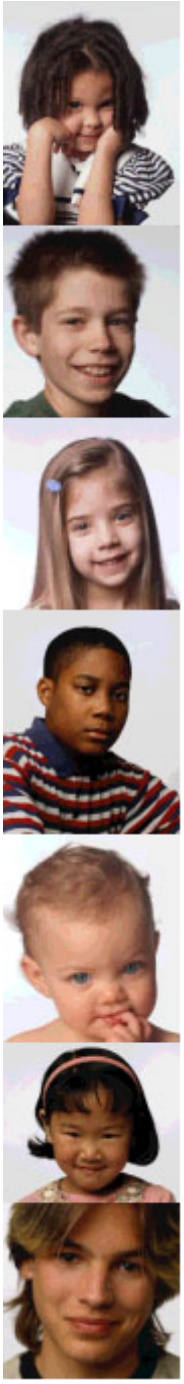

NEW HAMPSHIRE DIVISION FOR CHILDREN, YOUTH, AND FAMILIES

2004-2009 COMPREHENSIVE CHILD AND FAMILY SERVICES PLAN ANNUAL PROGRESS AND SERVICES REPORT

JUNE 30, 2008

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

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Nicholas A. Toumpas
Commissioner

Maggie Bishop
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June 30, 2008

Amy Lockhart, Child Welfare Specialist &
Nancy Pickett, Child Welfare Specialist
Administration for Children and Families: Region I
U.S. Department of Health and Human Services
JFK Government Building – 20th Floor
Boston, MA 02203

Dear Ms. Lockhart and Ms. Pickett:

On behalf of New Hampshire Division for Children, Youth and Families, I am pleased to provide you with our Child and Family Services Five Year Plan, Annual Progress and Services Report (APSR) with sections addressing DCYF's plans for programs funded by CAPTA, the Chafee Independent Living Grant, and reports on our progress in achieving the objectives of DCYF's five year strategic plan. During this strategic planning period, the ASPR complimented practice changes also addressed in DCYF's Program Improvement Plan (PIP). With the formal conclusion of DCYF's PIP, you will notice that the APSR continues to focus on those PIP items that we agree require continued focus to ensure our moving forward on key Best Practice issues.

Our agency has a long history of providing coordinated services with other community partners committed to promoting the safety, permanency, and well-being of New Hampshire's children. Along with our approved Program Improvement Plan, we see our Child And Family Services Plan as a blueprint that will accelerate our ability to effectively serve the needs of children and families in our state.

If you have any questions about this comprehensive plan, please contact me, or the grant administrator, Kristen Neil, through the phone number above.

Thank you for your continued support for this and NH DCYF's other family centered initiatives.

Sincerely,

Maggie Bishop
Director

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence

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INTRODUCTION

New Hampshire's public response to the safety, permanency, and well being of children is framed in the Child Protection Act. This law mandates that New Hampshire Health & Human Services, acting through the Division for Children, Youth and Families (DCYF), respond to children and families affected by those factors that put our children at risk of harm by abuse and neglect. Our 2004-2009 Comprehensive Child and Family Services Plan (CFSP) was established in partnership with a community stakeholder advisory panel and staff-driven strategic initiative to create goals and identify benchmarks, which would then serve as our roadmap for continuous movement forward in our efforts to protect the safety of New Hampshire's children by strengthening families through best practice. The development of this plan incorporated the findings from New Hampshire's participation in the Child and Family Services Review (CFSR) in June 2003, which was a week long federal evaluative process of our state's child welfare practice and systems in relation to the best practice performance standards and outcome measures established by the Administration for Children and Families. In response to the NH CFSR, DCYF's Program Improvement Plan (PIP) provided the framework for building on the strengths and improving on the challenges found in our child welfare system. While NH successfully completed the Program Improvement Plan in 2006, DCYF recognizes specific efforts and activities identified in the PIP that should continue in the interest of practice and serving the children and families in New Hampshire. Therefore, key components of the PIP were incorporated in DCYF's Child and Family Services Plan and have continued to be reported through the Annual Progress and Services Report (APSR) annually.

This 2008 APSR will provide a programmatic overview of DCYF's child protective and child welfare services, the promising initiatives stemming from DCYF's practice and service delivery, and will report on the numerous collaborative relationships DCYF shares with community and state agency partners. The second section is an annual update reporting on the progress and status of DCYF's five-year strategic plan. Additional reports on the activities and services DCYF provides under the Child Abuse Prevention and Treatment Act (CAPTA) - Keeping Children and Families Safe Act of 2003, the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program (ETV) are also included.

Through these programs, along with additional initiatives and community-based service collaboration, DCYF has continued progress in the accomplishing goals, objectives, and activities designed to enhance NH's child welfare practice and adherence to federal expectations and requirements as set forth in the current CFSP.

CHILD PROTECTIVE AND CHILD WELFARE SERVICES

The Division for Children, Youth and Families (DCYF) manages child protective and child development programs on behalf of New Hampshire's children, youth and their families. DCYF staff provides a wide range of family-centered services with a central goal of meeting a parent's and a child's needs by strengthening the family system. Programs are designed to support families and children in their own homes and communities whenever possible.

Vision

We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children

Mission

We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live.

Services are provided through the Department's 12 district offices as well as by a variety of service and residential care providers located across New Hampshire. The Division's programs have an overall SFY 2007 budget of $137,249,005.71 and a staffing allocation of 393 positions.

In its work, DCYF staff engages frequently with other DHHS agencies to coordinate services to address child and family related needs in an integrated and seamless fashion. This close collaboration and partnership includes:

- The Division of Family Assistance to provide child care services for employment and training and in abuse/neglect cases; and TANF/ Food Stamp and Medicaid services to eligible DCYF families,
- The Division of Public Health, Alcohol and Drug Abuse Policy, to arrange for substance abuse treatment services to families in which children have been found to be maltreated,
- The Division of Behavioral Health to arrange for mental health evaluations and treatment services for children and adults in abuse/neglect cases in the community and for the evaluation and treatment of children in psychiatric facilities such as the Anna Philbrook Center,
- The Office of Community and Public Health for services such as Maternal and Child Health and immunizations and the Lead Prevention Program,
- The Division of Juvenile Justice Services with whom DCYF works on joint cases involving abused/neglected youth who may also be involved in juvenile delinquency,

- The Office of Health Planning and Medicaid to coordinate medical services to DCYF families and to provide services to DCYF families: Healthy Kids medical insurance coverage, Special Medical Services and dental services, and
- The Division of Developmental services for Family Centered Early Supports and services for children with developmental delays and chronic health conditions.

BUREAU OF CHILD PROTECTION

The Bureau of Child Protection programs provide oversight and intervention of the incidence of child abuse and neglect reported to DCYF. Child Protective Service Workers (CPSWs) work to prevent further harm to children from parent maltreatment through the assessment of child maltreatment reports, referrals to community supports and prevention programs, and linking families to more intensive in-home services for family preservation to preclude the removal of children from their homes. If a child cannot be safely maintained in their home, child protective staff is then responsible for placement, case planning and service provision efforts to reunify the family, and alternative permanency planning options if reunification is no longer the goal. Services from DCYF can be provided a variety of ways including short-term intervention when there is a suspicion of abuse or neglect, voluntary services cases to support families requiring intensive behavioral services or facing a family crisis and need time-limited assistance in providing safe care for their children, non-court involved cases in which DCYF works with families when child abuse or neglect has been determined and willingly acknowledged by the parent, or the filing of abuse and neglect petitions requesting intervention by the court's authority for purposes of child placement, termination of parental rights or other circumstances requiring legal resolution. The Bureau is divided into four primary program areas to meet these needs.

CHILD PROTECTION FIELD SERVICES

Staff in this program area is responsible for assessing child maltreatment and providing ongoing family-centered involvement when necessary. The Child Protection Administrator and three Assistant Administrators provide oversight and support of the twelve district offices located throughout the state. District Office Supervisors, Assistant Supervisors, and Child Protective Service Workers (CPSW) are the direct field staff working with the children, families, and providers within the community.

Central Intake

Central Intake CPSWs take approximately 19,000 calls annually regarding concerns of child maltreatment and requests for child welfare related information and service referrals. The Intake Unit accepts or screens out the report. If the report is accepted, about 7,000 per year, it is electronically sent to the District Office responsible for the geographic area in which the child resides.

Assessment
Assessment CPSWs complete comprehensive investigations on each report of alleged child abuse and neglect received from Central Intake. DCYF investigates, or assesses, approximately 7,000 reports of alleged abuse and neglect annually. At the conclusion of the assessment, the CPSW, in conjunction with their supervisor and staff attorney, determine if there is sufficient information to substantiate the report, therefore making a finding, either administratively or by filing petition(s) with the court. If the determination is unfounded, DCYF will close their involvement with the family and recommend community-based supports and services that meet the needs of the family when necessary.

Family Services
If, at the conclusion of an assessment, it is determined that ongoing services are needed, the Family Services CPSW engages in ongoing support and case planning with the child, if age appropriate, and their family. Approximately 2,200 children are served through an open family services case each year. If the child is in out-of-home placement, the CPSW makes efforts to reunify the family while also providing support to the foster or relative home throughout the case. Alternatively, Family Services CPSWs often work to preserve the family and reduce the risk of child placement by using strength-based approaches to build upon the skills recognized by the parent(s) and arranging for more intensive therapeutic in-home services necessary to keep the family together.

Foster Care Licensing
Foster Care Licensing CPSWs work in close collaboration with the Foster Care Program under the Bureau of Community & Family Support Services. Licensing workers work with foster parents and CPSWs to provide foster family homes and a family experience for children who cannot safely be cared for in their own homes. The Foster Care Licensing CPSW in each district office also works to recruit, train and license foster families, and match children in need of out-of-home care with a foster family best suited to meet the specific needs of each child.

Special Investigation Unit
The special investigations unit (SIU) assesses all reports of possible abuse and neglect in foster homes, residential facilities, and state run facilities. SIU works cooperatively with other state licensing and certification entities, law enforcement, when needed, as well as the Attorney General's office for all the state run youth facilities. Special investigations determine whether the allegations of abuse or neglect are founded or unfounded. SIU will also make recommendations to the agency or facility in terms of foster parent support, staff training or any corrective action plans that may need to be in place to address concerns that do not rise to the level of abuse or neglect.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
The Interstate Compact on Placement of Children (ICPC) staff are responsible for serving and protecting children who are placed across state lines for foster care or adoption. The Compact is a uniform law enacted by all 50 states, the District of Columbia, and the US

Virgin Islands. It establishes orderly procedures for the placement of children across state lines and fixes responsibility for those involved in placing the child.

PERMANENCY PROGRAM

Permanency means that a child has a long-term, safe, and stable environment. This creates a lifelong relationship with a nurturing caregiver. Permanency workers are located in each District Office and are trained to assist children and their families to identify permanent, lifelong connections. The Permanency Program Specialist is responsible for oversight of the program with direct supervision being provided by a District Office Supervisor or Assistant Supervisor. Reunification with a parent is the preferred permanency option. When reunification is not possible, adoption, guardianship or another permanent living arrangement is sought.

Overheard in Family Court

The Judge asked one 7 year-old how he knew that adoption was a very serious thing. The child answered, "Because you're writing in pen, not pencil".

A 9-year-old girl very excited about her adoption asked about the Judge, "Will he say Hear Ye, Hear Ye?

A 6-year-old boy sensing the importance of the hearing asked, "Will President Bush be there?"

A 7-year-old girl wanted to know, "Do we have to swear to tell anything but the truth?"

~**Copied from Casey Newsletter with permission**

Permanency Planning Teams (PPT)

DCYF is committed to providing an environment for change. The traditional roles of the CPSWs have not been as effective as they ideally should have been in ensuring that each child's permanency goal is achieved within timeframes that are appropriate for his/her circumstances and case plan. Family Services CPSWs have traditionally focused on working with birth parents and reunification plans; Foster Care CPSWs have located, evaluated and supported foster families; and Adoption CPSWs have worked with children and adoptive families following the termination of parental rights.

Real, efficient and effective concurrent planning and permanency planning demanded a different organizational model. DCYF was committed to breaking down the boundaries among Child Protection, Foster Care, Independent Living and Adoption CPSWs and, as its first step, was able to acquire additional staff. A new position of Permanency CPSW has been implemented in each district office along with an Adolescent CPSW both of which are additions to the existing Family Services and Foster Care staffs. These workers continue to establish themselves as a resource to staff in the district offices in all matters pertaining to permanency. Carrying reduced caseloads, Permanency CPSWs are available to consult with staff, to meet with families and facilitate the permanency planning team meetings.

Permanency Planning Teams (PPT) have been established in each district office. Each PPT is comprised of the same core group of staff: the Permanency CPSW, Adolescent CPSW, Foster Care Worker, Administrative Case Reviewer and supervisor. Other PPT

participants, depending on the case, could include the Foster Care Health Program nurse, other specialists such as the Domestic Violence Specialist (DVS), the Licensed Alcohol and Drug counselor, and/or the Juvenile Probation and Parole Officer (JPPO). The strength of the PPT is derived from the ongoing consultation and cooperative case planning among the team members and the case's primary CPSW. (See Attachment I for Permanency Planning Team Review form)

ADOLESCENT PROGRAM

The Adolescent Program is designed to ensure that current and former DCYF and Division for Juvenile Justice Services (DJJS) youth obtain the preparation, resources, and positive youth development they need to establish permanent connections and become healthy, self-sufficient, and successful adults. Carrying reduced caseloads; Adolescent CPSWs lead, educate, and collaborate with youth, colleagues, and the community to ensure the best practice for adolescents. The Adolescent Program Specialist is responsible for oversight of the program with direct supervision being provided by a District Office Supervisor or Assistant Supervisor.

For further details on the Adolescent Program and activities, refer to the NH DCYF Adolescent Program Update Report.

FIRST STEP: APPROACHES TO THE CO-OCCURRENCE OF CHILD MALTREATMENT AND SUBSTANCE ABUSE

DCYF participated in a Title IV-E Demonstration Project, Project First Step, from 1999-2004 in which Licensed Alcohol and Drug Counselors (LADC) were co-located in two district offices. The University of New Hampshire Family Research Lab evaluated the project using random assignment of assessments to experimental and control groups. The project resulted in significantly positive outcomes for families in the enhanced group including increased access and participation in mental health treatment, substance abuse treatment, in-home family support services, and vocational or educational training. Further, children from the enhanced group demonstrated declines in anxiety and depression, withdrawal, reports of somatic and attention problems, and aggression.

After the conclusion of the Title IV-E Waiver, Project First Step was continued as a program through alternative funding sources, including Title IV-B and CAPTA. Project First Step has expanded and currently there are LADCs co located in three district offices in the state. LADCs are involved as consultants with CPSWs, they provide on going training to CPS staff regarding alcohol or other drug abuse issues, or become involved directly with parents or caretakers, when assessment and family service supervisors determine that there are degrees of alcohol or other drug abuse (AODA) co-occurring with alleged or substantiated child abuse or neglect. If there are primary indicators of significant parent or caretaker AODA, LADCs provide a direct substance abuse assessment and initiate referrals to community based treatment if such treatment is indicated. LADCs help CPSWs reduce barriers, such as access issues to certain treatment facilities, and provide direct individual treatment for parents or caretakers who are

receptive to treatment, but are experiencing access issues. LADCs currently train CPSWs to incorporate AODA screening questions in all abuse/neglect assessments to help clarify the existence or extent of familial AODA. During the assessment process, LADC services result in enhanced Community Based Family Support. In open Family Services cases, LADCs are involved, both as substance abuse treatment case management for parents and caretakers, and as readily available consultants for CPSWs and supervisors. For cases that involve in-home services, LADCs provide services consistent with Family Preservation. For those cases in which children are in Temporary Out of Home Care, LADC services help to expedite reunification or placement into kinship care, consistent with services attributed to Time Limited Family Reunification. In those situations in which the concurrent permanency plan is adoption, LADCs continue their role as consultants in the case planning process, and continue to have the capacity for direct service for parents or caretakers when there are no other treatment resources available. (See LADC Referral form Attachment II)

THE DOMESTIC VIOLENCE SPECIALIST PROGRAM

Building a collaborative response to families affected by the co-occurrence of domestic violence and child abuse and neglect resulted in the Domestic Violence Specialist (DVS) Program, designed to join the best efforts of both child protection and community-based support by domestic violence crisis centers. The program design, initiated during 1997, includes co-locating a domestic violence specialist from the local community crisis center in the corresponding district office. The New Hampshire Coalition Against Domestic and Sexual Violence (the Coalition) and the NH Department of Justice acquired Violence Against Women Act (VAWA) funds, which currently support five part-time Domestic Violence Specialists for three of the most rural DHHS district offices, thus allowing two of those offices to have full-time coverage. Child Abuse Prevention and Treatment Act funds support DVSs in two district offices. The Family Violence Prevention and Services Act grant currently funds DVSs in the seven remaining DCYF offices.

> ***"The presence of domestic violence specialists in child welfare offices is a constant reminder that domestic violence is a significant child protection issue and that family safety is essential to child safety"***
>
> *The Future of Children, vol. 9, 1999*

The Domestic Violence Specialists provide five essential roles that result in a coordinated collaborative response to co-occurring child maltreatment and domestic violence:

- Increase access to local community crisis centers for victims of domestic violence who are also referred to DCYF
- Provide consultation for child protection staff to improve interventions, safety planning, and family centered case planning
- Facilitate cross training between child protection staff and the local crisis center

> ***"Domestic violence organizations, in collaboration with child protection services, child welfare agencies, juvenile courts, and other community partners, should provide leadership to promote collaborations and develop new resources for adult and child safety and well-being."***
>
> *Greenbook, Schecter, S. & Edleson, J., (1999)*

- Provide consultation to other Health & Human Services Divisions located in district offices
- Provide community education regarding domestic violence

The DVS Program results in more effective assistance to victims of battering in areas such as safety planning, which in turn leads to increased child safety. In addition, DVSs are available to team with CPSWs meeting with victims and/or children when considered safe and appropriate.

This special collaboration results in better preparation and response to those family crises where child maltreatment and domestic violence are co-occurring. CPSWs can better support parents who are victims of domestic violence regarding their safety and that of their children. The approach also helps CPSWs to maintain accountability with parents who use violence, and to help them recognize the effects of their behavior on their adult partners and children. (See Attachment III for Memorandum of Understanding, DVS Referral form, and DVS Program Brochures; English and Spanish)

BUREAU OF COMMUNITY & FAMILY SUPPORT SERVICES

The Bureau of Community & Family Support Services provide services to families in their communities, with or without DCYF involvement, including:

- Funding for community-based programs that work to prevent child abuse and neglect, juvenile delinquency, and out-of-home placement of children and youth;
- Clinical services and mental health support for children involved with DCYF;
- Oversight of the Adoption/Post-Adoption Program and Foster Care Program, including Foster Care Health; and
- Provider Certification

FOSTER CARE PROGRAM

The Foster Care Program provides foster family homes and a family experience for children who cannot safely be cared for in their own homes. The Foster Care CPSW in each district office also works to recruit, train and license foster families, and match children in need of out-of-home care with a foster family best suited to meet the specific needs of each child.

Matching the child with a resource foster home considers the foster parent ability to meet the needs of the child. DCYF does not delay placement into care due to matching issues and works with community members that represent different cultural, racial or ethnic backgrounds to build and support cultural competency within the resource family pool, and to ensure that resource families are culturally responsive to child (ren)'s needs regardless of whether they have different backgrounds.

Partnering with the community and families is a fundamental philosophy of the Division. The community has a role and responsibility in supporting children in care. Foster and adoptive parents are linked closely to the neighborhoods, communities and cultural, ethnic, and religious groups that make up the community. They work and perform daily activities and contribute to the vitality of the community while serving children in care. Development of the plan by local recruitment and retention teams in each District Office operationalizes the belief that keeping children in their own communities in close proximity to their parents, schools, and other significant people in their lives will enhance the safety and well-being of children. Community placements can also increase the probability that the parents and children will be reunified.

NH DCYF develops a local plan with a Recruitment and Retention Team that consists of the DCYF Office supervisor, the foster care worker, assessment worker, family service worker, the permanency and adolescent workers, foster and adoptive parents, community representatives and others as appropriate. A needs assessment is conducted by reviewing staff requests, community needs and monthly statistics that assist the Team in targeting the recruitment and retention efforts to produce desired outcomes. In addition, the number of inquiries, the number of home studies in process that would produce licensed homes, and identification of retention practices in the local office is reviewed. The plan includes a local needs assessment and review of the children and youth referred for foster home placement and adoptive placements in the previous year. Their individual safety, well-being and permanency issues are considered in the development of new recruitment goals and objectives. The Statewide Plan compliments the twelve plans and provides support and cohesiveness to the local activities. In a standardized format, plans are submitted by the Team to a review panel for approval prior to October first of the planning year. (See Attachment IV for NH DCYF Annual Statewide Recruitment and Retention Plan)

DCYF is planning several foster and adoptive events for FFY 2009. The first Community and Faith-Based Initiative adoption party will be held in October, which aims to connect children who free for adoption with families looking to adopt. The Foster-Adopt Parent Conference is scheduled for November 1, 2008 and recruitment booths will be stationed at the Women's Expo, Hillsboro Balloon Festival, and several agricultural fairs throughout the year.

New Hampshire has a presence on the fostercaremonth.org website, which will list several planned activities and NH events including "A Proclamation" from Governor John Lynch, the Family Fun Day sponsored by the Community and Faith-Based Initiative, the NH Statehouse event with Governor Lynch, and the Harvest Family event to promote adoption by foster parents. Additionally, DCYF will be participating in National Adoption Month in November 2008 and the Foster Care Month initiative in May 2009.

Kinship Care Specialist
In April 2008, NH DCYF hired a part time Kinship Care Specialist whose role is to:

- Develop knowledge of all kinship and community services available in NH and develop a database of DCYF kinship providers
- Create and assist relatives and kin complete a needs assessment of relative and kinship care in NH
- Develop a newsletter specifically targeted toward relative and kinship care
- Create a kinship care handbook that will include available services
- Collaborate with New Hampshire Relatives as Parents on a state-wide conference
- Partner with the Bureau of Elderly and Adult Services to access the Older American's Act respite funding
- Revise and keep current the DCYF Kinship policy
- Collaborate with Granite State College to develop a course for kinship providers
- Responsible for foster care licensing and kinship waivers
- Work with the Family Resource Centers to develop programs and supports for kinship providers

Foster Care Health Program
This program focuses on meeting the health care needs of every child placed into a relative or foster home. Foster care health nurses are also available in each district office as consultants for any family involved with DCYF, either during the assessment phase or after a case has been opened. Each child receives a comprehensive health and developmental assessment within thirty days following placement in accordance with Federal Administration for Children and Families (ACF) requirements. The Foster Care Health Nurses act as healthcare coordinators to ensure that every child in relative or foster placement has their medical, behavioral, and oral health needs met. The funding source for the nurses is 75% Federal (Medicaid) and 25% State. (See Attachment V for Health Care Planning for Children in Placement policy and Health Care Plan form)

In February of 2008, DCYF's Foster Care Health Program was recognized as a "Promising Approach" by the Administration for Children and Families. The Children's Bureau defines a promising approach as follows:

The Children's Bureau conducts the Child and Family Services Reviews (CFSRs) of State child welfare agencies with the overarching goal of building the capacity of these agencies to promote improved safety, permanency, and well-being outcomes for children.

To this end, the Children's Bureau actively identifies promising approaches in child welfare during the CFSRs. To qualify as a "promising approach," the approach must meet the following criteria:

The approach must be based on key practice principles (family-centered practice, community-based services, individualizing services, and strengthening parental capacity)

The approach must have been in operation long enough to have demonstrated its effectiveness (1 or more years).

The Promising Approaches page on the Children's Bureau Web site currently highlights over 40 approaches, representing the efforts of 23 States, which is located at: http://www.acf.hhs.gov/programs/cb/cwmonitoring/promise/states.htm - NH

Foster Care Mental Health Program

The purpose of this program is to provide a comprehensive Mental Health Assessment for every child's first out-of-home placement into foster or relative care, or upon placement in a general group home. Both DCYF and DJJS utilize this program. CPSWs and JPPOs are responsible for making the initial referral to the Community Mental Health Center and the Foster Care Health Nurse documents the assessment outcome.

The relationship between child welfare and community mental health provides an opportunity for Bureau of Behavioral Health (BBH), DCYF, and DJJS to collaborate in better serving families. Children in placement have historically experienced poorer outcomes in areas of education, social connections, attachment, and mental health. This program provides an opportunity to identify crucial needs of children entering the child welfare system early on, by providing a baseline for mental health and developmental growth along with specific recommendations for interventions to be provided by foster and biological families in a way that supports a child's strengths utilizing natural supports that exist for them in their communities. Calling upon the expertise of New Hampshire's Community Mental Health Centers (CMHC) provides these vulnerable children and families an opportunity to receive the help they need to move children more quickly into stable family situations. Early identification of mental health and developmental needs will lead to a more efficient, cost effective provision of core services to the family and more timely reunification or, if that can't occur, other permanent living situations for children.

Key Points of this program include:

- Not all children will need mental health treatment
- Not all treatment must be provided by the Community Mental Health Centers
- If a child is connected to a private therapist, the assessment should still occur, with mental health assessment information provided to the current therapist
- CMHC's have designated senior children's clinicians to do these assessments
- Two hours of consultation provided by a CMHC counselor in each district office

- The process is flexible enough to meet local needs while still supporting the team collaboration that insures better planning for children and families

Senior Psychiatric Social Worker
Prior to implementation of this Five Year Plan, Clinical Services were restructured. The Clinical Administrator position was adapted so that it could be included under the Bureau of Community and Family Supports. Specialized clinical services continue, with a Clinical Social Worker providing these services under the supervision of the Bureau Administrator. Because of this change, all objectives and action steps referring to the "clinical administrator" in the five year strategic plan that follows will be accomplished through the Senior Psychiatric Social Worker under the oversight of the Bureau Administrator.

The New Hampshire Project for Adolescent Trauma Treatment (PATT)
The Dartmouth Trauma Interventions Research Center (DTIRC) was one of nineteen U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) grant recipients in 2005 to provide evidence-based treatments to New Hampshire children and their families who have experienced traumatic events and have developed emotional reactions and problems related to the traumas. Funds awarded to New Hampshire were used to develop The New Hampshire Project for Adolescent Trauma Treatment (PATT). The Administrator for Child Mental Health Services under NH DHHS Bureau of Behavior Health has been a key member of the PATT team since its inception in 2005. PATT's mission is to implement, evaluate and disseminate best practice for severely emotionally disturbed adolescents who are served by the community mental health system (CMHC) in New Hampshire. This will be accomplished through education, training, and supervision of community mental health providers to:

- Screen for and assess the emotional sequelae of trauma exposure;
- Increase outreach to traumatized adolescents and their families; and
- Implement best practices of trauma treatment across the NH mental health system.

To accomplish these objectives, PATT chose to work with CMHC clinicians and administrators using Trauma-Focused Community Behavioral Treatment (TFCBT), which is an evidence-based treatment model supported by more research than any other child trauma treatment as of 2007. The TFCBT framework is as follows:

- Time-limited treatment (12-18 sessions) for post-traumatic systems for children and adolescents.
- Treatment components include: education, relaxation training, affect identification, cognitive coping, trauma narrative, cognitive processing, and behavior management.

First beginning its work with training 6 child clinicians at a CMHC serving the rural poor in December of 2005, PATT's mission to expand evidence-based trauma treatment

throughout the NH mental health system has been successful. As of March 2007, the PATT team had trained over seventy-five clinicians from all ten CMHCs across the state and the Anna Philbrook Center, NH's acute psychiatric hospital for children. Supervision and consultation by PATT has continued to expand with the launch of videoconferencing technology with seven CMHC and the Anna Philbrook Center.

During this reporting period, PATT engaged in collaboration and planning with lead CMHC and NH DHHS representatives, including the DCYF Senior Psychiatric Social Worker, to support the expansion and design of a videoconferencing network connecting CMHC child and adolescent treatment teams, DHHS clinical staff, Philbrook Center psychiatric teams to the Dartmouth Trauma Interventions Research Center. DCYF is excited about participating in the exploration of opportunities to enhance clinical assessment and level of need for mental health intervention of DCYF involved children through consultation and support from a distinguished academic and research university[1].

Dartmouth Medical School Child Psychiatry Program

Under the supervision of the Senior Psychiatric Social Worker, DCYF partners with the Dartmouth Medical School to provide a community-psychiatric experience in the Concord District Office. This makes in-house child psychiatry expertise and clinical consultation available to direct service workers and introduces the advanced Child Psychiatry Resident to multi-agency collaboration, court proceedings, child protection policies and procedures, foster/adoptive families and residential providers.

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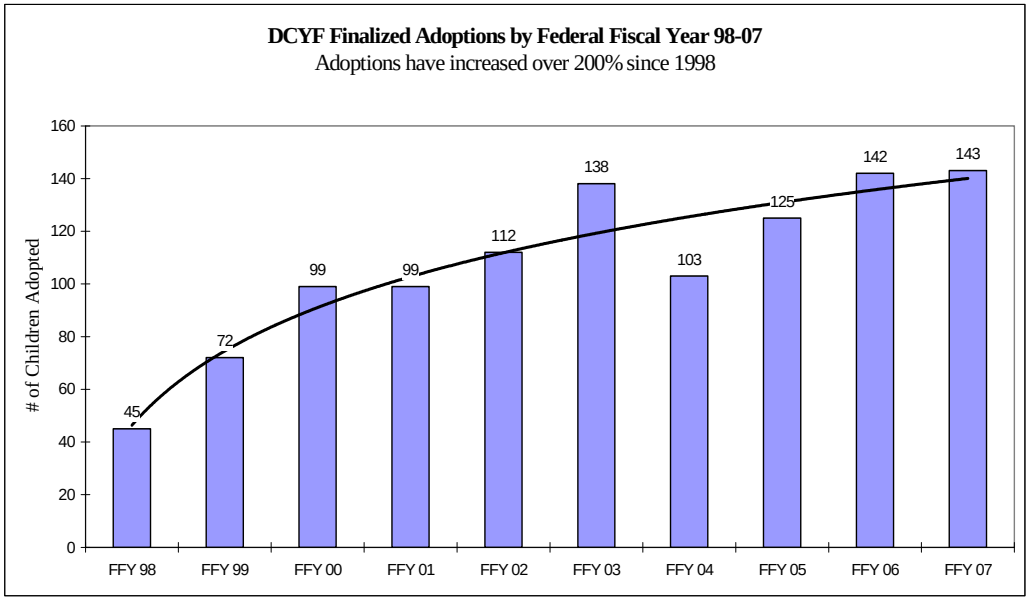
ADOPTION PROGRAM

The Adoption Program provides an array of services to families who adopt children through DCYF. These services include:

- Case management
- Education
- Information and referral
- Financial assistance
- Support groups
- Assistance to adoptee searching for their birth families

Since 1998, the number of children adopted through DCYF has increased by over 200% as evidenced in the following the chart.

[1] http://dms.dartmouth.edu/psych/research/ptsd/treatment.php



DCYF has made concerted efforts to locate adoptive homes for older children in care. As a result, 17 percent of all adoptions occurring in CY 2007 were of children age 12 or older.

NH Community and Faith-Based Initiative

In July 2004, DCYF and NH faith leaders attended a national summit on recruiting in the faith community as part of the "Answering the Call" initiative. As a result, representatives from different faiths, community members, and DCYF developed an advisory board for faith-based initiatives. In response to this collaboration, the Community and Faith-Based Initiative (CFBI), with oversight and coordination from Bethany Christian Services, was formed in 2005. In its first year, the CFBI's work started in six NH regions covered by DCYF district offices. By the fall of 2006, the initiative had expanded to all twelve catchment areas, providing support for DCYF and foster families statewide.

It has been a year of growth and expansion for the CFBI. Four CFBI representatives throughout the state are now serving the twelve district offices. Forty-seven presentations were given to churches and other community organizations, which garnered much new support. A recent and innovative development, Faithfully, One-by-One, was established from the CFBI's efforts. To date, over 350 participants have joined Faithfully, One-by-One, which is an email listing used to disseminate information of the individual needs of foster and adoptive families and children. These e-mail "alerts" and through distribution of the CFBI newsletter, have fulfilled over 220 needs for goods and services in 2007-2008. One participating church donated $2000 for a foster child to participate in a school trip to France. Faithfully One-by-One responded to requests for car seats, financial support to a teenage girl allowing her to shop for a dress, pay for related expenses, and attend her prom, baseball registration fees, Karate classes, and countless other gifts of generosity. Several teen moms aging out of the child welfare system were provided with basic necessities for their babies. Youth who were exiting

care and transitioning to adulthood were given kitchen supplies and household furnishings for their first apartments.

Faithfully, One-by-One has also come together to aid in larger and more costly projects. The group recently supported a family by building a one-bedroom addition onto their home thus allowing a sibling group of five to stay together and be cared for in a safe and nurturing environment. This project was the impetus in forming the Faithfully, One-by-One Renovation Teams. Three churches have now put together reconstruction teams that will complete and financially support renovations for homes of families due for foster care relicensure and other construction projects as identified by DCYF's district offices. Over $3,000 has already been raised to help offset the costs of the building materials for renovation materials. Attorneys are donating their time to work on the permitting and legal aid as needed for the Faithfully, One-by-One Renovation Teams.

> ***"Dear Faithfully One by One, I wanted to let you know, we picked up our new bunk beds this afternoon. Our foster daughter is sooooo excited. We are so grateful to know we have people like your organization out there; supporting us, and helping us help children in need. Now we are ready to receive two little sisters. THANK YOU!! From the bottom of our hearts."***
>
> *Personal note from a foster mother*

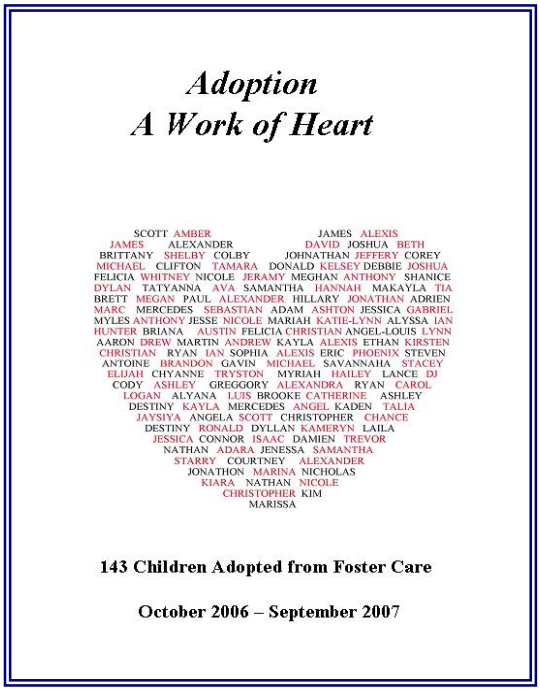
The Community and Faith-Based Initiative has begun planning events and projects for FFY 2009. The Londonderry Presbyterian Church will sponsor an adoption mixer, which will provide an opportunity for families looking to adopt to meet DCYF children free for adoption. Also, CFBI is planning a Family Fun Day to celebrate New Hampshire foster and adoptive families.

The Heart Gallery Project

The Heart Gallery is a project initiated by the New Mexico Department of Youth and Families as a way to recruit adoptive families for waiting children. DCYF partnered with Jordan's Furniture and the Massachusetts Adoption Resource Exchange in creating the permanent New Hampshire Heart Gallery in the Jordan's Furniture store in Nashua.

DCYF has partnered with the NH Professional Photographers Association and some individual volunteer photographers to take photos of waiting children. There are currently 19 photographers who are volunteering their time and services for this project. A printer has agreed donate the 20x24 photos needed for the gallery. In addition, each child will receive a framed 8x10 photo.

NH DCYF has created a traveling Heart Gallery that will be used for statewide recruitment and retention



events. Approximately $5,000 of PSSF Adoption Recruitment and Retention funds will be dedicated to this activity. The traveling display will be featured at various locations throughout the state, including the Dartmouth Hitchcock Medical Center in Lebanon and the Capital Center for the Arts in Concord. The traveling display will continue to be posted throughout the 2009 federal fiscal year. A poster-sized version of the display will also be made available to the District Office staff for use at local events.

POST-ADOPTION PROGRAM

The child welfare field has spent a great amount of time during the last several years focusing on the increasing number of children adopted from the public child welfare system. The Adoption and Safe Families Act (ASFA) promoted adoption from the federal level, which resulted in an increase in the number of number of children adopted nationally.

As New Hampshire increased efforts on many levels to recruit families willing to adopt, DCYF recognized its responsibility to commit to addressing the ongoing needs of adoptive families. DCYF understands that adoption is a life-long process and as such, the needs of children and their families do not end when an adoption is finalized. DCYF has always provided some level of post adoption services, however this year, with the support of funding from PSSF; the Post Adoption Unit with specialized staff was created.

The intent of the Post-Adoption Program is to support and promote healthy, stable families where adoptive children can flourish. DCYF also responds to inquiries from adopted persons and birth families that wish to reconnect. DCYF advocates for and provides a leadership role in educating the community toward an increased understanding of post-adoption issues. DCYF envisions being a resource for ongoing information and services related to adoption. Post-adoption services are provided in a variety of ways, including individual and group contact and work with community-based agencies. Since its inception, the Post-Adoption Program efforts have included:

- Development of a Post-Adoption Services brochure (See Attachment VI)
- Meeting with District Office staff to assess post-adoption needs and planning activities to address those needs
- Providing information to adoptive families through the foster/adoptive newsletter
- Development of support groups easily accessible to adoptive families
- Creation of an adoption mentoring program for families

Children Adopted Internationally who have Entered State Custody

As stated in the 2005 report, NH DCYF now has a (SACWIS) Bridges data collection component for Inter-country Adoptions. This report reflects the following data:

- Number of children who entered state custody in FY 2007: 2
- Number of children for whom the permanency plan is reunification: 0
- Reasons for reentering care:

    - Neglect Petition: 0
    - Adoptive Parent(s) Surrendered: 2
    - Delinquency Petition: 0
- Agencies that handled the adoptions: 1
- Activities provided for these children:
    - Two siblings, ages 9 and 11 were adopted in Russia through a Russian agency. The US adoptive parents surrendered their parental rights in August 2007. The girls were placed with another adoptive family, and the adoption will occur within three months. DCYF is the agency responsible for finalizing the pending adoption.
    - Services provided were placement, counseling, in-home family support and adoption subsidy.

Activities that the State has undertaken for children adopted from other countries
NH DCYF offers post-adoption services that include information and referral, short-term case management, education and support. These services are offered to all adoptive families. Referrals are often made to the Casey Family Services post adoption program that offers services similar to DCYF, but also offers respite care and support groups for families and children. There are many community supports for families.

The State of New Hampshire has twelve licensed adoption agencies available to families who have the capacity to complete international adoptions. All adoption agencies must be licensed by the State of NH, DCYF as a child-placing agency. This allows the agency to conduct home studies, make placements of children, supervise the placements and file adoption petitions in the court of jurisdiction. RSA 170-E:27 states, "No person may establish, maintain, operate or conduct any agency for child care or for child-placing without a license or permit issued by the department…" RSA 170-E:30 allows the Division for Children, Youth and Families to examine the facility or agency, and investigate the program and person or persons responsible for the care of children. The institution or child-placing agency must obtain and provide receipts of approval of state and local requirements pertaining to health, safety and zoning. In addition, per RSA 170-E:29 DCYF conducts criminal records and central registry checks on staff employed by the agency.

In New Hampshire the child placing agencies meet every two months. They discuss current issues and concerns in the practice of adoption. The agencies have collaborated on standards for the placement of children in adoptive homes. These standards are based on New Hampshire law, agency policy and good practice. The standards were adopted as rules in April 2003. Also, since July 2006, discussions have centered on the new training, home study, and agency requirements of the Hague convention.

New Hampshire statute addresses specific adoption requirements for foreign adoptions. If the child is adopted from another country the adoption petition must include documentation indicating compliance with RSA 170-B:23. "Any person or any public or private agency, corporation, or organization, before bringing or causing any child to be brought into this state from any other state or country for the purpose of adoption, or

receiving such child in this state for such purpose, shall make application to the commissioner of the department of the health and human services. Such application shall be in the form prescribed by the commissioner and shall contain such information as the commissioner may require, including any information required to comply with the provisions of RSA 170-A. No placement of the child shall occur until permission has been obtained from the commissioner. No petition for adoption of a child from another state or country shall be granted in the absence of compliance with this section." This responsibility has been delegated to the Administrator for the Interstate Compact on the Placement of Children and the Adoption Unit within DCYF.

In addition, New Hampshire statute also addresses the legality of foreign adoptions. RSA 170-B:24 states "A decree of court terminating the relationship of parent and child or establishing the relation by adoption issued pursuant to due process of law by a court of any other jurisdiction within or without the United States shall be recognized in this state and the rights and obligations of the parties as to matters within the jurisdiction of this state shall be determined as though the decree was issued by a court of this state."

Adoption Incentive Funds

During this reporting period, DCYF received $28,000 in Adoption Incentive Funds. $25,000 of funds was provided to Casey Family Services through a contract for Foster Adoptive family support and retention services. The remaining $5,000 is being utilized for recruitment and retention efforts throughout DCYF's twelve district offices.

COMMUNITY-BASED PREVENTION AND FAMILY SUPPORT SERVICES

Comprehensive Family Support

This contracted partnership seeks to intervene before the occurrence of abuse or neglect on behalf of at-risk families and families in the process of reunification. Through this Comprehensive Family Support Program, DCYF contracts with community based agencies for 12 statewide regions to provide support services to approximately 500 families annually.

During 2005, contracts were awarded for statewide comprehensive family support programs covering all twelve-district office catchments areas. The programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

Goals:

- Promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society;
- Empower families as advocates for themselves and their children by collaborating with families and communities in the development of a

comprehensive array of local, family-centered and culturally diverse services; and

- Reduce the incidence of violence towards children by providing supportive services to at-risk families including:
  - Supporting parents who are experiencing social, emotional, physical and/or mental health related problems that interfere with their abilities to parent and provide an acceptable standard of care for their children;
  - Promoting safe, nurturing environments for children by educating parents in child development, child health and safety, and parenting skills;
  - Working with parents to identify their strengths and challenges related to parenting, with consideration family, values, culture and/or personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development;
  - Helping families learn coping and problem-solving skills which will assist them in their every day lives;
  - Enhancing family development by assisting parents to further their education, find employment and access community resources; and
  - Supporting families in their home communities by providing resource and referral information, and linkage with Family Resource Centers and other community-based agencies that support families.

Services to be offered by the contract agencies include:

- Home Visiting - Each family must be visited regularly in their home by the home visiting staff. Staff may include a combination of professionals, volunteers, and/or paraprofessionals. The frequency of visits must be specified in the family service plan with the expectation that visits will occur weekly at a minimum.
- Short-term Child Placement - Voluntary placement services must be short term, less than 7 days, with foster homes licensed by DCYF or another NH Child-Placing Agency, using the least restrictive environment – close to home and school. Voluntary placements must be restricted to parents who have short-term medical, mental health, or drug and alcohol treatment needs. It is expected that children in need of placement do not have relatives or other placement resources.
- Child Development Education - The program must offer effective interventions, which can positively influence the long-term parent-child relationship and prevent problems while promoting optimal development of children and their parents.
- Parent Education and Support - The agencies must support programs that value, respect and empower parents, and have a more proactive response to family needs. The program needs to honor families' cultural and ethnic heritages and demonstrate how it can help parents obtain the resources they need to raise healthy children.

