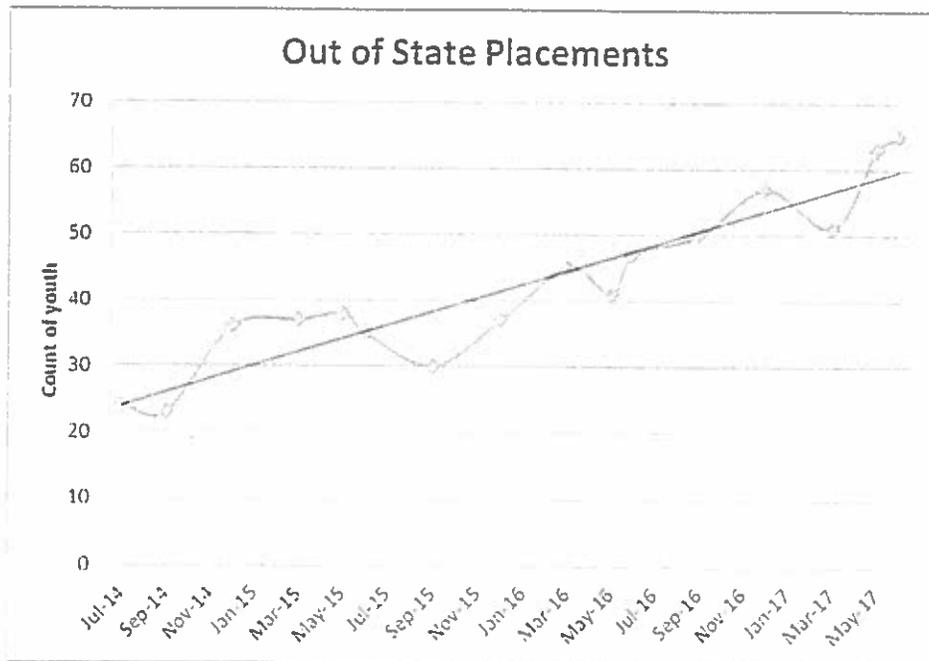
The following charts shows the breakdown between males and females in placement each FY (note the number of male specific beds has significantly decreased (above table) while the % of male youth in placement has increased).



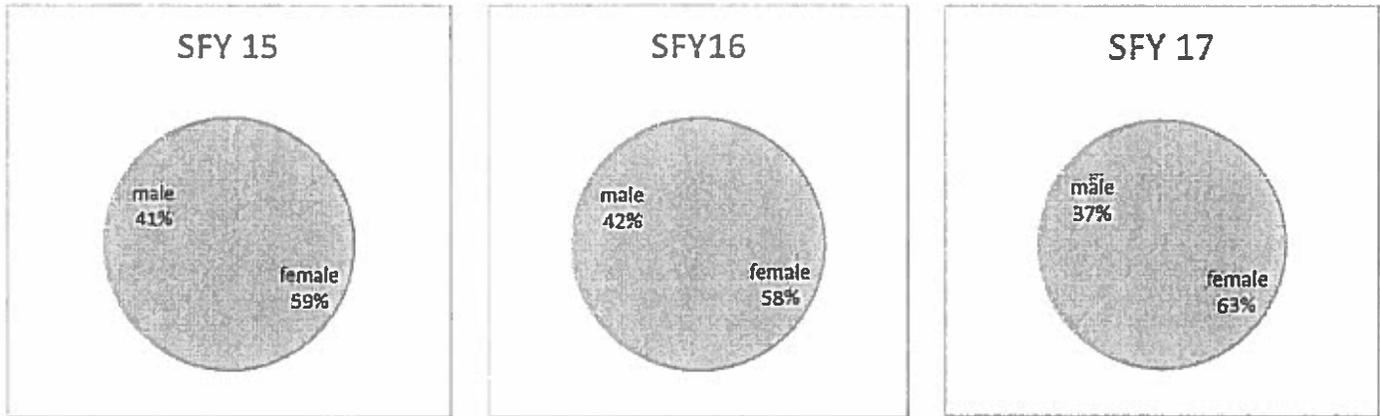
### Out of State Placement Trends

In accordance with the statutes we prioritize placement in state for youth who need residential treatment. Per RSA 169-B:19-b; 169-D:17-b; 169-C:19-b *Presumption in Favor of In-State Placements.* – *There shall be a presumption that an in-state placement is the least restrictive and most appropriate placement. The court may order an out-of-state placement only upon an express written finding that there is no appropriate in-state placement available.*

