



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES

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March 21, 2017

The Honorable Frank Byron, Chair
Finance, Division III
State House
Concord, NH 03301

Subject: Request for Additional Information- DHHS Office of Human Services

Dear Representative Byron:

During the Office of Human Services budget presentations on March 15th and 16th, requests were made for additional information, which is provided below.

1. How many of the total calls received in 2015, that were not screened-in or out, 9,739, were providing additional information on a case vs. questions related to other topics? (DCYF, presentation B, page 5)
Of the 9,739 other calls, 6,730 were additional information to an already open assessment or case. The remaining 3,009 calls were for Information and Resource.

2. What makes criteria make up the Levels 1, 2 & 3 when a call comes into DCYF Central Intake?
This is attached as Attachment A.

3. How many children are in Foster Care today and what is the trend of Foster Care?
1,003 total children in care as of Feb 2017. 33% of these children are in relative care.

The trend is attached as Attachment B.

4. What are the daily rates for Foster Care?

<u>General</u>		<u>Specialized</u>	
Age 0-5	\$15.80	Age 0-5	\$21.06
Age 6-11	\$17.14	Age 6-11	\$22.85
Age 12-17	\$20.39	Age 12-17	\$27.20
Adolescents	\$27.20		
Emergency	\$27.20		
Respite Care	\$27.20 – Max to 10 days		
Crisis Care	\$39.75 – Max to 5 days		

5. What is the caseload per Child Protective Social Worker (CPSW)?

The average number of assessments, an assessment worker had during the month of January 2017 was 63. The average number of child protection - family service cases on a workload in January 2017 were 13

6. Please provide the Quality Assurance report of the review done on DCYF.

The link to report on the DHHS website is:
<http://www.dhhs.nh.gov/dcyf/documents/csfqa-review-report.pdf>

7. What would it take to reinstitute Voluntary Services?

The statute, 169-C 34, V would need to be reinstated and there would need to be a budget for those services of \$1.2 million.
V. Notwithstanding any other provision of law to the contrary, the department may, pursuant to a voluntary service plan that is developed and provided for a minor and the minor's family by the department, offer voluntary services to families without making a determination of the person or persons apparently responsible for the abuse or neglect. The department shall adopt rules, pursuant to RSA 541-A, relative to the provision of voluntary services under this paragraph.

8. How much does the 24 x 7 CPSW initiative cost per year?

<u>24/7</u>	<u>FY18</u>	<u>FY19</u>
Wediko	345,442	85,874
SAT - Noon-8p (Sal & Ben)	1,380,474	1,380,474
On-call (prioritized need request)	58,206	58,206
	1,784,122	1,524,554

9. A crosswalk from the old to new classes in accounting unit 2958, starting on page 766, was requested
This is attached as Attachment C.

10. Spending for prior fiscal years for accounting unit 2958 was requested.
SFY 12-SFY 17 ytd spending is attached as Attachment D.

11. What the are the quality activities the child care development bureau is responsible for?
This is attached as Attachment E.

12. Is it possible for child care provider training to be provided through DCYF's Bureau of Organizational Learning and Quality Improvement (BOLQI)?

DCYF's BOLQI is focused on training Child Protection staff. The training knowledge and expertise required for training Child Protection staff is very different than what is needed for training child care providers. Child care providers often need training in the evenings and on weekends, where Child Protection staff usually receives training during the work day. It is estimated that there are close to 10,000 child care providers in the state who will need 24 hours of professional development annually.

13. What is the caseload per Juvenile Probation and Parole Officer (JPPO)?

The average number of cases for a juvenile justice officer during the month of January 2017 was 16.

14. Provide documentation about the evidence based programming and performance based standards at SYSC.
This is attached as Attachment F & G.

15. Provide clarification of the table on page 29 in the Briefing Book.

The caseloads in this table were increased 27% each year based on the increase from SFY 15 to SFY 16.

16. Provide a breakdown by age of the youth committed and detained at SYSC.

This information for SFYs 12-16 is provided as Attachment H

17. Can the utility costs for SYSC transferred to Facilities obtain federal share?

No, these funds are not eligible for federal funds participation.

18. Provide the Dartmouth contract dollar value for SYSC

<u>SFY 17</u>	<u>SFY 18</u>	<u>SFY 19</u>
\$ 269,559	\$ 392,391	\$ 407,002

19. Can the education provided at SYSC be outsourced?

The possibility exists that education might be able to be outsourced through a contract.

20. What is the teacher to student ratio at SYSC?

Regular classrooms are 1 to 12 and special education is 1 to 6.

21. For the Balancing Incentive Program (BIP) is there data to support that the program increased community care for the various populations?

To qualify for BIP funding the state had to have a ratio of Community to Institutional LTSS that was lower than 50%. NH's rate was calculated as follows:

CMS calculated states' eligibility for BIP using FFY 2009 figures.

Community LTSS - \$249,996,686

Institutional LTS - \$356,864,681

BIP Ratio – 41.2 %

Attachment I documents the progress that NH has made, moving from a 41.2% ratio to 58.69% spent on Community LTSS.

Attachment A – DCYF Central Intake Level 1, 2 & 3 Criteria

Level One: Physical/Psychological Abuse

- The child has severe physical injury or is in need of immediate medical or psychological care.
- Threat to harm the child or the child will be exposed to the self-harm of another where the alleged offender will have access to the child within the next 48 hours.
- The child has a physical, emotional or cognitive disability or is under 3 years of age where the alleged offender will have access to the child within the next 48 hours.
- There has been alcohol or drug abuse or domestic violence in the last 24 hours and the alleged offender will have access to the child within the next 48 hours.
- There were severe or bizarre disciplinary measures used and the alleged offender will have access to the child within the next 48 hours.

Level One: Neglect

- The home situation is immediately dangerous OR a child is currently left unsupervised who is less than 11 years of age, limited by disability or without shelter and no safe alternative arrangements have been made.
- The child is afraid to go home and is giving specific reason or behavior of his/her fear.

Level One: Medical Neglect

- The child appears to be seriously ill or injured or in need of immediate/acute medical/mental health care.