- Quality Early Care and Learning Programs - Agencies must offer linkages or directly provide a system of early childhood care and education programs that supports children's social and emotional development. DCYF is especially interested in funding "quality" programs that target many risk factors such as cognitive deficits, early behavior and adjustment, poor parenting practices, and difficult peer relationships.
- Health Education - Agencies must promote services and programs that will improve the social and emotional outcomes for both children and their families. These programs must focus on adequate nutrition and education regarding physical and mental health needs of the families.
- Adult Literacy and Higher Education - Agencies must refer family members to GED tutoring or classes, English as a Second Language, and to college level courses, as well as help with child care, transportation, advocacy, and other referral services to support parents as they pursue their studies.
- Life Skills Training - Agencies must delineate those services and programs which build and enhance the life and family management skills of each family member ensuring that each family member has the interpersonal skills necessary to function within the existing family structure and respond to the regular demands of the larger society.
- Child Care Resource and Referral - Preventive childcare may be provided to support the family. The need for childcare must be identified during the family assessment and addressed in the family service plan. The agency must be able to provide resource and referral information to help parents recognize high quality, developmentally appropriate child care environments, and to refer parents to the local care child care resource and referral agency funded by DCYF. The agency may offer childcare on site, as a respite service or as a part of the agency's regular program.
- Family Empowerment - The agency is expected to provide advocacy training and opportunities for families to participate in community activities focused on improving the quality of programs and services. Families must be assisted in identifying service delivery gaps and effecting change in those identified areas with the cooperation of state and local agencies.
- Information and Referrals to other community based agencies - Agencies must be knowledgeable in order to inform parents and community members about services for which they are eligible, such as medical and mental health care, temporary financial assistance, housing, child care, and transportation. The agency must assist families in obtaining and using these services.

New Hampshire Children's Trust Fund

The New Hampshire Children's Trust Fund (NHCTF) is a nonprofit organization dedicated to supporting programs that prevent child abuse and neglect (http://www.nhctf.org/). The NHCTF has learned that the most effective way to keep children safe from abuse and neglect is to foster the development of strong, healthy families, with capable parents and caregivers. To this end, the NHCTF provides financial support, technical assistance and training resources to community-based programs across

the state. In addition, the NHCTF advocates for positive change in both state and federal policies that effect children and families. The NHCTF is in partnership with community, state, and federally funded programs to focus on the benefits of primary prevention and to promote a continuum of service approach to families.

In 1996, the NHCTF was designated as the lead agency to receive and distribute CAPTA Title II (Community Based Family Resource and Support) funds. Currently, the organization receives approximately $200,000, an amount that is based on the state's child population. The NHCTF braids the yield from its endowment and other contributions with the CBCAP funds and makes grants through a competitive process to community-based programs. Criteria for receiving a grant from the NHCTF include:

- **Primary prevention**. The highest priority of the NHCTF is to support programs designed to promote the general welfare of all children and families before abuse or neglect occurs. Programs are accessible to everyone, but may target populations at risk for abuse and neglect. Programs focus on education and training in child development, parenting, and skill building for parents. They may also include health and developmental screenings to identify children at risk and general information and referral services.
- **System building**. The NHCTF is particularly interested in funding programs that are a part of a community-wide plan to improve the child and family service system.
- **Building program capacity**. The NHCTF is committed to helping programs develop stronger boards, well-trained staff, and effective organizations. Up to thirty-percent of a grant request may be used to build the long-term capacity of the program.
- **Under-served communities**. Many New Hampshire communities lack basic family-centered, family support programs and services. The NHCTF solicits proposals for new projects in communities where resources for these programs are lacking or where funding has been significantly disproportional with other communities in the state.

In September 2004, Prevent Child Abuse America (PCAA) designated the NHCTF as the New Hampshire Chapter of Prevent Child Abuse America, thus consolidating and strengthening the voice and resources for prevention in the state. In 2006, PCAA selected NHCTF to be one of 9 states for its two-year evaluation project funded by the Centers for Disease Control and Prevention (CDC). NHCTF is working with colleagues across the country to develop enhanced and effective techniques of evaluation and assessment, particularly around integrating evidence-informed and evidence-based practices (EBP) into the organizational culture of grant making and of grantees.

NHCTF is also a key partner in the Strengthening Families Initiative.

In 2007, in honor of its 20th anniversary, NHCTF launched its Strengthening Families in Community Libraries Project, aimed at equipping all of NH's libraries with parenting

information and DVD's that are universally accessible. Individuals, businesses and foundations have funded this to date. Over half of the state's libraries reaching nearly 70% of the state population have participated. The state library, Family Resource Connection, has been an active partner in this project.

NHCTF has fully complied with the new EBP standards required by the Children's Bureau in 2006, by conducting regular workshops and trainings for its grantees and other agencies providing family support programs. Peer learning activities are conducted, along with a rigorous schedule of reporting for grantees. The newest development in training is Continuous Quality Improvement, so that agencies and staff can meet the highest standards of professionalism.

A team from the NHCTF was selected to participate in the CDC's BECAUSE Kids Count! Program. Prevent Child Abuse America: BECAUSE Kids Count
The goal of this initiative is to expand the capacity of national organizations and their state, local, and regional affiliates to effectively address the prevention of child maltreatment. Goals include:

- Expanding the agencies' leadership role in addressing the prevention of child maltreatment before it occurs;
- Foster collaborations to respond to emerging policy and program issues;
- Conduct organizational assessments to determine organizational readiness to fully engage in preventing child maltreatment before it occurs; and
- Develop a prevention plan with emphasis on preventing child maltreatment before it occurs.

The NH team consists of the NHCTF Family Support Outcomes Director, the DCYF Administrator for the Bureau of Quality Improvement, and the Research and Evaluation Coordinator from Granite State College, the Academic Institution currently holding the contract for foster and adoptive parent training.

Strengthening Families: The Impact of New Hampshire Family Support Programs
DCYF is dedicated to supporting community programs that work to prevent child abuse and neglect. Utilizing Title IV-B, subpart 1 funds, DCYF has provided the NHCTF with the financial support necessary to conduct an in-depth analysis of the needs of families participating in family support programs across New Hampshire and of the impact of the programs serving them. The Family Support Outcomes Evaluation measures the impact of strengthening protective factors in all counties in the state. These data, from 455 parents in 2005, 1200 in 2006 and 918 in 2007, provide demographic information as well as reliable information about the impact of family support programs.

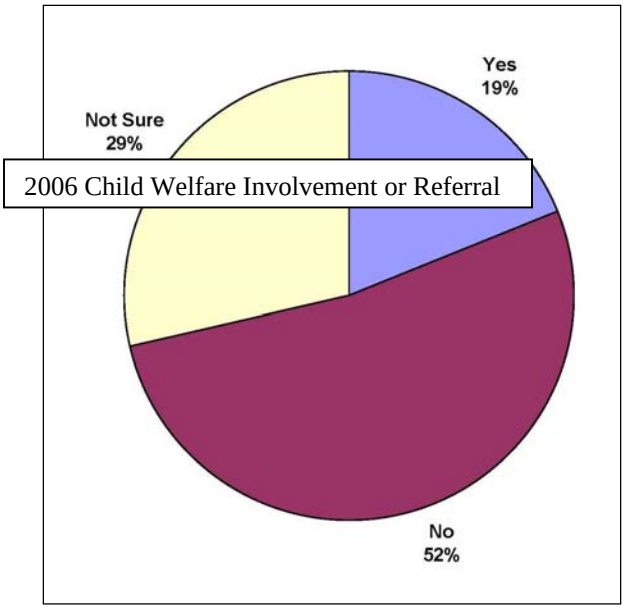
Between August of 2005 and May of 2006, participating family support programs, family resource centers, and a new cohort of programs, Strengthening Families through Early Care and Education Exemplar Programs (SFI) received on-site survey administration training from the NHCTF Family Support Outcomes Director. Programs were not required to return a minimum number of surveys, but were asked to survey as many

participants as possible and return completed, original surveys to NHCTF by July 1, 2006 for data entry and analysis.

The evaluation tool utilized in this survey administration was the Family Support Program Outcome Survey. Available in both English and Spanish, the Outcome Survey gathered both qualitative and quantitative data through 26 participant questions and an additional six-question cover sheet to be completed by the survey administrator. Surveys were administered to thirty-five family support programs and Family Resource Centers in all of the ten New Hampshire counties. 1,039 surveys were returned with ninety-nine percent suitable for data entry and analysis.

Participant Demographics

Programs reach out to all families, including those who may have had involvement with the child welfare agency. Survey administrators were asked to provide information about whether or not participants had been referred by or involved with the New Hampshire Division for Children, Youth, and Families (DCYF). It should be noted that not all survey administrators regularly collect this information from program participants, meaning that it is possible that some of the participants designated as "Not Sure" may have had involvement or a referral from DCYF.



2006 Child Welfare Involvement or Referral

For the second year in a row, the Outcome Survey results tell us that programs are serving women, birthparents, and families without involvement with DCYF at a higher rate than men, other caregivers, and involved families. The table below shows an increase in male participants from 2005 to 2006. This may be a result of the general increase in outreach to fathers, a new participating program that works solely with incarcerated fathers, or the increase of surveys received from a fatherhood program in northern New Hampshire. This is a positive trend, as children benefit from positive parenting experiences from both mothers and fathers.

	2005 N=401	**2006** N=914
Male	14%	18%
Female	86%	82%

Ninety-two percent of survey participants identified themselves as birthparents, a 1% increase since the 2005 survey administration. The remaining 8% identified themselves

as stepparents, foster parents, adoptive parents, other relatives, non-relatives, and grandparents. The number of grandparents responding to the survey increased from 1% in 2005 to 3% in 2006. This coincides with data from the type of family support program. In 2005, zero individuals reported participating in Grandparents Raising Grandchildren programs. In 2006, 17 individuals reported participation in this type of program.

The U.S. Census Bureau released statistics from the 2005 American Community Survey that identify 95.5% of the NH population with an ethnicity of white. Eighty-seven percent of Outcome Survey respondents (N=1,011) identified their ethnicity as white (non-Hispanic).

Predicting Positive Change

To examine the relationship between participant satisfaction and positive change in protective factors, a linear regression was performed with data from pages two and three on the Outcome Survey.

This showed that customer satisfaction can impact positive change in protective factors. For example, data shows that increasing a participant's feeling of staff respect by four points on the seven-point scale can predict an improvement of two full points for the protective factor Standing Up for Family Needs. These relationships need further examination, but data shows promising trends for improving outcomes for families.

Outcomes

The data gathered from the Outcome Survey sought to explore if a direct correlation could be determined between participant satisfaction in the programs and change in protective factors, which are:

- Supportive Relationships
- Accessing Resources
- Parental Confidence
- Sharing Parental Concerns
- Meeting Family Needs
- Standing Up for Family Needs
- Reducing Family Stress

The data that show that the changes across all family support programs were statistically significant at the .0001 level, which means that the changes did not occur by chance. The outcomes are used to inform program practice and public policy.

Full reports are available at www.nhctf.org

Incentive Funds Program

The Incentive Funds Program, a $3.2 million allocation from the State General Fund, supports an array of community-based programs defined in two broad categories of services:

(1) Prevention, family support, wellness, and
(2) Intervention and juvenile diversion programs.

The funds are allocated quarterly to each of the State's 10 counties based upon the juvenile population and an equitable distribution formula. These funds support more than 200 programs that serve approximately 14,000 children and their families.

BUREAU OF CHILD DEVELOPMENT

The Child Development Bureau's mission is to:

- Help communities develop and maintain programs for young children that are healthy, safe, and appropriately responsive to children's physical, social, emotional, and cognitive development needs
- Enhance the capacity of childcare programs and providers to provide preventive services to children and their families

To achieve its mission, in collaboration with community and state partners, the Bureau provides technical assistance, support, and training to early care and education programs. Family education is also provided, guiding caretakers in choosing high quality and affordable childcare programs.

The Bureau also monitors providers and develops policy for New Hampshire's $28,000,000 childcare scholarship program that serves approximately 7,400 children each month. Families may be eligible according to income, participation in employment activities, and/or the need for strength-based parenting program. The scholarship criteria are currently being redesigned in an effort to increasing the accessibility of quality childcare to its target populations.

The Bureau of Child Development is an integral partner in the Strengthening Families Through Early Care and Education nationwide initiative.

HEAD START STATE COLLABORATION OFFICE

The NH Head Start State Collaboration Office is 100% federally funded by the Administration for Children and Families, Office of Head Start to:

- Assist in building early childhood systems and access to comprehensive services and support for all children in families with low incomes

- Encourage widespread collaboration between Head Start and other appropriate programs, services and initiatives and to augment Head Start's capacity to be a partner in State initiatives on behalf of children and their families
- Facilitate joint planning and communication at the State and local levels to coordinate State and Federal funding streams

The Head Start State Collaboration Office Administrator ensures that coordination of Head Start services includes collaboration in eight specific priority areas:

- Child care and preschool
- Welfare
- Health care
- Education
- Community services activities
- Family literacy services
- Activities relating to children with disabilities
- Services for children without homes

BUREAU OF STAFF DEVELOPMENT & TRAINING

The Bureau of Staff Development and Training provides a wide variety of training for DCYF staff, service and residential care providers, foster families, and adoptive families.

When the CFSR occurred in NH during 2003, the staff development and training program, for foster parents, DCYF employees, and relevant community stakeholders, was deemed a strength and not in need of change. Nevertheless, given the mindset of always striving to train a best practice model, in fiscal year 2005 the DCYF Training Bureau began the process for making change in the staff training system.

DCYF contracted with the Institute for Human Services to assist in the change process. Focus groups were held throughout the state with staff and community stakeholders for input on how the training system could be improved to ultimately improve the services families and children receive. The DCYF five-year plan also provided specific feedback and guidance for the changes that would need to take place.

The first and most significant change in the training system involved adjusting the current system to operate as a true Competency Based Training program (CBT), with a heavy emphasis on skill building. The CBT system is applicable for all staff, regardless of position, i.e. family service worker, assessment worker, adolescent worker, permanency worker, supervisor, etc. Upon new hire, DCYF employees including CPSWs, supervisors, and other staff determined by their supervisor are required to complete the

CORE and Related trainings and thereafter, proceed on a "specialized" training track for their specific job function. Training is sequential, building theory, practice and skill as appropriate for each employee (workers and supervisors). In addition to being stand alone workshops, the issues of domestic violence, cultural competency, mental health issues, and substance abuse are woven through the CORE training modules.

Trainer development is one of the four major goals for the first two years of the five-year Training Bureau strategic plan. This includes developing a system to recruit, screen and hire trainers. This requires working in collaboration with community agencies, as well as experts in the field to provide CORE, related, and specialized trainings.

With the start of the FY06 the Staff Development and Training Bureau has added a specific evaluation component to be able to continuously evaluate existing training programs and potential impact on families and children. The Bureau Administrator will guide the process for evaluating both foster parent and staff training. This involves working with Bureau contractors, foster parent and staff training respectively, and the "evaluator" to begin the task of evaluating curricula and as a long-term goal, ultimately, the impact on families.

It is through these collaborative efforts of all Training Bureau contractors working with the Training Administrator and bureau staff, will work towards ensuring consistent messages to staff, providers and foster parents on issues of child and family safety, stability and well being.

THE SPEAKER'S BUREAU

The Speaker's Bureau is responsible for responding to community inquiries creating opportunities for greater awareness regarding the roles and responsibilities of DCYF. The goals developed by the Speaker's Bureau are:

- To proactively offer speaking engagements to the community instead of reacting to community requests
- To improve data collection of DCYF presentations given throughout the state
- To provide training opportunities for speakers on public engagement and presentation skills to promote a positive image of DCYF
- To create a centralized resource library of materials, publications, and media presentations

During this reporting period, the Speaker's Bureau has not been in consistent operation, largely due to training staff and administrative changes. The BSDT recognizes the importance of this program and will be meeting with the DCYF Director and Bureau Administrators to obtain information on current developments and initiatives for inclusion in new presentation materials and public speaking engagements. Following these meetings, the BSDT has a target date of August 2008 for resuming the Speaker's Bureau.

WORKFORCE DEVELOPMENT

Since its inception in 2005, the Workforce Development Group, which is comprised of CPSW, supervisory, administrative, and staff training representatives, has worked determinedly to address strategies and agency improvements for recruiting and retaining high quality child welfare staff. The following table exemplifies some of the Workforce Development Group's efforts.

DCYF Recruitment and Retention Plan

Programs, Activities, and Initiatives	Completion Status
IV-E Intern partnership with the University of New Hampshire (UNH) and Plymouth State University (PSU)	Accomplished 2002
Evaluation of CPSW Mentoring Program	Target 2009
Exit interviews revision	Accomplished 2007
Exit questionnaire revision	Accomplished 2007
Develop competency-based standardized hiring curriculum	Accomplished 2006
Supervisory standards revision	Accomplished 2007
Standardized core training curriculum revision	Accomplished 2005
Supervisor and CPSW position reclassification	Accomplished 2006
Reduce Supervisor to CPSW ratio	Accomplished 2007
Distribute staff attorney survey	Accomplished 2006
Distribute foster care health nurse survey	Accomplished 2007
Distribute *An Invitation to Choose: A realistic preview of North Carolina child welfare work* video to UNH, PSU and all district offices	Accomplished 2008
Develop guidelines for supervising IV-E interns	Accomplished 2008
Improve IV-E intern screening, competency, and retention	Target 2009
Develop DCYF and child welfare curriculum for UNH a PSU students	Target 2009
Develop *High Performance Workforce in Child Welfare* curriculum for UNH and PSU MSW students	Target 2009
Enhance specialized and related training for experienced staff	Target 2009
Develop mentoring program for experienced staff	Target 2009
Develop and implement retention strategies for foster care health nurses	Target 2009

BUREAU OF QUALITY IMPROVEMENT

DCYF maintains a Bureau of Quality Improvement (BQI) that blends evaluation and oversight with research and development, policy and rules. This multidisciplinary BQI team is the hub that connects DCYF's Program Improvement Plan, five year Child and Family Services Plan, the statewide Case Practice Review (modeled after the CFSR), and administration of key grants and new initiatives in a cycle of continuous quality improvement.

BQI provides timely program data to managers and, more importantly, works to break down the barriers between data and practice. Like many other states, New Hampshire has truly embraced the use of data at all levels of management. However, staff are sometimes overwhelmed by the amount of data available and may lack the technical skills needed to turn "data" into "information". The Bureau of Quality Improvement has become the "data broker" that provides a bridge between simply *having* the data, and actually *using* it. The agency's use of data has matured in recent years from a reliance on "compliance" to a focus on "outcomes." (See Attachment VII for BQI flowchart)

THE SUPERVISORS' REPORTS: USE OF DATA IN PRACTICE

Several key processes have resulted in DCYF's status as a data-driven agency and a model for other agencies within NH's Department of Health and Human Services. First, district office supervisors are key in any effective systems change. It is vital that this group "buy in" to the use of administrative data to monitor and improve practice. To accomplish this, BQI developed a "data managers" group that includes both analysts and program managers. This group gathered information from field staff and supervisors to develop a set of supervisors' reports.

The supervisors' reports were designed as tools for local supervisors, reinforcing the philosophy that State Office operates first and foremost to support the field. The intent of the supervisors' reports was to show supervisors, staff, and managers that data from BRIDGES can be used to improve the efficiency and quality of staff supervision, guide caseload and staffing decisions, and identify areas of strength and challenge in office practice. By observing differences across offices, program administrators can appropriately target improvement initiatives. Additionally, district office supervisors can support one another by sharing successful strategies.

The success of the supervisors' reports relies on several principles:

- Reports are provided in Excel. Supervisors were provided with Excel training designed specifically for these reports. The training was focused on basic techniques including sorting, filtering, and printing to enable Supervisors to effectively use the data

- Reports provide aggregate data at the district office level, but also have "detail" tabs where results are available at the supervisor, caseworker, and client level.
- District office level data are shared at monthly leadership meetings in a supportive manner – recognizing the complexity of child welfare cases, the focus is on using the reports as a tool for supervision, not on achieving 100% compliance.
- The analysts responsible for creating the reports are available for questions – improvements are made on an ongoing basis if problems are identified. Staff and Supervisors have access to report definitions and know exactly which fields in BRIDGES are queried to produce the reports. This was absolutely critical to buy-in as previous reports contained incorrect data that were never resolved.

As a result of these efforts, DCYF now has over 15 standard reports that are accepted as reliable sources of information. District Office supervisors and state office program managers have begun using these reports to begin new initiatives in their offices. Requests for additional data are common as staff at all levels learn how useful the information can be. Data integrity improved rapidly as the reports began to be widely used. Staff and supervisors now see the value in data entry and are willing to invest the time in accurate documentation. This shift from data indifference to data reliance has allowed DCYF to explore the use of data in additional areas – the supervisors' reports have become one component of the larger data system. (See Attachment VII for Use of Data chart)

THE CASE PRACTICE REVIEW (CPR):

As a direct result of New Hampshire's participation in the federal Child and Family Services Review (CFSR) in June 2003, the Bureau of Quality Improvement (BQI) restructured its case practice review system to mirror the CFSR process. Held quarterly, the Case Practice Reviews (CPR) identify strengths and areas needing improvement in each District Office focusing on outcomes for children and families in the areas of safety, permanency and well-being.

In the Ongoing Case Component of the CPR, reviewers use the federal CFSR review instrument to review 12 randomly selected ongoing cases, eight from DCYF and four from DJJS.

In addition to the review instrument designed for ongoing cases, the NH CPR also includes two new, additional review instruments, one specifically designed to evaluate the Assessment phase of Child Protective Services, and another to assess compliance with fiscal policies and procedures.

The Assessment review instrument allows BQI to evaluate risk assessment and safety management in a random sample of 20 completed assessments. These include both substantiated and unsubstantiated referrals.

The fiscal review instrument allows BQI and the DCYF Fiscal Unit to identify strengths and challenges regarding implementation of fiscal procedures. This tool also assesses the quality of services provided by the fiscal specialist and DCYF /DJJS staff.

In a recent telephone conversation with the National Resource Center for Organizational Improvement (NRCOI), it was noted that New Hampshire is the first state to develop and conduct a fiscal review in conjunction with a quality review of practice.

The onsite review takes place at the District Office over the course of one full week. Reviewers are volunteers from other District Offices and from the State Office of both DCYF and DJJS. BQI also recruits one community stakeholder to participate in each Case Practice Review.

Like the CFSR, the reviews extend beyond the information available in the case record to include staff, child (if appropriate), and stakeholder interviews that are arranged by each District Office.

In addition to the on-site case review process, representatives from BQI also facilitate a community-based stakeholder focus group. The focus group is held offsite and involves a variety of human service, education, and law enforcement professionals from the communities serviced by the District Office under review. The focus group questions are designed to solicit feedback regarding the effectiveness of the Child Welfare System including:

- Investigations of reports of abuse and/or neglect,
- Collaboration in cases with multiple agency involvement,
- Permanency and stability for children in out-of-home placement
- Maintaining connections with relatives and community/ cultural competency,
- Agency responsiveness to mental and physical health needs
- Agency responsiveness to educational needs
- Gaps in community service array

After the onsite review and stakeholder focus group, BQI develops a confidential report for each District Office. The report explains the findings of the case review and includes a summary of the focus group findings.
In order to facilitate continuous quality improvement and address specific areas of challenge identified in each District Office, BQI assists the supervisors with the development of the Practice Improvement Initiative (PII).

The PII includes specific action steps to be taken to improve practice in areas identified through the onsite review as in need of improvement. The PII can also include action steps related to systemic issues such as improved collaboration with community stakeholders if such items are warranted.

Administration from both Divisions will work with BQI and the District Office staff to monitor improvement initiatives and report on program outcomes. This process continues until the next onsite review. (See Attachment VII for Case Practice Review Process flowchart)

THE ADOLESCENT REVIEW INSTRUMENT

In addition to initiatives driven by the Bureau of Quality Improvement, DCYF program managers have begun to request assistance in developing their own internal QA processes. Due to the success of the Case Practice Reviews, program managers have approached BQI for assistance in evaluating their own efforts.

The development of a new Adolescent Case Review Instrument highlights this successful collaboration. This review instrument builds on successful components of the CPR process such as the use of peer review, a structured review instrument, and a strengths-based approach.

In addition to determining whether specific agency policies were followed, the main goal of this tool is to evaluate from the youth's perspective, how well the involved agencies worked to meet their needs for positive youth development, permanent connections, and adult living skills.

Input from the Youth Advisory Board, a group of youth currently in out-of-home placement through DCYF or DJJS, was essential to this process. The youth themselves determined which outcomes were truly important for their successful transition to adulthood.

The Adolescent Review Instrument is still in development with a plan to implement a pilot review in the summer of 2008.

ASSESSING OUTCOMES

The Case Practice Reviews result in local Practice Improvement Initiatives as well as statewide policy changes such as the implementation of Permanency Planning Teams and the Finding Connections program. How do we monitor statewide changes of high-level outcomes such as length of stay in care? Have policy changes and new initiatives had the desired effect on case outcomes?

To answer these questions, DCYF has made use of the NCANDS and AFCARS data as well as the State Data Profiles. However, NH's AFCARS file includes a population of children under the care, custody and control of the Division for Juvenile Justice Services (DJJS). Including delinquent and CHINS youth in an evaluation of permanency outcomes presents a number of challenges. Additionally, BQI finds the heavy reliance on exit cohorts and cross-sectional analysis to be a limitation of the national standards. (Although the composite measures have made improvements in this area.)

Given these limitations, DCYF has subscribed to the Foster Care Data Archive (FCDA), a collaborative project of the Chapin Hall Center for Children and the American Public Human Services Association. The FCDA provides instant access to current out-of-home placement demographics and provides web-based analysis of outcome measures by

region. Juvenile Justice cases are excluded from analysis, which eliminates the concern that DCYF was held responsible for outcomes driven by youth in the care of another agency.

The utility of the FCDA is due, in part, to the highly skilled staffs that create and run cleaning routines on BRIDGES data. This frees up time for state analysts to focus on disseminating relevant data to the field. Participation in the FCDA has also improved collaborative efforts with local university-based research teams through the provision of a research-ready longitudinal file for more detailed analysis.

Results of entry-cohort analysis using the FCDA show dramatic improvements in length of stay in care, placement with relatives, and exit to permanent placement with relatives. This is supportive of the efforts the agency has made in these areas over the past five years. *DCYF First Time Entry Cohort Analysis* gives further information on the methodology, demographics, and results for 2007-2008 using the FCDA (Attachment I)

Finally, the DCYF fiscal unit has moved toward a system of performance-based contracting. Contracts now include requirements for measuring case outcomes in residential, home-based, and preventative services.

The Commissioner of the Department of Health and Human Services has cited DCYF as a model agency for our use of data and outcomes-based performance measurement. However, under a philosophy of continuous quality improvement, the Division continues to apply analytical techniques in new areas. While DCYF currently has a broad set of outcome measures, they are specifically related to the field of child protection, and thus measure areas of safety, permanency, and well-being that are within the mandate of a child protection agency. To truly measure 'well being' we must take a multi-systems approach. The best outcome measures will be derived from longitudinal analysis that follows families over time and across agencies.

POLICY AND RULE DEVELOPMENT

During the SFY 2008 the Policy and Rules Unit released several policies to improve services for children and families in New Hampshire. Policy development is typically a collaborative process involving CPSWs, district office supervisors, state office administrators and program specialists with consultation and review provided by the Policy and Rules Unit. The following narrative highlights the work completed by the unit this past year, demonstrating DCYF's dedication to promote child welfare practice that is family-centered, community-focused, and establishing ongoing partnerships with community-based services and programs:

- Policies for DCYF provider enrollment of community-based services was revised and released in October of 2007, which clarified provider qualification criteria, the quality and scope of service expected by DCYF, and payment and billing procedures.
- The Child Information Sheet was revised in June 2007 to include an expanded section on ethnicity and ICWA

- A brochure summarizing the programs and supportive services operating under DCYF was released in October 2007 in an effort to provide community education and awareness of the broad scope of child and family support programs beyond child protection services in operation under DCYF
- Through the diligent work of the Intake and Assessment Workgroup, a team representing CPSW, supervisory, administrative, training, and BQI staff for more than a year of monthly meetings, revisions to the Assessments were implemented and released to reflect conformity with CAPTA requirements, Department protocols, and statutory additions or revisions.
- The Family Services Workgroup, a diverse representation of DCYF staff similar to the Intake and Assessment Workgroup, effected revisions and recent implementation of policy updates regarding child-caseworker visits and frequency of which they
- Instructions to the Case Plan were revised to reflect conformity with related policy, legislative and statutory developments, and updates in federal requirements and/or law

In addition to the policies mentioned above, work has been completed regarding the Community Based Certification for Payment Rules. The old rule lumped all the services provided to children and families through a voluntary case or through a court order together whether they were a childcare provider or a provider of legal services. The changes break out each provider by service type so as to make the qualifications and performance expectations clearer. Several of these administrative rules have passed through the Joint Legislative Committee on Administrative Rules (JLCAR) with the remaining scheduled for completion in September 2008.

NH BRIDGES: DCYF'S AUTOMATED STATEWIDE CHILD WELFARE INFORMATION SYSTEM

In April of 2006, NH BRIDGES, DCYF's statewide-automated child welfare information system (SACWIS), released Version 13.0. As part of this release, the service and provider search function was substantially improved, allowing CPSWs and other DCYF staff to better locate family-centered services specific to individual family needs. This enhancement meets the requirements for SACWIS 30 (matching client needs to services and resources). The provider enrollment screens have been modified to accept additional data, including provider's service specialties, strengths with various populations, language spoken, website address, email address, "Doing Business As" information, and the type of foster home.

The search function now allows searches on: age and gender of client, language spoken, location of provider by town, county and district office, provider's service specialties and provider's strengths with various populations. The search will now exclude certain search results if a client characteristic matches a characteristic that a provider is "unwilling to accept." Users may now search only for open providers if desired. In conjunction with this release, data is being cleaned up to ensure that providers' "DO" now reflects their actual physical location. An Export button has been added to allow search results to be exported to Excel for sorting and printing.

The May 2007 NH BRIDGES Version 15.0 release included a major enhancement to the existing BRIDGES/NECES Interface to include; functionality allowing DCYF attorneys to request an address from NECSES (New England Child Support Enforcement System) and the FPLS (Federal Parent Locate Service) for a missing parent. This information is now used to notify (missing) biological parents of any Court hearings regarding Abuse and/or Neglect or the termination of their parental rights. Any DCYF worker (after supervisor and attorney approval) can request the locate, but only DCYF attorneys will have access to the results.

When a parent locate request is received, the NECSES system will check their address records for the parent, if there are no matches, the system will check the New Hire File from New Hampshire Employment Security. If still unsuccessful, the request will be sent to the Federal Parent Locate Service (FPLS). The FPLS provides an exhaustive check of the Federal Case Registry. The information is then returned to the NECSES system, which will send Bridges the FPLS information of the located missing parent. This interface enhancement met the SACWIS 24 and 82 requirements.

Another major enhancement to NH BRIDGES occurred in the Version 16.0 release in January of 2008 with the launch of the IV-E Eligibility Project. In order to comply with Federal standards, BRIDGES and New HEIGHTS enhanced the existing interface between the two applications. Specifically, the two applications are now able to exchange Title IV-E related data.

Since New HEIGHTS is currently the system of record for Eligibility determinations, BRIDGES sends information on IV-E removals nightly. This will reduce duplicate data entry on items such as client demographics, DCYF provider details and court information.

With this release, BRIDGES can now capture, store and display eligibility results including clients' individual eligibility history. Also, due to enhancements of IV-E determination results, DCYF is able to report and analyze trends with greater accuracy.

Additionally, Bridges will send e-mail notifications to concerned staff when:

- Provider Licenses are about to expire
- IV-E related events occur
- A child is placed out of the home requiring a worker to initiate IV-E eligibility determination

- Information is missing to complete a IV-E determination (i.e.; "Reasonable Efforts")
- "Contrary to Welfare" not entered
- The provider not identified or the provider unlicensed
- Re-determination data needs to be verified
- Change in critical information resulting in a IV-E eligibility recalculation (this allows the Fiscal Specialist to review the change(s) and results before the data is entered into permanent view)

AFCARS IMPROVEMENT PLAN

Currently, DCYF has completed approximately half of the change requirements outlined in the AFCARS Improvement Plan (AIP). The SACWIS requirements to complete the AIP have been prioritized by the BRIDGES Change Control Board and Phase I has been completed. Phase II has an expected completion date with the next BRIDGES release in December of 2008. DCYF anticipates that the 200909 AFCARS submission due in November 2009 will include all of the AIP requirements asked of New Hampshire to date. Please see Attachment XIX for the current AIP status report.

PROMISING INITIATIVES

The Division for Children, Youth, and Families is committed to developing programs and enhancing community collaboration to better serve NH's families and improve the safety, permanency, and well-being of all children throughout the state. The following initiatives highlight several of DCYF's efforts toward achieving this goal.

LEADERSHIP MEETINGS

Being a small state with a State Office centrally located, DCYF supervisors and administrators have the unique opportunity to come together whenever possible. The CPS Administrator and three CPS Assistant Administrators responsible for the oversight of child protection practice and procedures in the twelve regional district offices have developed stronger working relationships and closer collaboration between state and district offices through the frequent presence of assistant administrators in local offices and leadership meetings held at state office. The DCYF leadership meeting occurs monthly and is attended by at least one supervisor from each district office as well as state level program managers, administrators, and agency attorneys.

The purpose of leadership meetings is to disseminate pertinent information and updates impacting DCYF system wide and daily operations at the district offices. Most importantly, highlights of best-case practices as well as barriers to best practice are brought to Leadership for discussion and direction. Ongoing dialogue about caseworker

contacts with children and families, parent-child visitation, timeliness and quality of assessments, permanency planning, and child protection legislation are only a limited example of topics included as agenda items.

Leadership meetings promote consistent case practice, policy conformity, and agency unity. Perhaps of greatest benefit and importance, is the opportunity for supervisors and other staff to share practices that improve performance and daily operations implemented in their offices with other colleagues and peers.

BREAKTHROUGH SERIES COLLABORATIVE ON SAFETY AND RISK ASSESSMENTS

DCYF values the progress in practice that can occur through partnerships and collaborative processes. As a member of the New England Association of Child Welfare Commissioners and Directors (NEACWCD), DCYF is participating in an innovative project to improve safety and risk assessments in the child welfare system. In partnership with Casey Family Services, The NEACWCD – Casey Breakthrough Series Collaborative (BSC) on Safety and Risk Assessments is a twenty-nine month long project, beginning in April of 2008, that will plan, field test, evaluate, and quickly disseminate new tools and strategies in an effort to transform child welfare practice[2]. The methodology, adapted from the Institute for Healthcare Improvement that was used extensively in the healthcare field to create practice change, uses small-scale, rapid tests of change, which are closely monitored and measured in almost real-time so that successes can be expanded promptly and under performing strategies can be learned from and discarded.

Thirty teams from the six New England states will be selected through an application process planned to start in July of 2008. These teams will then field-test strategies for improving safety and risk assessments and work collaboratively with the other teams to identify those practices that have shown to be successful, measurable, and easily implemented, which will then be swiftly launched throughout the states' child welfare agencies.

An advisory group, who will include youth, parents, child welfare staff, academics, and family practitioners, will serve as consultants to the teams the BSC meetings and work sessions between them.

FINDING CONNECTIONS:

NH DCYF has taken steps to strengthen the existing system and ensure a greater focus on family and kin placements.

[2] http://www.jbcc.harvard.edu/publications/cg_08S.pdf

Starting January 2007, DCYF contracted with Easter Seals to establish the Finding Connections Program that places a contracted Connection Specialist in each of the District Offices. The Connection Specialist has expertise in researching a child's case file (case mining) to identify relatives and other supports and works collaboratively with the child's caseworker and Permanency Planning Team (PPT) to identify positive resources for the child. As the agency works towards breaking down barriers effecting permanency, this new collaborative effort has elicited optimism in helping to reach permanency goals for children in care. The following case narrative is an illustration of the exciting opportunities this new imitative presents:

Arthur

Arthur is a 14-year-old boy who experienced severe trauma and abuse in his early childhood. He has serious emotional and mental health issues and has been in several different placements over the past 10 years. Since 1994 he has been in an intensive residential treatment placement and overall he has made progress in the structured, therapeutic setting the program provides. Over the years, his case has been reviewed through the Administrative Case Review process. References have been made to his biological family, but due to Arthur's serious issues and needs, family members were not actively explored. More recently, in a Permanency Planning Team meeting, Arthur's case was reviewed and the subject of family connections was revisited. His case was referred to the Finding Connection Specialist and at this writing, after extensive case file mining, an initial contact has been made with a relative who is the adoptive mother of Arthur's brother. The Connection Specialist has begun conversations with Arthur's therapist and will work with the therapist, child protection service worker and the placement team in determining the next steps to take in Arthur's best interest. This will be a very slow and deliberate process but his family is very elated about the possibility of having some level of connection with Arthur after so many years of not knowing where or how he was doing.

DCYF'S RESPONSE TO INCARCERATED PARENTS AND THEIR CHILDREN

The Family Connection Center

The Family Connections Center is a parent support program located in the Lakes Region Facility State Prison for men in Laconia, NH. The Center's purpose is to offer incarcerated fathers an opportunity to participate in programs that build parenting skills and to maintain connections between parent and child. The visitation program provides a safe and home-like environment that allows fathers and their children to spend one to one time by staff monitoring through one-way mirrors. A variety of programs and resources are available at the Center including:

> *"If it wasn't for L.R.F. and especially the family resource center (Family Connections Center), I might have never had the chance to reunite with my children or meet a son I never met after 18 years". – Joe G.*
>
> *Family Connections Center Participant Quote*

- Father support groups
- An eighteen hour parenting course
- A literacy seminar and then a video recording
    - of fathers reading books for their children to
    - have in their home
- Books on tape read by fathers and then sent
    - home to their children
- Life skills seminars offered several times a year
- Family library
- Family reentry counseling between fathers and the child's caregiver

During FFY 2008, DCYF provided $9,000 of Title IV-B, subpart 1 funds to help support this innovative program. Additional support for the Family Connection Center is provided through Department of Corrections funding. DCYF plans to continue utilizing $9,000 of IV-B, subpart 1 funds to support the sustainability of the program during FFY 2009. The Family Connections Center has expanded over this past year to Shea Farm, a halfway house and pre-release facility for women in Concord, NH.

Interagency Coordinating Council on Women Offenders

In 2003, the NH Executive Council to the Governor requested the NH Commission on the Status of Women (NHCSW) to conduct a survey about training and education programs available to incarcerated women.[3] Through a series of focus groups and listening sessions, information was gathered about what training and education programs were offered for incarcerated women, however the NHCSW learned of other concerns from NH Department of Corrections Administrators, staff, correctional officers, and inmates. The exploration into incarcerated life for women was reported by the NHCSW in *Double Jeopardy: A Report on Training and Educational Programs for Women Offenders*. The report portrayed a grim reality the inmates at the NH State Prison Women endure. Although job training was offered to the inmates, the software and computers provided were no longer compatible with modern office equipment. A shortage of therapeutic staff prevented women from obtaining the treatment necessary to successfully reintegrate into society once released.

The findings of the report estimated that 85-90% of the women were mothers of whom many were the sole providers for their children prior to incarceration. Yet, there was no formal visitation or parenting support groups offered despite the overwhelming majority of the inmate population have children. Many women reported fighting to keep their parental rights with no legal assistance or guidance and losing custody of their children altogether.

In response, Senate Bill 262, an act establishing the position of an administrator of women offenders and family services within the department of corrections and

[3] http://www.nh.gov/csw/pdf/double_jeopardy.pdf

establishing an interagency coordinating council on women offenders was passed in March of 2006.[4]

The Child Protective Administrator serves on the council on behalf of DCYF. Over the past year, the Administrator has met with incarcerated women involved with DCYF to listen about their struggles to maintain connections with their children, keep apprised of case status and planning, and communicate with the CPSW assigned to the case. These listening sessions have prompted a response by DCYF to develop a system in which incarcerated mothers of children involved with DCYF can have a voice and participate in the case planning process. DCYF will begin implementing this initiative in the year ahead.

CULTURAL COMPETENCY

A strong analytical team allows the Division to turn research questions into practical solutions. Current research into racial disproportionality in the child protection system is one recent example.

Although New Hampshire's diversity is not as readily apparent as in other states, New Hampshire's rate of disproportionality of African American children in out-of-home placements is significantly higher than in most other states[5]. BQI has responded to this concern in several ways. First, ongoing data analysis indicates that disproportionality exists at the time of initial report, with African American children being the subject of a disproportionate number of referrals. Preliminary research does not indicate a higher likelihood of referral acceptance, substantiation, or placement for African American children, and no statistically significant differences were found between races with respect to length of stay in care. That said, it is apparent that disproportionality in out-of-home placement is the result of a complex relationship between race, class and community characteristics. It is vital that state child welfare systems address these concerns in a comprehensive manner.

In the fall of 2006, Lisa Aronson Fontes was invited to present a training entitled "Child Abuse & Culture: Working with Diverse Families." In addition, the Office of Minority Health arranged for a representative from the Manchester-based Somali Development Center to speak specifically about the experiences of Somali refugees resettled in NH communities. DCYF's Bureau of Staff Development and Training partnered in the curriculum development for the event so that all involved were eligible for training credit. In the afternoon session, BQI and the Child Protection Administrator presented the NH specific data on racial disproportionality at intake, assessment, and placement. The event was an overwhelming success with Supervisors praising the practical and sound advice they received.

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[4] http://www.gencourt.state.nh.us/legislation/2006/SB0262.html
[5] http://www.cssp.org/uploadFiles/statORFactSheet2.pdf

As a result of this training, BQI embarked on the development of an agency-wide Cultural Competency Self Assessment. With the help of an MSW research intern, BQI developed caseworker surveys over the 2007/2008 academic year. Early in 2008, the Bureau Administrator, with the support of the Child Protection Administrator, asked district office supervisors to allow time during staff meetings for CPSWs to complete the surveys. This proved very effective with over 90% of frontline staff completing the survey. Preliminary findings indicate that staff understand and respect cultural differences but would benefit from opportunities to learn about specific populations, such as recent refugees from Sudan or Somalia. Staff in more urban offices indicated a need for additional bilingual resources. When analysis of the survey data is complete, the findings will be shared with district office supervisors, program managers and the training bureau administrator. An additional survey for supervisors, program managers, and administrators has been developed. BQI hopes to distribute this survey in the fall of 2008.

The Bureau of Staff Development and Training (BSDT) has recently re-written the Cultural Competency curricula with the assistance of Lynn Clowes, Program manager of the New Hampshire Minority Health Coalition. The two trainings consist of a Core Training (Cultural Competency I), for New CPSWs and a Specialized Training (Cultural Competency II), for Supervisors and seasoned CPSWs to ensure the CPSWs that they supervise or mentor are able to have a transfer of knowledge from the training into practice in the field.