However, due to the needs of the youth, the denials of placement by in-state providers and in some cases the proximity of the out of state provider to the family home DCYF places youth out of state. Unfortunately, with the reduction in the residential placements in New Hampshire there are fewer programs regionally based and therefore youth may have to go further away in New Hampshire or out of state to receive appropriate services to meet their needs. The chart below shows the increase in out of state placements over the last 3 years.

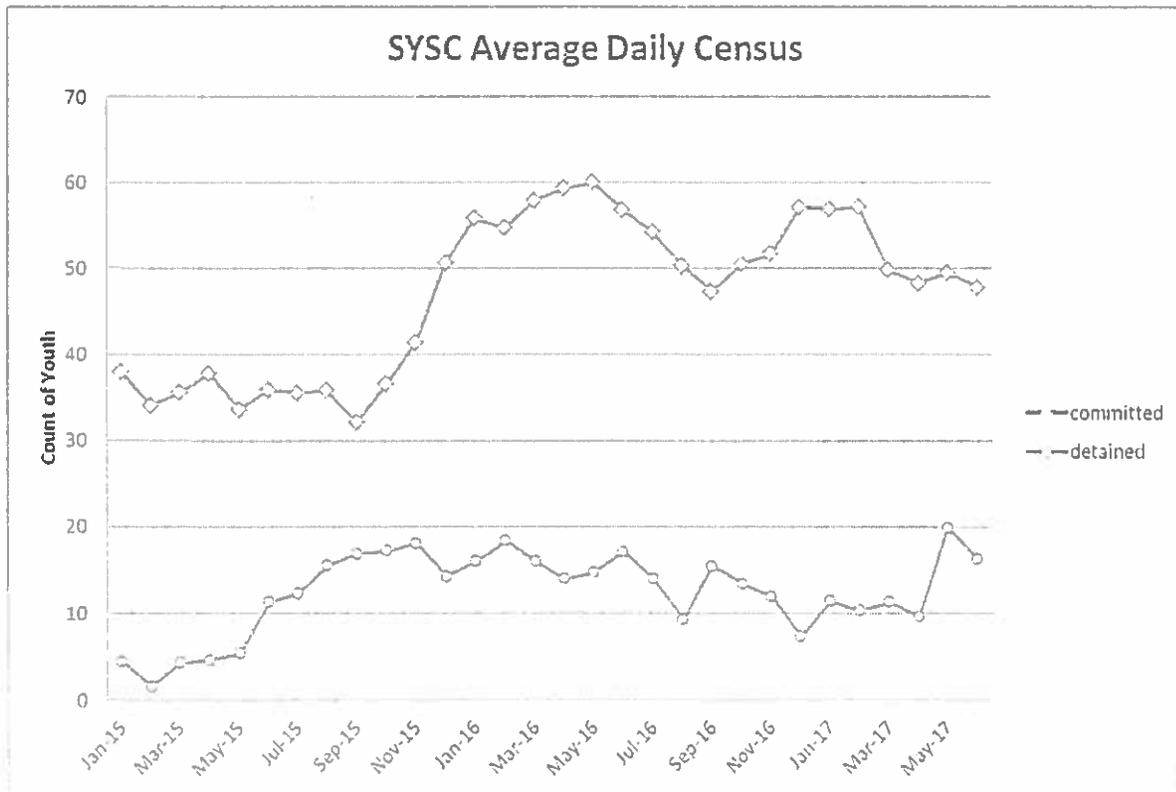


Below is the breakdown of males and females in out of state placement for each FY:



### Sununu Youth Services Center (SYSC) Utilization

The utilization of the SYSC is dependent upon court orders to the setting. In addition the capacity at the program and the program itself does not allow for rejection of youth and must be prepared (as stated above in the "placement trends" narrative) to be able to accommodate any influx of youth and behavior at the setting. The Sununu Youth Services Center provides services to a small percentage of the juvenile justice population. If a significant community event occurs and several youth are either committed or detained, this can skew the actual percentages and provide the perception of over utilizing this facility.