Level One: Sexual Abuse

- The child or a direct witness made a disclosure of sexual abuse, the offender has access or the child is afraid to go home, and the non-offending caregiver's response does not demonstrate acts of protection.

Level Two: Physical/Psychological Abuse

- No severe physical injury or no immediate care required, but threat of harm to the child or self-harm in the presence of the child and the offender will have access to the child within the next 48 hours.
- The child has a physical, emotional or cognitive disability or is under 3 years of age but the alleged offender will not have access to the child within the next 48 hours.
- There has been alcohol or drug abuse or domestic violence in the last 24 hours but the alleged offender will not have access to the child within the next 48 hours.
- There were severe or bizarre disciplinary measures used but the alleged offender will not have access to the child within the next 48 hours.
- There have been prior assessed reports of abuse to any child by the current caregiver/household member.

Level Two: Neglect

- There has been alcohol or drug abuse or domestic violence within the past 24 hours or there are prior founded reports to any child by a current caregiver/household member.

Level Two: Medical Neglect

- The child has an illness or injury that is likely to deteriorate if medical/mental health care is not obtained within 48 hours.

Level Two: Sexual Abuse

- The child or a direct witness made a disclosure of sexual abuse and the offender has access or the child is afraid to go home, but the non-offending caregiver's response demonstrates acts of protection.
- The child or a direct witness made a disclosure of sexual abuse but the offender does not have access or the child is not afraid to go home, and the caregiver is unaware of the abuse or their response to the abuse is unknown.
- The child or a direct witness made a disclosure of sexual abuse but the offender does not have access or the child is not afraid to go home, and the caregiver is not unaware of the abuse or their response to the abuse is known, but there have been prior assessed reports of sexual abuse involving any child by a current household member.

Level Three: Physical/Psychological Abuse

- The child has severe physical injury or is in need of immediate medical or psychological care, but there is no threat of harm or self-harm, no cognitive disability and the child is not under 3 years of age, no alcohol or drug abuse or domestic violence in the last 24 hours, no severe or bizarre disciplinary measures used, and no prior assessed reports of abuse to any child of the current caregiver/household member.

Level Three: Neglect

- The home situation is not immediately dangerous OR a child is not currently left unsupervised who is less than 11 years of age, limited by disability or without shelter where no safe alternative arrangements have been made. The child is not afraid to go home and is not giving specific reason or behavior of his/her fear. There have been no alcohol or drug abuse or domestic violence in the last 24 hours

Level Three: Medical Neglect

- The child does not appear to be seriously ill or injured or in need of immediate/acute medical/mental health care, and the illness or injury presented is not likely to deteriorate if medical/mental health care is not obtained within 48 hours.

Level Three: Sexual Abuse

- The child or a direct witness made a disclosure of sexual abuse but the offender does not have access or the child is not afraid to go home, and the caregiver is not unaware of the abuse or their response to the abuse is known, and there have been no prior assessed reports of sexual abuse involving any child by a current household member.
- The child or a direct witness has not made a disclosure of sexual abuse and the non-offending caregiver's response demonstrates acts of protection.

ATTACHMENT B

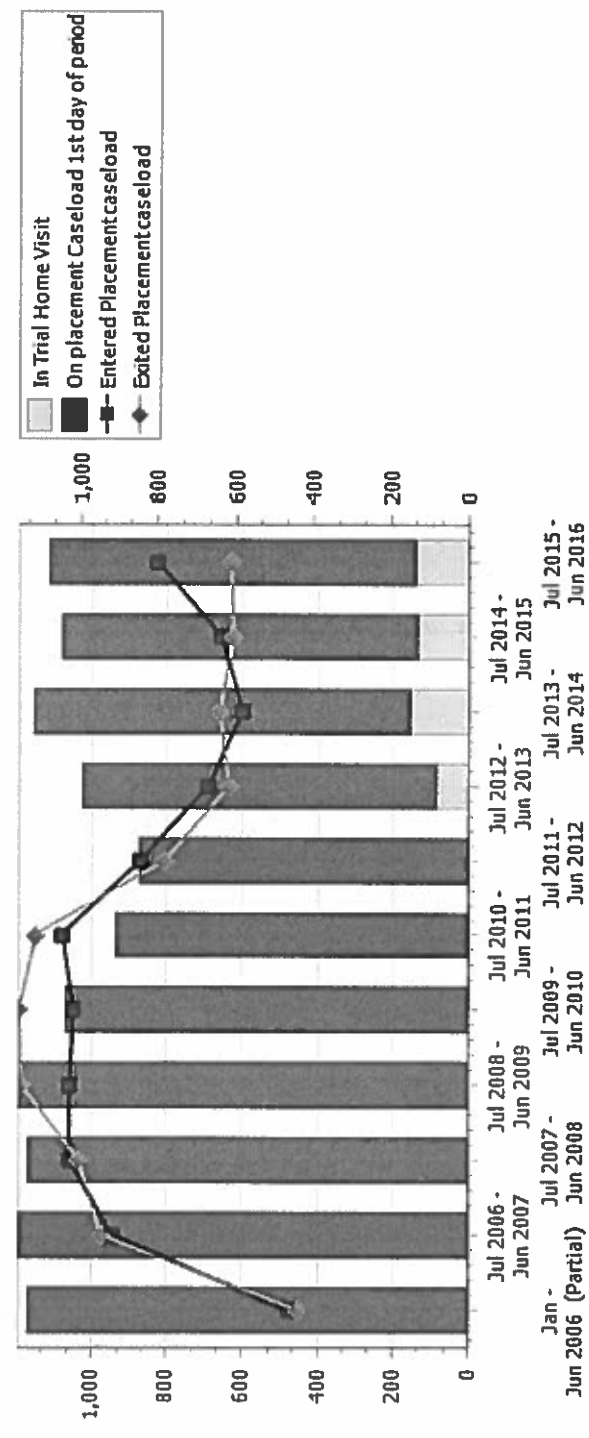
Foster Care Counts

Count of all children on the caseload (bars on graph) and those children exiting or entering (lines on graph)