In April 2008, field staff and supervisors from several DCYF district offices attended a Diversity Journey Conference sponsored by Casey Family Services. The event, with its "Building Skills" theme, challenged and inspired participants in their daily lives and in their professional endeavors. The conference was designed for human service professionals, foster and adoptive parents, educators, policymakers, and other interested members of the community to expand their knowledge of diversity issues.

Specific Measures Taken In Response To The Indian Child Welfare Act (ICWA)
DCYF is committed to ensuring that provisions of Indian Child Welfare Act (ICWA) are meaningfully followed.

NH Abenaki/ DCYF Collaboration

Team work that serves American Indian families.

The population of American Indians in the United States in 2000 was 4,119,304, with more than 545 federally recognized tribes in other states. While one of the smallest minorities in the United States, American Indians are a very diverse group, representing a variety of cultures and traditions. According to the 2000 United States Census, the total New Hampshire population was 1,235,786. 7,885 residents, or 0.6% of the population reported being American Indian/Alaskan Native, increasing from 0.2%

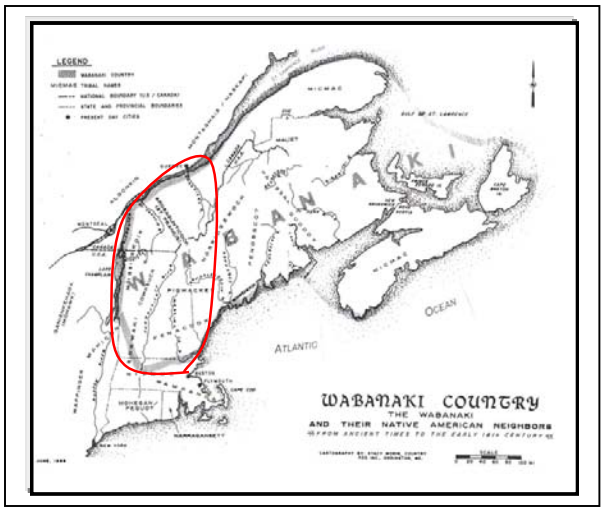
reported in the 1990 Census[6]. While the indigenous people of this state include Abenaki people, American Indian/Alaskan Native residents of the state reported over 4,000 tribal affiliations with federally recognized tribes.

Early and accurate identification of American Indian ethnicity ensures interventions and case plans that meaningfully address the child's heritage. The identification and verification of all children's ethnicity, including "American Indian/Alaska Native" is established, if at all possible, during DCYF's initial family contacts during the assessment phase. NH DCYF has in place a case review system for each child receiving foster care under the supervision of the State (See Administrative Case Review 2007 Annual Report, Attachment VIII). Through this and the Permanency Planning Team Process, all individual aspects, including race and ethnicity of each child in placement are considered to facilitate safe, stable and fulfilling reunification or other permanency opportunities. DCYF also provides a pre-placement preventive services program designed to help children at risk of foster care placement remain safely with their families (See Comprehensive Family Support).

A representative of the DCYF Child Welfare Committee is the director of Wijokadoak, Inc.[7], a New Hampshire based non-profit organization advocating for individuals who are of Abenaki and other tribal descent. This representative began consultations with the Staff Development Bureau in 2005 regarding development of a revised course curriculum, a contracted instructor, and specific materials and training goals to be utilized regarding ICWA. As a result of this partnership, Staff training on (ICWA) is incorporated into DCYF's Core training curriculum for new employees. Further, a workshop on ICWA is offered each year at the DCYF Conference.

Coordination with Tribes Regarding the Section 422 Protections for Indian Children

In addition to the actions addressed above, NH DCYF began discussions with members of the Abenaki Community in March 2006. The purpose of the discussions centered on how there should be some formalization of an American Indian group in NH, and how DCYF can partner with that group to better address the needs of Native American families and their children. Long-term benefits to DCYF would include having a common spokesperson that can represent the



[6] Profile of General Demographic Characteristics: 2000. U.S. Census Bureau. Retrieved June 25, 2008 from the World Wide Web: http://factfinder.census.gov/home/saff/main.html?_lang=en

[7] **Wijokadoak** means, "they help one another" in Abenaki. It is an organization formed by a group of concerned Native Americans and friends to serve the needs of indigenous People in New Hampshire within the ability of their resources. http://www.wijokadoak.com

collective American Indian community. Such an organization could potentially receive support through the Safe & Stable Families grant if it provides preventive services directly beneficial to children to avoid formal DCYF involvement, and avoid the removal of children from their homes. Greater awareness building about foster care recruitment/licensing among this community increases the likelihood that if a child is temporarily removed from home, s/he can be placed with a similar American Indian family. Finally, this group can provide better direction for DCYF to engage in meaningful, formal relationships with recognized tribes in nearby states.

In March 2007 representatives of Wijokadoak invited NH Department of Health and Human Services DCYF and Bureau of Minority health to join in a meeting with the Governor of NH to advocate for formal State Commission of Native Affairs. During the following month, DCYF staff joined with Wijokadoak to provide a joint presentation at the National Indian Child Welfare Association's national conference, regarding the Native American culture in New Hampshire, as well as DCYF's efforts to recognize and respond children and families who are Native American, in ways that honor all aspects of their heritage and individuality.

DCYF will be hosting a board meeting of Wijokadoak in order to strengthen our collaboration and educate them further about Chaffee benefits to native-American youth. The chairman of Wijokadoak is also the chairman of the New Hampshire Intertribal Native American Council. The New Hampshire Intertribal Native American Council can support Native American youth in care by offering support, assistance with basic needs and scholarships to pursue higher education. This event is scheduled to occur in 2008.

COMPREHENSIVE FAMILY SUPPORT AND RESIDENTIAL PROVIDER OUTCOMES

Under the direction of the DCYF Fiscal Unit, DCYF is moving toward a system of outcome-based contracting. Beginning with Comprehensive Family Support, the Auditing Specialist worked collaboratively with providers to create a set of standardized outcome measures and design a data collection and reporting system. Outcome areas include:

- Characteristics of target population
- What are the services needed and at what intensity?
- Success of program in avoiding future DCYF involvement

Data is obtained from tracking the graduating class following discharge from a comprehensive support program. "Graduating Class" is defined as any child 17 years old or younger who had completed a comprehensive family support program and had a

treatment plan during and at the conclusion of program participation.[8] Findings from the 2006 class show:

- 40% of the children first entering a program were referred by DCYF during an assessment of the family
- 94% did not have a DCYF case opened for at least one year following completion of the program
- Of the 6% of children and their families that did have a DCYF case opened, 3.8% of children required out-of-home placement immediately and the remaining 2.2% remained in their homes with intensive services
- The average participation in a comprehensive family program was 189 days
- The average length of time from completion of the program to DCYF involvement was 211 days

Using methods similar to above, a second initiative underway is following CHINS or Delinquent youth in residential placement throughout the transition process from discharge to returning home and re-integration of youth into their community. The goal is to gain a better understanding of how treatment plans created by residential programs address this transition process and how the extent of planning, family and community-based services participation impacts successful reunification and future DJJS involvement.

Outcomes from these initiatives are anticipated to provide DCYF with information on areas of strengths and challenges for Residential and Comprehensive Family Support Programs related to the quality of child and family assessments at intake and the adequacy of treatment plan development and implementation that address the individual needs and the services that will be provided to meet those needs for each child and family involved.

STRENGTHENING FAMILIES THROUGH EARLY CARE AND EDUCATION INITIATIVE

Developed by the Center for the Study of Social Policy, Strengthening Families is an approach to preventing child abuse and neglect through building five Protective Factors in families: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's social and emotional development.[9]

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By

[8] The 2006 graduating class had 684 children of which 34% under age five. 2007's graduating class had grown to 1186 children with 49% under age five. Findings from 2007 group are expected to be available in the fall of 2008.
[9] http://www.strengtheningfamilies.net/index.php

building relationships with families, programs can recognize signs of stress and build families' Protective Factors with timely, effective help.

In 2005, the CSSP designated NH as one of the seven states in the country for their Strengthening Families Initiative (SFI). Designated as the lead agency, DCYF has partnered with the New Hampshire Children's Trust Fund (NHCTF) in building protective factors for New Hampshire's families thus promoting the safety and well-being of children in their home and reducing incidents of child abuse and neglect. Some of approaches NH is currently using to achieve its mission are to:

- Incorporate Protective Factors curriculum into collegiate and advanced learning early childhood education courses
- Provide training and technical assistance on Strengthening Families and Self-Assessment to childcare programs through the Childcare Resource and Referral Network's contract with DCYF
- Adding Strengthening Families models to the Bureau of Child Development Professional Development System
- Participate in the Zero to Three's State Partnerships for Prevention

In June of 2008, the NH SFI provided a train-the-trainer two-day event for childhood and child protection professionals in the Zero to Three Strengthening Families curriculum. NH SFI anticipates the completion and publication of childcare provider guide to preventing, recognizing, and reporting child abuse and neglect. Further information about NH SFI is located:
http://strengtheningfamilies.net/images/uploads/pdf_uploads/New_Hampshire.pdf

BREAKING THE BARRIER: THE TRANSPORTATION-TO-REUNIFICATION PILOT

Transportation services are essential for maintaining and strengthening the parent-child bond, ensuring the health and well-being of children in out-of-home placement, and supporting parents' investment in addressing their own needs necessary for children to safely return home as soon as possible. Often, access to safe, reliable and available transportation becomes the primary barrier for meeting these objectives. As a small, rural state, public transportation is not a readily available option for resolving this barrier, thus parent participation in their child's medical, behavioral and/or educational meetings is inconsistent and sometimes minimal. Further, limited access to transportation impacts a parent's ability to engage in services addressing their own needs and to attend team meetings, which is a vital component in the provision of family-centered case planning and group decision-making. Lastly, and most importantly, limited or no access to transportation disrupts the frequency and consistency of parent-child visitation. Simply put, limited access to transportation can delay reunification.

To date, DCYF has out-sourced transportation services to independent agencies throughout the state. Accompanied transportation, which are transportation services used

primarily for activities and services addressed in the previous paragraph, is one of DCYF's largest expenses, costing approximately $1.5 million annually. Continuous efforts have been made to reduce these expenditures, including accommodating parents' schedules to meet outside of business hours, scheduling meetings in parents' homes or locations convenient to them, requiring Assistant Administrator approval for CPSW transportation services requests, car-pooling initiatives by state office staff, and working with CPSWs and foster parents to think critically and consider alternate options, such combining family appointments or providing the transportation themselves as part of best practice, before making a transportation request. Despite these efforts, cutting or reducing DCYF access to transportation services, thereby delaying the family's completion of their case-plan, is detrimental to time-limited reunification.

DCYF will be implementing a transportation pilot project in the Manchester District Office in this next year. This pilot will explore hiring independent transportation providers who will be located in the district office and work in coordination with the Community Liaison in scheduling and providing transportation for children and families served by the Manchester office through an open placement case. The Community Liaison works closely with community-based service providers in addressing service needs, as well as barriers in accessing medical, behavioral, financial assistance, and family support services. This person also acts as conduit for improving communications and relationships between the district office and the community. The DCYF Director, Fiscal Services Administrator, and Bureau of Quality Improvement will be collaborating closely with the Community Liaison to assess whether expansion of this pilot is a viable option.

STANDARDS FOR THE CONTACT AND FREQUENCY OF CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE

As required under the Child and Family Services Improvement Act of 2006, states must provide the following:

- The percentage of children in foster care under the responsibility of the State who were visited on a monthly basis by the caseworker handling the case of the child; and
- The percentage of visits that occurred in the residence of the child.

In 2007, NH submitted baseline date to meet these requirements as specified in the program instructions. DCYF has determined that resubmission of baseline data is not required.

NH program administrators have reviewed these data and initiated monthly reporting to improve performance. Additionally, we have identified data entry errors that, when corrected, will result in a more accurate accounting of caseworker visits with children in care.

By June 30, 2008, the State, in consultation with HHS, must establish an outline of the steps it will take to ensure that 90 percent of children in foster care are visited by their

workers on a monthly basis, and that the majority of the visits occur in the residence of the child by October 1, 2011.

The table that follows provides information on DCYF performance targets and program activities designed to meet these targets.

		Target Performance			
	FFY 2007 (baseline)	FFY 2008	FFY 2009	FFY 2010	FFY 2011
% visited each/every month	28%	30%	60%	75%	90%
% in residence	71%	>= 50%	>= 50%	>= 50%	>= 50%

Activities	Status
Review BRIDGES to determine ability to capture required elements	Completed August 2007, screens capture visit date, type, location, reason and participants.
Run Baseline data	Completed October 2007, submitted to ACF on 10/31/07
Change exisitng Family Service Supervisors Report (FSSR) to capture visits on monthly basis	Completed August 2007
Discuss changes to policy and reporting at Leadership	Completed August 2007
Monitor reports/discuss barriers at Leadership meeting	Ongoing
Revise existing visitation policy	Completed. Distributed June 2008
CPSW/Supervisor training on entering contacts	"Roadshow" provides overview of CFSR, focus on connection between monthly visits and improved outcomes. Completed last district office in April 2008
Additionl training as required	Ongoing
Inform DCYF and DJJS Administrators of financial implications and targets	Completed with ongoing discussion and monitoring of reports

In addition to these federal requirements, DCYF will be reviewing the total number of visits in an effort to understand the dynamics of visitation and ensure best case practice. By current federal standards, a child visited 12 times (once per month for 12 months) will be considered "compliant." At the same time, a child could be visited 36 times in 12 months, with no visit in one particular month – this child would be considered "out of compliance." Given the complexity of child welfare cases, DCYF visitation policy requires additional visits for children in higher risk situations. NH continues to review information on the "general pattern" of visitation in our Case Practice Review process. This is consistent with the CFSR review instrument.`

See Attachment IX for revised Case Contact Policy

COURT IMPROVEMENT PROJECT

The New Hampshire District Court, Family Division, Probate Court and Superior Court, the Division for Children, Youth and Families, representatives from the Bar, Legislature, CASA, Judicial Council, law enforcement and the Attorney General's Office continue to partner in addressing solutions to child safety, permanency and well being when families are involved in the Court system because of child abuse or neglect, child delinquency or status offenses. A watershed tool that resulted from this partnership, *The Protocols Relative to Abuse and Neglect Cases and Permanency Planning* were made possible through a federal grant received by the New Hampshire Administrative Office of the Courts from the U. S. Department of Health and Human Services, Administration for Children and Families.

This exciting grant opportunity allowed the New Hampshire District Court to develop and oversee the Court Improvement Project (CIP). Members of the CIP worked tirelessly on the creation of this manual, which began with a careful review of the *Resource Guidelines for Improving Court Practice in Child Abuse & Neglect Cases* produced by the National Council of Juvenile and Family Court Judges.

In addition to solution-based collaboration among the key partners listed above, foster parents and service providers also contributed to this endeavor. The Court Improvement Protocols, and joint training efforts by the Administrative Office of the Courts (AOC) and DCYF are frequently referred to in the objectives and action steps that follow in the Strategic Plan portion of this APSR.

In 2007 The Court Improvement Project received a grant to improve data collection and outcome measurement. The DCYF Director and BQI Administrator are working collaboratively with CIP staff to develop indicators related to the timeliness of court hearings. Court performance measures will be based on:

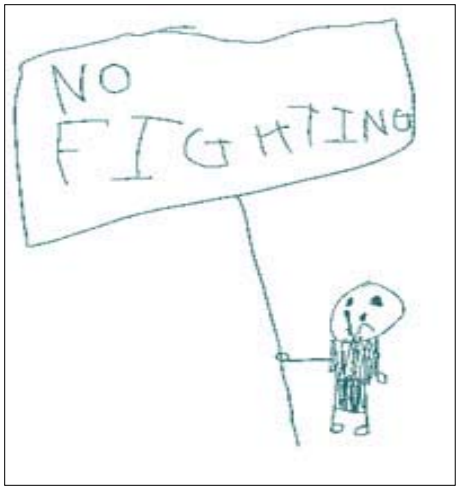
- Length of time to finding as alleged in the abuse/neglect petition
- Number of DeNovo appeals
- Length of time to Permanency court order
- Length of time to Termination of Parental Rights (TPR) or Surrender final order
- Length of time to Final Adoption order
- Duration of an open case
- Reason for case closure

In 2008, staff from the Bureau of Quality Improvement began development of a "DCYF for Judges" guidebook, which would allow the Judges to have fingertip access to information regarding the operation of the Division as well as key terms used by Child Protection Workers. The guide will include a description of the types of child protective service workers, program areas, services provided by the Division, case options and fiscal information. Printing expenses for the guidebooks will be funded through the Court Improvement Project.

PERMANENCY LEGISLATION

On January 1, 2008, NH RSA 169-C:15, III(d) was enacted, which mandates that all abuse and neglect, CHINS, and delinquency adjudicatory hearings must be held and completed within thirty calendar days of the filing of the petition. Previous to enactment of this legislation, significant delays in abuse and neglect findings impacted the permanency of children residing in out-of-home care. The goal of the new permanency legislation is to reduce the delay of permanency for all children involved with DCYF or DJJS.

THE GREENBOOK PROJECT



Six years ago, Grafton County, New Hampshire was one of six communities across the country selected to take part in a federal initiative known as the Greenbook Project. Greenbook's goal was to improve how Child Protection, the Courts, and Domestic Violence Coalitions work together when responding to the co-occurrence of domestic violence and child abuse and neglect. While the Greenbook Project officially ended in the fall of 2006, efforts to ensure the sustainability of the work continue. Family Court Judges took part in a statewide, multi-disciplinary training on the Greenbook Court Guide for Co-Occurrence Cases in the fall of 2007. Another statewide training on the Court Guide was held in September for DCYF supervisory and legal staff, DV Advocates, and Court Appointed Special Advocates (CASA) to better understand the recommended practice change for each system working with co-occurrence cases. Prior to these statewide trainings, DVS Program Coordinators provided five regional trainings on the Court Guide for DCYF field staff. Another important product of the Greenbook Project is the Advocate's Guide for Co-Occurrence Cases. Training for the advocacy community is slated to begin in 2008.

…Making adult victims safer and stopping batterers' assaults are two important ways to remove risk and thereby create permanency for children. Greenbook Recommendation 2
Schecter & Edleson, 1999

The Greenbook Project brought about significant improvements in responses to co-occurrence by DCYF and the other primary partners. Examples include the co-occurrence guides that were developed to provide internal education and outline practice changes within each system. Greenbook staff also worked with the DVS Program Coordinators and a training consultant to produce two advanced trainings for CPSWs on Connecting with Abusive Partners and Working with Families Experiencing Co-Occurrence; these trainings are being reviewed for inclusion in DCYF CPSW training. Educational modules were developed for DVSs to

offer in the DCYF district offices, and DVSs are becoming certified DCYF trainers in preparation for delivery of these trainings.

Statewide implementation of fundamental practice changes brought about by the Greenbook Project continues. The Greenbook Leadership Committee, which includes the Directors of both DCYF and the Coalition, is moving forward to sustain these collaborative efforts to achieve our ultimate goal: a statewide community devoted to assuring the safety, permanency, and well-being of children and their parents who are the targets of domestic violence.

Greenbook's primary goals were to increase knowledge and awareness in the community of domestic violence, child protection and judicial systems, improve effective information sharing, and—as a result--build an effective, collaborative community response throughout Grafton County. Each of the primary participants developed goals to enhance their respective systems. DCYF achieved its goals to:

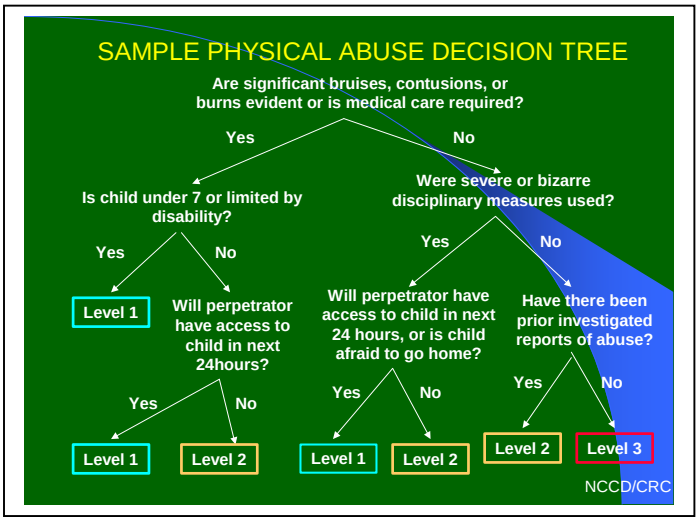
- Improve assessment for domestic violence;
- Implement separate service plans for victims and batterers emphasizing batterer accountability for responsible parenting; and
- Enhance family centered safety planning.

STRUCTURED DECISION MAKING

Utilizing technical assistance, DCYF implemented Structured Decision Making (SDM) in December 2001 in the Intake and Assessment program areas. DCYF expanded SDM to the family services area in March 2002.

SDM includes a set of research-based tools designed to identify safety and risk factors, which guide staff at critical service decision points. SDM can improve the effectiveness of child protection interventions by:

- Focusing on critical decision points
- Increasing the consistency and validity of decision-making
- Targeting resources to families at highest risk
- Improving the effectiveness of Child Protection Interventions



SDM reduces ambiguity by providing consistent, reliable information and a clearly defined methodology for making decisions related to the safety, permanency, and well being of children. DCYF field staffs continue to be involved in the refinement and implementation of SDM.

The SDM supervisory case read process

The SDM supervisory case read process was established in October 2004. BQI randomly selects one case or assessment per worker per month in each District Office. Supervisors use the Case Reading tools on each of the selected cases and assessments to ensure the workers are using the SDM tools correctly. Completed Case Reading tools are returned to BQI staff for aggregate analysis and reporting. In addition, BQI coordinates, with members of the SDM Core Team and the respective CPS assistant administrator, a periodic, random quality check of the supervisor's case read to ensure consistent and correct use of the SDM tools by supervisors across the state. BQI, the Core Team members and the CPS assistant administrator then meet with the district office supervisors to review findings and identify remediation, if needed.

DISASTER RESPONSE PLAN

DCYF continues to develop and test its Disaster Response Plan to improve its plan and continuously prepare staff for possible disasters.

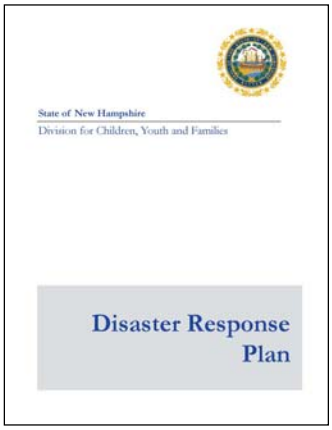


Table Top Exercises

Two District Offices were selected to test the DCYF Plan and to give Supervisors experience in responding to a disaster scenario. The Littleton Superiors were given a scenario (November 07) with avian flu as the disaster affecting their Office. They were deliberately given limited information and time limits of 10 minutes per update to resolve the presenting problem to somewhat replicate an actual disaster. A key finding was the authority of a supervisor to order a worker to remain at home to avoid spreading a communicable disease to other employees. Supervisors were unaware they had that authority. Similarly Claremont Supervisors (April 08) were given a scenario of a devastating flood affecting their staff and given limited information and time to respond, again to reflect an actual disaster. Claremont Supervisors identified gaps in their "go kits" they will now work on to be better prepared for a real disaster.

Both Offices reported the exercises were realistic and provided insight into what it takes to continue operations when a disaster strikes. The District Office Manager of Operations was included in both Offices to ensure coordination and communications went smoothly with other units in the Office. These tabletop exercises have been limited in scope to gain experience with the testing process itself and to establish the basis for more elaborate testing in the future. One more test is planned for the Division's largest office, Manchester. Over the next year more elaborate tests involving law enforcement, the courts, residential and community providers are anticipated and eventually tests will be done involving community first responders.

Bridges Recovery Plan
Bridges is the DCYF information system (SACWIS) that contains client records, billing and payment information, interfaces with other systems, etc. An obvious need is for a recovery plan should disaster strike to disable Bridges. A disaster recovery plan was developed with the Office of Information Technology that involved moving Bridges from one server to another server (over a weekend) to determine if the recovery plan was successful. The plan was successfully tested this spring and provides some confidence that Bridges can be successfully recovered if a disaster strikes.

Foster Parents' Emergency Information
Information about foster parents is entered and stored in Bridges. However, there was no easily accessible information about the possible re-location sites of foster parents when they need to evacuate because of a disaster. Planning has gone on to modify Bridges, since last year, so emergency information can easily be entered, stored and made available, A Business Requirements Document was produced on January 21, 2008 followed by a Functional Design Document on February 5, 2008. Testing is taking place in late May. The changes are expected to be implemented in July 2008.

New ICPC Report For "Go Kits"
The Compact Administrator must accept children entering NH from another state. This Administrator works with the field staff to ensure studies are acceptable and requested child visits and supervision is provided. No report existed of children sent only from state child welfare agencies. An ICPC Emergency Report has now (April 2008) been produced to give each office information about children placed in their catchment area. The ICPC Report is sent monthly with the Children In Placement Report to be included in each Supervisor's "Go Kit". The report also provides the Compact Administrator and each Supervisor an accurate list of children placed from other state child welfare agencies allowing the Administrator to communicate the status of each child to the sending state.

Juniper
Juniper is software purchased by the NH Department of Health and Human Services (DCYF umbrella agency) to allow secure, remote access to an employee's desktop from a remote site. DCYF participated in two tests of the software in December 07 and May 08 to see if the software operated as planned from a remote site. Initial efforts in December allowed testers to enter the In Case of Emergency (ICE) portal and Juniper after security software was downloaded but did not allow access to the desktop. The May test produced better results allowing some testers to access their desktop. Apparently newer and faster laptops need to be used for the access to be successful. Tests results are under review and changes will be made to make access easier in the future. More tests may be needed before the system is implemented in the Department.

Reporting Child Abuse Training for Disaster Behavioral Health Response Team (DHBRT) Members
DCYF received a request for training about mandatory child abuse reporting laws from the Disaster Behavioral Coordinator, NH Homeland Security and Emergency

Management. The training request was initiated after an incident occurred with a member of the Disaster Behavioral Health Response Team. (DBHRT). DBHRT members are individuals with experience in human services such as psychology, mental health, substance abuse, spirituality, etc. They are trained to provide interventions at times of disaster such as behavioral health needs assessments, psychological first aid, crisis intervention, community outreach, disaster behavioral health planning and networking and community resiliency training. A DBHRT member made an observation of possible child abuse and did not know how to report it. This led to confusion and an unintended outcome. As a result of this experience, DBHRT officials requested information about NH child abuse reporting laws and developed a protocol for DBHRT individuals to follow should they observe or be informed of an allegation of child abuse. They also expanded the training to include reporting allegations of adult abuse. Training was held this year in five different sites throughout the state beginning March 28th and ending April 18th. All trainings have been well attended and have been well received. Please refer to Appendix XVII for New Hampshire's State Disaster Plan.

PROMOTING SAFE AND STABLE FAMILIES EXPENDITURES IN FFY 2006

In all of its strategic plans, NH DCYF focuses on its mission and vision by supporting and promoting a seamless array of supports that are community based, consumer driven and blend the efforts of advancing the safety, permanency, and well being of New Hampshire's children. To accomplish this, PSSF funding helps support statewide child welfare and family support programs and best practice that serve the fundamental objectives of the grant.

During FFY 2006, PSSF funds were used for:

- **Permanency Plus: Time-Limited Reunification**
  In collaboration with NH Easter Seals and Familystrength, this intensive reunification program provided comprehensive case-management and support for families in which children entered out-of-home placement for this first time. Services began immediately from the date of placement and parent-child visitations were scheduled and occurred several times per week. Supported by a Familystrength counselor, the parents were encouraged to begin actively engaging in services, prior to adjudication of the petition, in order to have their children return home as soon as possible. The counselor provided in-home clinical services and therapeutic visitation at least once per week. Foster homes, or resource families, received support from Easter Seals and were trained to simultaneously work on reunification efforts while also being prepared to become a permanent home for the child if reunification was

not successful. Resource families often provided visitations to occur in their home, which would offer an opportunity for parent modeling. Team meetings were held bi-weekly, and everyone was considered an equal contributor to the team, including the parents and other supports they wanted at the table.

- **Comprehensive Family Support Programs – Community-Based Family Support Services and Family Preservation**

The Comprehensive Family Support Programs are located statewide, covering all twelve district office catchments areas. These programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families. Please refer to the Comprehensive Family Support section in this report further information about this program.

- **NH Community and Faith Based Initiative – Adoption Promotion and Support**

In 2005, representatives from different faiths, community members and DCYF staff developed an advisory board for faith-based initiatives. In July 2006 Bethany Christian Services, was awarded a $50,000/year grant, funded through PSSF Adoption Promotion and Support funds to oversee and implement the NH Community Faith Based Initiative (CFBI). The initiative targeted six of DCYF's twelve District Office areas. In the fall of 2006 the initiative expanded to the other six Districts Office areas. Please refer to the CFBI section of this report further information on this program.

In addition to the programs above, several other received support from PSSF funds, including, but not limited to the Family Resource Connection, a statewide parent support library and online service directory, foster care and adoption recruitment and retention training provided by Casey Family Services, and coordinating activities with community councils. The table that follows, highlights the use of PSSF funds for FFY 2006.

FFY 2006 PSSF Expenditures			
Program Area	Applied PSSF Funds for FFY 2006	Actual Percent	Allocation Percent
Family Preservation	$165,515.00	20.23%	20.00%
Community-Based Services Family Support	$166,708.00	20.37%	20.00%
Time-Limited Reunification	$164,960.00	20.17%	20.00%
Adoption Promotion and Support	$160,010.00	19.56%	20.00%
Administration and Planning	$80,556.00	9.85%	10.00%
Coordination and Planning	$80,458.00	9.83%	10.00%
Total	$818,207.00	100.00%	

The majority of programs funded by PSSF are through contractual agreements with outside agencies. The paid date does not always correspond with the actual service delivery date, which explains why the applied PSSF funds for FFY 2006 are slightly greater than the actual amount awarded to New Hampshire.

New Hampshire was awarded $77,609 in FFY 2006 for caseworker visits, however DCYF did not receive notice of the award until October 9, 2006, which is early FFY 2007. As a result, none of the award was spent in FFY 2006. $66,404.78 was spent in FFY 2007 and the remaining $11,204.22 was expended in FFY 2008 to aid in the reimbursement of travel expenses incurred by child protection staff for the purpose of ensuring monthly caseworker visits.

The federal 269 report dated 11/14/06 verifies that during FFY 2006, $6,676,062.00 were outlaid by state and local resources for the purpose of supporting Title IV-B, subpart 2 activities. This quantity was greater than the FFY 1992 base amount of $5,776,731.00.

FINANCIAL AND BUDGET INFORMATION

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV): Fiscal Year 2009

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2009__, October 1, 2008__ through September 30, 2009__

1. State or ITO: **NEW HAMPSHIRE**	2. EIN: 1-026000618-B3
3. Address: NH Department of Health & Human Services Division for Children, Youth and Families 129 Pleasant Street Concord, NH 03301	4. Submission: [ ] New [X] Revision
5. Total estimated Federal title IV-B, Subpart 1 Funds.	$ 1,077,381
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.)	$ 703,692
a) Total Family Preservation Services.	$ 141,520
b) Total Family Support Services.	$ 141,520
c) Total Time-Limited Family Reunification Services.	$ 141,520
d) Total Adoption Promotion and Support Services.	$ 141,520
e) Total for Other Service Related Activities (e.g. planning).	$ 59,423
f) Caseworker visits (STATES ONLY)	$ 18,767
g) Total Administration (FOR STATES: not to exceed 10% of estimated allotment).	$ 59,422
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. $_____ b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. $_150,000_____	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount $ 144,311_____, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$ 500,000
10. Estimated Education and Training Voucher (ETV) funds.	$ 100,203
11. Re-allotment of CFCIP and ETV Program Funds: a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP $_____. b) Indicate the amount of the State's allotment that will not be required to carry out ETV $_____. c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP $__150,000_____ for ETV program $__150,000_____.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 20__.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official

CFS-101 Part II: Annual Summary of Child and Family Services
State or ITO _____New Hampshire_____ For FFY OCTOBER, 1, 2008 TO SEPTEMBER 30,2009

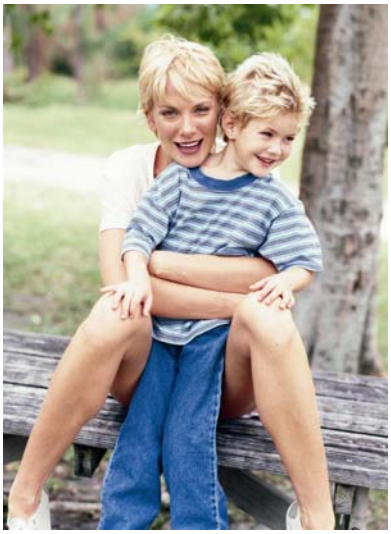
SERVICES/ACTIVITIES	TITLE IV-B (a) I-CWS	TITLE IV-B (b) II-PSSF	(c) CAPTA*	(d) CFCIP*	(e) ETV*	(f) TITLE IV-E	(g) State, Local, & Donated Funds	(h) NUMBER TO BE SERVED Individuals	(h) NUMBER TO BE SERVED Families	(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	55,000.00	141,520	141,785				94,426	13,000	6,000	Reports of Abuse/Neglect	Statewide
2) PROTECTIVE SERVICES	240,050						138,248	2,500	1,250		Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)	674,504	141,520					262,291	1,000	500		Statewide
4)TIME-LIMITED FAMILY REUNIFICATION SERVICES	24,000	141,520					47,169	1,500	1,000		Rockingham, Hillsborough, Sullivan, Strafford Counties, NH
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	31,600	141,520					47,169	4,000	2,000		Statewide
6) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	49,900					4,540,590	4,540,590	1,200	600	All eligible children	Statewide
(b) GROUP/INST CARE											
7) ADOPTION SUBSIDY PMTS.						3,321,225	3,321,225	1,000	800		Statewide
8) INDEPENDENT LIVING SERVICES				500,000			125,000	200			
9) EDUCATION AND TRAINING VOUCHERS					100,203		25,051	50			
10) ADMINISTRATIVE COSTS		118,845				9,568,620	9,558,425				
11) STAFF TRAINING						367,924	367,925				
12) FOSTER PARENT RECRUITMENT & TRAINING						143,642	143,642				
13) ADOPTIVE PARENT RECRUITMENT & TRAINING											
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING								7,000	3,500		Statewide
15) MONTHLY CASEWORKER VISITS		18,767					6,255			All eligible children	
16) TOTAL	1,075,054	703,692	141,785	500,000	100,203	17,942,001	18,677,416				

*** States Only, Indian Tribes are not required to include information on these programs**

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2006: October 1, 2005 through September 30, 2006

1. State or ITO: New Hampshire	2. EIN:1-026000618-B13	3. Address: NH Department for Health & Human Services Division for Children, Youth & Families 129 Pleasant St. Concord, NH 03301				
4. Submission: [ ] New [X] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number served***		***Population served***	***Geographic area served***
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	$ 1,111,195	$1,111,195	9,976	2,722	1,2,3,6,7	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	$ 111,119	$ 88,895				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - g.)	$ 717,127	$ 884,612				
a) Family Preservation Services	$ 143,425	$ 165,515	914	415	1,3	Statewide
b) Family Support Services	$ 143,425	$ 166,708	10,680	58,740	1,4,5,7	Statewide
c) Time-Limited Family Reunification Services	$ 143,425	$ 164,960		84	2,1,3	Rockingham, Hillsborough, Sullivan, Strafford Counties, NH
d) Adoption Promotion and Support Services	$ 143,425	$ 160,010	4,090		2,6	Statewide
e) Total for Other Service Related Activities (e.g. planning)	$71,212.70	$80,458				
f) Monthly Caseworker Visits (FOR STATES)	$77,609	$0.00				
g) Total Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	$71,712.70	$80,556				
7. Total Chafee Foster Care Independence Program (CFCIP) funds	$500,000	$500,000	173			Statewide

THE NEW HAMPSHIRE DIVISION FOR CHILDREN, YOUTH & FAMILIES FIVE-YEAR STRATEGIC PLAN 2004-2009



Child Welfare and Child Protection are human service endeavors that require continuous self-assessment, critical review, and adaptation to new understandings of best practice, legal mandates and collective social need. The DCYF strategic plan presents the direction that we believe will accomplish this continuous process.

A vital part of this five-year plan has been the agency's Program Improvement Plan (PIP), the result of New Hampshire's Child and Family Service Review (CFSR). NH DCYF and DJJS participated in the CFSR onsite review in June 2003. As a result of this review, the divisions developed a statewide Program Improvement Plan, or PIP, which focused on case practice and systemic improvements needed to improve performance on national standards and outcomes identified during the CFSR. While NH successfully completed the Program Improvement Plan, the divisions recognize specific efforts and activities identified in that plan that should be continued in the interest of best practice. Therefore, key components of the DCYF/DJJS PIP will continue to be reported through the APSR, and have been incorporated into the Five Year Child And Family Service Plan. These are set apart from the corresponding action steps, with reference to their original place in DCYF's PIP.

SAFETY

GOAL A: PROTECT CHILDREN FROM ABUSE AND NEGLECT.

OBJECTIVE 1: ASSURE OPTIMAL STAFFING

[Action step a: Using Council On Accreditation (COA) guidelines, the Bureau of Quality Improvement will work with the Child Protection Administrator to achieve and maintain COA recommended staff levels.]

Action step was revised on June 25, 2007 to the following:
Using available evidence based practice standards, The Child Protection Administration, the DCYF Bureau of Quality Improvement, and the DCYF Staff Development Bureau will achieve and maintain optimal staff levels.

Status: Implemented and ongoing

The Workforce Development Group has achieved significant strides in researching, developing, and implementing initiatives aimed toward maintaining an optimal level of quality child protection and child welfare staff.

Recent additions to staff include:

- 43 new positions in the SFY 04-05 Budget
- 4 new positions in October 06
- 6 new positions in Sept 06
- 10 new positions in April/May 08 (These include three provider relations positions and seven parental reimbursement staff who will support front line staff.)

In addition, DCYF Administrators use the Supervisors Reports to monitor district office workloads, making adjustments to staffing allotments when necessary.

Action step b: Using research based staffing standards; DJJS Field Service Administrator will establish and meet workload guidelines for DJJS staff.

Status: Implemented and ongoing

The Department of Juvenile Justice Services' (DJJS) Workload Guidelines Project, a workgroup formed to review workloads and workforce development, developed a standard of workload guidelines according to data from the Office of Juvenile Justice Delinquency Prevention (OJJDP). These data support an optimum caseload of thirty-five per Juvenile Probation and Parole Officer (JPPO) dependant on the supervision levels of those cases. DJJS has not been able to secure funding or Department approval for additional positions, however a Workload Guidelines group has been formed to move ahead with this initiative.

Action step c: Using ABA guidelines as a reference, the Child Protection Administrator and the DHHS Chief Legal Counsel will establish and achieve available legal staff.

Continued PIP Item CR27.A.2, CR28.A.2

Status: Implemented.

New Hampshire Department of Health & Human Services DHHS Office of Legal Services provides a staff of attorneys devoted to DCYF court related services. As of June 2007, there are seventeen full time field attorney positions, two paralegal positions, two attorney supervisory positions and one Legal Services Director for DCYF. All positions are currently filled.

The Division continues to monitor caseload and workload standards using the ABA guidelines as a reference. The Division has utilized time sheets, surveys and information available from its SACWIS system to capture and quantify attorney caseloads. This information has proven helpful in identifying areas were additional legal staff are needed and has provided empirical support for ongoing requests for additional positions.

Action step d: The Child Protection Administrator will work with the DHHS director of Administration to establish and meet appropriate levels of support staff in each district office.

Status: Accomplished

As of June 2005, there are no vacant clerical support positions in the District Office DCYF Units. The Commissioner and Governor granted waivers from the hiring freeze for all vacant clerical support positions in the District Offices. All such vacant positions have been filled.

OBJECTIVE 2: ENHANCE THE DECISION-MAKING ABILITY OF STAFF TO ASSESS SAFETY AND FUTURE RISK OF HARM TO CHILDREN FROM ONSET OF DCYF INVOLVEMENT AND ON CONTINUAL BASIS THROUGHOUT DURATION OF INVOLVEMENT.

Action step a: Utilizing involvement of field CPSWs and supervisors, establish an ongoing process to evaluate the meaningful application of Structured Decision Making in the intake, Assessment, and Family Services stages of DCYF involvement with families.

Continued PIP item S2.3.B.1.b revised: Structured-Decision-Making (SDM) is used where it should be, how it should be and at key intake and assessment decision points.

Status: Accomplished, and ongoing.

The SDM Supervisory Case Reading process (link) was implemented statewide in October 2004 to increase the consistent use of each of the SDM tools, reliability among workers' completion and validity of case decision-making. In addition, members of the SDM Core Team and training bureau provided follow-up training for Family Services staff that encompasses SDM procedures, implementation issues and Bridges navigation procedures. This training was provided at each of the 12 district offices.

Members of the SDM Core Team attend both the Intake/Assessment workgroup and the Family Services workgroup, to ensure discussions of SDM remain current. The SDM Core Team members act as "experts" in each district office to achieve consistency of use and application.

Action step b: The Bureau of Quality Improvement and the Child Protection Administrator will ensure the involvement of organizations and individuals with recognized expertise specialized fields such as in domestic violence, substance abuse, sexual abuse, and behavioral health when evaluating and updating Structured Decision Making

Status: Implemented.

A full time statewide coordinator of domestic violence interventions is on the staff of the DCYF Bureau of Child Protection and is involved in recommendations for SDM in the area of assessment and best practice interventions when domestic violence is co-occurring with child abuse or neglect. The Supervisor of DCYF's Project First Step program, which addresses co-occurring Alcohol or Other Drug Abuse (AODA) and abuse or neglect, is also a member of the Bureau of Child Protection and provides consultation for those areas of SDM that concern AODA.

Members of the SDM Core Team attend both the Intake/Assessment workgroup and the Family Services workgroup, to ensure discussions of SDM remain current. The SDM Core Team members act as "experts" in each district office to achieve consistency of use and application.

The DCYF Senior Psychiatric Social Worker acts as a departmental consultant on all issues connected with child and family mental health, and will be included in any evaluation of SDM that concerns mental health.

Action step c: Develop and provide semi-annual reports that address utilization and application of Structured Decision Making, and how this implementation affects DCYF performance relative to national CFSR standards.

Status: Initiated.

The SDM Case Reading Process was implemented in October 2004 and is ongoing.

Action step d: Structured Decision Making reports on current use of SDM tools will be provided to supervisors at Leadership meeting.

Continued PIP itemS2.3.B: Structured-Decision-Making (SDM) is used where it should be, how it should be and at key intake and assessment decision points.

Status: Implemented

In previous years, implementation issues were discussed and managed by the SDM Core Team. Now that the use of SDM has matured, this team has been blended into the Intake/Assessment workgroup and Family Services workgroup. This was done to remove the distinction between SDM and day-to-day practice discussions.
Data from completed SDM tools are currently used in both detailed case analysis and in aggregate reports that analyze DCYF recognition of, and response to, common conditions such as domestic violence that co-occur with child abuse and neglect. Also, results from utilization of SDM tools are incorporated into regular reports addressing CPSW interventions that include linking families with other supportive agencies.