Below are the lists of petition allegations otherwise known as charges, of the youth as of August 1, 2017 who were either detained or committed at the SYSC. The below references whether the petition allegation would have been a misdemeanor or felony, however for juveniles misdemeanors and felonies do not apply as they do not carry that distinction.

In total for 51 juveniles there were 465 individual petition allegations as many of the youth had multiple petition allegations each.

Petition Allegations	Count of allegations
318-B:2 (I) Possession of Controlled / Narcotic Drug	23
631:2 Second Degree Assault	8
631:2 A Simple Assault	78
631:2-b Domestic Violence	11
631:4 Criminal Threatening	32
632-A Sexual Assault and related offenses	10
634:1(IV) Arson	8
634:2 Criminal Mischief - Vandalism	21
634:2(II) Criminal Mischief -- Felony	5
634:2(III) Criminal Mischief -- Misdemeanor	20
635:1(II) Burglary -- Class B	17
635:2 Criminal Trespass	17
636:1 Robbery	6
637:3 Theft by Unauthorized Taking or Transfer	38
637:3-a Willfull Concealment	14
637:7 Receiving Stolen Property -- Felony	13
637:7 Receiving Stolen Property -- Misdemeanor	23
638:5 Fraudulent Use of Credit Cards	11
641:4 False Reports to Law Enforcement	6
642:2 Resisting Arrest/Detention	27
644:2 Disorderly Conduct	18

For any petition allegation which occurred less than five times was not included in the above table as it would allow for the youth to be potentially identified through the data.

As of August 1, 2017 there were 51 youth and detained committed to SYSC. 7 of those youth had no other placements. Below is the breakdown of the various types of placements the 51 youth have had:

Type of Placement	Count of Youth
General Foster Home	**
Individual Service Option	**
Intensive Group Home / Ed Fac (Level 3)	69
Intermediate Group Home (Level 2)	34
Out Of State	**
Shelter Care	40
Specialized Foster Home	**
Grand Total	150

Numbers less than 5 are masked due to potential for identity. These numbers are duplicative many of youth have had more than one placement prior to SYSC.

<b>Other Petition Allegations</b>
159:16 Possession of Weapons generally
163-B:3 Unlawful Activities - Litter Control Law
227-L:17 Woodland Fire Control
265:25 Conduct After Accident
318:42 Dealing in or Possessing Prescription Drugs
318-B:2 Acts Prohibited
318-B:26(I)(c) Sale of Marijuana (1 oz. - 5 lbs.)
318-B:26(II)(a) Possession of Cocaine
318-B:26(II)(d) Possession of Marijuana
597:7A Detention and Sanctions for Default or Breach of Conditions
626:8 & 636 Criminal Liability for Conduct of Another
626:8 Criminal Liability for Conduct of Another
629:1 Attempt
629:2 Criminal Solicitation
630:1-b Second Degree Murder
631:3 Reckless Conduct
634:3 Unauthorized Use of Propelled Vehicle or Animal (Joyriding)
635:1(V) Possession of Burglary Tools
637:3 Attempt Theft
637:4 Theft by Deception -- Misdemeanor
637:6 Theft of Lost or Mislaid Property -- Felony
638:17 Computer Crimes -- Misdemeanor
641:6 Falsifying Physical Evidence
642:10 OBSTRUCTING REPORT OF A CRIME
642:6(I) Escape -- Class B
644:1(I) Riot
644:17 Willful Concealment/Shoplifting
644:3-a False Fire Alarms
Contempt - Criminal Contempt of Court, Criminal

## *Conclusion*

DCYF is able to provide an assessment of the current services however, in order to conduct a comprehensive assessment of our service array and system of care for youth and families it is essential to conduct a thorough adequacy assessment. Not only will a comprehensive adequacy assessment provide for the needed assessment DCYF would hopefully have the opportunity to look at the integration of services such as DCYF's services, but the preventive services such as integration of mental health and educational services for youth. This adequacy assessment could potentially provide for the implementation of best practices for children and youth across our state of New Hampshire.