Report Time Period: January 1, 2006 - June 30, 2016

Statewide

No Filters Selected



P.2

ATTACHMENT 6

Report Period	Jan - Jun 2006 (Partial)	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	Jul 2008 - Jun 2009	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	Jul 2011 - Jun 2012	Jul 2012 - Jun 2013
In placement	1171	1195	1171	1191	1068	934	869	859
In Trial Home Visit	0	0	0	1	1	0	2	84
On Placement Caseload 1st day of period	1171	1195	1171	1192	1069	934	871	943
Entered Placement caseload	465	914	1025	1026	1017	1045	846	669
Entered from In-Home	347	659	727	721	753	768	529	368
Direct Placement entry	118	255	298	305	264	277	317	301
Placement count during period	1636	2109	2196	2218	2086	1979	1717	1612
Exited Placement caseload	439	944	1005	1153	1157	1113	779	616
Discharged placement to In-Home	369	815	898	1002	981	980	621	296
Discharged placement case closed	70	129	107	151	176	133	158	320
Ending caseload	1197	1165	1191	1065	929	866	938	996
Date data are based	Jan - Jun 2006 (Partial)	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	Jul 2008 - Jun 2009	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	Jul 2011 - Jun 2012	Jul 2012 - Jun 2013

Report Period	Jul 2013 - Jun 2014	Jul 2014 - Jun 2015	Jul 2015 - Jun 2016
In placement	845	811	839
In Trial Home Visit	154	135	139
On Placement Caseload 1st day of period	999	946	978
Entered Placement caseload	585	637	798
Entered from In-Home	330	334	320
Direct Placement entry	255	303	478
Placement count during period	1584	1583	1776
Exited Placement caseload	639	609	610
Discharged placement to In-Home	291	309	310
Discharged placement case closed	348	300	300
Ending caseload	945	974	1166
Date data are based	Jul 2013 - Jun 2014	Jul 2014 - Jun 2015	Jul 2015 - Jun 2016

Legend

In placement	(of Total Starting Caseload) Children in an out of home placement at the start of the Report Period
In Trial Home Visit	(of Total Starting Caseload) In a Trial Home Visit at the start of the Report Period
On Placement Caseload 1st day of period	Total number of children on a placement Caseload at the start of the Report Period (in care first day of the Report Period who were also in care the day before)
Entered Placement caseload	Children entering a placement caseload during the Report Period because of a removal or a transfer onto a different caseload
Entered from In-Home	Children removed from home and entering placement during the Report Period
Direct Placement entry	Children entering Placement (new or re-entry) during the Report Period
Placement count during period	Children in care anytime during the Report Period (equals "On placement Caseload 1st day of period" plus "Entered placement caseload")
Exited Placement caseload	Children exiting a placement caseload during the Report Period because of a discharge or a transfer onto a different caseload
Discharged placement to In-Home	Discharged from placement but began In-home involvement
Discharged placement case closed	Placement- Discharged from placement and case closed
Ending caseload	Caseload at the end of the period (equals "Placement count during period" minus "Exited Placement caseload")
Date data are based	The point in time date on which the placement counts data are reported
	The totals column on the far right shows the beginning or first count of children in placement (includes trial home visits)
	The sum of all the removals and discharges are provided in this totals column as well

Attachment C
New Proposed Fund Codes Accounting Unit 2958 Crosswalk

Current Class #	Amount SFY 17	NEW	Source of Funds		SYF 18		Change +/-			
			Class #	Obj	Class Description	FF %		GF %	FF	GF
533	8,805,919	636	504180	IV-E Funds for Placement	50	50	\$ 1,796,360	\$ 1,796,360	\$ 3,592,720	\$ 5,213,199
535	6,561,499	637	504181	IV-E Funds for Services	50	50	\$ 12,546	\$ 12,546	\$ 25,092	\$ 6,536,407
563	300,000	638	504182	IV-E Funds for Admin Only Training	62.5	37.5	\$ 100,000	\$ 100,000	\$ 200,000	
				All Other Admin	75	25	\$ 1,908,906	\$ 1,908,906	\$ 3,817,812	
					50	50				
533	2,935,306	639	504184	IV-A Funds for Placement	100	0	\$ 4,820,166	\$ -	\$ 4,820,166	\$ (1,884,860)
563	2,370,125	640	504185	IV-A Funds for All Services (Delinquents)	100	0	\$ 1,617,843	\$ -	\$ 1,617,843	\$ 5,192,532
		641	504186	IV-A Funds for Admin Only	50	50	\$ -	\$ -	\$ -	
		642	504187	TANF MOE (Services for Abuse, Neglect, CHINS)	0	100	\$ -	\$ 367,356	\$ 367,356	
535	13,321,830	643	504191	General Funds for Placement	0	100	\$ -	\$ 5,993,080	\$ 5,993,080	\$ 7,328,750
550	136,570	644	504195	General Funds for All Services	0	100	\$ -	\$ 1,093,136	\$ 1,093,136	\$ 5,728,991
108	75,182	645	504004	General Funds for Other	0	100	\$ -	\$ 200,000	\$ 200,000	
563	6,810,375									
550,108,563	7,022,127	644					\$ -	\$ 7,286,216	\$ 7,286,216	
534	5,326,421	646	504006	IV-E Adoption Funds for Placement (for Adoption subsidy)	50	50	\$ 2,181,323	\$ 2,181,323	\$ 4,362,646	\$ 963,775
534	500,000	647	504007	IV-E Post Adoption/Adoption Services	50	50	\$ 250,000	\$ 250,000	\$ 500,000	\$ -
		648	504015	IV-E Adoption Admin Only Training	62.5	37.5	\$ 100,000	\$ 100,000	\$ 200,000	
				All Other Admin	75	25	\$ 2,531,323	\$ 2,531,323	\$ 5,062,646	
					50	50				
101	96,177				50	50				