OBJECTIVE 3: ASSURE CLINICAL EFFICIENCY OF OUTCOMES

Action step a: The Child Protection Administrator, Senior Psychiatric Social Worker, and Bureau of Quality Improvement Administrator will provide ongoing supervision of utilization of decision making tools and processes used by staff in making clinical judgments.

Continued PIP item WB3.23.A.3 revised 09/30/04

Status: Implemented and ongoing

During the course of every assessment, DCYF assesses risk factors in the family. If a child or caregiver has been working with a clinician prior to DCYF involvement, the CPSW is expected to contact that professional with the permission of the parent.

Throughout the course of every assessment the SDM Risk Assessment tool must also be completed, which prompts the CPSW to consider whether mental health, substance abuse, domestic violence, or other factors are a present risk within the family system. At the completion of every assessment, final referrals and recommendations are made to the family and documented in BRIDGES, the state's SACWIS. Information is provided to the family about how to access services addressing any identified needs.

If an assessment results in a founded, open case in which the child(ren) enters a first-time foster or relative care placement, a mental health assessment referral is made to the regional community mental health center as part of the Foster Care Mental Health Program

In June 2008, DCYF participated in collaboration with the Office of Alcohol and Other Drug Policy and the NH chapter of the National Council of Juvenile and Family Court Judges at a Symposium on Women, Co-occurring Recovery and Child Welfare. Nancy K. Young, PhD., M.S.W. of the National Center on Substance Abuse and Child Welfare facilitated a discussion and group work on identifying priorities and developing strategies for creating an integrated child welfare system with substance abuse and recovery for women. This symposium was a first step in laying the foundation for enhancing collaboration between the child welfare and substance abuse communities
Through the First Step program, a LADC is co-located in three district offices to assist in the assessment and referral of families impacted by substance abuse.

Through the DVS program a staff person from the local domestic and sexual violence crisis center is co-located in each of the 12 district offices to provide collaboration and support for cases involving domestic violence and child maltreatment.

Action Step b: Utilizing case record reviews and on-site observations, the Child Protective Services Administrator and Assistant CPS Administrators will ensure that CPS supervisors promote CPSW interventions that are consistent with timeliness of investigations, agency mandates, and the agency mission.

Status: Accomplished and ongoing

Trends relating to field practice are discussed monthly at Leadership meetings. Further, the supervisors' reports aid the Assistant Administrators, supervisors, and CPSWs in assessing practice, barriers to achieving agency goals, and methods for improvement.

In addition, DCYF's Bureau of Quality Improvement developed an additional review instrument for use during the Case Practice Reviews. The new Assessment Component focuses on the assessment or investigation process, an area of practice that was often overlooked using the Ongoing Case Component of the CFSR/CPR. This new component has been piloted in several offices during 2007 and 2008 and has proven useful in targeting improvements in this area of practice.

Action step c: Through case supervision, reviews of record documentation, and consultation with community stakeholders, CPS supervisors will ensure that CPSWs are engaging in meaningful contact with professionals and other individuals who are co-involved with children and families referred to DCYF for assessment.

Status: Implemented and ongoing

Since the implementation of the Case Practice review, DCYF developed a process in which to gather more qualitative data relating to the nature of contact CPSWs are engaging in with the community during the assessment process.

The DVS and First Step programs continue to facilitate and ongoing collaboration and cohesiveness between the child protection system and community systems also invested in the safety and well-being of children and families. (Attachments II and III)

Action step d: DCYF Administration for child protection will implement a process in which (1) Promising case practices and (2) practice issues are reviewed during the Case Practice session of each month's Leadership meeting for problem-identification and resolution.

Status: Accomplished and ongoing

Best practices and practice issues observed in the local offices are brought to the statewide supervisor's Leadership meeting for discussions and direction. Since 2004, items such as visitation, family involvement in case planning, timeliness of assessments; concurrent planning and permanency planning have been regular topics under review and discussion. Data from the Supervisors Reports are consistently reviewed to inform practice discussions at the district office level.

DCYF Administration have included Program Improvement Plan and Strategic Plan related discussions into each of the monthly Leadership meetings to inform staff of new/revised policies, to identify models of good practice, and/or areas where problems have arisen and to identify plans for action to resolve problems and to continue good practice. Case practice issues for these meetings are selected for review, discussion and resolution because of their importance and relevance to the field.

OBJECTIVE 4: INCREASE AVAILABILITY OF SPECIALIZED SERVICE PROVIDERS TO ALL AREAS SERVED BY DCYF

Action step a: Utilizing methods such as CPSW surveys, reports from Structured Decision and Administrative Case Reviews, and Case Practice Reviews, the Family and Community Services Administrator and CPS Administrator will identify, by district office, specialized services needed by children and families, including: substance abuse councilors, dentists, mental health professionals, and practitioners who work in batterer intervention and with sex offenders.

Also referencing continued PIP items SA36.A, SA35.A.3

Status: Implemented

Community stakeholder focus groups continue to be a component of the **Case Practice Reviews**. Focus group participants represent a broad range of community stakeholders including, but not limited to: school staff, law enforcement, medical professionals, foster parents, residential providers, and mental health providers.

Information from these groups is incorporated into each district office Case Practice Review report, and is addressed in each office's PII.

Work plans to formally incorporate this information, as well as that provided through NH DHHS Community Relations Managers resulted in the development of statewide policy addressing consistent statewide access to Individual Service Options (ISO).

DCYF's Bureau of Quality Improvement continues to assess service needs, as exemplified by the Cultural Competency Self Assessment.

Recently, Project First Step was expanded to provide LADC services to the Berlin District office.

Action step b: Utilizing resources such as an inventory of certification requests maintained by state office and monthly report outlining status of applications for certifications to be developed, the Quality Improvement Administrator and Fiscal Services Administrator will identify and enroll specialists identified in action step a as DCYF providers.

Status: Accomplished:

In April, 2006, modifications to NH Bridges were completed and launched, enhancing the ability of DCYF/DJJS staff to locate local community resources that meet individual needs of families involved in the child protection or juvenile justice system (SACWIS 30). Users are now able to quickly search for appropriate client-provider matches using multiple criteria. This reduces the amount of time dedicated to searching for services and

providers and return more meaningful search results. As an aid in case planning, the new search function is used when a worker needs to find a service or provider for a client, but does not have a specific provider in mind. It can also be used to locate all providers, of any service, who specialize in or work with clients who have specific characteristics. The provider enrollment area includes several new data fields to collect additional information, including service specialties, and client population specialties, including language(s) spoken by provider. A worker may search for providers of a specific service or search within an entire category of services.

Three of the eleven administrative rules designed to improve the provider enrollment process have been legislatively approved. The remaining eight rules will be approved and enacted by the Joint Legislative Committee on Administrative Rules (JLCAR) by September 2008. These rules will remain in effect for eight years.

Action step c: By June 2004, the DCYF Fiscal Services Administrator in collaboration with the Certification Program Specialist will implement a workgroup for the purpose of reviewing the provider certification process, as well as barriers to timely certification identified. This workgroup will identify, develop and implement and corrective action plans targeting barrier resolution to certification.

Status: Accomplished

The work carried out by this workgroup helped inform processes for moving toward the accomplishment of action steps a, b, and d of this objective.

Action step d: By 8/31/2005, the DCYF Policy Bureau Program Specialist will draft and distribute approved policies and administrative rules addressing certification of providers, including requirements for those providers to maintain practice that is consistent with DCYF Best Practice, DCYF Protocols on Law Enforcement, Sexual Assault, and Domestic Violence.

Also referencing continued PIP item SA35.A.3

Status: Accomplished

New DHHS Administrative rules (He-C 6352.13) concerning home-based counseling services were released on January 1, 2004. These rules contain specific requirements that those agencies certified as providers by DCYF must be familiar with and follow mental health and child protection protocols developed through the Governor's Commission on Domestic Violence and Sexual Assault, and the NH Attorney General's Office.

DCYF also included familiarity with the DV protocols as part of the training program that shelter care providers must deliver to their staff. This responsibility was incorporated into their services to be provided; these contracts may be extended through 2010, pending available funding.

Further review by the Program Specialist for Policy and Administrative Rules resulted in a decision that the language requiring familiarity with and practice of the DCYF and Mental Health Domestic Violence Protocols will be included in all administrative rules governing certification and billing of providers. Three of these administrative rules have passed through the Joint Legislative Committee on Administrative Rules (JLCAR) and the remaining eight will be implemented by September 2008.

OBJECTIVE 5: DJJS WILL INCORPORATE CONSISTENT CHILD SAFETY AND RISK ASSESSMENT TOOLS INTO INTERVENTIONS AND SERVICES RELATED TO CHINS AND DELINQUENCY (ADAPTED FROM PIP S2.4.D)

Action step a: DJJS will review statewide data for patterns of risk and protective factors. (*Adapted from PIP* S2.4.D.1.a)

Status: Accomplished and ongoing

Through the Workload Guidelines Project, DJJS revised its Risk and Needs Assessment tool first implemented in 2004. The revisions allow for easier data analysis and merging information into a single data file. DJJS is continuing to collect and analyze this risk and protective data to develop strength-based community and residential strength-case plans.

Action step b: DJJS will develop guidelines, policy, and supervision plan format.

Continued from PIP S2.4.D.1.b revised 09/30/2004

Status: Accomplished

DJJS developed a Community Supervision Plan that was reviewed by administration, field supervisors, and the DJJS Planning Group, which is composed of field JPPOs and program specialists. DJJS worked with the Administrative office of the Courts and DCYF administrators to ensure that the process & procedures were compliant with IV-E regulations. A policy was developed and approved by the director and distributed to all DJJS staff in November 2007.

Action step c: Utilizing DHHS and other state and federal sources for technical support, DJJS will integrate a comprehensive Risk/Needs Assessment into the State Automated Child Welfare Information System (NH Bridges).

Continued from PIP S2.4.D.1.c

Status: Implemented

DJJS administration began reviewed and submitted change request requirements for including a DJJS Risk Assessment tool into NH Bridges. The project was submitted by DJJS for consideration and inclusion in the Department's IT plans for 2006-07. SACWIS compliance and TANF reauthorization along with other system changes delay implementation of this change request for an indefinite period. DJJS has developed a Microsoft Access version of the tool as a means of making the tool available to the field.

OBJECTIVE 6: IMPROVE STATEWIDE AGENCY PERFORMANCE ON CFSR NATIONAL STANDARDS THAT MEASURE SAFETY

Continued from PIP item CR27.C.1, and revised CR28.B.2: CPS and Legal Services Administrator to work with Court Improvement Project administrator to assess and address reasons for delays in adjudicatory hearings which can result in delayed access to services.

Action Step a: Through the Court Improvement Project 2003-2006, the Child Protection Administrator and the Bureau of Quality Improvement Administrator will research and report on the factors causing delays in court hearings.
Court files and stakeholder surveys, which will include judges, DCYF and DJJS staff and supervisors, will provide data for this assessment.

Status: Accomplished and ongoing

Both the DCYF Director and the DJJS Assistant director are participating in NH State Supreme Court Judge Broderick's Permanency Committee. This committee is reviewing timelines for court hearings in both Child Protection and Juvenile Justice cases in both family/district /probate courts, appeals & legal aspects of adoption, to ensure NH practices are in compliance with ASFA mandates. The DCYF Director and the DJJS Assistant director are both in a subgroup under Judge Edwin Kelly, of the NH Administrative Office of the Courts, to address specific objectives related to timelines. The biggest accomplishment has been the commitment of both the Chief Justice and the Administrative Judge to make the Court Improvement Protocols mandatory, which will help to assure timely adjudicatory hearings, which will no doubt improve permanency outcomes.

In January 2008, new permanency legislation was enacted, which mandates that all abuse and neglect, CHINS, and delinquency adjudications must be held and completed within thirty calendar days of the filing of the petition.

The Court Improvement Project received a grant to improve data collection and outcome measurement. Length of time to permanency and other court hearings is one of the performance measurements included for analysis.

Action Step b: Through the Court Improvement Project, the NH Family/District Court system, DCYF, & DJJS will develop and will act on recommendations to address delay issues identified in Action step a by 12/30/05.

Continued from CR27.C.1.a

Status: Implemented and ongoing

Refer to action step a.

Action Step c: DCYF will institute practices that address regular evaluation and reporting on the tools and processes in place that assist essential interventions and case related decisions.

Status: Accomplished

The Structured Decision Making Case Read process was established in each district office beginning October 2004. Supervisors are expected to review at least one assessment/case per worker. In addition, BQI coordinates a periodic random quality check of the supervisor case readings to ensure consistent use of the SDM tools by supervisors throughout the state.

The Family Service SDM "refresher" training involved a core team member and a Bridges staff person began in January 2005 and has occurred at each district office.

SDM training continues to be part of the CORE and related trainings offered to new staff members.

Case Practice Reviews were formally initiated in January 2004 and are now a key evaluation standard for DCYF practice. Case Practice Reviews consistently analyze utilization of supervision, consultation and decision-making tools such as SDM, and adherence to DCYF policy.

With the assistance of DCYF supervisors and CPSWs, the draft Family Services Policy has been written to integrate Structured Decision Making (SDM) and "Court Improvement Protocols" as has been done in the Assessment Policy using electronic links. When the links are activated the reader will be able to navigate to SDM or CIP without changing screens.

The Family Services policy has been re-organized to:

- Make it easier for new and experienced employees to follow the flow of most family services cases
- Make it compatible to the new case plan
- Reflect the need to submit court reports at least 5 business days before a hearing
- Eliminate obsolete policies

OBJECTIVE 7: CONTINUE TO INFORM PUBLIC AND MAINTAIN AWARENESS REGARDING CHILD ABUSE AND NEGLECT AND DCYF INTERVENTIONS

Action step a: Utilizing Speakers Bureau and other formal HHS processes, maintain regular public education campaigns that address community responsibility to respond to child abuse and neglect.

Status: Initiated and ongoing

DCYF continued ongoing public education through a number of forums during this reporting period, including:

- Keeping Kids Safe workshops, held each April targeting approximately 150 teachers and other professional reporters who attend from throughout the state,
- Annual Plus Time conference, with an audience of child caretakers who work with children in after school programs, and
- The Annual Prevention Summit, held for a statewide audience in Concord NH.
- The NH Dept of Education continues to coordinate training with DCYF on Mandated Reporting and Recognition of Symptoms of Child Abuse and Neglect, utilizing the Attorney General's Task Force on Child Abuse and Neglect Educational Protocol (see http://doj.nh.gov/victim/docs/education.pdf).

DCYF supervisors continue to provide public education at a local level about all facets of child protection and DCYF services.

In 2008, the Department of Health and Human Services was reorganized to create a new position. Under the Public Information Office, the Communications Director's role is to disseminate information and respond to inquiries from state and regional media outlets. The Director is exploring the development of a monthly television program, which would highlight one of the Department's divisions on each program and be aired on community access television. The target launch date for the program is 2008-2009.

In 2008, DCYF offered several "Mandated Reporter" trainings to the Disaster Response Team's behavioral health professionals to educate on child abuse and neglect concerns, intervention, and reporting to DCYF.

Action step b: DCYF will coordinate and launch a public information campaign about BRIDGES confidentiality, and how confidentiality measures preserve family privacy.

Status: Implemented and ongoing

The DCYF/DJJS Speaker's Bureau provides information for all staff who are invited to present agency information at public forums. The right of privacy regarding a family's personal information in all DCYF records is part of the presented information.

In addition, all staffs sign confidentiality agreements when they begin employment with DCYF or DJJS.

GOAL B: ASSIST AND SUPPORT FAMILIES IN THEIR EFFORTS TO MAINTAIN SAFETY FOR THEMSELVES AND THEIR CHILDREN IN THEIR OWN HOMES AND COMMUNITIES.

Special consideration: Objectives and action steps that follow in this section are designed to ensure that specific individuals and families referred to DCYF can access supports and preventive services that resolve their particular needs.

OBJECTIVE 1: IN DCYF INTERVENTIONS, EXPAND PUBLIC ACCESS TO SERVICES THAT PREVENT CHILD ABUSE AND NEGLECT

Action Step a: DCYF will increase training and awareness building to ensure that field staff and supervisors have essential knowledge about community resources recognized as effective in primary and secondary child abuse/neglect prevention.[10]

Status: Accomplished and ongoing

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[10] In the context of child abuse, primary prevention is defined as any intervention designed for the purpose of preventing child abuse before it occurs. This definition encompasses what some authorities have defined as secondary prevention. MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. J Child Psychol Psychiatry 1994;35(5):835-56

[10] Secondary Prevention activities [are] designed to intervene when risk factors or early indicators of substance abuse, such as marital strife or poor school performance, are present. This also refers to prevention strategies designed to lower the rate of established cases of a disorder or illness in the population (prevalence).[10]
http://preventionpartners.samhsa.gov/resources_glossary_p2.asp

All DCYF staff have access to the BRIDGES Resource Search module, which allows for an extensive search of available regional and statewide services according to a number of criteria, including child characteristics, geographic location, and type of service needed.

Each district office holds regular staff meetings during which information on new resources are disseminated and community service providers are invited to provide presentations on their program. This also occurs at DCYF's monthly Leadership meetings.

The Community Relations Managers are housed throughout the district offices and act as liaisons between community service providers and district office staff. These staff are a direct resource to CPSWs and supervisors for providing information and referral guidance as required.

Action Step b: DCYF will develop policies that promote access to community-based resources to support family members and prevent child abuse/neglect.

Status: Implemented and ongoing

As part of the 1999-2004 five year plan, DCYF, in a partnership with the New Hampshire Children's Trust Fund and a network of community agencies known as Family Support New Hampshire, initiated a collaborative effort directed at prevention of child abuse and neglect through Comprehensive Family Support. Through a combination of IV-B Subpart 1 and PSSF funds, DCYF provides support to 12 contract agencies, one in each district office catchment area, to provide these services. While families can be referred to participating community agencies through a variety of methods including self-referrals, formal referrals through DCYF are conducted during the course of assessments and open cases.

Multiple changes have been made since 2005 to the Assessment policy to add information regarding referrals to community-based resources for families and children in order to prevent further abuse and neglect. ITEM 685 Interventions for Children and Families; identifies recognizing the underlying causes of the behaviors and matching the interventions so as to best serve the family. ITEM 689 Due Process Notices and Administrative Appeals: discusses referring families to community supports in unfounded assessments and the need to refer all children under the age of three to Family Centered Early Supports in Founded assessments. Updates have also been made in May 2008 to ITEM 687(a) Voluntary Services

Action Step c: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

Status: Accomplished and ongoing

DCYF's Bureau of Quality Improvement Administrator is a member of the board of directors of the New Hampshire Children's Trust Fund (NHCTF). (See **http://www.nhctf.org/**) In 2005, the director of the NH Children's Trust Fund became an active member of the DCYF Citizen Review Panel.

Both DCYF and NHCTF are in partnership in the development and analysis of statewide outcome measures addressing efficacy of community based programs focused on family wellness and prevention of child abuse and neglect.

Action step d: DCYF supervisors will ensure that policies and protocols addressing access by families to prevention services are being followed.

Status: Accomplished

As part of DCYF's Management Report, supervision is tracked monthly, by district office performance, and is reviewed and discussed by administrators with individual supervisors and is reviewed at the monthly statewide supervisor Leadership meetings.
Also, see Action step e below.

Action step e: Through NH BRIDGES, and Structured Decision Making Screens establish reports that document the number of families referred to DCYF who are linked with local family resource and support programs.

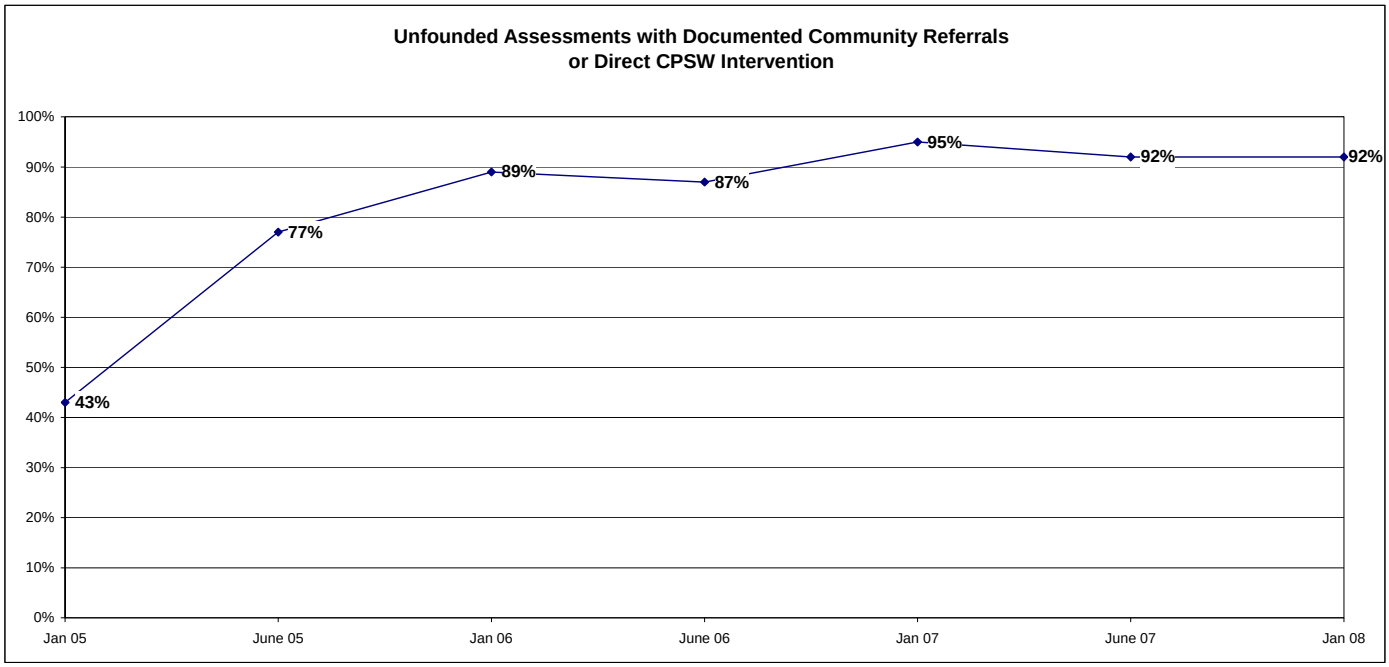
Status: Accomplished

At the completion of every assessment, whether founded or unfounded, CPSWs are expected to document community services they referred the family to that address the area(s) or need(s) present within the family system.

The SDM Case Reading process ensures that case action is appropriate to family safety concerns, risks, strengths, and needs as identified through SDM.

As shown in the table that follows, documentation of community referrals is also monitored through the monthly Supervisors Reports .

Table 1: Documentation on NH Bridges of community referrals.



Action step f: Through scheduled case reviews conducted at monthly Leadership meetings, the CPS Administrator and CPS Assistant Administrators will:

- Identify parents who present specific contact challenges for establishing a schedule of visits, e.g., second or third shift jobs, incarceration, frequent moves, homelessness, unclear immigration status,
- Review policy and training that addresses visitation and client contacts and
- Develop case-specific strategies that result in the ability to maintain predictable and frequent visitation and contact strategies. *(Adapted from PIP: WB1.20.B)*

Status: Accomplished.

CPS Assistant Administrators collect case examples and present at Leadership meeting to
(1) Develop case-specific strategies if needed, and
(2) To assess whether current policy and training curricula are adequate.

DCYF allows DO supervisors to have CPSWs work alternate schedules in order to, among other activities; meet with parents beyond regular business hours.

OBJECTIVE 2: ENHANCE COMMUNITY ARRAY OF SERVICES AVAILABLE TO EACH FAMILY IN ORDER TO MAINTAIN CHILDREN SAFELY IN THEIR OWN HOME

Action step a: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

Status: Implemented and ongoing

See Comprehensive Family Support and NH Children's Trust Fund

Action step b: Utilizing existing community initiatives such as "wraparound", increase collaboration to address family specific situations.

Status: Implemented and ongoing

The DCYF Senior Psychiatric Social Worker completed an inventory of all district offices in 2005, and confirmed that there are either active ongoing wraparound teams, or interagency teams that function on an ad hoc basis. Wraparound and team meetings are still being utilized under this reporting period.

OBJECTIVE 3: CREATE AND MAINTAIN AN ONGOING UPDATED STATEWIDE INVENTORY OF EXISTING CRITICAL COMMUNITY BASED SERVICES

Action step a: The Bureau of Quality Improvement Administrator and the Family and Community Services Administrator will identify service and access gaps using available community resources such as forums, family surveys, and complaint forms.

Status: Implemented

Community Stakeholder Focus Groups held during each district office Case Practice Reviews helps inform DCYF of service array and accessibility both statewide and regionally. This information is then addressed in each district office Program Improvement Initiative, and concerns are brought to the attention of the Regional Community Relations Managers, District Office Supervisors, and DCYF/DJJS Administrators.

The DCYF Bureau for Information Systems (BIS) launched a NH Bridges release in April 2006, which enables CPSWs to seek providers and agencies that can meet individual needs of children and families referred, at a local level. Further, revised policies and rules have been introduced that streamline the provider certification process.

In addition, BQI recently developed and distributed a Cultural Competency Self Assessment in order to inform training and service needs.

Action step b: In consultation with the Family Resource Connection, and NH Helpline, the Bureau of Quality Improvement will incorporate information from action step a, and other key information about community based resources, into a statewide computerized resource.

Status: Implemented and ongoing

The DHHS Service Link website (http://www.nh.gov/servicelink/links.html) provides on line information NH Helpline to anyone who can access the Internet.

In 2006, the NH Children's Trust Fund redesigned its web site to provide information about supportive organizations and programs on a local county basis. Users can click on their particular county and access resource information that can meet their particular needs (see http://www.nhctf.org/pnf.html).

Action step c: DCYF will research and promote computerized access by DCYF to a resource guide regarding community-based services.

Status: Accomplished – see previous action steps

GOAL C: ENHANCE FAMILIES' ABILITIES TO BE ADVOCATES FOR THEMSELVES AND THEIR CHILDREN.

OBJECTIVE 1: CONTINUE TO SUPPORT POSITIVE FAMILY STRENGTHENING THROUGH LOCAL FAMILY RESOURCE AND SUPPORT PROGRAMS

Action step a: Using the contracting process, the Bureau of Quality Improvement Administrator and the Bureau of Community and Family Support Services Administrator will encourage consistent assessment and reporting about: people who access services, evidence of involvement in programs offered, and evidence of effectiveness of those programs.

Status: Accomplished and ongoing

In July 2006, DCYF initiated new contracts with family resource centers and other community based agencies to provide Comprehensive Family Support services to all communities in New Hampshire. These contracts, supported by PSSF funds, require consistent reporting by contracted CFS agencies on the following information:

- Number of families enrolled at the beginning and end of the month;

- Number of referrals;
- Number of families receiving TANF, Healthy Kids Gold/Silver;
- Number of terminations;
- Total number of units of services delivered;
- Number of childcare cases and utilization data;
- YTD unduplicated childcare count;
- Narrative regarding impact of the services provided for families; and
- Community impact of the services provided.

Refer to Comprehensive Family Support and Residential Provider Outcomes for further information

Action step b: The Family and Community Services Administrator will promote statewide use of consistent evaluation outcome tools to track outcomes from all family resource and support programs.

Status: Accomplished and ongoing

See New Hampshire Children's Trust Fund Protective Factors Survey and DCYF Outcomes-based Contracting for Comprehensive Family Support Services

Action step c: Using annual reports incorporating the evaluation measures designed through action step b, DCYF will engage in a statewide public awareness and education program about local family resource and support programs.

Status: Initiated

Information obtained through action steps a and b above are incorporated into public awareness presentations by both DCYF and NHCTF staff.

OBJECTIVE 2: INCREASE THE PARTNERSHIPS BETWEEN DCYF STAFF IN THE DISTRICT OFFICES AND THE LOCAL FAMILY RESOURCE AND SUPPORT PROGRAMS

Action step a: The DCYF Child Protection Administrator, the DJJS Field Service Administrator and the Family and Community Services Administrator will ensure all CPSWs and JPPOs are familiar with local family resource and support programs and the DCYF Voluntary Services Policy.

Status: Implemented and ongoing

Training on DCYF Voluntary Services Policy has been completed. Information on the policy was distributed to all DJJS offices. During this reporting period, DJJS increased the number of voluntary cases without court involvement. DJJS voluntary services include monitoring and direct services by JPPOs. NH BRIDGES allows CPSWs to

search for community resources according to a number of characteristics including child demographics and/or medical or mental health needs. New service information is regularly disseminated and resource providers are often invited to present at district office staff meetings and monthly Leadership meetings.

Action step b: The Bureau of Community and Family Support Services Administrator and the Bureau of Quality Improvement will Engage local family resource and support programs in helping families access Voluntary Services, in ways that meet safety, stability and well being of children.

Status: Implemented

DCYF hired a full time Family Support Program Specialist who is responsible for coordinating awareness building and education outreach to increase access to voluntary Services. This Program Specialist will be working with the Bureau of Quality Improvement and Training as a consistent liaison between Comprehensive Family Support agencies and DCYF/DJJS.

In addition, DCYF created a new Community Liaison Chief for the Manchester district office, which serves the most populated region of the state. This individual is totally devoted to community outreach in the context of DCYF goals of child safety, permanency and well-being, and links DCYF efforts to complimentary community action.

PERMANENCY

GOAL A: DECREASE THE AVERAGE LENGTH-OF-STAY AND THE NUMBER OF PLACEMENTS FOR CHILDREN WHO ARE IN TEMPORARY OUT-OF-HOME CARE.

OBJECTIVE 1: ENSURE SIMULTANEOUS ATTENTION TO CONCURRENT REUNIFICATION AND PERMANENCY PLANS, TO REDUCE BARRIERS TO PERMANENCY FOR CHILDREN.

Action step a: Permanency social workers will be assigned to each District Office by June 30, 2005.

Status: Accomplished

CPSW positions specializing in permanency-related issues and in adolescent-related issues have been added to each District Office.

Action step b: A training program will be developed and provided for Permanency social workers by June 30, 2005.

Status: Accomplished

DCYF provided six days of specialized training for Permanency Workers from February 2004 through February 2005. The training covered a broad array of topics related to permanency planning, adoption services and preparing children for permanency. In 2005, a day and a half of training for permanency staff were provided in the area of permanency mediation, in preparation for a new NH statute allowing for voluntary mediated agreements in adoption. The Division has collaborated with Casey Family Services regarding training around voluntary mediated agreements and family engagement. A joint training on Voluntary Mediated Agreements was held on October 22, 2007. This training reiterated the emphasis on building relationships with birth parents and foster/relative placement providers through mediations. This training also

strengthened the collaborative efforts between DCYF and Casey Family Services in regards to permanency planning and mediation for children in the state's care.

On going training and support is provided to the Permanency Workers on a 1:1 basis and in groups, as needed. Specific trainings are on post adoption services and adoption subsidy, matching children and prospective families, and completing a foster home adoption. Permanency Workers and supervisors attend a monthly permanency staff meeting facilitated by the Permanency Program Specialist. These meetings, which often include child protection administrators, also provide information and training related to current permanency issues such as, permanency mediation, the correct use of APPLA as a permanency goal, assessing barriers to permanency and specific case related issues.

In 2007 additional presentations at the monthly permanency meeting included such topics as: new fingerprinting regulations, ICPC guidelines, RMS changes and revenue enhancing, 3-5-7 activity demonstration, PPT data report sharing, Post-adoption program, FACES training preview and Search tools for absent parents and relatives.

In 2007 DCYF received approval to access technical assistance from Adopt US Kids for the "Finding a Fit", Trainer of Trainers curriculum. This training took place on November 13, 2007 and November 14, 2007. The first day of training gave an overview around the permanency needs around matching children and pre-adoptive placements. Staff who were willing to become trainers for this subject in the future. The second day of training was geared towards assisting these identified trainers to prepare to utilize this training curriculum in the future.

Action step c: By June 30, 2006, DCYF will implement an advanced training program for Permanency social workers, involving at least two days of training per year.

Status: Accomplished

Training that addresses preparing children for Permanency was offered in April of 2005 as a pilot to a small group of permanency and supervisory staff. The focus of the training was on the grieving process that children often experience with the process of separating from their birth parents. Darla Henry of Family Design Resources in Pennsylvania developed this approach, known as the 3-5-7 model. Training for staff in two district offices, and their providers, was held in October of 2005. The model was piloted in two District Offices and it was established that refresher training was needed to sustain the momentum of the model Darla Henry returned to New Hampshire on June 10, 2008 and June 11, 2008 to train on this model. The first day was an overview of the model and the second day had one designated staff from each district office represented. The staff will identify one child on their caseload with whom to utilize this model. A plan will be established for these workers to receive regular support and supervision regarding case management questions they may encounter while utilizing this model. The worker will then become more comfortable implementing this model and will train and support other staff to use this model with other staff. The Findings Connections Program has been implemented in all of the District Offices by September 2007. This program focuses on

the need for children to have identified connections and visiting resources when they initially come into the state's care in order to support the child. Each office has received training around the need for connections and specific information about the Finding Connections Program and referral process. The training clarifies the role of the Connections Specialist and other related services around this program.

Training was held on June 25, 2007 called, "Leadership in Permanency" at which time Permanency Workers and other "Unit" members attended to increase their knowledge around facilitating Permanency Planning Team Meetings. Each district office left with an action plan to implement in their office.

Adoption Subsidy training has been offered by the Adoption Program Specialist. It was decided to offer these trainings in district offices at a regional level. This modification allows the opportunity for more staff to participate in these trainings and improve communication regarding the use of subsidies with pre-adoptive families.

Action step d: By June 30, 2005, Permanency teams will be established in each District Office to facilitate early permanency planning for children who may not return home.

Status: Accomplished

Since 2005, "Permanency Planning Team" (PPT) meeting have become an established practice for all out-of-home placement cases. Each district office has a functioning team comprised of the Permanency CPSW who facilitates the meetings, Adolescent CPSW, and at least one supervisor Foster Care CPSWs as standing members. PPT meetings occur no later than nine months from the date of the child's removal from their home.

As the program has grown and Family Services CPSWs have become more comfortable with a team-approach to permanency planning, PPT reviews in some district offices have implemented practice to include the Assessment CPSW first involved at the time of initial placement. Teams have recognized the value of including the Assessment CPSW, as they frequently have additional information of relatives and other supportive individuals who were involved with the child and/or family at the time of removal.

In 2007, many District Office have utilized PPT reviews on assessments and initial placement cases in order to collaborate earlier in a case to make sure the needs of the family are being met. In 2008, updated policy was released requiring the teams to review the reunification plan and placement needs of every child in out-of-home placement. A PPT report is generated and distributed monthly to assist the Permanency workers on meeting the timelines for PPT meetings.

Action step e: By June 30, 2006, DCYF will develop and activate a Permanency Team Steering Committee.

Status: Accomplished

The Permanency Team Steering Committee is established and has been meeting regularly since May 7, 2004. This steering committee has provided a forum to address any issues related to the permanency teams. The members of the committee represent each of the core members on the teams. A subcommittee was formed to develop policy, which describes the permanency options, the function of the permanency teams, and the roles and responsibilities of its members.

Action step f: By June 30, 2006, DCYF will develop and incorporate into practice a Permanency Team monitoring tool, with identified benchmarks, and a quality assurance process.

Status: Accomplished

A Permanency Review Form (#2275) was developed and implemented in October of 2004 and revised again in August 2006. This form is completed during each PPT meeting and becomes part of the case record. The PPT form includes information such as permanency goals, barriers to achieving permanency, the child's connections and relationships to relatives and/or siblings, and, if applicable, plans for adult living. The PPT form has been amended over time to respond to changing practice. A change request has been made to the BRIDGES Change Control Board to incorporate the PPT form into NH BRIDGES.

In addition, a PPT monitoring report is distributed monthly to ensure that PPT meetings are held for all children within appropriate timeframes.
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OBJECTIVE 2: WHILE THEIR CHILDREN ARE IN TEMPORARY OUT OF HOME CARE, BIRTH PARENTS WILL BE CONNECTED WITH NECESSARY AND APPROPRIATE SERVICES TO RESOLVE THOSE ISSUES THAT HAVE BEEN IDENTIFIED TO BE POTENTIAL RISKS FOR ABUSE AND NEGLECT.

Action step a: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau of Quality Improvement and the Child Protective Services Administrator will review the assessment process and evaluate identification of family strengths and needs.

Status: Accomplished

Supervisors from every district office attend DCYF monthly Leadership meetings. During this reporting period, The Child Protection and Bureau for Quality Improvement Administrators initiated regular reviews of the Assessment Supervisory Report (ASR). The ASR measures documented response time to referrals approved for assessment, timeliness to documented assessment closure, documented referrals of families to supportive community agencies, number of child victims associated with a prior founded assessment during the past six months, and number of supervision sessions in each district office.

The Structured Decision Making Safety and Risk Assessments tools must be completed for all DCYF assessments regardless of the disposition, and the Family Strengths and Needs Assessment is completed in assessments where a finding of abuse or neglect has been determined.

The Case Practice Review piloted the first Assessment Case Review tool in March of 2007 to begin a review process for unfounded assessments, which are not captured in the review tool for ongoing cases.

Action step b: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau of Quality Improvement and the Child Protective Services Administrators will ensure that DCYF refers families to services that address identified needs to help optimize strengths to address the areas of needs.

Status: Implemented and ongoing

As stated above in Action step a and in Safety: Goal B, Objective 1, Action step e, the ASR is used monthly at statewide supervisor meetings to promote accurate documentation that indicates connection of families to supportive services. As an example of the effectiveness of this process, documentation of CPS interventions and referrals in unfounded assessments increased dramatically in 2005 and has remained consistently high.

In addition, BQI added a new review instrument to the Case Practice Review process specifically designed to assess the quality of case practice during the assessment, or investigation phase.

NH BRIDGES features an enhanced resource search component in which DCYF staff can search for the individual service needs for children and families with whom they are working.

Action step c: Utilizing statewide Leadership meetings, DCYF Child Protective Services Administrators, the Administrator of the Bureau of Community and Family Supports and the Bureau of Quality Improvement will work with agency staff to address multiple agency and court related barriers to achieving timely delivery of services.

Status: Accomplished and ongoing

With the passage of NH's permanency legislation in January of 2008, adjudicatory hearings must be held and completed within 30 calendar days of the filing of the petition. The DCYF director and Court Improvement Project Administrator conducted training on the impact and importance of this new legislation at the annual NH DCYF conference in May 2008. Also, during this past reporting period, DCYF staff attorneys have started attending monthly Leadership meetings, providing a more inclusive forum for discussing court and legal issues with state administrators and district offices supervisory staff.

OBJECTIVE 3: CPSWS WILL OPTIMIZE UTILIZATION OF RELATIVES AS A PLACEMENT OPTION.

Action step a: From the onset of agency involvement throughout the course of the case, DCYF will identify, locate and evaluate the closest parents and relatives who can safely provide care for the children involved in the case.

Status: Implemented and ongoing

Beginning in May 2006, DCYF opened registration for training for relatives through the Education and Training Partnership of Granite State College, which provides adoptive and foster parent training. The case manager, fiscal specialist and/or nurse and registration will identify relatives and course information will be provided to the caregiver. The participation of relatives in these courses will be tracked and an assessment of participation and course content will be made. As a result of this assessment, a course will be designed by GSC for this specific population and delivered in non-traditional ways including support groups and distance learning options.

Additional activities:

Permanency Planning Team reviews address whether relatives have been explored as an option for children in out-of-home placement.

The implementation of the Finding Connections program in 2007 has been identified as a Promising Initiative in this report for the case mining expertise and extensive searches conducted by the Connection Specialist in an effort to identify and establish supportive adult connections for children in care.

The development of the Kinship Care Specialist position in April of 2008 will enhance DCYF efforts to locate and support relative and kin placements.

Action Step b: DCYF will expedite access to services as needed to enhance cooperation between birth parents and other family members providing placement.

Status: Implemented and ongoing

The implementation of the Finding Connections program in 2007 has been identified as a Promising Initiative in this report for the case mining expertise and extensive searches conducted by the Connection Specialist in an effort to identify and establish supportive adult connections for children in care.

The development of the Kinship Care Specialist position in April of 2008 will enhance DCYF efforts to locate and support relative and kin placements.

As a result of these changes, DCYF has seen a marked increase in placements with relatives as well as exits to permanent placement with a relative.

Action step c: In instances of kinship care, DCYF will provide other family members with services necessary to maintain placements.

Status: Implemented and ongoing

The DCYF Director and DFA Assistant Administrator signed an agreement on 12/15/04 for DCYF/DJJS to process TANF Payee Relative Not Included (PRNI) cases. The goal of this collaborative agreement with DFA is to assist relatives in obtaining benefits for the child placed in their care as soon as possible, without the relatives having to take time off from work to apply for benefits, and to ultimately preserve the placement of the child with the relative. The new procedure better enables fiscal specialists to assist the relatives in the application process for obtaining Medicaid and Cash assistance for the child now in their home.

The Granite State College Contract has specific requirements incorporated into the contract to provide trainings, support and education for relative caregivers. Beginning in July 2005, a process utilizing relative caregivers as consultants was implemented to clarify meaningful educational information to be included in this curriculum, and the means to best provide this support (e.g. long distance learning, support groups, etc.).

During this reporting period, DCYF has achieved considerable progress in the growth of supports and services available to relative-care providers. DCYF began a partnership with Merrimack County Cooperative Extension Services of UNH to develop a coalition to review kinship services in NH. NHRAPP, Relatives as Parents is a group of caretakers, and professionals interested in the issues of kin raising relatives and providing information, support and services to the families. The first annual kin conference is being planned by the coalition is scheduled for October 16, 2008 at UNH Manchester.

In June 2008, DCYF will also partner with Granite State College, Merrimack County Cooperative Extension and an MSW intern to begin the process of completing a kinship needs assessment and resource guide.

Through the creation of the Kinship Care Specialist position, the development and coordination of relative-care specific services, supports and publications is expected to occur throughout the next year.

Due to DCYF's recognition and commitment to address the ongoing needs of all adoptive families, including relative adoptions, the Post-Adoption Program was created. This unit employs specialized staffs that are knowledgeable and skilled in addressing and understanding the unique needs adoptive families face.

Action step d: Utilizing the services of the DCYF Fiscal Unit Supervisor and DHHS Division of Child Support Services, DCYF will investigate the feasibility of having DCYF Fiscal Specialists' assist relatives in applying for TANF and other applicable funding in place of relatives having to contact other divisions directly.

Status: Accomplished

The DCYF Child Protection Administrator and the Program Specialist for Administrative Operations completed a protocol in 2004 that utilizes DCYF Fiscal Specialists' to assist relatives in applying for TANF and other applicable funding in place of relatives having to contact other divisions directly.

Action step e: If it is determined that DCYF Fiscal Specialists can assist relatives:

- Fiscal Specialists will be trained on new procedures,
- Policy will be developed, approved and submitted to the Policy Bureau for distribution and
- A training mechanism for DCYF supervisors will be implemented.

