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OUT-OF-STATE ANNUAL CERTIFICATION REVIEW
OF
NASHUA CHILDREN'S HOME

BACKGROUND

Facility Information

Nashua Children's Home (NCH) has two facility sites located in Nashua, New Hampshire. The facility located on Amherst Street is currently certified with a licensed capacity of 39 and accepts male and female youth. The facility located on Concord Street is pending certification and has a licensed capacity of 12 adolescent female youth.

Support Agencies

On October 12, 2000, contact was made with the New Hampshire Department of Health and Human Services, Division of Children Youth and Family Services (DCYF).

The DCYF licensing representative for Nashua Children's Home stated that the facility has a current license and that there has not been any legal action or complaints in the last year. He further stated that DCYF continues to have a positive relationship with this facility and "they are always willing to work with you."

Child Protective Services is under the division of DCYF. All complaints of abuse would be handled by the Special Investigations Unit along with the licensing worker. On October 19, 2000, contact was made to Intake Unit supervisor who stated that Nashua has not had any complaints of abuse in the last year. She also included that "Nashua is one of their best facilities."

California Placing Agencies

Orange County Department of Social Services has placed one (1) child in the Nashua program. The child is expected to be discharged as of November 2, 2000.

San Diego County Department of Social Services is currently pending Interstate Compact for the Placement of Children (ICPC) approval to place one (1) child in the Nashua Adolescent Girls Program located on Concord Street.

OUT-OF-STATE CERTIFICATION REVIEW FINDINGS

The Out-of-State Certification Team (OSCT) conducted an annual certification review on October 24-26, 2000. A sample of one (1) California child's file was reviewed, followed by one (1) interview with the California child. Note: At the time of this annual certification visit, the California child was not present at the Nashua facility. The child was referred to the Philbrook Mental Health hospital (locked facility) a few days prior to this visit due to severe acts of violent and assaultive behavior, all related to mental illness. The OSCT interviewed the child at the mental health facility located in Concord, NH approximately 35 minutes from Nashua. A total of eight (8) staff files were reviewed followed by nine (9) staff interviews. Staff interviews included the Executive Director, Residential Supervisors, Residential Counselors, Therapist, and an informal interview with the Residential Director.

This annual certification review visit also included a pre-certification evaluation for the Concord Street Adolescent Girls Program. A physical plant inspection of both facilities was conducted. Members of the OSCT observed children in the daily living program, recreational activities, school setting, and at lunch.

Program Overview

Nashua Children's Home is located in Nashua, New Hampshire. The group home provides a comprehensive program for abused and neglected girls and boys between the ages of 7 and 19. The children reside in one of four residences in the Nashua area. There are three residences, administrative offices, on-grounds school, playground, gym, and a full-service kitchen at the Amherst Street site. The adolescent girls reside at the site on Concord Street that is located near the main site. The Concord Street site is under a separate license and was not included in the initial application for certification. The director, Mr. Villiotti, is now in the process of submitting an application for the Concord Street facility.

Most of the referrals to Nashua are generated from the Department of Children, Youth and Family in New Hampshire. There is one California child residing at Nashua who was placed by Orange County. The group home works very closely with DCYF and also with the families of the children. The group home prefers to have a face-to-face interview with each child and a pre-placement visit before accepting the child for placement. An adolescent girl from San Diego County recently had a pre-placement visit and is being considered for placement.

The facility will not accept children who are actively suicidal or homocidal. Children who have a history of sexual perpetration on younger children will not be accepted for placement at Nashua. The facility will not accept children with severe health problems because they do not have medical professionals on the

site. Nashua will accept children with drug and alcohol problems only if these are not the primary issues. A child with a history of setting a fire may be accepted only if there is no compelling evidence that the child may endanger the safety of others.

Most of the children attend public school in the Nashua area. The facility operates an on-grounds school for children whose educational objectives cannot be met in the public school system. The on-grounds school also accepts some children from the community who reside at home. The school has three separate classrooms. The staff members working in this school include teachers, teachers' aids and a crisis worker who floats between the classrooms during the time of school operation.

Nashua Children's Home does not operate its own medical office on the site. The child care staff are certified in First Aid but only the treatment of very minor ailments can be treated on site. The children have routine appointments and evaluations at a local medical clinic and there is a hospital a short distance from the facility. The children receive their dental care through local dentists who are in private practice in the Nashua vicinity.

The care and treatment of each child begins with a thorough analysis of what brought the child to the facility and why many interventions have not been successful in the past. There is a philosophy at Nashua that each child needs individualized care and treatment that is geared to that child's own unique strengths and needs. Goals are established that will assist the child to improve his or her functioning thus making it possible for the child to gain increased independence. The Concord Street Adolescent Female program places even a higher emphasis on the teaching of independent living skills which is particularly important for the older children. The children are assisted in increasing their skills in the areas of meal planning and preparation, money management, job skills, securing a driver license, renting an apartment and applying to college or to a branch of the U.S. Military.