	A	B	C	D	E	F	G	H
1	ATTACHMENT D							
2	ACCOUNTING UNIT 2958, CHILD AND FAMILY SERVICES, SFY 12 - SFY 17 YTD							
3	Sum of EXP	SFY						
4	CLASS	2012	2013	2014	2015	2016	2017	Grand Total
5	041	22,752.40	24,715.40	21,808.10	27,473.40	22,495.00	16,375.70	135,620.00
6	049	4,295.00	4,800.00	4,910.00	4,080.00	3,930.00	2,420.00	24,435.00
7	101	207,983.66	209,689.47	85,165.81	143,977.41	88,084.09	65,159.31	800,059.75
8	108	217,010.08	48,266.47	68,532.72	115,131.47	141,488.33	75,036.27	665,465.34
9	533	11,157,156.82	14,331,833.63	10,702,885.93	12,739,880.21	11,867,389.89	9,362,266.69	70,161,413.17
10	534	6,823,004.09	6,303,773.44	5,712,177.04	5,242,340.29	5,359,530.77	3,187,531.61	32,628,357.24
11	535	17,675,846.28	19,860,555.69	16,752,391.45	17,826,927.27	22,399,770.20	17,906,993.86	112,422,484.75
12	550	101,558.71	127,687.51	125,376.78	111,513.61	138,841.39	91,469.75	696,447.75
13	563	9,231,256.00	6,144,625.35	6,985,170.41	6,115,309.05	7,529,212.33	6,402,967.21	42,408,540.35
14	Grand Total	45,440,863.04	47,055,946.96	40,458,418.24	42,326,632.71	47,550,742.00	37,110,220.40	259,942,823.35

ATTACHMENT E CHILD CARE QUALITY ACTIVITIES

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

A) Supporting the training and professional development of the child care workforce.

NH contracts with Granite State to provide tuition assistance to child care providers to take early childhood courses through Granite State and the Community College System to meet licensing requirements and achieve higher levels of competency. Child Care Aware of NH provides extensive training and technical assistance to child care providers to meet professional development requirements of the Child Care Licensing Unit (CCLU). NH holds two contracts with SERESC, 1) to provide training and technical assistance to afterschool providers to improve quality and meet CCLU training requirements, and 2) to provide training and technical assistance to child care providers to reduce suspension and expulsion of young children from early childhood programs.

B) Improving on the development or implementation of early learning and development guidelines.

NH is in the implementation phase (provide training and technical assistance) in the use of our revised Early Learning Standards (what children should be able to know and do at specific ages).

C) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services.

NH is planning for implementation of a revised and enhanced Quality Rating and Improvement System (QRIS) to measure how child care providers are meeting quality standards. This helps us know if we are meeting the federal requirement of serving more low income children in high quality programs.

D) Improving the supply and quality of child care programs and services for infants and toddlers.

This has been identified as a need, and NH will consider how we can address this. We are required to spend 3% of our federal funds on this, in addition to the 8% we will be required to spend on quality over FFY 18-19.

E) Establishing or expanding a Statewide system of child care resource and referral services

NH contracts with Southern NH Services to fund Child Care Aware of NH (CCAoNH) to provide child care referrals and consumer education to families. CCAoNH provides the required Consumer Education website. CCAoNH provides a significant amount of the professional development (training and technical assistance) to child care providers to meet required ongoing training requirements for CCLU.

F) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety.

The CCLU will monitor both licensed and license-exempt programs for health and safety as required by CCDBG Reauthorization. NH will provide an online training to child care providers to meet the required health and safety orientation trainings.

G) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children.

The revised and enhanced QRIS proposes an evaluation component.

H) Supporting providers in the voluntary pursuit of accreditation.

NH is not looking to spend funds on this in the next biennium.

**ATTACHMENT E
CHILD CARE QUALITY ACTIVITIES**

I) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Many of these standards are included in the revised and enhanced QRIS.

K) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.



Jeffrey A. Meyers
Commissioner

Lorraine Bartlett
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
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March 16, 2017

Therapeutic Interventions at SYSC

Most youth have a combination of disorders and will utilize and require a combination of therapies individualized to their needs. For the sake of organization, types of therapeutic modalities are grouped by primary diagnosis.

Oppositional Defiant Disorder: Evidence based treatments utilized are parent management training (via Family Therapy) and problem solving skills training (individual and group). In addition behavior therapy via group and individual contingency management programs. All youth with ODD are evaluated for concurrent conditions such as ADHD, Bipolar Disorder, PTSD and depression as well as physical and sexual abuse which may exacerbate their conduct disorder or mimic symptoms of ODD. If present evidence based medication interventions and disorder specific cognitive behavior and family therapy is provided.

Conduct Disorder: Treated with the components of Multisystemic therapy which involves 1) Family Therapy 2) prosocial skills training and development 3) Educational and vocational training and support 4) development of an outpatient support network to continue MST interventions in community at transition. We also utilize cognitive behavioral therapy directed at distorted cognitions and value system in gang involved and crime involved youth. All youth with Conduct Disorder are evaluated for concurrent conditions such as ADHD, Bipolar Disorder, PTSD, and depression which may exacerbate their conduct disorder or mimic the symptoms. If present evidence based medication intervention and disorder specific cognitive behavior and family therapy is provided.

Substance Abuse: Youth with substance abuse receive EBT interventions of Motivational Interviewing, and individual and group CBT regarding changing patterns, distorted cognitions and coping skills associated with substance use. The SAMHSA EBT workbook for youth substance use is specifically utilized. If indicated youth also receive medication intervention such as campral or naltrexone. As above, all youth are also evaluated for concurrent disorders or traumatic experiences that need to be treated in order to reduce their risk of relapse.

As noted above, all youth in the building are evaluated for concurrent mental health conditions and receive EBT interventions specific to that condition for example:

Post-Traumatic Stress Disorder: Trauma focused Cognitive Behavior Therapy

Major Depression: Cognitive Behavior Therapy

Anxiety Disorder: Cognitive Behavior Therapy

Intermittent Explosive Disorder: Mood regulation training and Anger Management Training (SAMHSA approach)

Borderline Personality Disorder: Dialectical Behavior Therapy.

Concerning behaviors that do not fall into simple diagnostic criteria:

Youth with self harming behaviors and history of suicidal ideation: Dialectical Behavior Therapy, problem solving skills training, meditation, and stress management.