Status: Accomplished

(1) Training for fiscal specialists on procedures described in action step d was provided during December 2004.
(2) Policy regarding these procedures was distributed to staff in December 2004.
(3) Awareness building and training for DCYF supervisors was provided through the monthly statewide Leadership Meeting.

OBJECTIVE 4: CPSWS AND FOSTER CARE LICENSING WORKERS WILL OPTIMIZE THE MATCH BETWEEN BIRTH PARENTS AND FOSTER PARENTS IN ADDITION TO MATCHING THE CHILD WITH THE FOSTER FAMILY.

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will develop and/or adopt and implement a tool that optimizes the match between adoptive parents and birth parents.

Status: Accomplished

The Foster Parent Profile (Form T2354) is designed to capture information about the foster parents ability to manage behaviors, work with birth families, and identifying options for permanency. The Request for placement (Form 2269) is a companion form that captures the needs of the child and his family in order to make the most appropriate match at first placement. These forms are tools that combine foster/adoptive family characteristics. They are maintained in workbooks by foster/adoptive licensing CPSWs.

As of April 2006, NH Bridges now combines special skills and characteristics of foster parents family ethnicity information and enrollment and certification information. CPSWs can now use Bridges to better match families by individual factors. It should be noted, however, that DCYF would not delay the placement or permanency of a child due to specific characteristics and challenges of the child.

Action step b: A DCYF Permanency Supervisor will develop and train a Permanency Planning Team (PPT) in each district office.

Status: Accomplished

See Permanency, Goal A, Objective 1, Action step d for detailed information on the development and growth of Permanency Planning Teams in the district offices**.**

Action step c: Utilizing Permanency Planning Teams in each district office, DCYF will review cases involving children in temporary out of home placement; DCYF will assess how the placement situation meets the needs of the child, with special regard to permanency and concurrent planning.

- The local Foster Care Specialist will be a standing member of the D.O.'s PPT and be instrumental in identifying and facilitating the matching of children and placements.

Status: Accomplished
See Permanency, Goal A, Objective 1, Action steps d & e for information on district office Permanency Planning Teams of establishment of the Permanency Team Steering Committee.

OBJECTIVE 5: DCYF WILL PROMOTE COMMITMENT BY FOSTER PARENTS TO ACTIVELY SUPPORT SAFE REUNIFICATION, AND WILLINGNESS TO BE AVAILABLE AS THE PERMANENT FAMILY FOR A CHILD IN THEIR CARE IF SAFE REUNIFICATION CANNOT OCCUR.

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will evaluate and adopt statewide procedures that ensure the opportunity for meaningful contact between birth parents and foster parents from the day that children enter out of home placement.

Status: Implemented and ongoing

Following the conclusion of Permanency Plus, DCYF incorporated many of its promising components into daily practice. At the date of placement, CPSWs are expected to coordinate a visit between the parent(s) and child(ren) and share some preliminary information about the foster home in which their child will be placed. DCYF believes in a team approach for driving case planning, and both biological and foster parents are invited to the table to discuss visitation, parenting-skills modeling, coordination of

medical and educational appointments, and successful reunification. The foster care licensing CPSW in addition to the Family Services CPSW provides support to the foster family as requested.

In 2007, DCYF and Granite State College completed the pre-service training, Foster and Adoptive Care Essentials (FACEs), including a module on lifelong connections. This module explores children's needs for lifelong relationships and connections. Participants assessed their own opinions, notions, and biases relating to families of children in care. Material was presented addressing family dynamics, and influences of a child's history, culture, and traditions among caregivers. Family visitations and the effects of multiple loyalties on the daily lives of children are examined throughout this module.

Action step b: The DCYF Foster Parent Program Specialist, in conjunction with statewide foster/adoptive parent organizations, will evaluate and apply training for DCYF staff and foster/adoptive parents regarding all aspects of concurrent planning, and the possible complexity involved.

Status: Implemented and ongoing

Current foster care recruitment; training and ongoing support provides continuing education about the concept and value of concurrent planning. Current ongoing training for foster/resource families is provided through Granite State College, formerly the College of Lifelong Learning.

Action step c: DCYF will explore and provide access to opportunities for counseling and other supports for foster parents to address their dual role in concurrent planning.

Status: Implemented and ongoing

In the spring of 2008, the training module "Making the Transition from Foster Care to Adoption" was revised. Now titled "Exploring Adoption" this nine-hour course is available to foster parents considering adoption to better understand the process of adopting a foster child, which includes an overview of aspects to consider including: biological parents and siblings, self and family assessments, pre- and post-adoption matters, the New Hampshire system of foster, kinship, and adoptive care and transitional issues impacting foster parents and relative caregivers. Participants learn of resources, including post-adoption support services that are available to assist them both during and after the transition through adoption.

OBJECTIVE 6: IN EVERY DISTRICT OFFICE, PERMANENCY TEAMS WILL FOCUS ON ALL PERMANENCY OPTIONS AT THE EARLIEST POSSIBLE TIME, INCLUDING THOSE THAT DO NOT INVOLVE REUNIFICATION.

Action Step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator and Child Protection Administrators, will improve consistency of concurrent planning, addressing the following:

- Non-adversarial presentations of concurrent planning at the time children enter out of home care.
- Consistent attention to concurrent plans from the time that a child enters out of home care.

Status: Accomplished

See Permanency, Goal A, Objective 1, Action set d & e for detailed information on the roles and responsibilities of district office Permanency Planning Teams and the Permanency Steering Committee.

Action step b: By June 30 2005, the DCYF Permanency Specialist, in collaboration with the probate courts, will establish a pilot in Hillsborough County to establish mediation as a service to birth and adoptive families at the time the TPR process is initiated in order to build consensus regarding the child's permanency and ongoing relationship with birth parents.

Status: Accomplished and ongoing

Since the initial pilot was established in 2005, legislation providing for the option of birth and adoptive families to enter into voluntarily mediated adoption agreement went into effect on January 1, 2006. The following link is to NH RSA 170-B:14 Arrangements Between Adoptive and Birth Parents:
http://www.gencourt.state.nh.us/rsa/html/XII/170-B/170-B-14.htm

Through the Commissioner's Adoption Advisory Committee DCYF Adoption and permanency staff have been involved in two initiatives related to mediation:

- Two full days of training on permanency mediation was provided for DCYF family services, permanency and legal staff in February and March of 2006. At the DCYF conference in May of 2006, an additional day of Permanency Mediation training was provided for professionals and foster parents. In May of 2006, in collaboration with the Casey Center for effective Child Welfare, Permanency mediation training for the ten court mediators and four DCYF staff occurred.
- There have been successful mediations for over sixty children.
- Casey Family Services provided a one-day refresher Mediated Adoption training for CPSWs and staff attorneys on October 5, 2007.

- A sub-committee was organized to work on the issue of timely access to adoption competent mental health providers. Casey Family Services began offering training to NH providers in June 2006.

GOAL B: INCREASE AVAILABILITY OF QUALIFIED FOSTER/ADOPTIVE PARENTS, CHILD CARE RESOURCES, AND RESIDENTIAL CARE PROVIDERS WHO CAN ADDRESS INDIVIDUAL CIRCUMSTANCES OF CHILDREN, INCLUDING THEIR NEEDS FOR COMMUNITY, CULTURE, ETHNIC DIVERSITY, EDUCATION AND TREATMENT.

OBJECTIVE 1: ENHANCE STRATEGIC RECRUITMENT OF FOSTER PARENTS TO ALLOW GREATER FLEXIBILITY IN MATCHING CHILDREN AND FAMILIES WITH FOSTER FAMILIES, ALLOWING FOR SAFE ACCESS TO FAMILY AND COMMUNITY, AND FOR CULTURE AND DIVERSITY.

Action step a: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care Program Specialist will identify regional gaps in foster parent availability.

Status: Implemented

The Recruitment and Retention team is a representation of community partners, foster and adoptive parents, and staff. Data collected over the year is reviewed by the team and is compared to the population of children served in the local district office, and placement options that were available. Targeted recruitment of foster families in locations where homes are needed who also can match the skills needed to the child's needs become the recruitment goals for the next planning year.

In 2007, DCYF disseminated the first in a series of Cultural Competency Self-Assessment surveys. The CPSW survey solicited information on the needs of each district office regarding cultural-specific training and/or service options. A survey for DCYF administrators is planned for the fall of 2008 and a survey for foster parents is being considered.

Action step b: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care program Specialist will assess and enhance current recruitment and match efforts in terms of culture, geography, and faith community.

Status: Implemented

The statewide foster and adoptive recruitment and retention plan is launched every year by October 1, and is a compliment to the 12 local plans. The statewide plan enhances the local planning and provides overarching supports to the local efforts. These include advertising, development of media stories and outlets, developing brochures and materials, and purchasing supplies.

See also the Faith Based Initiative and Cultural Competency Self-Assessment.

Action step c: The Foster Parent Profile will be completed to gather information used in matching children with foster parents and to identify foster parents' needs. Use of the Foster Parent Profile will be assessed through the Administrative Case Review process

Status: Accomplished

During April 2006, DCYF Bureau of Information Systems (BIS) launched NH BRIDGES, SACWIS 30, which provides detailed information that CPSWs can use to seek out and match foster parents skills and characteristics in ways that best meet individual client characteristics and needs. This feature is presently referred to by ACF as a promising practice in national best practice discussions.

Action step d: DCYF will use federal technical assistance and effective demonstration models to evaluate and modify foster parent recruitment and retention programs.

Status: Accomplished and ongoing

On November 14-15, 2007, AdoptUSKids provided staff training on "Finding the Right Fit", a curriculum designed to enhance the matching process of foster care providers with children in need of care. Foster care licensing CPSWs, Permanency CPSWs and private adoption agency staff joined together to participated in this training, which included a train-the-trainer module on the second day. Further, DCYF is currently working a drafting a policy for provider-child matching activities and is scheduled for release in the fall of 2008.

OBJECTIVE 2: PROMOTE A BALANCE OF CULTURE AND DIVERSITY IN GROUP HOMES AND RESIDENTIAL SETTINGS SO AS TO MEET THE INDIVIDUAL NEEDS OF CHILDREN SERVED BY THOSE RESOURCES.

Action step a: Develop contracts that require demonstrated efforts to establish cultural competency in recruiting, hiring and training staff.

Comment: As children from distant communities often populate group homes and residential settings, it is recognized that group home and residential staff often

constitute ethnicity and cultural backgrounds that are very different from that of the children temporarily living in those settings.

Status: Implemented and ongoing

Presently, New Hampshire DHHS maintains an anti-discrimination policy that encompasses hiring practices, delivery of services, and access to services. DHHS also utilizes contract language that encompasses the State's anti-discrimination policy. Vendors and contractors are asked to address their ability to be culturally competent. Over the past decade or so, New Hampshire has seen an influx in population from numerous races and ethnicities thereby resulting in the growth of a more diverse population. The Bureau of Quality Improvement is aware of this trend and responded by increasing attention of DCYF staff's level of Cultural Competence.

OBJECTIVE 3: INCREASE AVAILABILITY OF, AND ACCESS TO, QUALITY CHILDCARE PROGRAMS TO SERVE AS PROTECTIVE AND PREVENTIVE CHILDCARE RESOURCES.

Action step a: The Child Development Bureau, in collaboration with the Child Protection Administration, will engage in recruitment and certification of qualified child care providers throughout the state. The Child Development Bureau will provide semi-annual reports to DCYF/DJJS staff regarding certified child care providers, by district office.

Status: Accomplished

The Child Development Bureau (CDB) works closely with the twelve District Offices and State Office Supervisors to recruit child care providers ongoing as needed. Once the CDB Program Specialist receives a supervisor approved service certification request, an enrollment packet is sent to the childcare provider with a self addressed stamped envelope to facilitate quick return. Once the enrollment is returned to the Program Specialist, the provider is enrolled and the referring Supervisor is notified to facilitate authorization for payment. Twice yearly, in January and July, a comprehensive list of certified childcare providers is electronically mailed to each District Office Supervisor for distribution to all staff.

In June 2008, staff from the Child Development Bureau and statewide Child Care Resource and Referral Center presented information on their services to DCYF supervisors and program administrators at the Leadership meeting.

OBJECTIVE 4: APPLY ON-GOING RECRUITMENT AND RETENTION STRATEGIES THAT MAINTAIN A STEADY NUMBER OF QUALIFIED ADOPTIVE FAMILIES.

Action step a: Using media and community events that are researched and demonstrated as effective, DCYF will increase public awareness of New Hampshire's children awaiting adoption, as well as recruitment and training resources for people interested in the adoption process.

Status: Accomplished and ongoing

In October 2007, DCYF hosted a recruitment and post-adoption information table at the "Adoption Option" recruitment event held by the Massachusetts Department of Social Services (DSS) and Jordan's Furniture. Over three hundred people attended the event, which was located in Reading, MA at the Jordan's Furniture Department store.

In November 2007, DCYF hosted the National Adoption Month honoring New Hampshire's adoptive families and children. Governor John Lynch was among the guest speakers. The event was open to all adoptive families and was held at the State House.

Information about children available for adoption was also highlighted during a 2007 season Fisher Cats minor league baseball game in Manchester, NH. This event was sponsored by DCYF and the New Hampshire child placing agencies. This event took place for a second year during the 2008 season.

On May 1-2, 2008, and information and resource table about DCYF adoption and post-adoption services was present at the NH DCYF annual conference.

In June 2008, DCYF hosted a table at the Post-Adoption Resource Fair, which was held in support of adoptive families from the Manchester, Nashua, and Salem district offices. During this reporting period, DCYF created a "Waiting Children" DVD, which is shown at all foster care FACEs graduations.

NH DCYF children waiting for adoption are regularly featured in the Foster-Adoptive Network (FAN) newsletter, the Adoption Community of New England (ACONE) newsletter, the Community and Faith-Based Initiative (CFBI) newsletter, the Boston Globe, the Fostering Families Today magazine, on Boston's WBZ television network series "Wednesday's Child" (http://www.wbztv.com/wednesday), and online at www.mareinc.org and www.adoptuskids.org

See also The Heart Gallery Project

Action step b: The DCYF Adoption Specialist will develop and implement as consistent yearlong programs, proven recruitment strategies such as:

- Media campaigns
- Wednesday's Child program
- Target high probability groups.
- Partnership with Massachusetts Adoption Resource Exchange to offer adoption recruitment events.

Status: Accomplished and ongoing
See above

GOAL C: RESOLVE THE BARRIERS TO ADOPTION RELATED TO ECONOMIC, THERAPEUTIC, AND CLINICAL SUPPORT.

OBJECTIVE 1: INCREASE THE AVAILABILITY OF THERAPEUTIC ADOPTIVE HOMES FOR CHILDREN WHO HAVE SPECIFIC NEEDS.

Action step a: The DCYF Adoption Specialists will target recruitment efforts to specifically address therapeutic adoption

Status: Implemented

DCYF utilizes PSSF funds to contract with Casey Family Services for recruitment and training of foster homes possessing the knowledge base and specialized skills to accept children who are challenging and have more intensive needs that require increased and specialized medical and behavioral interventions, consistent and predictable family support, and high levels of supervision. In addition, the expansion of Independent Service Options (ISO) for special needs children has assisted DCYF to find homes. ISO foster care placements have ended in several adoptions in the past year.

The last reporting period referred to contracting with Casey Family Services for child specific recruitment plans. Casey now provides these services through their Individual Service Options program

DCYF continues to use Downey Side, a private therapeutic adoption agency to recruit families for waiting children. DCYF staff meets with Downey Side staff twice each year to explore potential matches between waiting NH children and approved Downey Side families. These efforts resulted in three adoptive placements.

Approximately a dozen adoptive parents have started using the Division's Voluntary Services and ISO Programs to access adoption, prevention and placement services post adoption.

Action step b: By utilizing the DCYF Adoption Specialists and the Senior Psychiatric Social Worker, District Office CPSWs and supervisors will increase the use of specialized approaches, such as Independent Service Options (ISO) for adoptive families.

Status: Implemented

DCYF policy instituted in 2005 expands the options for ISO, including the number of agencies approved to offer ISO, more flexibility in time frames, and increased education

available to help ISO families meet the needs of children. These changes, particularly the change of focus on ISO as a short term therapeutic option to a more flexible long term permanency option have made ISO a valuable new permanency resource that can help meet the needs of some children. This is also an option for families after a final adoption.

Administrative rules addressing statewide access and utilization of ISOs are complete and being implemented.

OBJECTIVE 2: INCREASE THE AVAILABILITY & ACCESSIBILITY OF POST-ADOPTION SERVICES, AND SUPPORTS FOR SIBLINGS AND OTHER RELATIVES.

Action step a: DCYF will research and provide access to post adoption resources to adoptive families.

Status: Accomplished and ongoing

Due to DCYF's recognition and commitment to address the ongoing needs of all adoptive families, including relative adoptions, the Post-Adoption Program was created during this reporting period. This unit employs specialized staffs that are knowledgeable and skilled in addressing and understanding the unique needs adoptive families face.

Action step b: DCYF will encourage development of federally funded initiatives devoted to foster/adoptive parents, addressing the impact of adoption on marital and sibling relationships.

Status: Accomplished

DCYF is continuing its partnership with Child and Family Services and Casey Family Services, who have received a grant to develop marriage and family education weekend retreats for married and committed adoptive couples. The retreats are designed to assist families to strengthen their marriages/partnerships through better communication. Initially being offered in three of New Hampshire's ten counties to families who had adopted within one year of 2004, the program has expanded exponentially. Since 2004, the program is now offered statewide and includes families who have adopted within the past seven years. Further, in the fall of 2007, the service population was expanded to foster families in which either both caregivers were licensed or homes with just one foster parent. Significant others supporting single foster parents are also welcome and encouraged to attend the events. Over sixty families are anticipated to have attended the retreats at the conclusion of the grant in September 2008. The final retreat under this grant, scheduled for September 2008 in Bethlehem, NH will widen its participant group with the inclusion of eight kinship care providers. Specifically designed trainings for the kinship group will be offered.

See also Post Adoption Program

[Action step c: The DCYF Permanency Specialist will evaluate and apply when possible the means to increase long-term availability of supportive services for adoptive families.]
Revised to: The DCYF Adoption Unit will evaluate and apply when possible the means to increase long-term availability of supportive services for adoptive families.

Status: Accomplished and ongoing

The creation of the DCYF Post-Adoption Program provides ongoing support and services to families who have adopted. Also, the Kinship Care Specialist and NH Community and Faith-Based Initiative are also available as supports for adoptive families.

GOAL D: ADDRESS THE REUNIFICATION AND PERMANENCY BARRIERS FOR YOUTH, REGARDLESS OF THE TYPE OF HEALTH AND HUMAN SERVICES INTERVENTION.

OBJECTIVE 1: DCYF WILL DEVELOP AND APPLY SERVICES AND SUPPORTS THAT WILL STRENGTHEN YOUTH'S ABILITIES TO REMAIN SAFELY AT HOME AFTER INITIAL CHINS AND DELINQUENCY RELATED SERVICES ARE RESOLVED.

Action step a: DJJS will establish reports that will address information including: number of youth re-offending, nature of offenses committed, and family/community factors associated with re-offending.

Continued from PIP: P1.5.C.1

Status: Under Review

In prior years, discussions occurred between DJJS and ACF regarding definitions and terms concerning re-entries from out-of-home placement. Per DJJS Administration, these discussions are expected to resume this fall. Personnel changes and re-organization within DJJS have delayed development of the reports involved in this process. Once the definitions and terms regarding re-entry are resolved, the reporting process will commence.

Action step b: DJJS administration will identify community needs regarding post-reunification and other post-discharge services.

Continued from PIP: P1.5.C.1.a.2

Status: Under Review

The DJJS position of Manager of Community Programs, whose role was to examine characteristics of children being discharged from placement to a community setting in order to identify post-discharge service needs, is no longer in existence.

DJJS will evaluate strategies for accomplishing this action throughout the next year.

Action step c: DJJS will meet with providers to identify and plan for the implementation of program enhancements in order to provide effective, quality family-focused services in preparation for reunification.

Status: Implemented and ongoing

A goal of the Comprehensive Family Support and Residential Provider Outcomes initiative is to concentrate on improving the development and utilization of treatment plans by residential programs, which will then drive better initial assessments of child and family needs and service delivery of family-centered and specific interventions necessary for the youth's successful transition from residential care to home.

Action step d: DJJS to seek DHHS support to implement a plan to address unmet program needs in SFY '06/'07 budget.

Continued from PIP: P1.5.C.1.a.3

Status: Initiated

In 2007 New Hampshire law was amended to address the concerns that the Administration of Children and Families, Region I had regarding the eligibility of DJJS to receive IV-E funding.

The budget process from '06/'07 and '08/'9 has resulted in drastic reductions of funding for services for CHINS and delinquents at both the State and Federal levels. The federal Deficit Reduction Act of 2006 has greatly hindered the State's capacity to supervise youth in the community or provide services to them.

DJJS and the NH State Advisory Group (SAG) had commissioned a survey of delinquency prevention needs. The survey, conducted by UNH, confirmed existing beliefs that community based services for delinquent and CHINS offenders were lacking in some counties. This project has evolved into two countywide grass roots coalitions that are developing programs and services to meet the delinquency prevention and intervention needs of the adolescent populations without additional federal or state funds.

Current personnel and available services are being prioritized by individual youth needs.

OBJECTIVE 2: CPSWS AND JPPOS WILL COLLABORATE ON CASES CONNECTED TO BOTH DCYF AND DJJS.

Action step a: DCYF and DJJS will co-draft policy regarding DJJS' role in Permanency Planning Teams. This policy will be drafted and submitted to the DCYF Policy Bureaus to distribute.

Status: Accomplished

A revised Permanency Options for Children and Youth in Foster Care Policy (See Attachment I) was released to in May of 2008 to all DJJS and DCYF staff.

Action step b: All CPSWs and DO supervisors will participate in training on the policy.

Status: Implemented and ongoing

Permanency Training that reflects DCYF policy was revised and is now incorporated into DCYF/DJJS training. All DCYF and shared cases with DJJS when a child or youth is in placement are referred the Permanency Planning Teams. The PPTs continue to be resources for DJJS-only cases**.**

Over this last reporting period, the DCYF Director has prioritized the need for increased collaboration between shared DCYF and DJJS cases. The Director has met with DJJS administration to discuss strategies for improving communication and service delivery to children and families and has met with DJJS staff in the district offices as part of this initiative.

Finally, both DJJS and DCYF participate in a collaborative QI process at district office Case Practice Reviews.

WELL BEING

GOAL A. FAMILIES WILL HAVE ACCESS TO ENHANCED SUPPORT TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

Special consideration: Families include birth, step, adoptive, foster parents, relative caregivers and their children.

OBJECTIVE 1: A FULL RANGE OF COMPREHENSIVE FAMILY SUPPORT (VOLUNTARY SERVICES) WILL BE APPLIED TO ALL REGIONS OF THE STATE.

Action step a: Community-based agencies/services will be educated regarding the Comprehensive Family Support program.

Status: Implemented and ongoing

During presentations at both a regional and statewide levels, DCYF provides information about the number of families that are referred to preventative, services including Comprehensive Family Support. DCYF strives to educate the community about its investment in prevention, most notably through the twelve Family Resource Centers across the state, which encompass the Comprehensive Family Support Program.

On an annual basis, the Administrator of the Bureau of Community and Family Supports coordinates a statewide effort in partnership with the NHCTF and community based agencies to provide a Legislative Breakfast for lawmakers and other stakeholders. Part of this effort is to educate attendees about Comprehensive Family Support and the role it serves for families throughout the state. The partners also work actively with the Legislative Caucus for Young Children, which holds an annual event, with support from the National Council of State Legislatures (NSCL) on the latest research, like brain

development, or investment benefits, that impact young children. Early Learning New Hampshire is another important community partner representing a large cadre of early care and education centers in NH.

Smith Awards for Excellence in Service to Families: since 1998, NHCTF has presented a biennial award to an outstanding NH nonprofit. The Administrator of the Bureau of Community and Family Support Services plays a key role in this process, serving on the Smith Selection Committee, which screens and interviews candidates. At the event, a keynote speaker who possesses knowledge in some aspect of family support and prevention highlights contemporary issues and celebrates the work of the winner and finalists. Past keynote speakers have included Professor Ed Zigler from Yale, Tomi DePaolo, noted children's author, Dr. Vincent J. Felitti, author of the Adverse Childhood Experiences Study, Gary Hirsberg, CEO of Stonyfield Farm, a businessman committed to promoting healthy products and lifestyles for families, and Jack Levine, Children's Advocate, of the 4GenerationsInstitute. Agencies selected to date have included Family Resource Centers from every corner of NH whose management is superior, whose programs respond and anticipate the unique needs of families in their communities, and who provide leadership and anticipate solving the problems of families.

See link to NHCTF for additional information.

Action step b: DCYF will educate providers, community agencies regarding services and the DHHS/DCYF delivery process.

Status: Implemented and ongoing

Through its partnership with the NHCTF and the statewide Family Resource Network, DCYF provides ongoing education to community based agencies about access to services and supports available through NH DHHS, and its divisions and bureaus including DCYF and DJJS.

Action step c: Through education and contracting, DCYF will ensure consistent approaches to families who have been affected by domestic violence, sexual assault, substance abuse, or emotional disorders.

Status: Accomplished and ongoing

The First Step Program provides consultation and referral services and support for DCYF involved families with substance abuse

Through the Domestic Violence Program, DVSs are located in all district offices, is available for consultation and assistance in families where the co-occurrence of domestic violence and child maltreatment exist

Through the Foster-Care Mental Health Program a CMHC counselor is in available in the district office two hours per month for consultation. An established referral process for

every child entering out-of-home to receiving a mental health screening is in place in every district office.

OBJECTIVE 2: INCLUDE FOCUS ON COMMUNITY BASED PRIMARY AND SECONDARY PREVENTION IN DCYF PUBLIC AWARENESS EFFORTS.

Action step a: Include presentations that address primary and secondary prevention, in DCYF public reports and presentations.

Status: Implemented and ongoing

The New Hampshire Children's Trust Fund is a close partner with DCYF who provide an extensive public awareness campaign relating to state prevention education, initiatives, and outcomes. Additionally, the Bureau of Quality Improvement serves as DCYF's source for presenting up to date evaluative data and statistics of DCYF's role in prevention areas. The Comprehensive Family Support and Residential Placement Outcomes initiative has begun examining the effectiveness of family support and residential programs' treatment planning and service delivery in preventing re-involvement with DCYF and DJJS.

Action step b: Utilize marketing/communications campaigns with both public and private providers.

Status: Implemented and ongoing

During this reporting period, DCYF continued to partner with NHCTF in exploring methods to increase statewide awareness of DCYF's role in supporting basic family services, including in the area of prevention.

Action step c: Collect and publish the success statistics and outcomes in all presentations of primary and secondary prevention efforts.

Status: Implemented and ongoing

The Comprehensive Family Support Outcome Measures Information on these measures was presented to the DCYF Advisory Board in June 2008.

See also the NHCTF Protective Factors Survey and associated report.

GOAL B: CHILDREN WILL HAVE INCREASED ACCESS TO SERVICES TO MEET THE PHYSICAL, ORAL HEALTH, SOCIAL, AND MENTAL HEALTH NEEDS.

OBJECTIVE 1: EACH CHILD WHO IS THE SUBJECT OF A FOUNDED CASE WILL BE PROVIDED WITH A COMPREHENSIVE HEALTH AND DEVELOPMENTAL EVALUATION, AS PER CAPTA (SECTION 106(A)(14).

Action step a: DCYF will ensure that children who are under age 3 and are involved in founded DCYF assessments will be referred for developmental screenings.

Status: Implemented
Specific policy mandating developmental screenings for children three years of age and younger in founded DCYF assessments went into effect on 7/1/04.

Action step b: Essential components of comprehensive health and developmental evaluations, and applications to children in various developmental stages, will be defined.

Status: Implemented and ongoing

The Interventions for Children and Families policy was updated and distributed to all DCYF staff in May of 2008. A condition of the policy states: When a child under age three is involved in a founded assessment, the child and his or her parent or guardian must be referred to Family-Centered Early Supports and Services for a developmental screening, funded by Part C of the Individuals with Disabilities Education Act.

Status: Accomplished

The Medical Services policy was updated and released in October of 2007, which dictate service specifications and provider qualifications for the provision of medical examinations, medical or psychological evaluations, and health screenings and assessments. See Attachment V for Health Care Planning policy and attachment VI for Medical Services, Examinations, and Evaluations policies

Action step c: The DCYF Senior Psychiatric Social Worker will complete a statewide assessment of resources that can be utilized collaboratively to provide a comprehensive health and developmental evaluation in every state region.

Status: Accomplished and ongoing

The Foster Care Health and Foster Mental Health programs provide for ensuring that children entering out-of-home placement must have a medical and mental health assessments within 30 days of the date of removal.

Also, the Dartmouth Medical School Child Psychiatry Program operating in the Concord District Office offers psychiatric services to DCYF involved families

Action step d: By January 30, 2005, the DCYF Senior Psychiatric Social Worker will coordinate a workgroup including DCYF and DJJS representatives, consultation with pediatric health care providers, and a sub-group of Community Mental Health Center Children's Directors, and complete an assessment of application of a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral.

Status: Accomplished

See Foster Care Mental Health Program.

Action step e: By June 30, 2005, the DCYF Senior Psychiatric Social Worker will coordinate implementation a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral

Status: Accomplished and ongoing

See Foster Care Mental Health Program

Action step f: When children are placed into temporary out of home care, mental health services will be immediately provided as a support to the child and caregivers.

Status: Implemented

DCYF partners with Family Support NH, a coordinated network of community based agencies providing basic family support services. Through monthly meetings held during this reporting period DCYF focused on identifying common resources for comprehensive health and developmental screenings. The information is provided to local DCYF district offices.

Also, see NH BRIDGES for information on enhanced search capabilities to locate service providers according to child and family characteristics, location and need.

See Foster Care Mental Health Program

OBJECTIVE 2: IDENTIFY, PROMOTE, AND ENCOURAGE ACCESS TO QUALITY ORAL HEALTH SERVICES TO ALL CHILDREN IN OPEN DCYF AND DJJS CASES.

Action step a: Ensure that identification of oral health needs is incorporated into every assessment.

Status: Implemented and ongoing

The assessment of physical health, including dental needs, and the provision of services to meet those needs is evaluated during the Case Practice Review process.
See Foster Care Health Program

Action step b: DCYF will partner with other stakeholders to increase availability of and access to oral health services.

Status: Implemented and ongoing

In 2007, Small Smiles, a pediatric dental practice, opened a facility in Manchester, NH. Located in central New Hampshire, this practice accepts Medicaid-only patients.

An oral health-screening program operated by the White Mountain Community Health Center in Carroll County offers any child involved in a DCYF assessment a free dental screening. Children are referred out to local dentists if they require further services. In conjunction with this action, a local dentist in Conway NH agreed to accept additional Medicaid eligible children for oral health services.

North Country Mobile Dental Services is operated through a partnership with a number of local agencies and organizations in northern Grafton County, including the Berlin NH DHHS office. This oral health program offers mobile services, addressing many of the

OBJECTIVE 3: DCYF AND DJJS WILL REVIEW AND REVISE POLICY "ITEM 742, HEALTH CARE OF CHILDREN IN PLACEMENT" THAT ADDRESSES OBTAINING HEALTH CARE FOR THE CHILD AND THE DOCUMENTATION, PROVISION, AND DISTRIBUTION OF CHILD-RELATED INFORMATION TO BIRTH PARENTS, FOSTER PARENTS AND OTHER RESIDENTIAL CARE AND SERVICE PROVIDERS.

Action step a: DCYF will implement practice, documentation and procedures ensuring that, as soon as is practically possible, essential physical, social, educational, and mental health information is provided to birth parents, foster/adoptive parents, child care providers, and other caregivers for children who are in DCYF or DJJS placements.

Status: Accomplished

Essential components of comprehensive health and developmental evaluations are defined through DCYF policy 742, which was revised and released on December 15, 2004.

Action step b: DCYF will include in DCYF policy how the child's medical information is identified and addressed in the Case Plan.

Status: Accomplished

A Policy Directive (PD) released in May 2008, announced changes to the Case Plan and instructions for completing the Case Plan, which, in part, stipulates:

- "Identified need(s)": The needs of the child and placement provider, and parents shall be entered in this section… The child's medical, dental, educational, and psychological needs must also be identified…
- "Services or tasks to address identified need": This section includes tasks required by all persons involved in the case aimed at addressing the previously identified need. Services and tasks may include behavioral expectations, specific actions, free and paid services, etc. For the child's medical/dental/psychological needs, include the date of the last doctor's/dental/therapeutic appointment…

See Attachment X for entire Case Plan Instructions (Form 2240i)

Action step c: DCYF will identify in policy responsibilities of parents, foster parents and other caregivers, CPSWs and JPPOs, Supervisors, Foster Care Health Nurses, and service providers.

Status: Accomplished

Roles and responsibilities for provision of care and accessing medical evaluations and treatment are identified in DCYF policy 742, which was revised and released on December 15, 2004.

Additionally, the Case Plan (Form 2240) charts and the newly revised Case Plan instructions (see action step "b" above) guide the CPSW or JPPO and their supervisor to ensure that:
The needs and services for each child, placement provider (if the child is in out-of-home care), the mother, any other household members residing with the mother, the father, and any other household members residing with the father (not including the mother) are addressed;
The method(s) for addressing each identified need that will be utilized;
One or more persons have been identified as responsible for completing the task(s) under methods; and,
A time frame has been established for initiating and/or completing each task or service.

See attachment X for copy of Case Plan and Case Plan instructions

Action step d: By December 30, 2007 the DCYF Nursing Supervisor and the DCYF Senior Psychiatric Social Worker will complete production, distribution, and training regarding medical passports for every child in DCYF/DJJS supervised in temporary out of home placement.

Status: Initiated

A workgroup including Foster Care Health Program Nurses, the DCYF Policy Program Specialist, and Foster Care Program Specialists drafted policy and procedures addressing

production of medical passports for each child in foster or relative care. Aspects of concern were noted that the creation and updating of medical passports would result in additional responsibilities for foster parents, who primarily have the greatest involvement in the child's day-to-day care. To ameliorate this issue, a NH BRIDGES change request was submitted to the BRIDGES Change Control Board to automate the production of the passports as all children in out-of-home placements medical information is contained in the system.

GOAL C: ALL PHASES OF DCYF INTERVENTIONS WILL INCLUDE A FOCUS ON CONNECTING FAMILIES WITH COMMUNITY-BASED ORGANIZATIONS THAT WILL SUPPORT THE FULL SCOPE OF PREVENTION AND WELLNESS.

OBJECTIVE 1: SERVICES PROVIDED TO FAMILIES/CHILDREN WILL BE STRENGTH BASED, CULTURALLY COMPETENT AND INDIVIDUALLY FOCUSED.

Action step a: DCYF and DJJS assessments will address functional family strengths, culture, ethnicity, and individual interests.

Status: Initiated and ongoing

DCYF continues to address issues of cultural competency through specific events and ongoing training. (See Cultural Competency)

To gain a baseline understanding of DCYF and DJJS staff's current awareness of cultural competence, CPSW district office staff completed a Cultural Competency Self Assessment in early 2008. (See Cultural Competency Self Assessment) With these results, in addition to data collected from upcoming self-assessments completed by staff agency wide, specific needs and areas for training will be identified. By providing essential education and targeted training curricula, front-line staff will engage more effectively with families of various racial and ethnic origins and give culturally sensitive and strength-based recommendations and service referrals.

Further, the Case Practice Review includes measures to assess whether consideration to each family's individual needs and cultural background was given during safety and risk assessments, service referral recommendations, and placement considerations when applicable.

DCYF also collaborates with communities of faith to enhance all levels of service provision.

The Finding Connections Program was established to support and enhance natural connections for children in out-of-home placements. The success of this initiative reinforces the importance of kin and other community supports in all aspects of case practice.

Action step b: DCYF will utilize tools such as the Structured-Decision-Making (SDM) Family Strengths and Needs Assessment and Family Strengths and Needs Review to assess families' needs.

Status: Implemented and ongoing

Through the Structured Decision Making case reading process, Case Practice Reviews, and the incorporation of the SDM Core Team into the intake/assessment and Family Services workgroups, DCYF is assessing the use of SDM in establishing each family's strengths and needs.

Action step c: Through the development of clear and consistent case transition procedures, DCYF will minimize any negative impact on the child and family as an Assessment becomes a Family Services case or at any time case responsibility is transferred from one CPSW (Family Services, Permanency or Adolescent CPSW) or JPPO to another.

Status: Implemented and ongoing

In May 2006, the Transition of Assessment to Family Services (PD 06-10 637) was released. The purpose of this policy is to clearly outline the process for transitioning cases from Assessment to Family Services CPSWs and. Since its release, the Child Protective Administrator and regional Assistant Administrators have been working with district office supervisors in developing a consistent and clearly defined practice for case transition in order to reduce delays in visitation, referrals to services, and other support families require during this process.

Also released in May 2006, was the Joint Case Planning and Management (PD 06-10 712). Similarly, this policy provides guidelines for shared cases between DCYF and DJJS. During this reporting period, the DCYF Director in collaboration with DJJS administration has been focusing on improvement strategies in which both agencies are working with the same child(ren) and family. The Director has also met with JPPOs and their supervisors at the district office level in order to continue the conversation on how improvements can be achieved.

Action step d: Collaborative responses in DCYF and DJJS interventions will include groups and organizations that are compatible with each family's culture and support system.

Status: Implemented and ongoing

See Well-Being; Goal C; Objective 1; action step a

See Well-Being; Goal C; Objective 1; action step b

OBJECTIVE 2: CONNECTIONS BETWEEN FAMILIES AND SUPPORTIVE COMMUNITY BASED SERVICES WILL BE ESTABLISHED BY THE CONCLUSION OF DCYF INTERVENTIONS AND OPEN CASES TO ENSURE EACH FAMILY'S CONTINUED ACCESS TO ESSENTIAL SUPPORT.

Action step a: DCYF records will address those areas in which families require support.

Status: Accomplished and ongoing

In May 2008, revised and updated Assessment policies (PD 08-03 681-691) were released. Among the revisions, procedures for how interventions and recommendations for children and families are made and documented in NH BRIDGES have been updated. The policy guidelines include, but are not limited to the following:

(a) When recommendations for services have been made, they must be documented in the BRIDGES contact log and discussed with the family and involved community providers. In considering the causes of abusive and neglectful behavior on the part of the parents or caregivers, and the various forms of family dysfunction, the CPSW and Supervisor must explore the underlying dynamics of the harmful behavior. Any intervention offered must address these identified issues by providing targeted services and interventions, such as the following:

(1) When the causes of child maltreatment or neglect are Mental Illness, Mental Retardation, or Physical Handicap or Illness, assistance for the family from a behavioral health or medical service provider must be sought.

(2) When the causes of child maltreatment or neglect are Inadequate Parenting or Stress, intervention is guidance provided by the CPSW and a referral may be made to a child health support agency.

(3) When the causes of child maltreatment or neglect are Emotional Illness, Marital Conflict, Family Conflict, or Alcohol/Drug Abuse, the decision to refer for treatment or to provide guidance by the CPSW is based on the severity of the condition:

a. If the condition is severe and directly impacting the child's safety, a referral must be made to a behavioral health service provider;

b. If the condition is moderate or mild, and in the Supervisor's judgment the CPSW has the skills to intervene, the worker may provide the direct services.

Refer to Attachment XII for copy of Assessment policy

Also:
See Case Practice Reviews
See Finding Connections
See Kinship Program and Post Adoption Supports
See Well-Being; Goal B; Objective 2; action step b (Case Planning Activities)

See Well-Being; Goal B; Objective 2; action step c (Case Planning Activities

Action step b: Assessments, case plans, and case closure summaries will identify those efforts accomplishing the successful linking of families to supports that address physical, mental health, and relational needs.

Status: Implemented and ongoing
See Attachment X(Assessment Policy)
See Case Practice Reviews
See Finding Connections
See Well-Being; Goal B; Objective 2; action step b (Case Planning Activities)
See Well-Being; Goal B; Objective 2; action step c (Case Planning Activities)

OBJECTIVE 3: IN ALL OPEN CASES, CPSWS AND JPPOS WILL VISIT CHILDREN/YOUTH AS SPECIFIED IN EACH CASE PLAN.

[Action step a: Through the DCYF Leadership meeting process, current Division and Structured Decision Making policies will be reviewed with all (1) D.O. supervisors and (2) primary CPSWs (Assessment, Family Services, Permanency and Adolescent) and JPPOs.]

Revised 6/30/2008 action step a: DCYF policy will be revised to reflect new monthly visitation requirements.

Status: Accomplished

The Caseworker visit policy was revised and released in May 2008.
Action step b: CPSW visitation with children/youth will be monitored via:

(1) Monthly Supervisors' reports;
(2) Practice issues discussed with and resolved by D.O. supervisor in collaboration with designated Assistant CPS Administrator, and
(3) The Administrative Case Review process for children/youth in temporary out-of-home placement (Adapted from PIP: WB1.19.B.1.a)

Status: Accomplished and ongoing

Caseworker visits and quality child visitation has been a priority for DCYF.
See The Supervisors' Reports: Use of Data in Case Practice
See Standards for the Contact and Frequency of Caseworker Visits with Children in Foster Care
See Attachment X (Caseworker Visit Policy)

Action step c: DCYF will provide an annual report that is based on the annual Well-Being Check initiative of all children in out-of-home placement. (PIP: WB1.19.B.1.b).

Status: Accomplished

This report has been completed each year since 2003.
Assistant Child Protection Administrators utilize this annual initiative as a supervision tool to promote Best Practice in the area of promoting meaningful contacts with children in temporary out of home care. Recent enhancements to the BRIDGES screens allow CPSWs to upload digital photographs of children in care. CPSWs are now asked to update these photos annually as part of the well-being check.

SYSTEMIC FACTORS

I STATEWIDE INFORMATION SYSTEM

GOAL A: ENSURE THE OPTIMAL UTILIZATION OF NH INFORMATION SYSTEMS TO GENERATE ACCURATELY RECORDED, ENABLING ACCURATE TRACKING OF TARGETED OUTCOMES.

OBJECTIVE 1: ENSURE THAT STRUCTURED DECISION MAKING INFORMATION IS ACCURATELY RECORDED, ENABLING ACCURATE TRACKING OF TARGETED OUTCOMES.

Action step a: Using Case Practice Reviews, reports from NH BRIDGES and Structured Decision Making, and staff supervision reports, the Bureau of Quality Improvement Administrator, Child Protective Services Administrators, and the Bureau of Information Systems Administrator will monitor and train staff to consistently enter data.

Status: Accomplished

The Supervisors' Reports, assist district office supervisors in improving consistent and quality staff supervision, guide worker caseload and staffing decisions, and in identifying strengths and challenges unique to that district office.
The Case Practice Review continues to guide systemic and district office practices.
The SDM supervisory case read process determines whether SDM is being used properly by CPSWs

Action step b: The Bureau of Quality Improvement and Training Administrator, Child Protective Services Administrators, and the Information Technology Administrator will continue to evaluate use of Structure Decision Making documentation, and NH BRIDGES, and modify as needed to increase usability by CPSWs.