Nashua Children's Home is currently in the process of conducting ongoing meetings with neighboring home owners and City Counsel members regarding the Concord Street Adolescent Girls Program. Their proposal is to convert an existing on-grounds guest home into an independent living apartment, which will serve as an extension of the independent living skills program.

The methods of discipline were reported to be prompting, time-out, the development and the use of charts, grounding, loss of a privilege, and logical consequences. It was emphasized that positive reinforcement is utilized as much as possible.

Most of the children have a weekly individual counseling session with their assigned therapist. The therapists all have masters degrees in a behavioral

science field. The work with the families of the children is considered to be a critical part of the Nashua program. Children sometimes attend therapy groups that are provided in the community when a special need exists for a child. Many of the children take psychotropic medication that is prescribed by Board Certified psychiatrists at a community mental health agency.

The progress of each child is documented through the use of several plans and reports that are maintained in the child's file. These include monthly report, case update, residential plan, treatment plan, family assessment, educational report and quarterly report. The staff members from each Nashua residence have a weekly case review meeting in order to monitor the progress of every child residing in their respective residence.

Each residence has a supervisor, an assistant supervisor and several direct child care staff who are called Residential Counselors. The director informed us that he prefers that all childcare staff have bachelor degrees in a related field. All the files reviewed by the certification team on this annual visit were found to have verification of bachelor degrees in a behavioral science field.

Issues Involving Licensing of Integral Facilities

California licensing standards require that upon written application from the licensee, the licensing agency shall have the authority to issue a single license for separate buildings which might otherwise require separate licenses provided that all of the following requirements are met: (a) Separate buildings or portions of the facility are integral components of a single program, (b.) All components of the program are managed by the same licensee. *(For out-of-state certification purposes, the term Licensing is replaced by the term Certification.)*

1. NCH currently has a residential Adolescent Girls Program located at 86 Concord St. NH. The home has a valid license provided by DCYF, however, the home has not been certified by the State of California, Out-of-State Certification Unit (OSCU). Approximately 2 months prior to this annual/pre-certification visit , a California youth was relocated from the certified Amherst St. facility to the non-certified Concord St. facility. The child resided at the non-certified facility until she was hospitalized at an off grounds mental health facility a few days prior to this visit. (It is noted, NCH is currently in the process of completing the application phase for the certification of this program.)

Issues Involving Buildings and Grounds and Capacity Determination

California licensing standards require that the number of persons for whom the facility provides care and supervision shall include, but not limited to the following: physical features of the facility, including available living space, which are necessary in order to comply with regulations. California licensing standards further require that no room commonly used for other purposes shall be used as

a bedroom; and private bedrooms, separate from children's bedrooms shall be provided for staff or other adults who sleep at the facility.

2. There are two staff on the overnight shift at the Concord Street facility. One staff remains awake upstairs where the children's bedrooms are located, while a back-up staff sleeps on a sofa bed in the downstairs family room.

3. In addition to the Concord Street facility's licensed capacity, NCH staff reports that this facility offers additional services to the local police department which is referred to as the "Youth Attendant Program." This service consists of providing emergency housing to "mild status offenders" children who may require "short-term" placement (up to 14 days), i.e., runaway, a child who may require separation from his/her family. Staff reported that these emergency placement children sleep on a rollaway bed in the upstairs hallway. These placements exceed the facility's licensed capacity.

Issues Involving Emergency Intervention and Prohibition

California licensing standards require that the following emergency intervention techniques must not be used on a child at any time. Manual restraints must never be used for the following purposes: Punishment or discipline, as a substitute for, or as part of a behavior modification program, or for convenience of facility personnel.

4. Incident reports (IR's) which have been received by the Out-of-State Placement Policy Unit (OSPPU) indicate that staff are utilizing the arm escort (restraint) to assist a youth to a time out room /area when the youth has displayed loud or disruptive behavior. The information provided in the incident reports did not indicate that the youth posed an imminent danger to themselves or others when the restraint occurred.

Issues Involving Personnel Requirements

California licensing standards require that all personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks; good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior or seven days after employment or licensure; all personnel shall be given on-the-job training or shall have related experience which provides knowledge of skill as appropriate to the job assigned and as evidenced by safe job performance.

5. File reviews indicated that at least two (2) staff members did not have documentation or record of a TB test or health screening.

6. As a result of staff interviews, it appears that staff are lacking in some specific areas of training which include:

   - Documentation of de-escalation techniques used or attempted to be included in IR's.
   - Mandated reporting of suspected child abuse, ensure staff know what course of action to take (know the facilities protocol.)
   - Complaint/grievance procedure could not be defined as stated in the facilities revised policy.
   - Time-out vs Quiet room, in some cases staff did not appear to be sure or have a clear understanding about the policies/procedures and/or differences in the use of time-out vs quiet rooms, as indicated in the Nashua emergency intervention plan (EIP).
   - Staff's (particularly newer staff) ability to define the overall program and dynamics of how a child enters the program and expectations to complete the program.

Issues Involving Health Related Services

California licensing standards require that staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.

7. Staff file reviews indicated that at least one (1) staff member did not have documentation of first aid training and or a valid certificate.