ATTACHMENT F

Youth with sexual offending behaviors: Cognitive Behavior Therapy and Family Therapy through specific adolescent sexual offending treatment services (RTT) linked with family therapy and CBT at facility.

SYSC believes that all youth within the juvenile justice system benefit from evidence based interventions that enhance: youth resiliency, prosocial skills, academic achievement and vocational readiness. For that reason the additional therapeutic programming is also incorporated into our treatment format:

- New Hampshire Trails
- Community Service
- Tutoring services with St. Anselm's College
- Community Mentoring
- Meditation
- Public Achievement
- God Squad, Bible Study, Chapel and involvement in outside community religious center.
- Equine Therapy
- Poetry Group
- Outside sheltered employment
- Pet Therapy
- Permanency planning (job and housing assistance for soon to be 18 year olds)

SYSC also has its own in facility approved school program that involves its own set of extensive programming and therapeutic supports not outlined above. An essential component of school intervention is helping youth achieve credits toward graduation or graduate while at the facility. The school program provides IEP and 504 services, provides guidance and planning for alternative programming such as HISET programming, vocational assessment, etc.

Thank you,
Sincerely

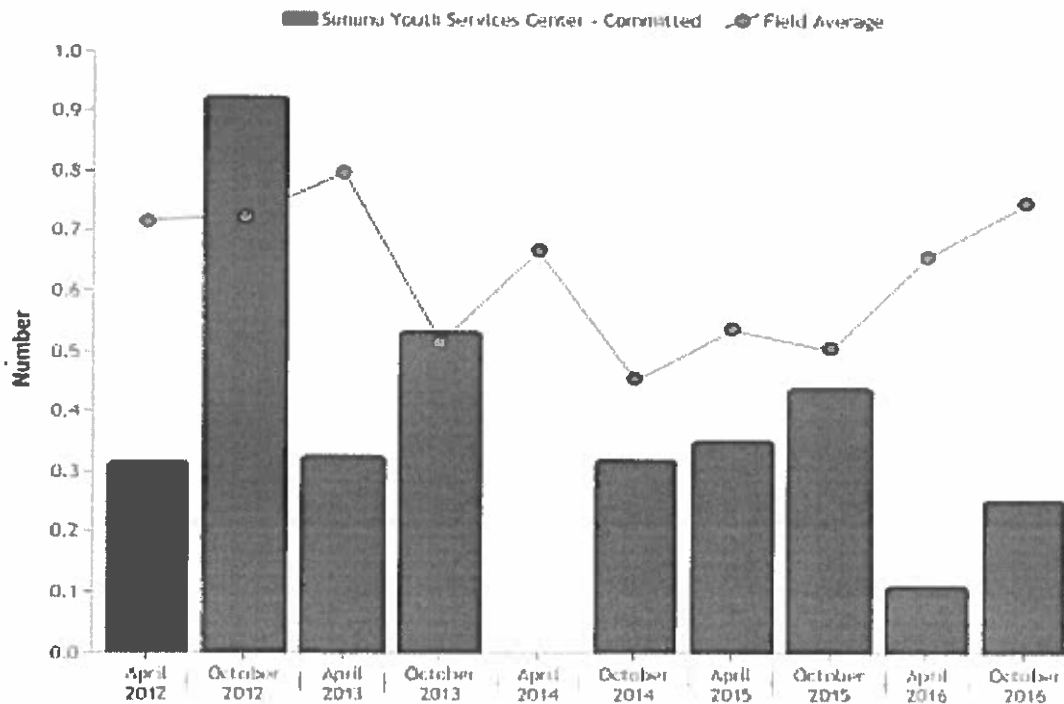


Michelle S. Saidel M.D.

COMMITTED PbS DATA ON PHYSICAL RESTRAINT

Order 03

Physical restraint use per 100 person-days of youth confinement.



[Toggle Data](#) [Toggle Details](#)

	April 2012	October 2012	April 2013	October 2013	April 2014	October 2014	April 2015	October 2015	April 2016	October 2016
Sununu Youth Services Center - Committed	0.318	0.925	0.326	0.534	0.000	0.322	0.353	0.441	0.112	0.255
Field Average	0.72	0.73	0.80	0.52	0.67	0.46	0.54	0.51	0.66	0.75
Total Data Points	36	50	38	39	30	35	34	37	32	38
Not Recorded Data Points	0	0	0	0	0	0	0	0	0	0

In October 2016 – 4 Youth were restrained physically which was 1/3 of the national average.

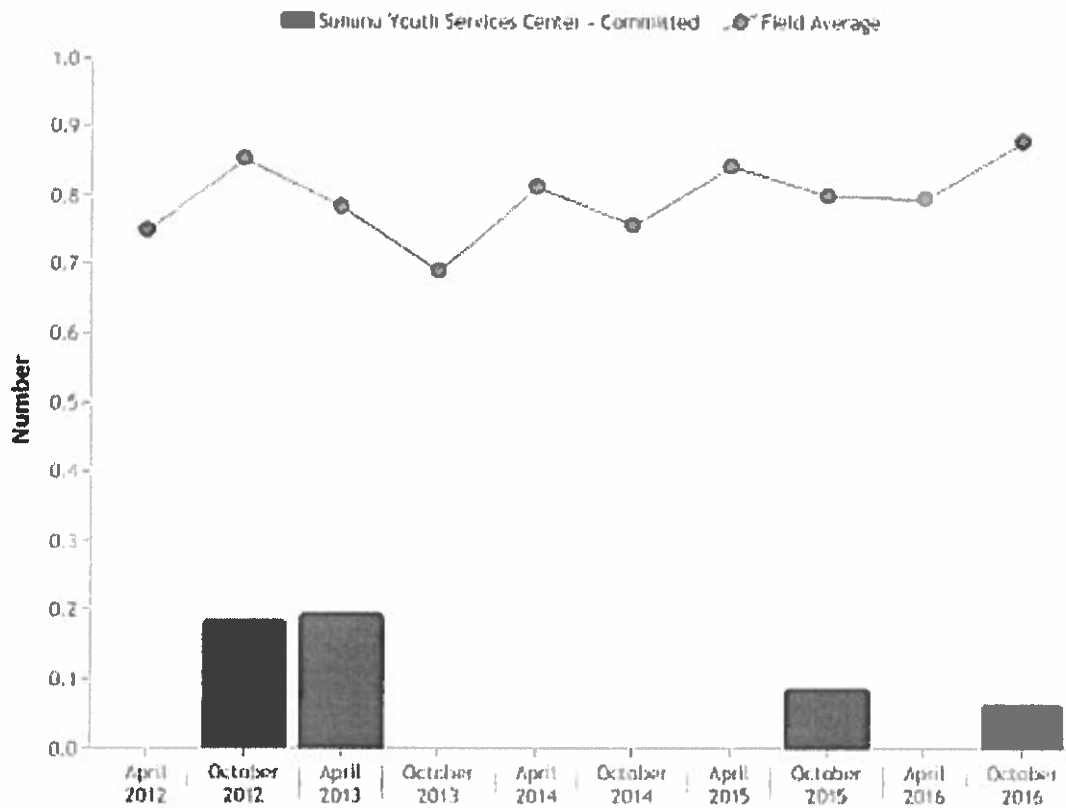
In April 2016 – 2 Youth were restrained physically which was 1/6 of the national average.