Status: Accomplished

During 2004, DCYF established an SDM Core team that reviews the components of the SDM system, the decision each tool is designed to guide, and the timeframe in which each is completed.
DCYF continues to focus on five principle areas:

1. The review and integration of SDM policies and procedures into existing DCYF policy;
2. The review and updating of the integration of the SDM tools into Bridges as well as improving the SDM user interface for DCYF staff;
3. The identification of current SDM related training and technical support needs with supervisors and administrators;
4. The delivery of the needed training and technical assistance using both the DCYF Staff Development and Training Unit, and,
5. The development of management reports that reflect district office practice as well as provide information regarding SDM's impact on case practice and case planning.

See Structured Decision Making for further information

Action step c: The Bureau of Quality Improvement Administrator, and Child Protective Services Administrators will review and revise SDM Case Contact Guidelines and practice to insure consistent use regarding visits between parent(s) and siblings when children are in temporary out of home care.

Status: Accomplished and ongoing

During this reporting period, the Family Services Workgroup met monthly to review existing Case Contact Policy and revise as appropriate to reflect best practice for engaging with the child, family, and service providers working with the family. An updated policy was released and distributed to all DCYF staff in May of 2008. Specific actions relating to caseworker visits with the child(ren) and family and the frequency of collateral contacts are directly correlated with the risk level as determined by completion of the SDM Family Risk Assessment. (See Attachment X for Case Contact Policy and Procedures and Case Contact Policy matrix)

See Also Caseworker Visits for information on monitoring of monthly visitation. Visits between children in care and their parents and siblings are monitored through the Case Practice Review process.

Action step d: Utilizing consultation and technical assistance, and through the SDM Oversight committee, the Quality Improvement and the Clinical Services Administrators will coordinate changes in SDM tools to insure that mental health issues are adequately identified.

Status: Implemented and ongoing

The SDM Workgroup is an established committee of DCYF staff from the district and state office levels who continue to review and make recommendations in the refinement of SDM, if identified.

OBJECTIVE 2: ENGAGE IN DATA SHARING WITH OTHER NH SYSTEMS TO IMPROVE SERVICES TO CONSUMERS.

Action step a: DCYF will explore feasibility of a data link with the Administrative Office of the Courts.
See Action Step b

Continued from PIP item CR27.A.11

Action step b: DCYF and The Administrative Office of the Courts will complete confidentiality policies and practices that address linking data between DCYF and the Courts.

Status: Implemented:

The AOC implemented a new info system (Odyssey). While the system matures, NH DCYF will review how the system works in vital areas such as security. DCYF and AOC will continue to assess these issues and will determine a timeline that will eventually result in a safe linking of the two systems. In anticipation of this eventual integration, the DCYF Child Protection Administrator is ensuring the timely and accurate data entered into Bridges, such as hearing dates.

Additionally, the Court Improvement Project received a grant to improve data collection and outcome measurement. The DCYF Director and BQI Administrator are working collaboratively with CIP staff to develop indicators related to timeliness of court hearings. Discussions of data sharing are also a part of this process.

OBJECTIVE 3: ENSURE THAT CPSWS DOCUMENT INTERVENTIONS AND REFERRALS DURING ABUSE/NEGLECT INVESTIGATIONS AND OPEN CASES THROUGH BRIDGES, ON THE ASSESSMENT CLOSE SCREEN, THE FINDINGS SCREEN, AND THE SDM SAFETY ASSESSMENT.

Action step a: Using the Structured Decision Making safety response section of the Safety Assessment, identify and define CPSW interventions, such as:

- Direct Intervention of CPS Worker,
- Recruiting neighbor/relative as a resource,
- Recruiting a community agency as a resource,
- Voluntary services, or
- Voluntary placement of a child.

Status: Accomplished and ongoing

CPSWs are required to complete the SDM Safety Assessment for every report within twenty-four hours of their first face-to-face contact with the alleged victim. In May of 2008, the Safety Assessment Policy was revised and distributed to DCYF staff to include language that additional Safety Assessments may be required should new information become available indicating a threat to the safety of the child(ren). See Attachment XII for entire Assessment Policy.

Action step b: Using the NH BRIDGES service selection process on the "assessment/findings" screen, identify data elements that document interventions in ways that are statistically reportable, including:

- Area Agencies,
- Assistance locating housing,
- Community service development projects,
- Conditional release supervision,
- Connection to community services,
- Crisis intervention (Direct),
- Education/Special Ed. Advocacy,
- Family/child counseling by worker,
- Information and referral assistance,
- Job-hunting assistance,
- Mediation/conflict resolution,
- Mental Health Centers,
- Random drug testing,
- Restitution collection,
- Service coordination,
- Transportation by worker, and
- Victim/witness compensation.

Status: Implemented and ongoing

See NH BRIDGES for details on resource and referral capabilities
See Goal B; Objective 1; Action Step a (Increase in CPSW knowledge and access to community-based services)
See Goal B; Objective 1; Action Step d (Understanding and conformity with service-prevention policies by Supervisors and CPSWs)
See Goal B; Objective 1; Action Step e

Action step c: DCYF will adopt training and accountability measures that address correct data entry of interventions.

Status: Implemented and ongoing

All new changes in NH bridges are provided through the monthly BRIDGES newsletter, which Supervisors are expected to review with CPSWs during district office staff meetings.
Also,
See Structured Decision Making
See Supervisors Reports

II CASE REVIEW SYSTEM

GOAL A. CASE PLANS WILL BE FAMILY CENTERED AND STRENGTH BASED, WITH A PRIMARY FOCUS ON CHILD AND FAMILY SAFETY.

OBJECTIVE 1: DCYF WILL REVIEW AND PROVIDE NECESSARY AMENDMENTS IN CASE PLANS, AND POLICIES ADDRESSING CASE PLANS, TO ENSURE THAT EVERY CHILD HAS A CASE PLAN DEVELOPED WITH HIS/HER FAMILY AND WITH HIS/HER PRIMARY CPSW/JPPO.

Action step a: By April 30, 2005, the CPS Administrator will, in collaboration with Policy Bureau Program Specialist, coordinate the development of a Revised Case Plan form, policy and procedures to be adopted and policy distributed.

Status: Accomplished and ongoing

Since the development of DCYF's current Five-Year Plan, several revisions have been made to the Case Plan Policy and Case Plan form to ensure that all needs and service interventions are addressed for each child, parent, household member and foster home (if applicable). The most recent revision was released in May of 2008. (See Attachment XI for instructions to the Child Protection Case Plan)

Action step b: By 12/31/04, the CPS Administrator, in collaboration with Information Systems Administrator and NH Bridges staff will complete an analysis regarding changes to Bridges that are necessary in light of new Case Plan form (template) and SACWIS requirements.

Status: Accomplished

With the most recent release of Case Plan enhancements in January 2008, specified fields now auto-populate with not only demographic data from BRIDGES but with other data including SDM data as appropriate. Auto-populated fields include, but are not limited to:

- Creation Date of the Case Plan
- Case Name
- Case Number
- Family Strengths and Needs from most recent completion of SDM
- Estimated Date of Case Plan Completion
- Date of Current Placement

Additionally, the following forms can be entered without having to create a Case Plan:

- Financial Planner
- Reasonable Efforts (a)
- Reasonable Efforts (b)
- Proposed Orders
- Juvenile Services Face sheet.

Action step c: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators will review and revise, as needed, the DCYF training/curriculum concerning case planning.

Status: Accomplished

DCYF Child Protection Administrators, BQI, supervisors, and the Staff Development Partnership jointly launched training on the process for completing the newly revised Family-Centered Case Plan in 2006.

See Bureau of Staff Development and Training

Action step d: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators initiate the revised DCYF/DJS training/curriculum concerning case planning for all staff and supervisors.

Status: Accomplished.

See above.

OBJECTIVE 2: CPSWS WILL ASSESS AND DOCUMENT THE EXISTENCE OF DOMESTIC VIOLENCE, SUBSTANCE ABUSE, SEXUAL ABUSE, MENTAL HEALTH CONCERNS, AND OTHER PREDOMINANT OR UNDERLYING ISSUES DURING INTAKE, ASSESSMENT, AND ONGOING SERVICES. CPSWS WILL CONSISTENTLY DOCUMENT IDENTIFICATION OF THESE ISSUES THROUGH STRUCTURED DECISION MAKING AND BRIDGES SCREENS.

Action step a: Utilizing the Case Practice Review process, intake and assessment factors check boxes located on BRIDGES intake and assessment screens, and other random case reviews, DCYF will conduct periodic reviews of case documentation to assess accuracy, completeness, and scope of recording.

Status: Accomplished and ongoing

Through the Bureau of Quality Improvement, and number of methods have been implemented to review case practice and policy compliance. The Supervisors' Reports have aided in the improvement of data entry and case documentation by CPSWs and supervisors. Case Practice Reviews is a process in which an in-depth review of a case provides valuable qualitative information, including documentation strengths and challenges. Also, the SDM supervisory case read process assesses accurate use of SDM tools and whether they reflect the supporting documentation that has been entered in the case.

OBJECTIVE 3: DCYF CASE PLANS WILL ADDRESS ALL CHILD AND FAMILY SAFETY ISSUES IDENTIFIED AND CONFIRMED IN THE DCYF CHILD ABUSE/NEGLECT ASSESSMENT. CASE PLANS WILL IDENTIFY THE FAMILY'S STRENGTHS AND SUPPORTS NECESSARY TO SAFELY PROVIDE FOR THE CARE AND WELL-BEING OF THE CHILDREN.

Action step a: Utilizing the Case Practice Review process, Administrative Case reviews, Intake and Assessment factors check boxes located on BRIDGES intake and assessment screens, and other random case reviews, the DCYF Bureau of Quality Improvement will assess DCYF case plans and their connection with the DCYF abuse/neglect assessment.

Status: Implemented and ongoing

Case Practice Reviews have resulted in useful information for administrators and district office CPSWs and supervisors on case plan development, which has resulted in the revision of the case plan form and practice improvement in case planning and implementation.

Administrative Case Review Program for Children Out of Their Own Homes: 2007 Annual Report (Attachment IX) is an extensive analysis of case practice and planning for out-of-home cases.

Action step b: Utilizing BRIDGES supervision reports, direct observation, and targeted record reviews, the DCYF Administration for Child Protection will confirm that DCYF case plans address all issues raised in the abuse/neglect assessment.

Status: Implemented and ongoing

See The Supervisors' Reports: Use of Data in Practice
See The Case Practice Review

See Structured Decision Making
See Leadership Meetings
See Administrative Case Review Program for Children Out of Their Own Homes: 2007 Annual Report (Attachment IX)

Action step c: All CPS supervisors will complete training that addresses case planning, with specific reference to Objective 2.

Status: Accomplished and ongoing

Through the BSTD, all new supervisors are required to complete the CORE Supervisor Training as it is available and are encouraged to participate in CORE and related trainings required for new employees. The co-located LADCs in three district offices provide staff training on substance abuse and serve as consultants to supervisors as needed. Also, the DVS Program provides a direct link to staff training and case consultation regarding domestic violence.

OBJECTIVE 4: FAMILY MEMBERS WILL PARTICIPATE IN THE DEVELOPMENT OF CASE PLANS. CPSWS WILL ENSURE THAT KEY PROVIDERS & SUPPORTIVE INDIVIDUALS ARE AWARE OF AND CONTRIBUTE TO THE DEVELOPMENT OF THE CASE PLANNING PROCESS. FAMILY MEMBERS AND KEY PARTICIPANTS IN THE CASE PLAN WILL PARTICIPATE IN THE CONTINUED REVIEW OF CASE PLANS.

Action step a: Using the Case Practice Review process, and through statewide Leadership meetings, the Child Protection Administrators will ensure that all those involved in direct contact with--and/or care and supervision of-- children in DCYF cases will understand and support all elements of the case plan pertinent to their role.

Status: Accomplished and ongoing

The Administrative Case Review Satisfaction Survey captures self-report information regarding the parents' level of involvement in case planning. Administrative Case Review Program for Children Out of Their Own Homes: 2007 Annual Report (Attachment IX)

See also: The Case Practice Review
See also: Leadership Meetings
See also: Instructions to the Child Protection Case Plan and Case Plan form (Attachment XI)

Action step b: Utilizing monthly supervisor reports, and CPS/DJJS supervision, CPS and DJJS Field Services Administrators will ensure that CPSWs and JPPOs will visit children/youth as specified in each case plan.

Status: Implemented and ongoing

The Case Contact policy was revised and released in May of 2008 to reflect changes in federal requirements and give more specific detail about the quality and documentation of visits. The Supervisors' Reports give supervisors better insight into case practice at the district office level and by CPSW, which is used in weekly supervision and practice improvement strategies.

Action step c: Through regular supervision and the Case Practice Reviews, CPS and DJJS Field Services Administrators will ensure CPSWs conduct good faith efforts to locate both mothers and fathers, and ensure supervision regarding safe techniques and practices to effectively engage parents.

Status: Implemented and ongoing

The Case Practice Reviews include a number of items related to engaging parents, including concerted efforts to locate and engage absent parents. Engaging fathers has been a theme identified for continued action on several offices' Practice Improvement Initiatives.

See also: NH BRIDGES: SACWIS – BRIDGES/NECES Interface
See also: Finding Connections
See also: Instructions to the Child Protection Case Plan and Case Plan form (Attachment XI)

OBJECTIVE 5: DCYF WILL CONDUCT EARLY, FREQUENT, AND MEANINGFUL REVIEWS OF CASE PLANS AND GOALS FOR CHILDREN WHO ARE IN OUT OF HOME CARE. DCYF WILL ENSURE PARTICIPATION BY THE CHILD (WHEN APPROPRIATE), PARENTS, FOSTER PARENTS AND KEY SERVICE PROVIDERS IN THESE REVIEWS.

Action step a: DCYF will develop a system whereby Administrative Case Reviews can occur outside of typical business hours and days to better accommodate the schedules of birth parents, foster parents, and other key attendees, as well as in locations that are more accommodating to birth and foster parents.

Status: Implemented and ongoing

Whenever possible, DCYF and DJJS presently makes every effort to conduct Administrative Case Reviews in locations and during times that reduce the burden families face with multiple appointments. Administrative Case Reviews have been held at Court when child protection and CHINS/Delinquency hearings are scheduled, at school Individual Educational Plan (IEP) meetings, in community establishments, as well as in biological and foster parent homes.

Action step b: Parents will be involved in recommending who should be invited to administrative case reviews that concern their children.

Status: Initiated

This aspect of Administrative Case Reviews continues to be a subject for discussion at monthly oversight meetings, which are attended by contract representatives, and administrators from both DCYF and DJJS. Although child and collateral participation in Administrative Case Reviews increased in SFY07, parent participation for DCYF did not increase; the rate remained at 34%. Parent participation for DJJS cases decreased from 38% in SFY06 to 35% in SFY07. DCYF and DJJS will continue to pursue strategies to increase attendance of parents and other critical team members.

Developing the Case Plan and its Requirements Policy dictates inclusion of parents and children, when appropriate, as a fundamental purpose in case planning activities. The purpose guiding this policy includes, in part:

> "Effective case planning is achieved when done in collaboration with families; is based on family strengths, and resources; and is time-limited, goal-oriented, and solution-focused". (See Attachment XI for complete policy)

Action step c: DCYF Policy 715 (b) will list examples of potential attendees, such as childcare providers, foster parents, school personnel, etc.
[revised action step c: DCYF Policy 696 and the case instructions will list examples of potential attendees and participants to the case plan.]

Status: accomplished

DCYF has revised its Case Planning Policy (ITEM 696 Developing the Case Plan And Its Requirements, PD 06-10) and Case Plan Instructions (Form 2240(i) PD 08-08) to clearly indicate the time frames for completing the case plan, the frequency for revising the case plan and who may participate in developing the case plan.

Action step d: DCYF will minimize number of separate case planning reviews/hearings/team meetings by scheduling Administrative Case Reviews

(1) Just before court hearing(s),
(2) At residential facilities' team meetings or
(3) To coincide with another case related meeting in the DO, such as a wrap-around meeting

Status: Implemented and ongoing

See Case Review System; Goal A; Objective 5; Action Step a (Scheduling Administrative Case Reviews to accommodate participants)

Action step e: CPS Administrator in conjunction with CIP Administrator, will ensure that CPSWs will follow the CIP Protocols and timeframes in completing social studies and court reports. In doing so, court hearings should be efficient and the need for continuances decreased as all parties will have pertinent DCYF documentation prior to each hearing.

Status: Implemented and ongoing

DCYF Supervisors and Child Protection Administration are engaging in an ongoing discourse at Leadership meetings of the timely submission of social studies, dispositional case plan reports, and periodic review, permanency and post-permanency court hearings throughout the life of the case. Barriers and strategies for submitting reports within the required five calendar day time-frame is discussed with CPSWs at district office staff meetings and in individual supervision.

CIP Protocols require that all DCYF reports are submitted to the court and all other joined parties to the case at least five business days prior to the hearing. Child Protection Reports and Case Plan forms, which are created in NH BRIDGES, are designed to ensure the content of the report reflects what is required through the Court Improvement Protocols.

In addition to the already established CIP Protocols, a revision of NH RSA 169-C:12-b: Filing Reports, Evaluations, and Other Records went into effect on January 1, 2007 to statutorily mandate that submission of all DCYF reports to the court and involved parties must occur no later than five business days prior to the date of the scheduled hearing. (See http://www.gencourt.state.nh.us/rsa/html/XII/169-C/169-C-12-b.htm)

See also Court Improvement Project)

OBJECTIVE 6: PERMANENCY HEARINGS WILL BE HELD CONSISTENTLY IN ALL DJJS CASES WHERE CHILDREN/YOUTH ARE IN FOSTER HOMES OR RESIDENTIAL PLACEMENTS.

(Continued from PIP item CR27.B)

Action step a: The DJJS Field Services Administrator, in collaboration with DJJS Policy Specialist, will develop forms and instructions for Permanency Hearings in collaboration with CIP administrative staff.

Status: Accomplished

During this reporting period, three new court forms were reviewed and approved by the Administrative Office of the Courts. The forms now incorporate the language necessary for "Contrary to the Welfare" and "Reasonable Efforts" findings. The forms currently utilized by JPPOs, law enforcement, and after-hours judges are:

- Release of a Child Prior to Initial Appearance Order CHINS Case (released on 02/19/2008);
- Pre-Arraignment/Pre-Detention Order Delinquency Case (released on 03/03/2008); and,
- Contrary to the Welfare and/or Reasonable Efforts Order (released on March 31, 2008)

Detailed instructions explaining how to complete the new forms were released in conjunction with the court forms. The DJJS training bureau will explore whether additional training is required.

Action step b: By September 30, 2004, the DJJS Training Coordinator will Train DJJS staff regarding use of new Permanency Hearing policy and forms. DJJS Training Coordinator to develop regional training schedule.

Status: Accomplished

DJJS trainings in this practice area were completed by December 2005.

Action step c: By 12/31/2004, the DJJS Field Services Administrator will, through DJJS and CIP staff, complete education with Administrative Offices of the Court (AOC) regarding DJJS Permanency policy and forms for CHINS & Delinquency Cases.

Status: Accomplished

Information about the DJJS permanency policy, procedures, and forms were disseminated to judges in 2005.

Action step d: By July 31, 2004, the DJJS Field Administrator will facilitate adoption of AOC policy on Permanency Hearings in CHINS and Delinquency cases.

Status: Accomplished

Following the completion the DJJS permanency policy and procedure education and training series to the AOC, the court's adoption of permanency processes and passage of legislation delayed DJJS efforts to include permanency concerns for consideration in case planning and practice. Despite this delay, Permanency legislation was passed and became effective on January 1, 2008. The legislation mandates Permanency hearings to be held within the required time frames, consideration of alternate permanency options contingent on whether the parent(s) have met the responsibilities of the dispositional order, and determination of the reasonable efforts made by DJJS to finalize the permanency plan.
See http://www.gencourt.state.nh.us/rsa/html/XII/169-D/169-D-21-a.htm)
See Permanency Legislation

Action step e: Between September and December 2004, the DJJS Field Administrator will supervise completion of AOC trainings on Permanency Hearings in CHINS and Delinquency cases.

Continued from PIP: CR27.B.1.e

Status: Accomplished

Training for judges regarding permanency in DJJS placement cases occurred on April 4, 2008.

Action step f: By 12/31/2004, the DJJS Field Administrator will complete implementation of AOC and DJJS policies and forms in actual Permanency Hearings in CHINS and Delinquency cases.

Status: Accomplished

Permanency Hearing policies were drafted and in use by 12/31/2004.

III QUALITY ASSURANCE SYSTEM

GOAL A: PROMOTE BEST AGENCY PRACTICE AND OPTIMAL RESPONSES TO ALL INDIVIDUALS REFERRED TO DCYF THROUGH A COMPREHENSIVE QUALITY IMPROVEMENT BUREAU.

OBJECTIVE 1: DEVELOP AND IMPLEMENT A STATEWIDE CASE PRACTICE REVIEW PROCESS.

Action step a: DCYF will implement a Case Practice Review process, coordinated by the Bureau of Quality Improvement. The Case practice Review Process will evaluate the status of child welfare, child protection, and juvenile justice in each of the twelve district offices based on how DCYF and DJJS respond to the safety, permanence, and wellness of children and families referred for service.

Status: Accomplished and Ongoing
Case Practice Reviews have resulted in useful information for administrators and district office CPSWs and supervisors on case plan development, which has resulted in the revision of the case plan form and practice improvement in case planning and implementation.

Action step b: Using the Case Practice Review process, the Bureau of Quality Improvement will review one of twelve district offices every quarter, completing the cycle over a three-year period.

Status: Accomplished and Ongoing

See The Case Practice Review

Action step c: Using the performance information acquired through the Case Practice Review process, the Bureau of Quality Improvement will incorporate this information into quality improvement initiatives, public reports, funding proposals, and specific initiatives such as the Program Improvement Plan (PIP).

Status: Accomplished and Ongoing

See The Case Practice Review

OBJECTIVE 2: DCYF WILL DEVELOP AND MAINTAIN ONGOING PRACTICES THAT REVIEW, EVALUATE, AND REPORT ON ESSENTIAL STATEWIDE PROGRAMS AND PROCESSES THAT ARE DESIGNED TO RESULT IN CONSUMERS RECEIVING THE MAXIMUM VALUE OF AGENCY SERVICES AND SUPPORTS.

Action step a: Through the Bureau of Quality Improvement, DCYF will conduct regular and ongoing reviews of and reports on statewide programs and processes that impact service to children and families, including:

- Prevention
- Structure Decision Making
- CPSW case workloads
- Central Intake
- Assessment practice
- In-home services to children and families
- Out-of-home and reunification services to children and families
- Adoption and Permanency Program outcomes
- Residential Care
- Adolescent Program and preparation for transition to adulthood

Status: Accomplished and ongoing

The table below demonstrates the multiple methods and evaluative processes in gathering both qualitative and quantitative data for the activities listed below:

	Outcome-based contracting	Case Practice Review	SDM Case Read	Research Partnerships	Family Support	Admin. Case Reviews	PPT program	Supervisors' Reports
Prevention	X	X		X	X			X
CPSW Case Workloads		X						X
Central Intake			X					X
Assessment practice		X	X					X
In-home services		X	X					X
Out-of-home & reunification services		X	X			X	X	X
Permanency & Adoption		X		X		X	X	X
Independent Living		X		X		X	X	X
Residential care	X	X				X	X	X
Fiscal services	X	X						X

Also,
See Bureau of Quality Improvement
See Strengthening Families: The Impact of New Hampshire's Family Support Programs
See Outcomes Based Contracting

OBJECTIVE 3: REPORTS ON ADMINISTRATIVE CASE REVIEWS WILL DEMONSTRATE ADHERENCE TO BEST PRACTICE CONCERNING FAMILY CENTERED CASE PLANNING AND COMPREHENSIVE SERVICE TO FAMILIES.

Action Step a: Utilizing Administrative Case Review satisfaction surveys, Case Practice Reviews, and the supervision process, DCYF will ensure in policy and practice that case plans include attention to the following elements:

- Ensuring safety for all family members
- Engaging parents in the case planning process
- Involving essential community participants (e.g. child care providers, school personnel, counselors)
- Identification of measurable plan components that focus on:
    - Reunification
    - Resolution of safety issues
    - Identification of the concurrent plan
    - Incorporation of individual and familial strengths into the planning process

Continued from PIP item WB3.23.E.1

Status: Implemented and ongoing

Case Practice Reviews have resulted in useful information for administrators and district office CPSWs and supervisors on case plan development, which has resulted in the revision of the case plan form and practice improvement in case planning and implementation.

Administrative Case Review Program for Children Out of Their Own Homes: 2007 Annual Report (Attachment IX) is an extensive analysis of case practice and planning for out-of-home cases.

The Supervisors' Reports give supervisors better insight into case practice at the district office level and by CPSW, which is used in weekly supervision and practice improvement strategies.

Action step b: Administrative Case Review satisfaction surveys will be designed to focus on birth parents and children regarding their understanding of, and comfort with, the Administrative Review Processes.

Status: Implemented

Satisfaction surveys are provided to birth parents in 20% of all administrative case reviews. The survey is completed at the end of the review while the administrative case

reviewer prepares copies of all documents for the participants. All other participants in the meeting are also asked to complete a survey.

[Action step c: The Quality Improvement Administrator will utilize Administrative Case Reviews to assess documentation of medication monitoring, and flag those cases where there is a concern and/or question regarding monitoring of child's medication.] *Revised below*

Continued from PIP item WB3.23.F.2

Action step c revised to: DCYF will contract with Easter Seals NH to implement the Administrative Case Review process to determine and report on the health, safety, and well being of children in out-of-home care.

Status: Accomplished

The Administrative Case Review Program for Children Out of Their Own Homes: 2007 Annual Report (Attachment IX) is an extensive analysis of case practice and planning for out-of-home cases.

Action step d: Utilizing information from the 6-month Administrative Case Reviews, assessment of whether relatives have been located in a manner that meets both the best interests of the child and family safety needs will be examined.

Status: Accomplished

Finding Connections relies on a case mining process, interviews with family and friends, and extensive search methods to locate placement options and supportive connections for children in out-of-home care.

See Administrative Case Review Program for Children out of their own homes 2007 annual report (Attachment IX)

Action step e: The Administrative Case Review process will be adapted to assess the use of The Foster Parent Profile with regards to matching children with foster parents and to identify foster parents' needs.

Status: Accomplished

In April of 2006, a new version of NH BRIDGES was launched, which included enhanced services and provider search option. CPSWs are more effectively able to search for and match foster parent skills and characteristics with child-specific characteristics and needs.
See Administrative Case Review Program for Children out of their own homes 2007 annual report (Attachment IX)

Action step f: The findings and recommendations in the report following each Administrative Case Review will be utilized by the CPSW and supervisor for case planning considerations, service referral and recommendation, and strategies for engaging with the family in a strength-based approach.

Status: Accomplished

Refer to Action Steps a-d under this objective

OBJECTIVE 4: USING CFSR NATIONAL STANDARDS AS A STANDARD OF REFERENCE, DEVELOP A REPORTING SYSTEM WHEREBY ACCURATE AND STANDARDIZED INFORMATION ABOUT SERVICE OUTCOMES IS PRODUCED AT REGULAR INTERVALS DURING EACH YEAR.

Action step a: Using the monthly DCYF Benchmark Report for DHHS Commissioner as a reference, DCYF will monitor and evaluate the number of and trends regarding foster-care placements.

Status: Accomplished

The Benchmark Report is updated and provided to the DHHS Commissioner and DCYF Administrators monthly.

Also, the Supervisors' Reports give supervisors better insight into case practice at the district office level and by CPSW, which is used in weekly supervision and practice improvement strategies.

Action step b: Using NH BRIDGES as a data resource, the Bureau of Quality Improvement will coordinate the production of reports based on all elements in the NH DCYF State Data Profile at least twice annually.

Status: Under review

DCYF will be adapting its use of the state data profiles due to the adoption of composite measures and changes in the US Health and human Services, Administration for Children and Families' requirements for state data profiles associated with the federal Child and Family Services Review. Essential practice elements are currently being produced in other regular reports.

Action step c: Through the Bureau of Quality Improvement, reports concerning DCYF outcomes related to the Case Practice Reviews, Program Improvement Plan, and CFSR national standards will be produced and provided to DCYF administration and staff. These reports will also be available to the public.

Status: Accomplished

The final report on NH DCYF's Program Improvement Plan was sent to ACF on 01/22/2007.
Case Practice Review reports are available to the district office involved in the review and DCYF administrative staff. Through presentations offered to key community stakeholder groups, BQI staff reports on the outcomes and trends emerging from statewide case practice review findings and other data sources.

DCYF has been cited as a model agency within the Department of Health and Human Services for the sophisticated use of data to manager and inform practice outcomes. During the reporting period, trends in DCYF outcome data were reported to the Citizen's Review Panel, Child Welfare Committee, DCYF Advisory Board, and DCYF Administrators and Supervisors. In addition, handouts describing DCYF program statistics were provided at the annual DCYF conference as part of the BQI Information Session. Finally, a presentation of DCYF outcome measures was made to the NH Research Group, a statewide multi-disciplinary group that meets quarterly for data sharing and networking.

See also: Supervisors reports: use of data

OBJECTIVE 5: DCYF WILL INCORPORATE THE KNOWLEDGE GAINED FROM EVALUATIONS AND REPORTS INTO POLICY AND PRACTICE AT EVERY LEVEL OF SERVICE.

Action step a: DCYF will utilize information from individual Administrative Case Review reports, the ACR annual report, and other data sources as a basis for program development and improving case practice to promote the safety, health, well-being, and permanence of families and children in out-of-home care.

Status: Implemented and ongoing

DCYF continually uses administrative data from BRIDGES to inform and support practice improvements. See: Supervisors reports: use of data and the Case Practice Reviews.
When topics are identified for discussion, Supervisors from the 12 district offices are involved through the monthly Leadership Meetings. Examples of recent program enhancements implemented as a result of ongoing evaluation include:

- Permanency Planning Teams
- Finding Connections
- Standards for the Contact and Frequency of Caseworker Visits with Children in Foster Care

Action step b: Through the Bureau of Quality Improvement, DCYF will utilize information from the Case Practice Reviews, and evaluations of other programs and processes as a basis for recommendations about procedures and activities related to the DCYF training, policy, and protocols.

Status: Accomplished

The Bureau of Quality Improvement (BQI) blends evaluation and oversight with research and development, policy and rules. This multidisciplinary BQI team is the hub that connects DCYF's Program Improvement Plan, five year Child and Family Services Plan, the statewide Case Practice Review (modeled after the CFSR), and administration of key grants and new initiatives in a cycle of continuous quality improvement.

BQI provides timely program data to managers and, more importantly, works to break down the barriers between data and practice. Like many other states, New Hampshire has truly embraced the use of data at all levels of management. However, staffs are sometimes overwhelmed by the amount of data available and may lack the technical skills needed to turn "data" into "information". The Bureau of Quality Improvement has become the "data broker" that provides a bridge between simply *having* the data, and actually *using* it. The agency's use of data has matured in recent years from a reliance on "compliance" to a focus on "outcomes."

IV. STAFF TRAINING

GOAL A: THE BUREAU OF STAFF DEVELOPMENT AND TRAINING (BSDT) WILL PROMOTE CULTURAL COMPETENCY, APPRECIATION OF COMPLEXITY WITHIN FAMILY SYSTEMS, AND HOLISTIC APPROACHES TO ALL DCYF INTERVENTIONS.

OBJECTIVE 1: DCYF TRAINING CURRICULUMS WILL INCLUDE SKILL BUILDING THAT ADDRESSES ASSESSMENT, DOCUMENTATION, REFERRAL, CONSULTATION, AND RESPONDING TO: DOMESTIC VIOLENCE, SUBSTANCE ABUSE, SEXUAL ABUSE, AND MENTAL HEALTH ISSUES.

Action step a: The Bureau of Staff Development and Training (BSDT) will review and evaluate curriculums regarding information and consistency of content that is both current and addresses issues such as domestic violence, substance abuse, sexual abuse, and mental health.

Status: Implemented and ongoing
As part of the DCYF training system, BSDT recently restructured all CORE curricula. New curricula for related and advanced trainings are continually being developed, which include many of the topic issues mentioned above. See the Bureau of Staff Training and Development for a complete description of training changes.

Action step b: BSDT will provide ongoing advanced training for all stages of DCYF interventions in the areas of domestic violence, substance abuse, sexual abuse, and mental health issues.

Status: Implemented and ongoing

BSDT offers a wide range of skills building training that is commensurate with staff's level of experience.

Advance topics in Sexual Abuse are being scheduled for fall 2008. Trainers have been recruited and attended training of the trainers in May and June 2007.

Action step c: Training programs will address skill building for all CPSWs and supervisors in communication and engagement with individuals with challenging issues and behaviors.

Status: Implemented and ongoing

All CPSWs must complete the CORE training curriculum, which is designed to be sequential, building theory, practice and skill as appropriate. Training modules specific to family-centered child protection services and case planning and family-centered casework is incorporated into the curriculum. Additionally, ongoing trainings on communication and engagement strategies for working with challenging families are recurrently offered to DCYF staff. See Bureau of Staff Development and Training for further information.

[Action step d: BSDT will collaborate with community agencies and experts in the field to provide ongoing advanced training for DCYF staff and supervisors in specialized areas.] Action Step d modified 6/2007: Action step d: BSDT will collaborate with community agencies and experts in the field to provide ongoing specialized training for DCYF staff and supervisors in specific skill areas.

Status: Implemented

Trainer development and curriculum development are major areas of the Training Bureau strategic plan as well as the Staff Development Partnership contract. The training steering committee continues to work collaboratively with community agencies as well as experts in the field to identify high priority training needs. Individual Needs assessments for CPSWs and Supervisors are completed within district offices in conjunction with the annual performance review. These assessments assist staff development in delivering the right training at the right time to the right employee. The BSDT continues to recruit and retain qualified trainers who are required to complete a certification process. BSDT monitors 12 trainings on an annual basis to ensure best practice, updated curricula, and to assist in trainer development. BSDT is currently working on a recertification process for trainers who have completed the certification process and have been training for DCYF for more than a year.

OBJECTIVE 2: CONTINUOUSLY PROVIDE ALL DCYF STAFF WITH COMPETENCY-BASED TRAINING REGARDING STRENGTH-BASED PRACTICES, SAFETY, AND CULTURAL COMPETENCY THAT STAY CURRENT WITH ONGOING RESEARCH REGARDING BEST PRACTICE.

Action step a: BSDT will provide evaluation regarding the content of training curricula, with attention to consistency with Best Practice.

Status: Implemented and ongoing

Beginning in FY06, the BSDT implemented processes to continuously evaluate training programs and their potential impact on families and children. The Bureau Administrator is expected to guide the process for evaluating both foster parent and staff training. This involves working with contractors, foster parent and staff training respectively, and the

"evaluator" to begin the task of evaluating curricula and as a long-term goal, ultimately, the impact on families.

Granite State College is contracted by DCYF to provide pre-service training to prospective foster and adoptive parents statewide in New Hampshire. In April 2005, the Education and Training Partnership at Granite State College released a report entitled "Evaluating a Title IVE Foster Parent Training Program: Context, Outcomes, and Contributions to Foster Care." A research update report was completed in 2007. (See Attachment IV for 2005 report and 2007 report update)

Action step b: Utilizing annual surveys that address workload, turnover, and training, the Bureaus of Quality Improvement and Staff Development and Training will evaluate the impact and effect of training on staff as staff experience increases.

Status: Implemented

An independent research study on DCYF's workforce was completed in 2005 though Boston College. The findings from this workforce development study yielded information that consistent, supportive, and quality supervision is a primary factor for staff retention. Consequently, the development and implementation of supervisory CORE training series was launched in 2006. Recently hired supervisors are required to complete this comprehensive training curriculum when offered. The series is competency-based, building on skills to provide levels and styles of supervision according to the needs and skills of staff.
See Workforce Development for additional staff recruitment and retention activities.

Action step c: By June 30 2005, the BSDT will incorporate a CORE module specific to cultural competency relative to American Indian parents and children who live in New Hampshire. The BSDT will utilize technical assistance and consultation with statewide groups who specialize in American Indian culture. The module will also address ICWA requirements.

Status: Accomplished and ongoing

With the assistance of the Court Improvement Project ICWA guideline books were purchased and distributed to each DCYF District Office, State Office and the Training Bureau.
Also,
See Cultural Competency and Specific Measures Taken in Response to The Indian Child Welfare Act (ICWA)

Action step d: Through consultation with statewide advocacy groups and available technical assistance, the BSDT will, by June 30, 2005, demonstrate inclusion of CORE and Advanced training modules that specifically address DCYF's work with people who have individual needs (e.g. deaf and hard of hearing, visually impaired).

Status: Implemented and ongoing

The DCYF Child Welfare Committee membership includes representation from NE Deaf and Hard of Hearing Services (NDHHS) and the NH Department of Health and Human Services' (DHHS) Hearing and Vision Program who are also available for consultation to BSDT for training development and trainer resources. Collaborative efforts between BSDT and the DHHS Hearing and Vision Program Specialist have resulted in:

- Expanded competency building and engagement skills for working with individuals with visual or auditory needs training opportunities to district offices statewide;
- The incorporation of specific questions related to the deaf and hard of hearing cultures in the DCYF Cultural Competency Self Assessment survey- the results of which will inform the development of future trainings;
- Training provided to supervisors and administrators during a Leadership meeting in 2008;
- Deaf and hard of hearing resource and information tables at the annual DCYF Conference; and,
- Provision of communication and access technology (C.A.R.T. services) at the DCYF Conferences for individuals with auditory processing and visual needs during the Keynote Address

OBJECTIVE 3: ENSURE THAT ALL TRAINING OFFERS CONSISTENT MESSAGES ABOUT CHILD AND FAMILY SAFETY, STABILITY AND WELL BEING.

Action step a: The Bureau of Staff Development and Training will provide a CPSW and supervisor curriculum that specifically addresses family centered case planning with special attention focused on:

- Ensuring safety for all family members,
- Engaging parents in the case planning process,
- Involving essential community stakeholders (e.g. child care providers, school personnel, counselors),
- Identification of measurable plan components that focus on
- Reunification (in cases involving temporary out of home care) and
- Resolution of safety issues,
- Identification of the concurrent plan in cases involving temporary out of home care and
- Incorporation of individual and familial strengths into the planning process.

Status: Implemented

See Bureau of Staff Development and Training

Action step b: Contractors with DCYF will provide a training plan that is consistent with DCYF Best Practice concepts. DCYF will provide contractors with training models reflecting Best practice Standards.

Status: Implemented

DCYF contracted with the Institute for Human Services to assist in the CORE curricula revision process. Focus groups were held throughout the state with staff and community stakeholders for input on how the training system could be improved to ultimately improve the services families and children receive. See the Bureau of Staff Development and Training for further information.

Action step c: The Administrator of the Bureau of Community and Family Support will collaborate with local colleges and universities to ensure that subject areas are included in social work curricula.

Status: Implemented and ongoing

DCYF Staff Development and the Family and Community Services Administrator are working with the IV-E student coordinator at the University of New Hampshire and Plymouth State University regarding social work classes and how staff Development can work towards providing specialized course curricula designed to educate and prepare students of child welfare and related disciplines entering the child welfare workforce.

OBJECTIVE 4: DCYF WILL FURTHER DEVELOP ITS MENTORING PROGRAM FOR ALL NEW EMPLOYEES TO ENHANCE TRAINING, AWARENESS BUILDING, AND BEST PRACTICE

Action step a: By 01/2007, the BSDT and Child Protection Administrators will ensure that every new employee will be assigned an approved and certified mentor to assist with the transfer of knowledge from classroom to on the job.

Status: Accomplished and ongoing

Presently, each new employee is assigned an approved and certified mentor upon entering DCYF. Mentors are offered individual support from Training Coordinators in the field during District Office visits.
See DCYF Workforce Development Recruitment and Retention Plan

Action step b: By 01/2007 BSDT will establish procedures documenting how mentors will assist mentees (new employees) in understanding the basic concepts addressed in formal training, and how they play themselves out in actual case practice.

Status: Accomplished

The Core Training Policy Workgroup was formed in 2006 for the purpose of defining a process for supervisors and mentors to guide new workers through policy and case practice as they progressed through the CORE curricula. In early 2007, the Core Training Workbook was produced by the Workgroup and distributed to all district offices, BSDT, and the Staff Development Partnership.

The workbook provides new CPSWs, supervisors, and mentors with descriptions of each CORE training module, skill sets, assignments, and training activates to support the learning objectives of each module. Included in the workbook is the Mentoring Log, which is used to clarify expectations of DCYF. Activities in the Mentoring Log coincide with the activities following each module so that new workers can best benefit from the transfer of learning in an appropriate and timely manner.

Action step c: By 06/2007, BSDT will establish procedures documenting how mentors will work with new employees to help provide direct feedback relative to building skill on the job as learned in the core classroom setting.

Status: Initiated

The Training Steering Committee mentoring subcommittee, with feedback from staff development and mentoring consultants are in the process of developing a way to provide formal feedback to mentors regarding their performance and ability to guide new workers regarding skill building.

V SERVICE ARRAY

GOAL A: PARTNER WITH COMMUNITY-BASED AGENCIES TO ENHANCE COLLABORATIVE APPROACHES TO PREVENT CHILD ABUSE AND NEGLECT THROUGH FAMILY WELLNESS

Special consideration: Goals, objectives and action steps that follow in this section are designed to ensure that each individual has a similar opportunity for prevention and supportive services, regardless of their place of residence or personal circumstances.

OBJECTIVE 1: ENHANCE AND EXPAND STATEWIDE PUBLIC ACCESS TO SERVICES THAT PREVENT CHILD ABUSE AND NEGLECT.

Action Step a: Using successful models of prevention as a reference, DCYF will apply and expand community based prevention programs to all areas of the state, ensuring access for all families in need.
Evaluate existing models for efficacy utilizing existing outcome measures (e.g., logic models)
Partner with communities to replicate most success for models

Status: Implemented and ongoing

The Community-Based Prevention and Family Support Services Program closely partners with the New Hampshire Children's Trust Fund in promoting and educating community-based services on evidence-based practices and program evaluation. NHCTF's report on family support programs and protective factors is a detailed analysis of the impact family support programs have on strengthening protective factors for families. Also, DCYF's comprehensive family support program supports family resource centers offering a wide variety of prevention services, some of which are in-home.
The comprehensive family support and residential provider outcomes initiative will provide information about family support programs service delivery and treatment planning process impact on preventing future DCYF involvement.
Strengthening Families is a promising initiative happening in NH that works to provide technical assistance and education to childcare and child welfare professional on building protective factors for families as well as childcare program training on the identification, intervention, and reporting of child abuse and neglect.

Action Step b: Using a community-based information gathering processes, DCYF will identify and reduce barriers to service access.

Status: Implemented and ongoing

Refer to the New Hampshire Children's Trust Fund for information on evaluation, training, and technical assistance provided to community-based services for improving the quality and access of services to families.
Also, the Case Practice Review stakeholder focus groups involve a variety of human service, education, and law enforcement professionals from the communities serviced by the District Office under review. The focus group questions are designed to solicit feedback regarding the effectiveness of the Child Welfare System.