The data is presented in terms of 100 person days in order to be able to be compared with both larger and smaller facilities nationwide. In order to determine this they multiply the number of restraints by 100 and then divide it by the total number of "1 person-day of youth confinement". This is the total number of youth in the facility each day added up for the whole month. For SYSC committed, this number was 1,564.

COMMITTED Pbs DATA ON MECHANICAL RESTRAINT

Order 04

Mechanical restraint use per 100 person-days of youth confinement.

Toggle Data Toggle Details

	April 2012	October 2012	April 2013	October 2013	April 2014	October 2014	April 2015	October 2015	April 2016	October 2016
Sununu Youth Services Center - Committed	0.000	0.185	0.197	0.000	0.000	0.000	0.000	0.083	0.000	0.064
Field Average	0.75	0.85	0.79	0.69	0.81	0.76	0.84	0.80	0.80	0.88
Total Data Points	36	50	38	39	30	35	34	37	32	36
Not Recorded Data Points	0	0	0	0	0	0	0	0	0	0

In October 2016 – 1 Youth was mechanically restrained which is 1/16th the national average.

In April 2016 – 0 Youth were mechanically restrained.

The data is presented in terms of 100 person days in order to be able to be compared with both larger and smaller facilities nationwide. In order to determine this they multiply the number of restraints by 100 and then divide it by the total number of "1 person-day of youth confinement". This is the total number of youth in the facility each day added up for the whole month. For SYSC committed, this number was 1,564.

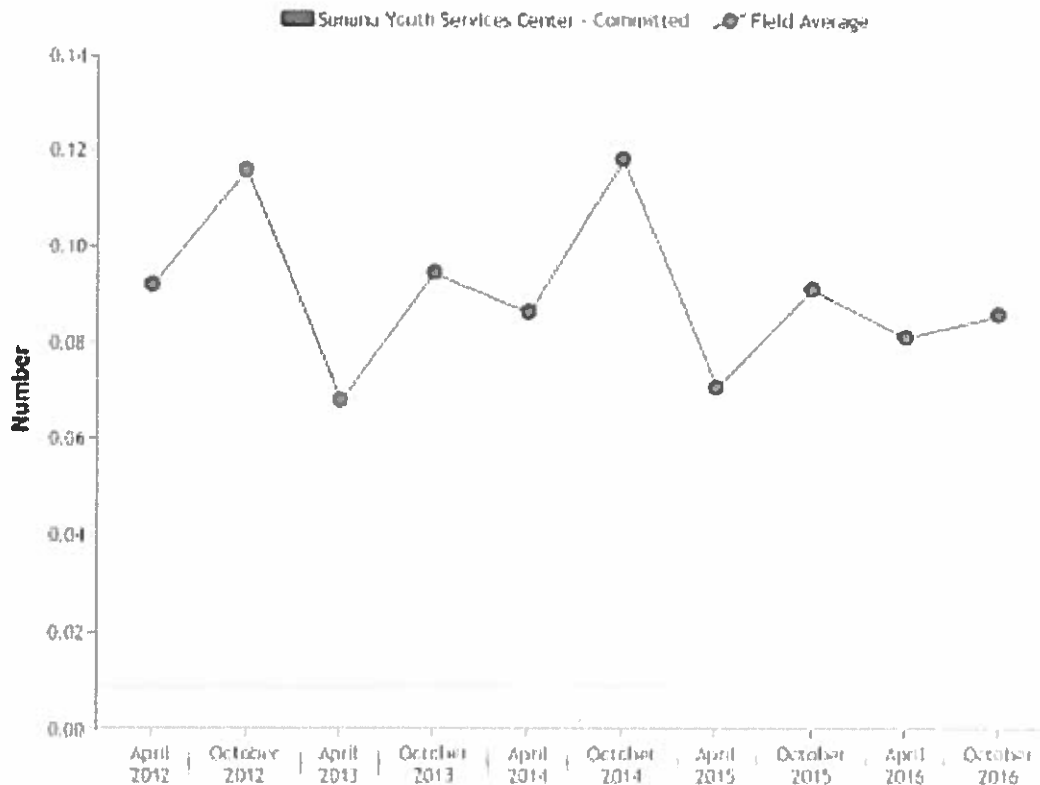
ATTACHMENT 6

COMMITTED Pbs DATA ON CHEMICAL RESTRAINT

P3

Order 06

Chemical restraint use per 100 person-days of youth confinement.



Toggle Data Toggle Details

	April 2012	October 2012	April 2013	October 2013	April 2014	October 2014	April 2015	October 2015	April 2016	October 2016
Sununu Youth Services Center - Committed	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Field Average	0.09	0.12	0.07	0.09	0.09	0.12	0.07	0.09	0.08	0.09
Total Data Points	36	50	38	39	30	35	34	37	32	38
Not Recorded Data Points	0	0	0	0	0	0	0	0	0	0

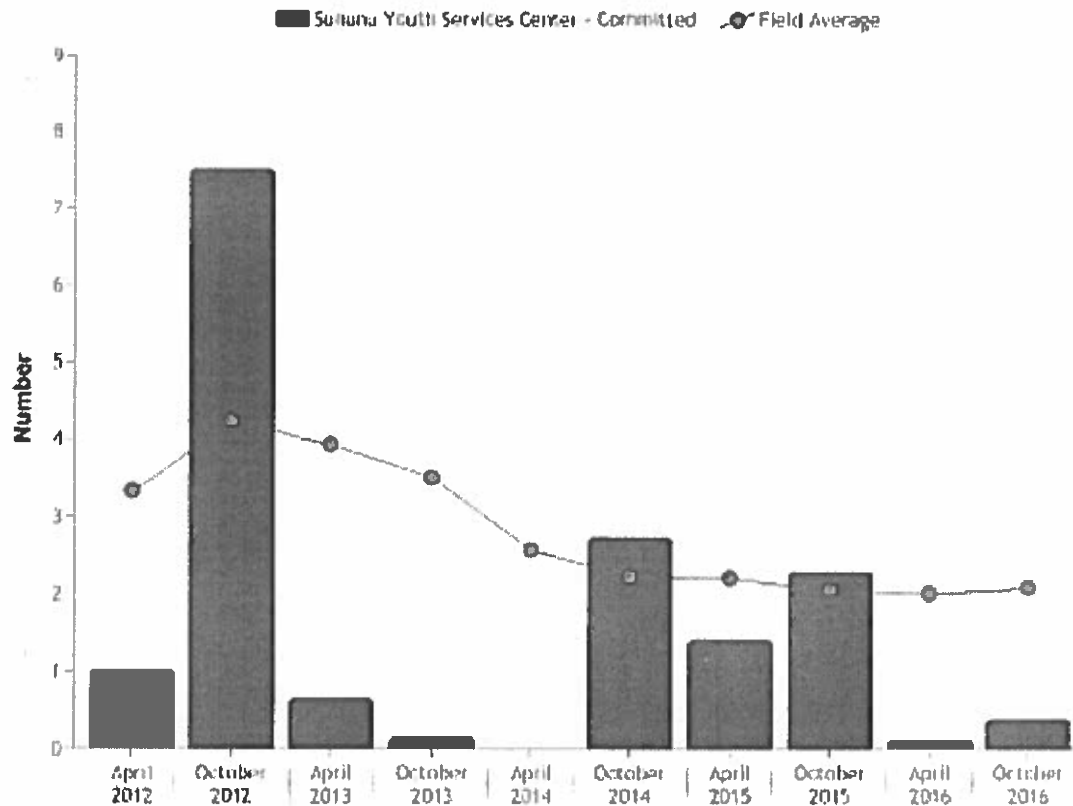
For both October and April 2016, 0 youth were chemically restrained.

The data is presented in terms of 100 person days in order to be able to be compared with both larger and smaller facilities nationwide. In order to determine this they multiply the number of restraints by 100 and then divide it by the total number of "1 person-day of youth confinement". This is the total number of youth in the facility each day added up for the whole month. For SYSC committed, this number was 1,564.

COMMITTED Pbs DATA ON NUMBER OF INCIDENCES OF ISOLATION, ROOM CONFINEMENT, SEGREGATION & SPECIAL MANAGEMENT

Order 08

Isolation, room confinement, segregation/special management unit use per 100 person-days of youth confinement.



Toggle Data Toggle Details

	April 2012	October 2012	April 2013	October 2013	April 2014	October 2014	April 2015	October 2015	April 2016	October 2016
Sununu Youth Services Center - Committed	1.011	7.528	0.655	0.133	0.000	2.740	1.411	2.291	0.112	0.384
Field Average	3.34	4.25	3.93	3.52	2.58	2.24	2.21	2.05	2.03	2.09
Total Data Points	110	641	80	41	30	201	110	161	40	61
Not Recorded Data Points	54	2	0	0	0	0	0	0	0	0

In October 2016 there were 0 incidences of Isolation/Room Confinement & 5 incidences of Segregation. This is 1/5 of the national average.

In April 2016 there was 1 incidence of Isolation/Room Confinement & 1 incident Segregation. This is 1/18 of the national average

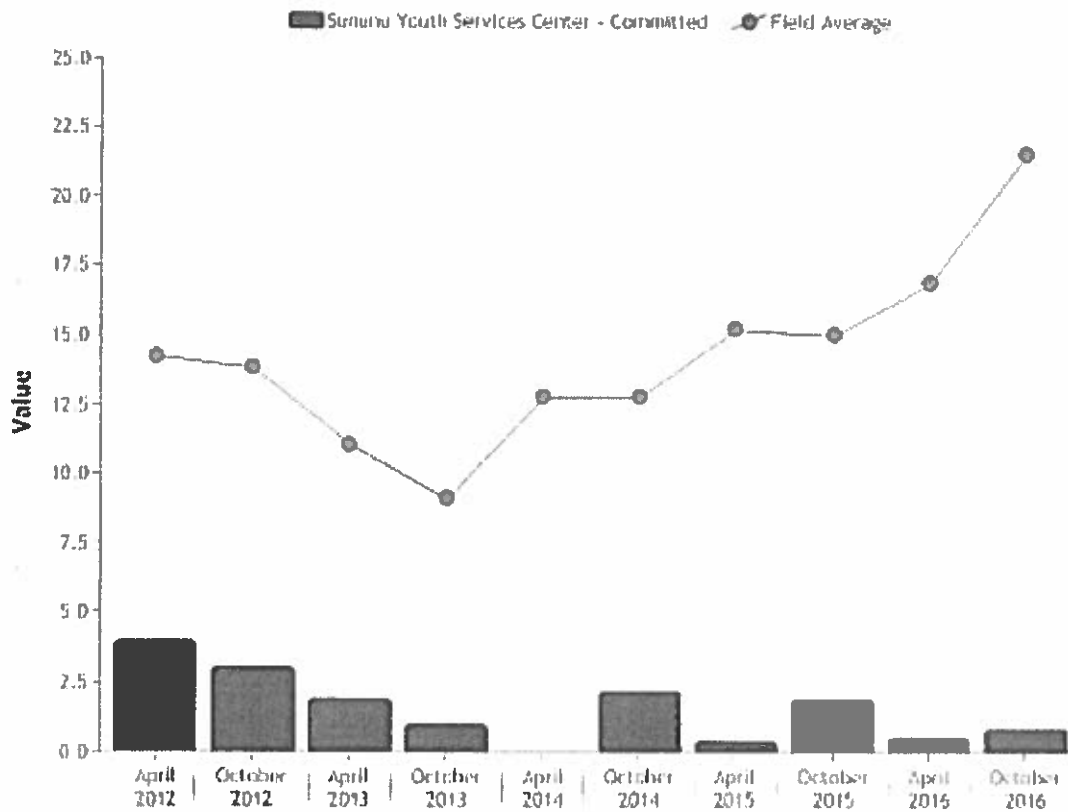
The data is presented in terms of 100 person days in order to be able to be compared with both larger and smaller facilities nationwide. In order to determine this they multiply the number of times youth were in isolation, room confinement or segregation management by 100 and then divide it by the total number of "1 person-day of youth confinement". This is the total number of youth in the facility each day added up for the whole month. For SYSC committed, this number was 1,564.