Action step c: DCYF will work with partnering organizations to enhance and expand online access to services that prevent child abuse and neglect.

Status: Accomplished and ongoing

The Family Resource Connection (FRC) was launched in 2000 as a collaborative effort of New Hampshire Departments of Health & Human Services, Education, and the NH State Library—as a statewide library and clearinghouse. FRC's primary mission is to serve the needs of NH's children by means of providing information, resources, and support for NH families, caregivers, educators, and other professionals concerning aspects of caring for, educating and raising children—with an emphasis on children with special needs. The FRC website features the Directory of Children's Services (http://www.nh.gov/nhsl/frc/directory.html), which is an online index of community-based resources organized by service-type located throughout NH. The sustainability of this program has been supported, in part, through CAPTA and Title IV-B, subpart 1 fund.

Reaching approximately 75% of the total United States population in forty-three states and the District of Columbia is a telephone number that connects callers, at no cost, to information about critical health and human services available in their community. On June 11, 2008, 2-1-1 NH was launched through the efforts of the United Ways of New Hampshire (UWNH) in establishing partnerships with five comprehensive information and referral agencies throughout the state. The Citizens Bank Foundation, Exeter Hospital in the Seacoast region, New Hampshire Charitable Foundation, and the State of New Hampshire sponsor the 2-1-1 initiative[11].

The New Hampshire Children's Trust Fund's website (http://nhctf.org/pnf.html) also offers online statewide services search capacity as does InfoLink (http://infolinknh.org/links.html) for the NH seacoast and southern Maine regions.

OBJECTIVE 2: PARTICIPATE IN A STATEWIDE NETWORK FOCUSED ON COMMUNITY BASED TREATMENT THAT COORDINATES WITH OTHER AGENCIES.

Action Step a: Through mechanisms such as memorandums of understandings, DCYF will engage in a formal relationships with other state and local community approaches to prevention including, but not limited to:
The NH Children's Trust Fund,

[11] http://www.211nh.org

Juvenile Diversion Programs,
NH Prevention Provider Network,
NH Coalition Against Domestic and Sexual Violence, and the
State Primary Prevention and Wellness Council.

Status: Implemented

A DCYF staff person is a standing member on the Board of Directors of the NH Children's Trust Fund, which is the designated New Hampshire Community Based Child Abuse Prevention (CBCAP) grant recipient.
In 2005, the Director of the NH Children's Trust Fund became a standing member of the DCYF Citizen Review Panel; the key community stakeholder group connected with use of CAPTA funds and related DCYF activities.
DCYF maintains a Memorandum of Understanding with the NH Coalition Against Domestic and Sexual Violence
DCYF is a member of the state Primary Prevention and Wellness Council
Juvenile Diversion Programs throughout the state receive support through the Incentive Funds Program

OBJECTIVE 3: PARTICIPATE IN DEVELOPING A SYSTEM WHEREBY PARENTS ACCESS THE RESOURCES NECESSARY TO PROVIDE FOR THEIR CHILDREN'S SAFETY AND WELL-BEING.

Action Step a: Using NH BRIDGES, Structured Decision Making and other information systems, DCYF will provide information to define needs and identify gaps in services necessary to resolve basic child safety issues.

Status: Accomplished and ongoing

NH BRIDGES has released a variety of enhancements improving resource search capability and data collection.
The Case Practice Review focus groups involve a variety of human service, education, and law enforcement professionals from the communities serviced by the District Office under review. The focus group questions are designed to solicit feedback regarding the effectiveness of the Child Welfare System.

Action step b: DCYF will coordinate with the NH Children's Trust Fund and other statewide networks, to develop and utilize assessment and evaluation tools measuring client needs and satisfaction with services.

Status: Accomplished and ongoing

See New Hampshire Children's Trust Fund
See Strengthening Families: The Impact of New Hampshire Family Support Programs
See Comprehensive Family Support and Residential Provider Outcomes

Action step c: Through statewide collaborations, RFPs and contracts, DCYF will support initiatives to provide comprehensive services at a local level.

Status: Accomplished

DCYF completed a contracting process with community-based agencies to enhance local support to families without the need for formal intervention by the child protection system. See Comprehensive Family Support

Action step d: By June 30, 2004, the Clinical Services Administrator, through consultation with the Policy Bureau Program Specialist will develop policy through which Foster Care Health Program nurses (1) identify children in foster care who are prescribed psychotropic medications, and (2) oversee the practice that parents receive informed consent forms regarding their child(ren)'s medication(s) from the physician/psychiatrist.

Status: Implemented and ongoing

During this reporting period, the Foster Care Health Program Supervisor worked with the policy unit and Child Protection Administrator to review protocols and forms for children in Guardianship and Care, Custody and Control, of DCYF who are prescribed psychotropic and narcotic medications. This form is to be completed by the prescriber and forwarded to SO for Director authorization. Investigation is still ongoing about the process for authorizations by birth parents for children who are in DCYF custody. There are a variety of consent forms being used by prescribers and agencies. Some of it is done verbally with the birth parent. It is DCYF's goal to develop and implement a process for tracking informed consent by both parents with all DCYF medical and behavior health providers. The Foster Care Health Program Specialist and Child Protection Administration is continuing to work on resolving this issue, however, given the complexity, no target date has been established.

GOAL B: PARTNER IN DEVELOPING COLLABORATIVE PROGRAMS THAT COMBINE RESOURCES AND INTERVENTIONS TO ENHANCE RESPONSES TO COMPLEX FAMILY SITUATIONS.

OBJECTIVE 1: IDENTIFY BY D.O. AND ENROLL AS DCYF PROVIDERS SPECIALIZED SERVICES NEEDED BY CHILDREN AND FAMILIES.

Action step a: Through analysis of inventory of certification requests maintained by state office, and monthly report outlining status of applications for certifications to be developed; prioritize, identify and complete, by D.O., the Service Certification requests for service providers who accept Medicaid, and provide service in the following areas:

- Substance abuse councilors,
- Dentists,
- Mental health professionals
- Those with training to work with sexual offenders, and
- Those with training to provide batterer intervention *(Adapted from PIP: WB1.17.F.1)*

Status: Implemented

Community stakeholder focus groups continue to be a component of the Case Practice Reviews. Focus group participants represent a broad range of community stakeholders including, but not limited to: school staff, law enforcement, medical professionals, foster parents, residential providers, and mental health providers.
Information from these groups is incorporated into each district office Case Practice Review report, and is addressed in each office's PII.

Work plans to formally incorporate this information, as well as that provided through NH DHHS Community Relations Managers resulted in the development of statewide policy addressing consistent statewide access to Individual Service Options (ISO).

DCYF's Bureau of Quality Improvement continues to assess service needs, as exemplified by the Cultural Competency Self Assessment.

Recently, Project First Step was expanded to provide LADC services to the Berlin District office.

Action step b: Through collaborative efforts by the Fiscal Services Administrator and the Certification Program Specialist Provider, clarify certification process to be reviewed for each category listed in action step a; identify barriers to timely certification, and develop and implement corrective action plans. (Adapted from PIP: WB1.17.F.1.a)

Status: Accomplished

In April, 2006, modifications to NH Bridges were completed and launched, enhancing the ability of DCYF/DJJS staff to locate local community resources that meet individual needs of families involved in the child protection or juvenile justice system (SACWIS 30). Users are now able to quickly search for appropriate client-provider matches using multiple criteria. This reduces the amount of time dedicated to searching for services and providers and return more meaningful search results. As an aid in case planning, the new search function is used when a worker needs to find a service or provider for a client, but does not have a specific provider in mind. It can also be used to locate all providers, of any service, who specialize in or work with clients who have specific characteristics. The

provider enrollment area includes several new data fields to collect additional information, including service specialties, and client population specialties, including language(s) spoken by provider. A worker may search for providers of a specific service or search within an entire category of services.

Three of the eleven administrative rules designed to improve the provider enrollment process have been legislatively approved. The remaining eight rules will be approved and enacted by the Joint Legislative Committee on Administrative Rules (JLCAR) by September 2008. These rules will remain in effect for eight years.

OBJECTIVE 2: REPLICATE THE SUCCESSFUL PRACTICES DERIVED FROM THE PERMANENCY PLUS DEMONSTRATION WITH THE GOAL OF CREATING EFFECTIVE STATEWIDE TIME LIMITED FAMILY REUNIFICATION INITIATIVES.

Action step a: Establish training and public education about Time Limited Family Reunification that can be applied to each district office.

Status: Implemented and ongoing

DCYF state and district office staff provides frequent and ongoing community education and training opportunities. The milieu of audience participation has been diverse providing representation from community-based services and family-support programs, schools and educational advocacy groups, medical and dental practitioners, mental health professionals, law enforcement, the faith-based community, crisis centers, and social organizations such as The Elks and Lions Club. Although presentation material is amended according to the requests and training needs of each group, family-centered case practice, including the importance of maintaining familial connections, understanding the bond between child and parent regardless of the type or severity of maltreatment, and DCYF's efforts to reunify families in a safe and timely manner is presented in some manner.

Action step b: Develop and implement a contracting system that results in the capacity to provide Permanency Plus to all district offices.

Status: Not Applicable.

The Permanency Plus Demonstration Project concluded in 2006. Detailed information on Permanency Plus is available in NH DCYF APSR Annual Reports from 2000 through 2005.

Action step c: Adapt and enhance district office resources that result in the capacity to apply Permanency Plus consistently in all district offices.

Status: Not Applicable.

The Permanency Plus Demonstration Project concluded in 2006. Detailed information on Permanency Plus is available in NH DCYF APSR Annual Reports from 2000 through 2005.

OBJECTIVE 3: SUPPORT APPLICATION OF COLLABORATIVE APPROACHES TO CHILD ABUSE, NEGLECT AND SUBSTANCE ABUSE TO ALL AREAS OF THE STATE.

Action step a: Using technical assistance and other supports, improve and continue collaborative approaches that address parental substance abuse and its relationship with child abuse and neglect.

Status: Accomplished and ongoing

Refer to First Step: Approaches to the Co-Occurrence of Child Maltreatment and Substance Abuse for information on the co-location of Licensed Alcohol and Drug Counselors (LADC) in two district offices demonstration project and transition to implementation of the First Step program after its conclusion.

Action step b: Utilizing successful practice models and technical assistance, DCYF will apply collaborative approaches that address substance abuse co-occurring with child abuse and neglect to additional locations with the goal of statewide application.

Status: Implemented and ongoing

During this reporting period, the DCYF has expanded the First Step program from the co-location LADCs from two to three district offices. DCYF is committed to sustaining this program and continues to consider availability of additional funding sources each year for expansion of this program.

Action step c: DCYF will promote statewide collaborations to increase access by individuals experiencing alcohol and other drug abuse to supportive services that also ensure safety, stability, and well being of children.

Status: Under Review

DCYF and the Office on Alcohol and Drug Policy are examining multidisciplinary approaches that fit conditions on other regions of the state.

OBJECTIVE 4: SUPPORT APPLICATION OF COLLABORATIVE APPROACHES TO CHILD ABUSE, NEGLECT AND DOMESTIC VIOLENCE TO ALL AREAS OF THE STATE OF NEW HAMPSHIRE.

Action step a: DCYF will coordinate funding to support the presence of Domestic Violence Specialists in all district offices.

Status: Accomplished

The Domestic Violence Specialist Program is well established in all district offices as a response to families affected by the co-occurrence of domestic violence and child abuse and neglect.

Action step b: DCYF child protection supervisors will maintain regular statewide meetings that address DCYF/NHCADSV collaborations.

Status: Accomplished

DCYF and the NH Coalition Against Domestic and Sexual Violence (NHCADSV) signed an updated Memorandum of Understanding in January of 2008. Both parties have committed to attend joint agency meetings designed to address the needs of DVS Program. The Quarterly meetings are intended to the forum to have necessary dialogues concerning the Memorandum and any future revisions.

Action step c: DCYF will maintain and follow DCYF Domestic Violence Protocols that are consistent with Best Practice approaches to the co-occurrence of domestic violence and child abuse and neglect.

Status: Accomplished

Domestic Violence Protocols were updated and released in 2003. Competency based training on co-occurrence of domestic violence and child maltreatment, and the domestic violence protocol continues to be provided for all new CPSWs

Although the Greenbook Project federal initiative ended in 2006, efforts to sustain the work on improving child protection, domestic violence coalitions, and the court collaboration in response to the co-occurrence of domestic violence and child maltreatment has continued in New Hampshire.

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Action step d: DCYF Bureau of Quality Improvement, and Clinical Administration will continue active participation in the Greenbook Demonstration Project addressing collaborative responses by the courts, DCYF, and NHCADSV.

Status: Accomplished and ongoing

Although the Greenbook Project federal initiative ended in 2006, efforts to sustain the work on improving child protection, domestic violence coalitions, and the court collaboration in response to the co-occurrence of domestic violence and child maltreatment has continued in New Hampshire.

OBJECTIVE 5: SUPPORT APPLICATION OF COLLABORATIVE APPROACHES TO CHILD ABUSE, NEGLECT AND BEHAVIORAL HEALTH SERVICES TO ALL AREAS OF THE STATE OF NEW HAMPSHIRE.

Action step a: DCYF will work to improve access to and development of appropriate behavioral health services in all communities.

Status: Implemented and ongoing

The PATT Project is a major initiative currently underway to provide evidence-based treatments to New Hampshire children and their families who have experienced traumatic events and have developed emotional reactions and problems related to the traumas. Also, the Foster Care Mental Health Program continues its partnership with NH's Community Mental Health Centers for the completion of a mental health assessment for every child's first out-of-home foster or relative care placement.

Action step b: The Senior Psychiatric Social Worker, and Child Protection Administrators will evaluate and implement application wraparound processes such as CARE NH to all areas of the state.

Status: Partially implemented

The CARE NH demonstration project has ended. This initiative was not sustained subsequent to the termination of funding sources provided as part of the project. NH DCYF APSR Annual Reports 2006 and 2007 provide extensive information and outcome data about the initiative.
Wraparound teams exist throughout local communities around the state. DCYF staffs from the local district office have participated on these teams as requested.

Action step c: DCYF will maintain and continue development of interagency agreements and provision of services to address needs of families and children with developmental disabilities.

Status: Implemented

DCYF collaborates with other agencies under the NH Department of Health and Human Services including the Bureau of Developmental Services and Bureau of Behavioral Health. Administrators and state office staff under the Department participate in a continual process for developing strategies to provide a seamless provision of services to individuals in need.

Educational Specialists are assigned to district offices to monitor the special educational needs of DCYF children. Quarterly training is offered to all new field staff regarding educational issues and a quarterly report is issued summarizing the educational status of

the involved children. The Educational Specialists also provide regular case-specific consultation to the field.

Action step d: DCYF will ensure that the identification, evaluation, and application of supports and services to birth parents have been offered prior to the TPR/permanency process.

Status: Accomplished and ongoing

The Permanency Planning Team (PPT) meeting occurs no later than nine months from the date of a child's removal from their home. If a determination to seek a permanency option alternative to reunification is made, consideration must be given to how the birth parent(s) will continue to be involved, if at all, whether mediated adoption is an option, and the supports and services the parent(s) will need throughout the permanency and termination process. The Permanency Planning Team Review form includes questions and data entry fields concerning parent support and involvement, which are required to be completed by the Permanency CPSW.

OBJECTIVE 6: SUPPORT APPLICATION OF STATEWIDE COLLABORATIVE APPROACHES TO ENSURE ACCESS TO QUALITY MEDICAL AND ORAL HEALTH CARE BY CHILDREN SERVED BY DCYF.

Action step a: Engage with statewide stakeholder groups, such as the Coalition for New Hampshire Oral Health Action, that address access to medical and oral health care.

Status: Implemented and ongoing

The Foster Care Health Program is continuously engaging with medical and dental professionals to encourage their participation as DCYF providers and broaden the number of Medicaid patients they will accept. During this last reporting period, Small Smiles, a pediatric dental facility in Manchester, NH, opened its practice and serves only Medicaid children from all New Hampshire communities.

Action step b: The Foster Care Health Program supervisor will continue to participate on DHHS Oral Health Action Team to identify/create ways to expand access to dental services.

Status: Implemented and ongoing

Access to affordable dental care has expanded on a local level. Improvements in regional access to dental services include:
Small Smiles in Manchester, NH is a recently open pediatric dental practice that accepts *only* children with Healthy Kids Medicaid coverage from all NH communities
The White Mountain Community Health Center in Carroll County accepts any child involved in a DCYF assessment for a free dental screening. Children are then referred out to local dentists, if required.

A local dentist with a private dental practice in Conway has agreed to expand the number of Medicaid eligible children he will accept for oral health services
North Country Mobile Dental Services is an oral health program that offers mobile services, addressing the access and transportation barriers in northern New Hampshire

Action step c: Apply successful collaborations [addressing access to oral health care] to all communities served by DCYF.

Status: Implemented and ongoing

Refer to actions steps a and b above.

OBJECTIVE 7: ENSURE CONSISTENCY OF SERVICES AND INTERVENTIONS BETWEEN DCYF AND PARTNERING ORGANIZATIONS IN TRAINING, CONTRACTED SERVICES, AND COLLABORATIVES.

Action step a: The Fiscal Administrator will demonstrate that all contracts and training programs require familiarity with, and practice of, concepts and protocols outlined in:

- The Governor's Commission on Domestic Violence Multidisciplinary Protocol http://doj.nh.gov/victim/docs/DCYF_2004.pdf
- The NH Attorney General's Committee on Child Abuse and Neglect Law Enforcement Protocols http://doj.nh.gov/victim/docs/lawenforcement.pdf
- NH Educational Protocols for Recognizing and reporting suspected Child Abuse and Neglect http://doj.nh.gov/victim/docs/education.pdf

Status: Implemented

During 2004 DHHS administrative rules for agencies providing home based counseling services were amended to include the requirement that those agencies must be familiar with and follow domestic violence protocols for mental health and DCYF.

Beginning in January 2005, new contracts with community based agencies providing services incorporated language requiring contracted agencies providing direct services needed to demonstrate knowledge of co-occurrence of domestic violence and child abuse/neglect. The purpose for this is to further ensure that families referred for voluntary or Comprehensive Support Services receive a response to co-occurrence that is consistent as when the family is involved with the child protection system.

Action step b: DCYF will ensure that providers involved in collaborative services have access to DCYF training opportunities.

Status: Implemented

All Domestic Violence Program Specialists and First Step LADCs participate in DCYF's CORE training curriculum.

DCYF and the NH Dept of Education, provide training to teachers and school personnel regarding the effect of abuse and neglect on children, reporting mandates, and the education protocol that addresses responding to child abuse and neglect.
DCYF contracts with Casey Family Services to provide training and support to foster and adoptive families

Training opportunities have been expand for relative and kinship care providers. A kinship weekend event will be held in September of 2008 for eight licensed kinship care providers, which will include communication and other trainings designed specifically for kin
The Annual DCYF Conference is a two-day event open to all providers, professionals, and families involved in child welfare. DCYF frequently provides scholarships to providers, families, and community stakeholders for the conference.

Action step c: The Family and Community Services Administrator will evaluate and assure that local Family Resource and Support Programs design their activities that are research based and consistent with recognized best practices.

Status: Implemented and ongoing

The NH Children's Trust Fund provides education and technical assistance for promoting the implementation of evidence-based practices and evaluation measures to assess program outcomes to community-based services and family support programs. Strengthening Families: The Impact of New Hampshire Family Support Programs is a family support outcomes an evaluation completed by the NHCTF in years 2005 and 2006 that measures the impact of family support programs on strengthening protective factors for families participating in those programs

[OBJECTIVE 8: ACCESS TO TRANSPORTATION SERVICES FOR FAMILIES CONNECTED TO DCYF WILL IMPROVE THROUGHOUT THE STATE. (PIP: SA36.C)]

OBJECTIVE 8 REVISED TO: DCYF WILL IMPLEMENT STRATEGIES TO ADDRESS BARRIERS TO TRANSPORTATION.

Action step a: DCYF will explore alternative solutions for providing transportation services necessary for timely reunification of children.

Status: Initiated

DCYF will be allocating PSSF funds this year to support a transportation pilot in the Manchester District Office. This pilot will hire individual transportation aides as DCYF employees who will only provide transportation for DCYF involved families with children in placement. Further, the Community Liaison will attempt to identify other transportation resources, such as a taxicab company or local bus services, to partner with. This pilot has started the planning phase and will be implemented this year.

VI. AGENCY RESPONSIVENESS TO THE COMMUNITY

GOAL A: BUILD AND MAINTAIN A FORMAL NETWORK BETWEEN PROGRAM AND GRANT ADMINISTRATION, AND COMMUNITY BASED EFFORTS TO ADDRESS SPECIFIC SYSTEMS BARRIERS.

OBJECTIVE 1: ENGAGE IN A COORDINATED STATEWIDE PUBLIC AWARENESS CAMPAIGN TO ENSURE AWARENESS OF OPPORTUNITIES FOR PERSONAL AND FAMILY SUPPORTS THAT EXIST IN DHHS AND PARTNERING ORGANIZATIONS.

Action step a: DCYF will promote HHS engagement in community based events such as "contractor fairs" that publicize services and access, with consideration to cultural, ethnic, and linguistic needs.

Status: Initiated

The Community Relations Managers (CRM) have assumed the responsibility of identifying existing community resources, identifying service needs and working with administrators and supervisors to obtain and maintain needed services.
The CRM for Hillsborough County partnered with local community agencies for a Work Experience Expo held in June 2006. Information about various DHHS supportive services was presented to attendees.
The Merrimack/Belknap County CRM participated in the Concord ServiceLink's fair for grandparents as caretakers, and provided a foster care presentation at ServiceLink, Laconia's Senior Fair, and at the Laconia Family Convocation.

Action step b: The Speakers Bureau will develop and utilize tools that track attendance, and evaluate services and needs for attendees at public information gatherings sponsored by DCYF.

Status: Implemented

The Speaker's Bureau tracks information on DCYF presentations held throughout the state. The Speakers Bureau encourages organizers of these events to provide feedback regarding their satisfaction of the information and materials presented.

Action step c: Incorporating information from action step b, DCYF will support and enhance information and referral resources that exist throughout the state.

Status: Implemented

Objective 2, action step b below identifies both statewide and local stakeholder focus groups and committees for which DCYF BQI tracks attendance information. Service needs identified at local stakeholder focus groups are identified in Case Practice Review reports and are included as elements in local district office Practice Improvement Initiatives (PII), and are used to evaluate statewide policy, programs, and initiatives.

OBJECTIVE 2: BUILD A FORMAL ONGOING NETWORK THAT CONNECTS INFORMATION ABOUT ESSENTIAL COMMUNITY NEEDS TO THE STATEWIDE PROCESS INVOLVED IN PROGRAMS AND CONTRACTS.

Action step a: Through the Comprehensive Family Support Initiative, the Family and Community Services Administrator and Bureau of Quality Improvement will develop a formal link between DCYF and consumers through DCYF funded community-based agencies.

Status: Accomplished and ongoing

DCYF partners with several agencies and committees who represent community-based agencies and public interest in the DCYF relationship with children, parents, and other consumers. The Community-Based Prevention and Family Support Services Program closely partners with the New Hampshire Children's Trust Fund in promoting and educating community-based services on evidence-based practices and program evaluation. NHCTF's report on family support programs and protective factors is a detailed analysis of the impact family support programs have on strengthening protective factors for families. Also, DCYF's comprehensive family support program supports family resource centers offering a wide variety of prevention services, some of which are in-home. Family Support New Hampshire[12] is a statewide coalition of family resource centers and family support groups of which DCYF is a member.
The NH Child Welfare Committee serves as the major connection between New Hampshire communities to supporting initiatives that provide family support and child abuse and neglect prevention efforts through the Title IV-B, Preserving Safe & Stable Families (PSSF) Grant.

Action step b: Through regular community stakeholder meetings, assess local service arrays and local conditions that address service barrier and access issues.

Status: Accomplished and ongoing

DCYF has representation on and meets regularly with:

The Citizen's Review Panel whose purpose is to determine whether state and local agencies are effectively discharging their child protection responsibilities (See

[12] http://www.fsnh.org/

Attachment XIV for 2008 Annual Report)The Child Welfare Advisory Board who identifies consumer needs, makes recommendations on funding initiatives, reviews Requests for Proposals for contracts that utilize PSSF funding, and with DCYF, assists in monitoring contracts that utilize PSSF funding to promote the Safety, Permanence, and Well being of children through prevention of child abuse/neglect. The Child Welfare Advisory Board participates in the development of the five-year Comprehensive Child & Family Services Plan, as required to fulfill DCYF's eligibility for the Preserving Safe & Stable Families (See Attachment XV for 2007-2008 Annual Report)The DCYF Advisory Board who advises and assists DCYF by providing leadership and dialogue in advocating the needs and concerns of the children, youth and families of our state, and we will advise and assist the Division in its mission in our communities. Advisory Board members are appointed by the Governor, approved by Council, and represent the ten counties of New Hampshire.

The Case Practice Review stakeholder focus groups involve a variety of human service, education, and law enforcement professionals from the communities serviced by the District Office under review. The focus group questions are designed to solicit feedback regarding the effectiveness of the Child Welfare System.

OBJECTIVE 3: THROUGH ONGOING INVOLVEMENT WITH KEY STAKEHOLDER GROUPS, EVALUATE AND APPLY INITIATIVES THAT WILL DECREASE THE AMOUNT OF TIME THAT A CHILD IS IN TEMPORARY OUT OF HOME CARE WHEN REUNIFICATION CANNOT OCCUR, AND ADOPTION IS THE ONLY VIABLE PERMANENCY SOLUTION.

Acton step a: DCYF will participate in constituency groups such as:

- The Commissioner's Adoption Advisory Committee
- Adoption Advisory Council
- Consortium of NH Licensed Private Adoption Agencies
- New England Regional Adoption Managers
- New Hampshire Adoption Support Groups

Status: Implemented

DCYF has maintained consistent representation and involvement with the groups listed above.

Action step b: By June 2006, the DCYF Adoption Specialist will evaluate and launch an initiative that better incorporates faith-based communities in recruitment and training of foster/adoptive families.

Status: Accomplished

The NH Community and Faith-Based Initiative (CFBI) has grown substantially since its launch in 2005. CFBI currently serves all twelve-district offices in providing support and assistance to the individual needs of foster and adoptive families and children.

Action step c: Through the Child Protective Services Administration and the Agency Legal Services Administrator, DCYF will work with the Court Improvement Project (CIP) administrator to assess and address reasons for delays in adjudicatory, dispositional, review and permanency hearings all of which lead to delays in achieving adoption within agency policy timeframes. (Adapted from PIP: P1.9.F.)

Status: Accomplished and ongoing

During this reporting period, the Court Improvement Project (CIP) received a grant to improve data collection and outcome measurement. Performance measures will include length of time from the date of the filing of the abuse/neglect petition to the date of the court finding, length of time to Permanency order, TPR or surrender order, and to the final adoption order.
The Permanency Legislation, which became effective on January 1, 2008 mandates all abuse and neglect, CHINS and Delinquency adjudications must held and completed within thirty calendar days of the filing of the petition.

VII FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING, AND RETENTION

GOAL A: PROVIDE INITIAL AND ONGOING TRAINING THAT SUPPORTS COMMITMENT TO EARLY REUNIFICATION OR PERMANENCY FOR CHILDREN WHO ARE IN TEMPORARY OUT OF HOME CARE.

OBJECTIVE 1: ENSURE THAT FOSTER /ADOPTIVE PARENTS RECEIVE TRAINING RELEVANT TO THEIR NEEDS, AS WELL AS THE NEEDS OF THE CHILDREN IN THEIR CARE.

Action step a: Develop methods for individualized training requirements for foster/adoptive parents.

Status: Accomplished

The Foster Care, Adoption, and Post-Adoptions Programs have well established practices for providing individualized and quality training and support services to foster, relative, and adoptive providers.

Action step b: By June 30, 2007, DCYF will review and revise the foster and adoption pre-service curriculums.

Status: Accomplished

FACES is offered to individuals interested in providing foster/adoptive care, including those who are non-licensed relative caregivers[13]. It consists of a minimum of 21 hours of training that promotes a better understanding of working with children, families and child-placing agencies. This training assists in preparing the applicant to be a skilled caregiver and professional team member. Foster and adoptive parents primarily instruct courses. The training consists of seven three-hour modules.

The modules are:

- Orientation
- Regulations
- The Developing Child
- Experiencing Grief and Loss
- The Effects of Childhood Trauma

[13] http://www.granite.edu/academics/noncredit-and-training/foster-parent-training/foster-and-adoptive-care-ssentials-training/

- Promoting Positive Behavior
- Lifelong Connections
- FACES to Faces

Action step c: Extend training and educational opportunities through Granite State College to other key people, such as child care providers.

Status: Accomplished

DCYF has contracted with Granite State College (GSC) to provide education and training to DCYF staff, foster and adoptive parents, childcare staff of NH residential facilities and non-licensed relative caregivers. Training programs other than foster-care related curriculum offered by GSC include:

Caregiver Ongoing Training (COT)
The goal of Caregiver Ongoing Training (COT) is to enhance the quality of care for children living outside of their own homes. The intent is to provide the skills and mutual support necessary to address the daily issues that confront substitute caregivers.

Training is available to foster and eligible adoptive parents, DCYF staff, residential childcare staff, designated private providers and non-licensed relative caregivers

Residential Counselor Core Training
N.H. Residential Counselor Core Training (RCCT) is offered to residential counselors, in preparation for their work with children and youth in care in any of New Hampshire's residential facilities.

The modules are:
- Abuse and Neglect of Children and Adolescents
- Development and Child Trauma
- Serving Children and Families
- Staff Roles and Responsibilities
- Out of Home Placement Options

Action step d: Ensure that each foster/adoptive parent has a support through the mentorship program in his or her region.

Status: Implemented

Mentoring is both a formal and informal process. A standardized training is offered to foster parents who seek to mentor less experienced foster parents. The Granite State College developed a course called “Foster Parent Mentoring: Linking Families Together”. This course prepares seasoned foster parents to assist and support less experienced foster families within their local fostering community. Participants will understand their role as a mentor and will learn techniques for approaching and reaching out to less experienced foster families. Focus on building a positive, trusting relationship

within the supportive foster parent team. Problem solving and trouble-shooting situations will be explored.

Action step e: Using a rotating on call process, DCYF will ensure that foster/adoptive families have ongoing after-hours access to the CPSW licensing worker regarding their particular support needs.

Status: Accomplished

After hours support to foster parents and relative caregivers is available through a pager number, which will connect them to one of the three Area Administrators.

GOAL B: COMBINE FOSTER AND ADOPTIVE SERVICES TO DEVELOP ADDITIONAL RESOURCE FAMILIES.

OBJECTIVE 1: CONTINUE TO EXPAND THROUGHOUT THE STATE TO RECRUIT FLEXIBLE FOSTER/ADOPTIVE RESOURCES FOR CHILDREN.

Action step a: Identify and address current barriers to foster care/adoption recruitment.

Status: Implemented

Each district office develops an annual recruitment and retention plan, which includes strategies to improve how foster care families are identified and licensed. The Recruitment and Retention Statewide Plan is a culmination of the district office efforts and statewide foster/adoptive recruitment activities.
DCYF collects data from former foster parent surveys, which are mailed to all foster homes that close from service. Each year, information is gathered regarding the reasons for closure.

Action Step c: Recruit foster families who are willing to be the permanent family for a child if reunification cannot be achieved.

Status: Implemented

In 2006, DCYF developed and released a new brochure that is used in pre-service training. "Ways you can make a difference in the lives of children in New Hampshire". Orientation participants can leave the training with contact information from a number of agencies and programs that support children and families in the state. Individuals who determine that foster or adoption are not for them or their family will know of resources that support the foster and adoptive families who proceed to licensing and approval.

Foster parent training, support and mentorship is discussed in further detail in VII Foster and Adoptive Parent Recruitment, Licensing, and Retention; Goal A of this report

Action step d: By June 30, 2006, centralize foster and adoptive inquiries.

Status: Implemented

DCYF continues to explore options for developing a centralized system for inquiries, including locating the system at Central Intake. In June 2008, DCYF applied for a diligent recruitment and retention grant in partnership with Casey Family Services. If awarded this grant opportunity, DCYF and Casey plan to utilize the technical assistance and funds for developing and implementing a centralized foster/adoptive inquiry system.

Action step e: By June 30, 2008, evaluate and incorporate into policy, the roles and responsibilities of foster care and permanency staff as they relate to licensure and approval.

Status: Accomplished

An updated Permanency Options policy was released in May 2008 clarifying the roles and responsibilities of foster care, adolescent worker and permanency staff as they relate to permanency planning teams.

NEW HAMPSHIRE
DIVISION FOR CHILDREN, YOUTH, AND FAMILIES

PART II

CHILD ABUSE PREVENTION AND TREATMENT ACT

Keeping Children and Families Safe Act of 2003

INTRODUCTION

The New Hampshire Department of Health and Human Services, acting through the Division for Children, Youth, and Families, is submitting this plan and request for the Child Abuse Prevention and Treatment Act, as amended by The Keeping Children and Families Safe Act of 2003, funds as amended in 2003 (P.L. 108-36).

Vision Statement

We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children.

Mission Statement

We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live.

DCYF Comprehensive Child & Family Services Plan, 2004-2009

GOALS AND OBJECTIVES

The NH Comprehensive Child and Family Services Plan (CFSP) will continue to be the foundation for DCYF's many initiatives. This plan has become the agency's five-year plan for services related to child Safety, Permanence, and Well-being.

The goals and objectives described below, which are included DCYF's 2004-2009 CFSP, will serve as the focus of DCYF's work under the CAPTA. A comprehensive Child And Family Services Strategic Plan can be found in Part I of this document (See DCYF Strategic Plan 2004-2009)

This CFSP integrated DCYF's Program Improvement Plan (PIP) that was developed in response to New Hampshire's 2003 Child and Family Service Review (CFSR) to ensure our strategic plan reflected national child welfare standards and the continuous quality improvement of best practice.

With the resolution of the Program Improvement Plan in May 2006, we recognize that specific efforts and activities identified in the PIP are important in our service to families for promoting the safety, permanence, and well-being of New Hampshire's children.

Reference is made to selected tasks from our improvement plan to the corresponding goals, objectives, and action steps of the CFSP.

Since the development and approval of the CFSP, there have been no substantive changes in New Hampshire's statutes that could affect eligibility according to CAPTA requirements.

PREVENTION ACTIVITIES

Strengthening Families Through Early Care And Education Initiative

Developed by the Center for the Study of Social Policy, Strengthening Families is an approach to preventing child abuse and neglect through building five Protective Factors in families: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's social and emotional development.[14]

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' Protective Factors with timely, effective help.

In 2005, the CSSP designated NH as one of the seven states in the country for their Strengthening Families Initiative (SFI). Designated as the lead agency, DCYF has partnered with the New Hampshire Children's Trust Fund (NHCTF) in building protective factors for New Hampshire's families thus promoting the safety and well-being of children in their home and reducing incidents of child abuse and neglect. Some of approaches NH is currently using to achieve its mission are to:

- Incorporate Protective Factors curriculum into collegiate and advanced learning early childhood education courses
- Provide training and technical assistance on Strengthening Families and Self-Assessment to childcare programs through the Childcare Resource and Referral Network's contract with DCYF
- Adding Strengthening Families models to the Bureau of Child Development Professional Development System
- Participate in the Zero to Three's State Partnerships for Prevention

[14] http://www.strengtheningfamilies.net/index.php

In June of 2008, the NH SFI provided a train-the-trainer two-day event for childhood and child protection professionals in the Zero to Three Strengthening Families curriculum. NH SFI anticipates the completion and publication of childcare provider guide to preventing, recognizing, and reporting child abuse and neglect. For more information on the NH SFI, go to:

http://strengtheningfamilies.net/images/uploads/pdf_uploads/New_Hampshire.pdf

New Hampshire Child Abuse Prevention Month

DCYF will continue to consolidate awareness building actions previously provided The NH Child Health Month Coalition and focus those resources on public education during NH Child Abuse Prevention Month. In this regard, DCYF will continue to work with key stakeholder organizations, including the NH Children's Trust Fund, the Bureau of Maternal and Child Health, NH Pediatric Society, Children's Hospital at Dartmouth, NH, and the NH Auto Dealer's Association (Keep Kids S.A.F.E. Program).

Comprehensive Family Support

Comprehensive Family Support programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

Agencies involved in the Comprehensive Support Initiative will:

- Promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society
- Encourage parents/caretakers to act as positive advocates for themselves and their children by collaborating with families and communities in the development of a comprehensive array of local, family-centered and culturally diverse services
- Reduce the incidence of violence towards children by providing supportive services to at-risk families including:
    - Supporting parents who are experiencing social, emotional, physical and/or mental health related problems that interfere with their abilities to parent and provide an acceptable standard of care for their children
    - Promoting safe, nurturing environments for children by educating parents in child development, child health and safety, and parenting skills
    - Working with parents to identify their strengths and challenges related to parenting, with consideration family, values, culture and/or personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development
    - Helping families learn coping and problem-solving skills which will assist them in their every day lives
    - Enhancing family development by assisting parents to further their education, find employment and access community resources

- Supporting families in their home communities by providing resource and referral information, and linkage with Family Resource Centers and other community-based agencies that support families

Services to be offered by the contract agencies include:

- Home Visiting - Each family must be visited regularly in their home by the home visiting staff. Staff may include a combination of professionals, volunteers, and/or paraprofessionals. The frequency of visits must be specified in the family service plan with the expectation that visits will occur weekly at a minimum.
- Short-term Child Placement - Voluntary placement services must be short term, less than 7 days, with foster homes licensed by DCYF or another NH Child-Placing Agency, using the least restrictive environment – close to home and school. Voluntary placements must be restricted to parents who have short-term medical, mental health, or drug and alcohol treatment needs. It is expected that children in need of placement do not have relatives or other placement resources.
- Child Development Education - The program must offer effective interventions, which can positively influence the long-term parent-child relationship and prevent problems while promoting optimal development of children and their parents.
- Parent Education and Support - The agencies must support programs that value, respect and empower parents, and have a more proactive response to family needs. The program needs to honor families' cultural and ethnic heritages and demonstrate how it can help parents obtain the resources they need to raise healthy children.
- Quality Early Care and Learning Programs - Agencies must offer linkages or directly provide a system of early childhood care and education programs that supports children's social and emotional development. DCYF is especially interested in funding "quality" programs that target many risk factors such as cognitive deficits, early behavior and adjustment, poor parenting practices, and difficult peer relationships.
- Health Education - Agencies must promote services and programs that will improve the social and emotional outcomes for both children and their families. These programs must focus on adequate nutrition and education regarding physical and mental health needs of the families.
- Adult Literacy and Higher Education - Agencies must refer family members to GED tutoring or classes, English as a Second Language, and to college level courses, as well as help with child care, transportation, advocacy, and other referral services to support parents as they pursue their studies.
- Life Skills Training - Agencies must delineate those services and programs which build and enhance the life and family management skills of each family member ensuring that each family member has the interpersonal skills necessary to function within the existing family structure and respond to the regular demands of the larger society.

- Child Care Resource and Referral - Preventive childcare may be provided to support the family. The need for childcare must be identified during the family assessment and addressed in the family service plan. The agency must be able to provide resource and referral information to help parents recognize high quality, developmentally appropriate childcare environments, and to refer parents to child care programs in the community. The agency may offer childcare on site, as a respite service or as a part of the agency's regular program.
- Family Empowerment - The agency is expected to provide advocacy training and opportunities for families to participate in community activities focused on improving the quality of programs and services. Families must be assisted in identifying service delivery gaps and effecting change in those identified areas with the cooperation of state and local agencies
- Information and Referrals to other community based agencies - Agencies must be knowledgeable in order to inform parents and community members about services for which they are eligible, such as medical and mental health care, temporary financial assistance, housing, child care, and transportation. The agency must assist families in obtaining and using these services.

COLLABORATIVE RESPONSES TO MULTIPLE FAMILY ISSUES

The Domestic Violence Specialist Program

> ***"Domestic violence organizations, in collaboration with child protection services, child welfare agencies, juvenile courts, and other community partners, should provide leadership to promote collaborations and develop new resources for adult and child safety and well-being."*** *Greenbook, Schecter, S. & Edleson, J., (1999)*

Building a collaborative response to families affected by the co-occurrence of domestic violence and child abuse and neglect resulted in the Domestic Violence Specialist (DVS) Program, designed to join the best efforts of both child protection and community-based support by domestic violence crisis centers. The program design, initiated during 1997, includes co-locating a domestic violence specialist from the local community crisis center in the corresponding district office. The New Hampshire Coalition Against Domestic and Sexual Violence (the Coalition) and the NH Department of Justice acquired Violence Against Women Act (VAWA) funds, which currently support five part-time Domestic Violence Specialists for three of the most rural DHHS district offices, thus allowing two of those offices to have full-time coverage. Child Abuse Prevention and Treatment Act funds support DVSs in two district offices. The Family Violence Prevention and Services Act grant currently funds DVSs in the seven remaining DCYF offices.

- The Domestic Violence Specialists provide five essential roles that result in a coordinated collaborative response to co-occurring child maltreatment and domestic violence:
- Increase access to local community crisis centers for victims of domestic violence who are also referred to DCYF
- Provide consultation for child protection staff to improve interventions, safety planning, and family centered case planning
- Facilitate cross training between child protection staff and the local crisis center,
- Provide consultation to other Health & Human Services Divisions located in district offices, and provide community education regarding domestic violence

The DVS Program results in more effective assistance to victims of battering in areas such as safety planning, which in turn leads to increased child safety. In addition, DVSs are available to team with CPSWs meeting with victims and/or children when considered safe and appropriate.

This special collaboration results in better preparation and response to those family crises where child maltreatment and domestic violence are co-occurring. CPSWs can better support parents who are victims of domestic violence regarding their safety and that of their children. The approach also helps CPSWs to maintain accountability with parents who use violence, and to help them recognize the effects of their behavior on their adult partners and children. (See Attachment III for Memorandum of Understanding, DVS Referral form, and English and Spanish DVS Program Brochures)

First Step: Approaches To The Co-Occurrence Of Child Maltreatment And Substance Abuse

DCYF participated in a Title IV-E Demonstration Project, Project First Step, from 1999-2004 in which Licensed Alcohol and Drug Counselors (LADC) were co-located in two district offices. The University of New Hampshire Family Research Lab evaluated the project using random assignment of assessments to experimental and control groups. The project resulted in significantly positive outcomes for families in the enhanced group including increased access and participation in mental health treatment, substance abuse treatment, in-home family support services, and vocational or educational training. Further, children from the enhanced group demonstrated declines in anxiety and depression, withdrawal, reports of somatic and attention problems, and aggression.