ATTACHMENT 6

COMMITTED Pbs DATA ON AVERAGE DURATION OF INCIDENCES OF ISOLATION, ROOM CONFINEMENT, SEGREGATION & SPECIAL MANAGEMENT

Order 09

Average duration of isolation, room confinement, and segregation/special management in hours.



Toggle Data Toggle Details

	April 2012	October 2012	April 2013	October 2013	April 2014	October 2014	April 2015	October 2015	April 2016	October 2016
Surunu Youth Services Center - Committed	4.00	3.09	1.94	1.00	0.00	2.19	0.42	1.98	0.53	0.29
Field Average	14.28	13.84	11.08	9.12	12.77	12.80	15.23	15.03	16.89	21.59
Total Data Points	64	488	40	8	0	136	64	104	8	24
Not Recorded Data Points	54	2	0	0	0	0	0	0	0	0

In both April and October of 2016, the average duration of incidences of isolation, room confinement, and segregation were under 1 hour. 100% of these incidences were terminated in under 4 hours compared to the national average of 60%.

The data is presented in terms of 100 person days in order to be able to be compared with both larger and smaller facilities nationwide. In order to determine this they multiply the length of time youth were in isolation, room confinement or segregation management by 100 and then divide it by the total number of "1 person-day of youth confinement". This is the total number of youth in the facility each day added up for the whole month. For SYSC committed, this number was 1,564.

	A	B	C	D	E	F
1	ATTACHMENT H					
2						
3						
4	COMMITTED					
5	AGE	2012	2013	2014	2015	2016
6	11	0	0	0	0	0
7	12	0	0	0	0	0
8	13	2	2	1	0	1
9	14	13	9	11	10	8
10	15	20	35	28	17	28
11	16	49	38	62	47	35
12	17	16	12	11	20	36
13	TOTAL	100	96	113	94	108
14						
15	DETAINED					
16	AGE	2012	2013	2014	2015	2016
17	11	0	0	2	0	0
18	12	4	3	1	3	3
19	13	19	16	10	6	10
20	14	40	31	35	34	27
21	15	64	69	55	32	47
22	16	84	64	76	63	56
23	17	8	14	12	44	82
24	TOTAL	219	197	191	182	225

ATTACHMENT I

**New Hampshire Balancing Incentive Program
NH Medicaid Long Term Services & Supports Expenditures
Community LTSS as a Percentage of Total LTSS
9/30/2012 thru 12/31/2016**

Quarter Ending	Community LTSS	Total LTSS	Re-Balance Ratio*
9/30/2012 #	\$ 176,558,330	\$ 387,324,428	45.58% @
12/31/2012	\$ 101,002,842	\$ 175,725,479	53.84%
3/31/2013	\$ 93,863,813	\$ 158,961,568	59.34%
6/30/2013	\$ 93,497,065	\$ 202,770,567	46.24% @
9/30/2013	\$ 91,294,253	\$ 170,049,770	53.84%
12/31/2013	\$ 109,832,307	\$ 191,289,625	57.42%
3/31/2014	\$ 94,577,244	\$ 177,486,849	53.29%
6/30/2014	\$ 91,628,447	\$ 228,972,849	40.02% @
9/30/2014	\$ 81,246,366	\$ 171,419,499	47.40%
12/31/2014	\$ 119,522,649	\$ 213,286,551	56.04%
3/31/2015	\$ 94,895,801	\$ 175,280,188	54.14%
6/30/2015	\$ 115,033,692	\$ 244,147,906	47.12% @
9/30/2015	\$ 109,077,644	\$ 195,899,036	55.68%
12/31/2015	\$ 106,267,180	\$ 192,905,272	55.09%
3/31/2016	\$ 106,820,503	\$ 192,014,439	55.63%
6/30/2016	\$ 99,699,426	\$ 234,941,758	42.44% @
9/30/2016	\$ 85,687,984	\$ 194,268,805	55.89%
12/31/2016	\$ 115,361,315	\$ 196,571,673	58.69%
3/31/2017			
6/30/2017			
9/30/2017 &			
TOTAL	\$ 1,885,866,861	\$ 3,703,316,262	50.92%

* - Re-Balance Ratio - Percentage of Total LTSS Expended for Community LTSS
Under BIP, NH was required to spend more than 50% of total LTSS for community LTSS.

- Reflects expenditures made for 2 quarters, 6/30/12 + 9/30/12

@ - For the quarters ending 9/2012, 6/2013, 6/2014, 6/2015 & 6/2016, there was an increase in institutional expenditures due to supplemental "Pro Share" payments to County Nursing Homes, which are made once a year. These once-a-year increases artificially decreased the BIP re-balance ratios in those quarters.

NH earned 2% of the community LTSS expenditures thru 9/30/2015 towards meeting BIP objectives.

& - All spending on BIP activities must be completed by 9/30/2017

The figures in this chart are from reports prepared by CMS and Mission Analytics Group