After the conclusion of the Title IV-E Waiver, Project First Step was continued as a program through alternative funding sources, including Title IV-B and CAPTA. Project First Step has expanded to having LADCs co located in three district offices. LADCs are involved as consultants with CPSWs, they provide on going training to CPS staff regarding alcohol or other drug abuse issues, or become involved directly with parents or caretakers, when assessment and family service supervisors determine that there are

degrees of alcohol or other drug abuse (AODA) co-occurring with alleged or substantiated child abuse or neglect. If there are primary indicators of significant parent or caretaker AODA, LADCs provide a direct substance abuse assessment and initiate referrals to community based treatment if such treatment is indicated. LADCs help CPSWs reduce barriers, such as access issues to certain treatment facilities, and provide direct individual treatment for parents or caretakers who are receptive to treatment, but are experiencing access issues. LADCs currently train CPSWs to incorporate AODA screening questions in all abuse/neglect assessments to help clarify the existence or extent of familial AODA. During the assessment process, LADC services result in enhanced Community Based Family Support. In open Family Services cases, LADCs are involved, both as substance abuse treatment case management for parents and caretakers, and as readily available consultants for CPSWs and supervisors. For cases that involve in-home services, LADCs provide services consistent with Family Preservation. For those cases in which children are in Temporary Out of Home Care, LADC services help to expedite reunification or placement into kinship care, consistent with services attributed to Time Limited Family Reunification. In those situations in which the concurrent permanency plan is adoption, LADCs continue their role as consultants in the case planning process, and continue to have the capacity for direct service for parents or caretakers when there are no other treatment resources available. (See LADC Referral form Attachment II)

DECISION MAKING TOOLS AND EVALUATION

The Supervisors' Reports: Use Of Data In Practice

Several key processes have resulted in DCYF's status as a data-driven agency and a model for other agencies within NH's Department of Health and Human Services. First, district office supervisors are key in any effective systems change. It is vital that this group "buy in" to the use of administrative data to monitor and improve practice. To accomplish this, BQI developed a "data managers" group that includes both analysts and program managers. This group gathered information from field staff and supervisors to develop a set of supervisors' reports.

The supervisors' reports were designed as tools for local supervisors, reinforcing the philosophy that State Office operates first and foremost to support the field. The intent of the supervisors' reports was to show supervisors, staff, and managers that data from BRIDGES can be used to improve the efficiency and quality of staff supervision, guide caseload and staffing decisions, and identify areas of strength and challenge in office practice. By observing differences across offices, program administrators can appropriately target improvement initiatives. Additionally, district office supervisors can support one another by sharing successful strategies.

The success of the supervisors' reports relies on several principles: Reports are provided in Excel. Supervisors were provided with Excel training designed specifically for these reports. The training was focused on basic techniques including sorting, filtering, and printing to enable Supervisors to effectively use the data. Reports provide aggregate data at the district office level, but also have "detail" tabs where results are available at the supervisor, caseworker, and client level.

District office level data are shared at monthly leadership meetings in a supportive manner – recognizing the complexity of child welfare cases, the focus is on using the reports as a tool for supervision, not on achieving 100% compliance. The analysts responsible for creating the reports are available for questions – improvements are made on an ongoing basis if problems are identified. Staff and Supervisors have access to report definitions and know exactly which fields in BRIDGES are queried to produce the reports. This was absolutely critical to buy-in as previous reports contained incorrect data that were never resolved.

As a result of these efforts, DCYF now has over 15 standard reports that are accepted as reliable sources of information. District Office supervisors and state office program managers have begun using these reports to begin new initiatives in their offices. Requests for additional data are common as staff at all levels learn how useful the information can be. Data integrity improved rapidly as the reports began to be widely used. Staff and supervisors now see the value in data entry and are willing to invest the time in accurate documentation. This shift from data indifference to data reliance has allowed DCYF to explore the use of data in additional areas – the supervisors' reports Has become one component of the larger data system. (See Attachment VII for Use of Data chart)

The Case Practice Review

As a direct result of New Hampshire's participation in the federal Child and Family Services Review (CFSR) in June 2003, the Bureau of Quality Improvement (BQI) restructured its case practice review system to mirror the CFSR process. Held quarterly, the Case Practice Reviews (CPR) identify strengths and areas needing improvement in each District Office focusing on outcomes for children and families in the areas of safety, permanency and well-being.

In the Ongoing Case Component of the CPR, reviewers use the federal CFSR review instrument to review 12 randomly selected ongoing cases, eight from DCYF and four from DJJS.

In addition to the review instrument designed for ongoing cases, the NH CPR also includes two new, additional review instruments, one specifically designed to evaluate the Assessment phase of Child Protective Services, and another to assess compliance with fiscal policies and procedures.

The Assessment review instrument allows BQI to evaluate risk assessment and safety management in a random sample of 20 completed assessments. These include both substantiated and unsubstantiated referrals.

The fiscal review instrument allows BQI and the DCYF Fiscal Unit to identify strengths and challenges regarding implementation of fiscal procedures. This tool also assesses the quality of services provided by the fiscal specialist and DCYF /DJJS staff.

In a recent telephone conversation with the National Resource Center for Organizational Improvement (NRCOI), it was noted that New Hampshire is the first state to develop and conduct a fiscal review in conjunction with a quality review of practice.

The onsite review takes place at the District Office over the course of one full week. Reviewers are volunteers from other District Offices and from the State Office of both DCYF and DJJS. BQI also recruits one community stakeholder to participate in each Case Practice Review.

Like the CFSR, the reviews extend beyond the information available in the case record to include staff, child (if appropriate), and stakeholder interviews that are arranged by each District Office.

In addition to the on-site case review process, representatives from BQI also facilitate a community-based stakeholder focus group. The focus group is held offsite and involves a variety of human service, education, and law enforcement professionals from the communities serviced by the District Office under review. The focus group questions are designed to solicit feedback regarding the effectiveness of the Child Welfare System including:

- Investigations of reports of abuse and/or neglect,
- Collaboration in cases with multiple agency involvement,
- Permanency and stability for children in out-of-home placement
- Maintaining connections with relatives and community/ cultural competency,
- Agency responsiveness to mental and physical health needs
- Agency responsiveness to educational needs
- Gaps in community service array

After the onsite review and stakeholder focus group, BQI develops a confidential report for each District Office. The report explains the findings of the case review and includes a summary of the focus group findings. In order to facilitate continuous quality improvement and address specific areas of challenge identified in each District Office, BQI assists the supervisors with the development of the Practice Improvement Initiative (PII).

The PII includes specific action steps to be taken to improve practice in areas identified through the onsite review as in need of improvement. The PII can also include action

steps related to systemic issues such as improved collaboration with community stakeholders if such items are warranted.

Administration from both Divisions will work with BQI and the District Office staff to monitor improvement initiatives and report on program outcomes. This process continues until the next onsite review. (See Attachment VII for Case Practice Review Process flowchart)

Structured Decision Making

Utilizing technical assistance, DCYF implemented Structured Decision Making (SDM) in December 2001 in the Intake and Assessment program areas. DCYF expanded SDM to the family services area in March 2002.

SDM includes a set of research-based tools designed to identify safety and risk factors, which guide staff at critical service decision points. SDM can improve the effectiveness of child protection interventions by:

- Focusing on critical decision points
- Increasing the consistency and validity of decision-making
- Targeting resources to families at highest risk
- Improving the effectiveness of Child Protection Interventions

SDM reduces ambiguity by providing consistent, reliable information and a clearly defined methodology for making decisions related to the safety, permanency, and well being of children. DCYF field staff, through the Core Team's bi-monthly meetings, continues to be involved in the refinement and implementation of SDM.

DCYF contracted with the Children's Research Center (CRC), a Division of the National Council on Crime and Delinquency, to provide quarterly reports describing the use of the SDM tools and information to assist DCYF in assessing the quality and effectiveness of this new system. Contracted services included consultation to adapt the SDM model to N. H. law and practice, integration of SDM into Bridges, development of training manuals and on-site training for DCYF staff in a train-the-trainer approach.

SDM supervisory case read process

The SDM supervisory case read process was established in October 2004. BQI randomly selects one case or assessment per worker per month in each District Office. Supervisors use the Case Reading tools on each of the selected cases and assessments to ensure the workers are using the SDM tools correctly. Completed Case Reading tools are returned to BQI staff for aggregate analysis and reporting. In addition, BQI coordinates, with members of the SDM Core Team and the respective CPS assistant administrator, a periodic, random quality check of the supervisor's case read to ensure consistent and correct use of the SDM tools by supervisors across the state. BQI, the Core Team members and the CPS assistant administrator then meet with the district office Supervisors to review findings and identify remediation, if needed. SDM terminology and process is now referenced in DCYF policy and training programs.

COMMUNITY EDUCATION AND AWARENESS BUILDING

Division For Children, Youth, And Families Website
New Hampshire Health & Human Services maintains a website that consolidates access to educational material covering DCYF, each of its six primary programs, and helpful information about reporting suspected child abuse and neglect. Additional "mini-sites" for the Child Protection, Child Development, Adolescent and Foster Care/Adoption programs and other support services offered by DCYF can be accessed through the DCYF home page. The website is located at:
http://www.dhhs.state.nh.us/DHHS/DCYF/default.htm

The Speaker's Bureau
The Speaker's Bureau is responsible for responding to community inquiries creating opportunities for greater awareness regarding the roles and responsibilities of DCYF.

The goals in the Speaker's Bureau strategic plan are:

- To proactively offer speaking engagements to the community instead of reacting to community requests
- To improve data collection of DCYF presentations given throughout the state
- To provide training opportunities for speakers on public engagement and presentation skills to promote a positive image of DCYF
- To create a centralized resource library of materials, publications, and media presentations

Public Information Office: Communications Director
In 2008, the Department of Health and Human Services was reorganized to create a new position. Under the Public Information Office, the Communications Director's role is to disseminate information and respond to inquiries from state and regional media outlets. The Director is exploring the development of a monthly television program, which would highlight one of the Department's divisions on each program and be aired on community access television. The target launch date for the program is 2008-2009.

The Family Resource Connection
The Family Resource Connection (FRC) was launched in 2000 as a collaborative effort of New Hampshire Departments of Health & Human Services, Education, and the NH State Library—as a statewide library and clearinghouse. FRC's primary mission is to serve the needs of NH's children by means of providing information, resources, and

support for NH families, caregivers, educators, and other professionals concerning aspects of caring for, educating and raising children—with an emphasis on children with special needs. The FRC website features the Directory of Children's Services (http://www.nh.gov/nhsl/frc/directory.html), which is an online index of community-based resources organized by service-type located throughout NH. The sustainability of this program has been supported, in part, through CAPTA and Title IV-B, subpart 1 funds.

DESCRIPTION OF SERVICES AND TRAINING TO BE PROVIDED UNDER CAPTA

Comprehensive Family Support
This contracted partnership seeks to intervene before the occurrence of abuse or neglect on behalf of at-risk families and families in the process of reunification. Through this Comprehensive Family Support Program, DCYF contracts with community based agencies for 12 statewide regions to provide support services to approximately 500 families annually.

During 2005, contracts were awarded for statewide comprehensive family support programs covering all twelve-district office catchments areas. The programs assist Families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

Domestic Violence Specialist Program
Domestic Violence Specialists (DVS), outsourced to each DCYF district office, fulfills six essential roles:

- Increase access to local community crisis centers for victims of domestic violence who are also referred to DCYF
- Provide consultation for child protection staff to improve interventions and safety planning
- Provide a coordinated collaborative response with DCYF
- Facilitate cross training between child protections staff and the local crisis center
- Provide consultation to other Health & Human Services Divisions located in district offices
- Provide community education regarding domestic violence.

First Step: Addressing co-occurrence of child maltreatment and substance abuse
Licensed Alcohol and Drug Counselors, outsourced to designated district offices, provide services that include:

- Direct treatment to parents in DCYF referrals that are not substantiated, to reduce the likelihood of future incidents of child abuse or neglect
- Increase access to local community crisis centers for parents with addiction or substance abuse disorders
- Provide consultation for child protection staff to improve interventions and safety planning
- Provide a coordinated collaborative response with DCYF and other community based substance abuse treatment resources
- Facilitate cross training with child protections staff in the area of substance abuse assessment and treatment

Family Resource Connection
The Resource Connection is a statewide library and clearing house that provides information, resources, and support for NH families, caregivers, educators, and other professionals concerning aspects of caring for, educating and raising children. (See under Community Education and Awareness Building for further information about the program)

Training for CPSWs and Supervisors on Domestic Violence and Substance Abuse
The Domestic Violence Specialist and First Step Programs include a provision for staff training and consultation relating to domestic violence and substance abuse. The Domestic Violence Specialists and LADCs also participate in trainings through the Bureau of Staff Development and Training. CAPTA funds are allocated to both programs.

Training for individuals required to report
In addition to public outreach efforts described under Community Education and Awareness Building, DCYF is engaged in collaborative efforts with the NH Attorney General's Task Force on Child Abuse and Neglect, the NH Coalition Against Domestic and Sexual Violence, and the Governor's Commission Against Domestic Violence and Sexual Assault

DCYF also disseminates information about child abuse and neglect and the responsibilities of mandated reporters through the following publications:

- NH DCYF Community Reporters' Guide
- NH DCYF Prevention, Safety, Permanency, and Well-Being program information brochure (See Attachment XVI)
- NH Educational Protocols for Recognizing and reporting suspected Child Abuse and Neglect http://doj.nh.gov/victim/docs/education.pdf
- NH Attorney General's Task Force on Child Abuse and Neglect Protocols http://doj.nh.gov/victim/docs/lawenforcement.pdf

- Pediatric Healthcare Professional Manual on Child Abuse and Neglect http://doj.nh.gov/victim/docs/pediatric_health_1999.pdf
- NH DCYF Domestic Violence Protocols http://doj.nh.gov/victim/docs/DCYF_2004.pdf

DCYF OVERSIGHT PANELS

DCYF supports the functions of a variety of oversight panels including the Citizen's Review Panel, the Child Welfare Committee, and the DCYF Advisory Board. In combination, these groups meet the requirements of CAPTA and Title IV-B, in addition to NH statutory requirements. Their membership is diverse and includes representation from community members, youth in care, CASA, foster parents, attorneys, group home staff, representatives from prevention programs, and other professionals who have involvement with or knowledge of DCYF and DJJS.

The DCYF Director attends each group's meetings as often as possible, and the Bureau of Quality Improvement provides a liaison to each. The role of the BQI liaison is not to drive the agendas of any group, but to provide information on DCYF programs, including identified areas needing improvement or issues that a particular group may be interested in addressing.

The DCYF Advisory Board is a requirement of the NH Legislature, RSA 170-G: 6. This board has a required membership of two citizens per county and has historically taken a systemic view of agency practice and policy. The board writes an annual report, which is presented, to the Governor of NH.

Memoranda of understanding have been developed connecting the Advisory board with two other oversight groups, the Citizen's Review Panel, and the Child Welfare Committee. DCYF staff have worked in conjunction with these groups to ensure good communication between the three. It was decided that the Advisory Board would send one member to each of the other boards to facilitate communication and reduce duplication of effort. This has worked very well as each group has taken on different roles and responsibilities.

The Child Welfare Committee has a membership including service providers and DCYF staff from different program areas. The group's role is to foster communication between communities, DCYF, and agencies providing services to promote safe and stable families. As such, this group has been very involved in DCYF's Cultural Competency Self-Assessment and in the development of the Five-year Plan.

The Citizen's Review Panel (CRP) meets quarterly to provide advice and oversight on DCYF practice and policies. The purpose of the Citizen review is to determine how the state child welfare agency (DCYF) is effectively discharging its child protection responsibilities.

The CRP is required to review the compliance of DCYF in the discharge of its duties with respect to the following:

- The state CAPTA Plan;
- Coordination with Title IV-E foster care and adoption programs;
- Activities associated with CFSR
- Participation in the DCYF case practice review process.
- Participation in debriefings on Quality Assurance Specific Case Reviews.
- Other criteria the panel considers important

In the event that a fatality or near fatality occurs that is connected to a DCYF case or assessment, the DCYF Child Protection Administrator engages in a critical incident review. The results of this review are shared with the CRP upon request.

As the panel with the most case-driven oversight capacity, the CRP is particularly involved in the case practice review process and has been reviewing data and outcomes from those reviews. With this knowledge, the CRP has decided to focus specific attention on youth aging out of care over the next year.

In addition to the three groups described above, DCYF also supports the Youth Advisory Board and the Child Fatality Review Committee.

The Youth Advisory Board, known as NH Teen Voices, is a panel composed of young adults in out of home care. The board's mission is "making a difference for youth in care by voicing opinions for positive change" and it meets monthly to work on a variety of projects. DCYF solicits feedback from NH Teen Voices for policy and program development. The board also provides leadership experience to youth who participate in panel discussions and trainings provided to peers, DCYF staff, placement providers, and community professionals.

The NH Child Fatality Review Committee (CFRC) was created by Executive Order in 1991. The mission of the Committee is to reduce preventable child fatalities through systemic multidisciplinary review of child fatalities in New Hampshire; through multidisciplinary training and community based prevention education; and through data-driven recommendations for legislation and public policy.

The Committee membership is comprised of representation from the medical, law enforcement, judicial, legal, victim services, public health, mental health, child protection and education communities. The Committee began reviewing cases of child fatalities in January of 1996. After each review the Committee identifies risk factors related to the death and makes recommendations aimed at improving systematic responses in an effort to prevent similar deaths in the future. The Committee provides the recommendations to the participating agencies and asks them to take actions consistent with their own mandates. The Committee publishes the recommendation and the agency responses to those recommendations in an Annual Report.

2008 ANNUAL REPORT FROM THE NEW HAMPSHIRE CITIZEN REVIEW PANEL

STATE OF NEW HAMPSHIRE
DIVISION FOR CHILDREN, YOUTH & FAMILIES

CITIZEN REVIEW PANEL, ANNUAL REPORT FOR 2008

This report covers the 9th year of the NH Citizen Review Panel of DCYF. The panel met every other month during the year. A number of invited guests also attended.

Linda Compton was elected Vice-Chair.

During the year, several persons resigned from the Panel, and several new members were added.

The Panel reviewed several documents involving the function of Citizen Review Panels. As a result, the Panel decided to limit its focus to one or two issues.

An ad hoc committee of the Panel assisted DCYF in a review of a new assessment instrument. A number of suggestions were made. The Panel offered to provide more assistance in this manner.

The Panel reviewed a number of internal DCYF reports, and investigated who gets these reports and what happens to them.

The Panel was asked to participate in a proposal where a team is to review cases where the plan for a placement is changed from adoption to reunification, and the prospective adoption home is unhappy with the decision.

The Panel received an extensive report on the issue of finding a suitable relative for placement of a child rather than placement in a foster home. To this end, a new initiative called the Finding Connections Program has been established. Through Easter Seals, a connection specialist is assigned to each district office.

The Panel has identified that a problem exists with older children aging out of the system. During 2008, the Panel will focus its work on adolescent youth, particularly 18-21 year olds making the transition from foster care to independent living.

SUMMARY AND RECOMMENDATIONS: DCYF RESPONSE

1. The Panel recommends that all guardians ad litem and CASA workers be educated in the Finding Connections Program to facilitate placing a child with a suitable relative or other permanent situation.

DCYF Response:

The Division for Children, Youth and Families is committed to a collaborative and transparent approach to improving our practices. Our Finding Connections program focuses on establishing positive and permanent relationships for children in care. Prior to the implementation of this initiative, DCYF management met with the CASA leadership to outline this and other permanency initiatives.

The Finding Connections program was established in January 2007 through the Administrative Case Review contract with Easter Seals. This program established a "Connection Specialist" position in each of the District Offices. The Connection Specialist has expertise in researching a child's case file, otherwise known as "case mining", in order to help identify relatives or other positive supports for children in care. The Connection Specialist works collaboratively with the child's caseworker and Permanency Planning Team to ensure these positive resources are available to benefit the child.

In addition to DCYF attending CASA leadership meetings to update them on practice changes we also worked to educate the CASA workers, judges and other placement providers about this innovative program. Members of the Administrative Case Review Steering Committee along with Easter Seals Connection Specialists held meetings for CASA employees to provide an overview of this program and will continue this through 2008-2009.

2. The Panel recommends that DCYF consider formalizing and expanding the Youth Advisory Board, perhaps by having a youth group at each District Office.

DCYF Response:

The New Hampshire Youth Advisory Board is a formal entity referred to, as "NH Teen Voices" and is comprised of teens in out-of-home placement. The board's mission is "making a difference for youth in care by voicing opinions for positive change" and it meets monthly to work on a variety of projects of interest to foster children. DCYF solicits opinions from NH Teen Voices for the development of policies and programs affecting youth in care. Members of the board also serve on panels, perform community service and participate in trainings presented to peers, DCYF staff, placement providers and community professionals.

The Division agrees with the CRP recommendation that the Youth Advisory Board should involve a youth group from each District Office. This recommendation will be forwarded to the Adolescent Program Specialist and discussed with other Adolescent Workers around the State. The Division has always advocated for representation from each office on the Advisory Board.

3. Aftercare Services involve youth up to age 21. The Panel recommends DCYF consider extending medical coverage up to 21.

DCYF Response:
DCYF has supported the extension of medical coverage for youth up to the age of 21. Currently, medical coverage is available up to the age of nineteen or APTD if disabled. In order for this recommendation to be accomplished, it would require legislative approval and funding as well as changes to the State's Medicaid Plan.

4. The Panel recommends DCYF consider including in Aftercare Services those youth who return home shortly before their 18th birthday.

DCYF Response:
DCYF supports the recommendation of Aftercare Services for youth who return home shortly before their 18th birthday. Unfortunately, this recommendation is held under the constraints of Title IV and Chafee rules, and not within the authority of the Division.

5. The Panel recommends DCYF consider relaxing the eligibility requirements for Aftercare Services for DJJS youth.

DCYF Response:
As stated in CRP recommendation 4: DCYF is unable to relax the eligibility requirements for Aftercare Services as these requirements are specified under Chafee Rules and other federal guidelines and not within the authority of the Division.

6. The Panel recommends DCYF consider installing a tracking system to follow youth aging out of the system and evaluate the results.

DCYF Response:

The Division supports the CRP recommendation and is currently developing a strategy to follow up with youth who age out of care. This data collection is federally mandated under the final rule regarding the National Youth in Transition Database (NYTD). States must report demographic data for all youth receiving independent living services. Furthermore, states must provide baseline information on all children who are in foster care at 17 years of age. These youth must also be surveyed at age 19, then again at age 21. Outcome measures include financial self-sufficiency, educational attainment, positive connections with adults, experience with homelessness, and access to health insurance.

7. The Panel recommends that written input from various parties, including but not limited to the GAL, providers, parents and the child, if age-appropriate, be considered by the permanency planning team prior to the adoption of a permanent plan; and that check off boxes be included on the PPT Review form indicating what parties' input has been considered.

DCYF Response:

The Division supports the CRP's recommendation to include input for various parties as part of the Permanency Planning Team process. This recommendation will be discussed with the Child Protection Administration and Permanency Program Specialist.

Changes to the Permanency planning review form are also supported and will be incorporated into the above discussions.

JUVENILE JUSTICE TRANSFERS

Should a child under DCYF custody become involved with DJJS through either a Delinquency or Child in Need of Services (CHINS) petition, DCYF retains custody of the child. DCYF and DJJS collaborate for purposes of joint case planning and case management to define the roles and responsibilities of each agency. The Joint Case Planning and Case Management Policy (Attachment XVIII) describes the practice and procedures for this process.

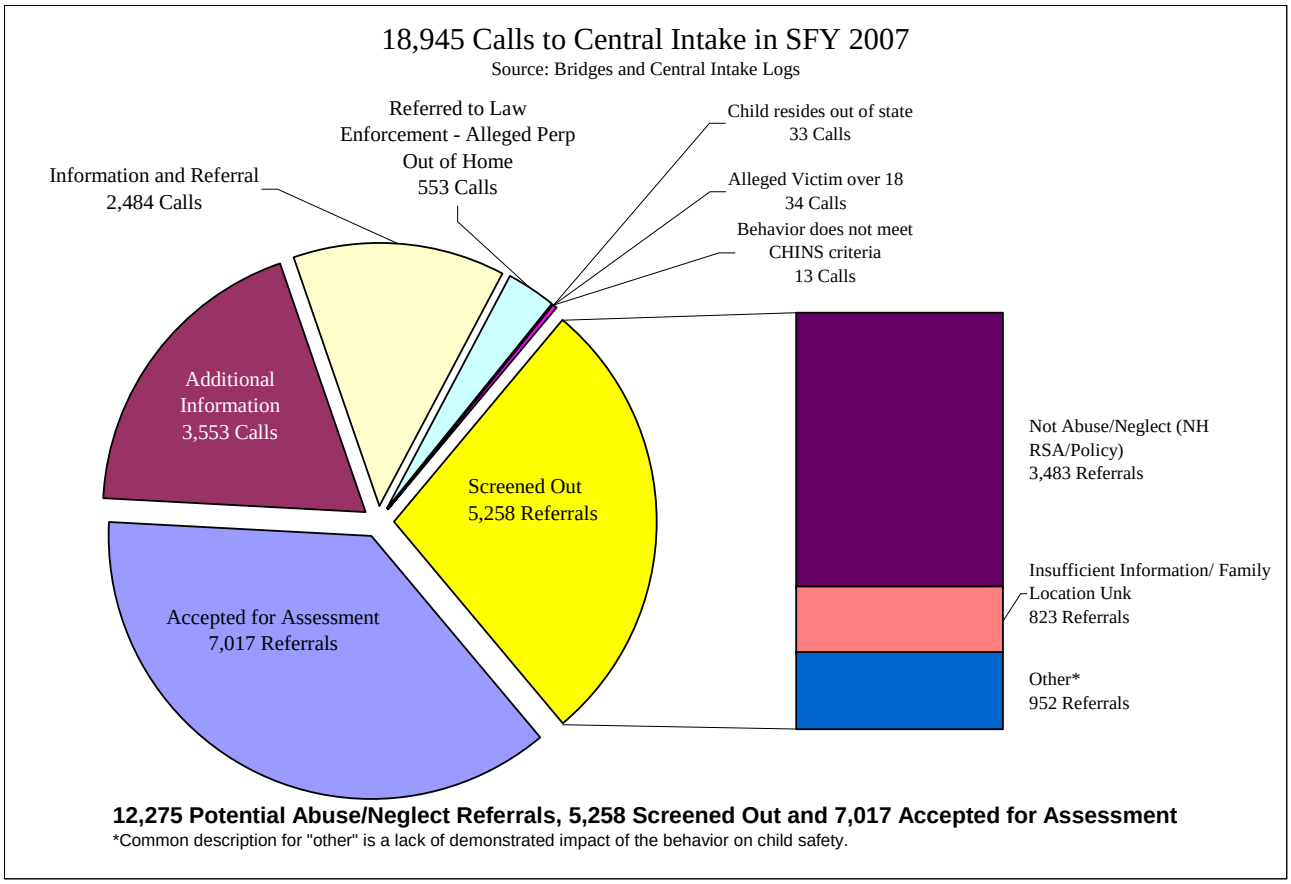
REQUIREMENT FOR CRIMINAL BACKGROUND CHECKS

NH State Statutes mandate both criminal record checks and central registry checks on all adults involved with children, either in licensed child placing agencies, or as household members in licensed foster or adoptive homes (See Attachment XV)

DCYF CHILD WELFARE DATA REPORT FOR 2007

Reports of suspected child abuse and neglect and outcomes

During SFY 07, the Central Intake Office received approximately 19,000 calls, including over 12,000 reports of alleged child maltreatment, over 3,00 calls providing additional information on existing assessments, and more than 2,000 general "information and referral" calls. Of the 12,275 abuse/neglect referrals, 7,017 were accepted for further assessment by a local district office.



Of the 7,062 assessments completed in CY 2007, 705 (10 percent) were substantiated. 1,022 unique children were found to be victims of substantiated abuse or neglect in this timeframe. (Statewide data.)

Approximately half of the child victims, (less than five percent of all children involved in assessments) are subsequently removed from home.

Children Served

During SFY 07, there were over 9,000 open investigations involving 15, 927 individual children.

During SFY 07, 2,221 children were served in ongoing family service cases. This includes in-home and placement cases.

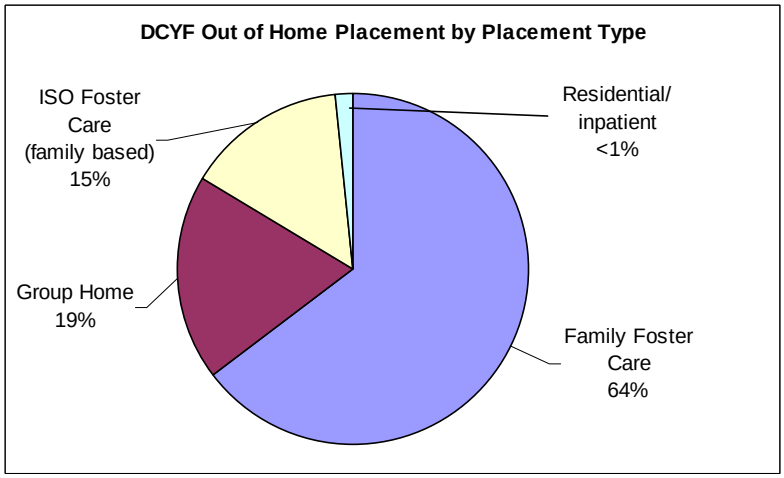
Placements

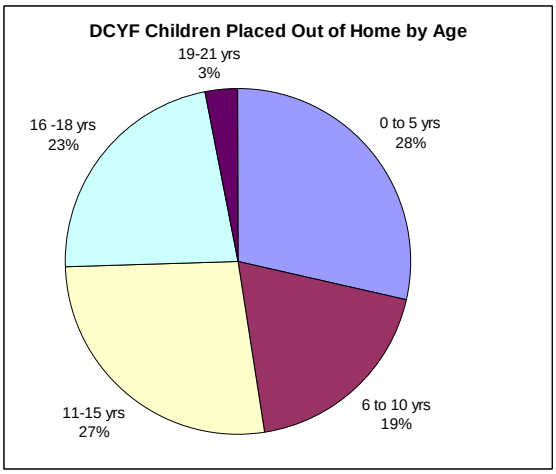
Children in out-of-home placements

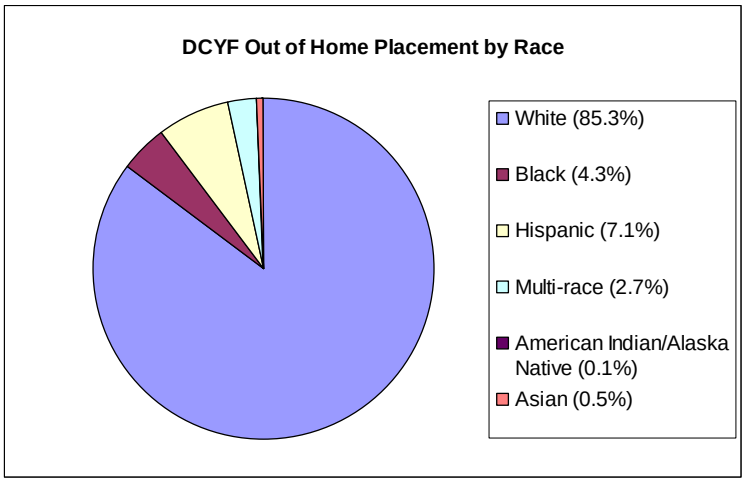
At any point in time, there are approximately 1,025 children in out-of-home placements through the Division for Children Youth and Families (DCYF)[15]. The vast majority (79%) of these children are living in foster family homes.

Placement Types

Of the 1,017 children in out-of-home care during the month of March 2008, 79 percent were living in family-based foster homes[16] and 19 percent were living in group homes.







[15] Cases related to child protection – this may include a small number of children placed through the Division for Juvenile Justice Services (DJJS) in a CHINS or delinquency case if they also have an open child protection case.

[16] Includes family foster homes and Individual Service Option placements.

Children exiting care

During SFY07, a total of 630 children exited care[17]. The most frequent reason for exit was Placement with Relatives with 210 youth in this category compared to 200 in SFY06, 168 during SFY05 and 97 in SFY04. Reunification was the second most frequent exit reason and accounted for 208 children returning to their families. There were 114 children leaving care due to adoption during SFY07 compared to 113 in SFY06 and 94 in SFY05. Overall, there has been continuous improvement across the board to achieve permanent outcomes for children. This improvement has been clearly documented since we began using these data in SFY04. The Division's focus on permanency can be noted in this data as placement with relatives, reunification and adoption are the exit reasons for the majority of the youth leaving care.

An area that may benefit from further analysis is that of the "Runaway" group to explore and potentially identify predictors to running and to assess the 'fit of placement'. It should be recognized that this cohort of "Runaway" children has held steady between 27 and 28 for SFY04, SFY06 and SFY07 with one outlier year in SFY05 with 42 runaways.

Reason for Exiting	DCYF				DJJS-CHINS				DJJS-Delinquency				Total	Exit Reason as % of Total Exits
	0-5	6-12	13-17	18+	0-5	6-12	13-17	18+	0-5	6-12	13-17	18+		
Reunification	15	14	27	14		1	9	1			122	5	208	33%
Age Out			1	41				6			3	8	59	9%
Adoption	38	50	24	2									114	18%
Runaway			8				7				9	3	27	4%
Guardianship	2		1					1					4	1%
Independent Living				5				1				1	7	1%
Death	1												1	0%
Placement with Relative	24	23	26	7			59	14		1	48	8	210	33%
Total	80	87	87	69	0	1	75	23	0	1	182	25	630	100%
Overall Total	323				99				208					

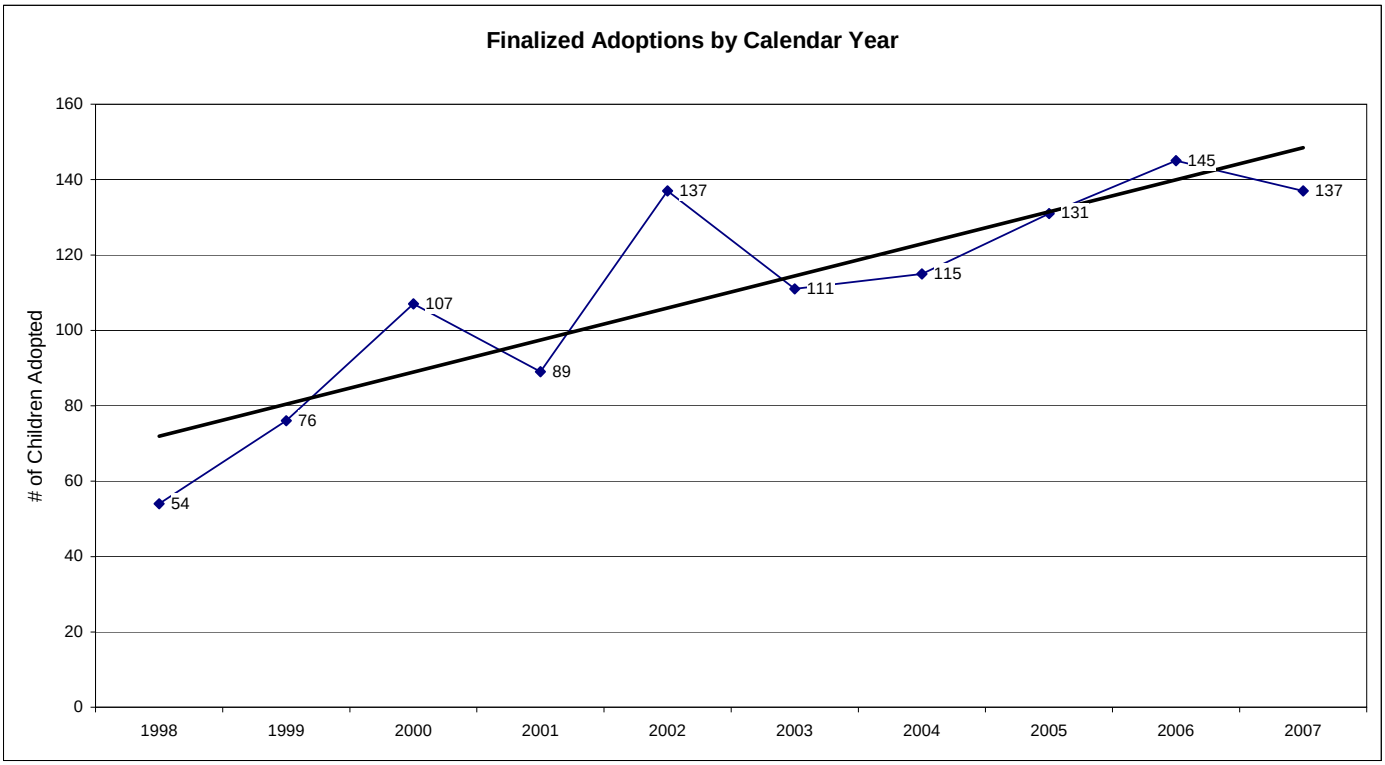
Adoption

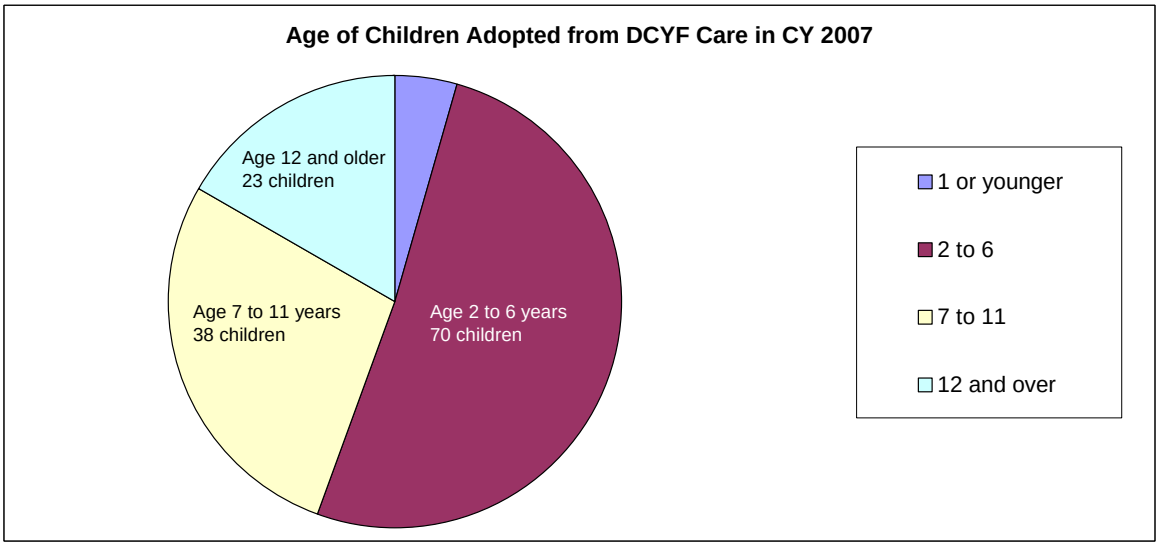
Number of children adopted

In CY 2007, 138 children were adopted from DCYF custody. Both the recent increase in the number of adoptions, as well as decreases in the length of stay in care are largely due to program enhancements that have resulted in more children exiting placement to a permanent home.

In March 2008, adoption subsidies were paid for 1037 children at an average cost of $730 per month[18].

[17] Administrative Case Review Program for Children Out of Their Homes 2007 Annual Report
[18] Adoption subsidies are based on foster care rates and vary according to the child's needs.


Finalized Adoptions by Calendar Year
# of Children Adopted
160
140
120
100
80
60
40
20
0
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
54
76
107
89
137
111
115
131
145
137


Age of Children Adopted from DCYF Care in CY 2007
Age 12 and older
23 children
Age 7 to 11 years
38 children
Age 2 to 6 years
70 children
1 or younger
2 to 6
7 to 11
12 and over

Prevention And Childcare
During SFY 07 DCYF provided over $3.5 million in incentive funds (prevention) to 258 programs statewide.

In SFY 06, 948 children received protective or preventive childcare services. In that same time period, 12,220 children were served through scholarships for caregiver employment or training.

During the month of March 2008, approximately 7,200 children were served through preventative, protective and/or employment and training-related child care.

DCYF also funds Comprehensive Family Support through contracts with 12 Family Resource Centers across the state.

APPENDICES

I PERMANENCY

PERMANENCY PLANNING TEAM REVIEW FORM

STATE OF NEW HAMPSHIRE
Form 2275
Department of Health and Human Services
August 2006
Division for Children, Youth and Families

PERMANENCY PLANNING TEAM REVIEW
Date of PPT Meeting

Child Data ----------

Case ID# _____ Case Name: _____ Case begin date: _____ District Office: _____

Child ID# _____

Child Name: _____ DOB: _____ Current Age: ___

Legal Status: drop down box Permanency Hearing held? ☐ Yes ☐ No Date: _____

Date of last removal from legal family: _____ Current Placement Type:drop down box if other: _____

Current Placement Name: # of Placements Attached copy of placement history? ☐ Y ☐ N

Current Permanency Goal: Concurrent Plan:

Current Caretaker willing to adopt? ☐ Y ☐ N Be permanent Connection ☐ Y ☐ N

If No, has recruitment begun? ☐ Y ☐ N

Adoption Counseling Provided to Current Caretaker: ☐ Yes ☐ No ☐ Not needed

Adoption Counseling Provided to Child: ☐ Yes ☐ No ☐ Not needed

Birth Parent Data ----------

Mother: _____ Mother Not Named ☐ Deceased ☐

Mediation discussed? ☐ Yes ☐ No ☐ N/A Surrender Discussed? ☐ Yes ☐ No Granted

TPR: Filed? ☐ Yes ☐ No TPR File Date: TPR Granted? ☐ Yes ☐ No Date Granted:

Father: Father Not Named: ☐ Deceased ☐

Mediation discussed? ☐ Yes ☐ No ☐ N/A Surrender Discussed? ☐ Yes ☐ No Granted

TPR: Filed? ☐ Yes ☐ No TPR File Date: TPR Granted? ☐ Yes ☐ No Date Granted:

If absent parent, has search been completed? ☐ Yes ☐ No

Permanency Issues/Needs:----------

Indian Child Welfare Act Applies: ☐ Yes ☐ No If Yes, has ICWA been addressed? ☐ Yes ☐ No

Child's Special Needs or Barriers:	**Comments:**
☐ Child's mental health is a factor	
☐ Child educational disability is a factor	
☐ Child has physical, medical or developmental need	
☐ Siblings are a factor	
☐ Child history of severe maltreatment is a factor	
☐ Family history of mental health or substance abuse	
☐ Child or birth family unwilling to adopt	
☐ Other (describe)	

Child's Connections: (include all connections including siblings)

Name	**Relationship**	**Currently Placed Together**	**Should be placed together?**	**Currently Visiting**	**Should be Visiting?**	**Post Adopt Contact?**	**Comment**
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	
		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	

If Goal is APPLA, has a permanent connection been established? ☐ Yes ☐ No if yes, who:

Has Reunification been explored? ☐ Yes ☐ No

Are Educational Needs being addressed? ☐ Yes ☐ No

Adolescents (14 and older):

Is Independent Living paperwork attached? ☐ Yes ☐ No ☐ N/A

Is Independent Living paperwork up-to-date? ☐ Yes ☐ No ☐ N/A

Has Youth talked to Adolescent CPSW about the Aftercare Program? ☐ Yes ☐ No ☐ N/A

What Community Involvement does the youth have? Drop down box if other:

What role will each connection play (e.g. Housing, Education, Employment or Well-being)

If housing arrangements not made, what's the youth's housing plan after leaving care?

Drop down If other:

What is Youth's alternative housing plan? Drop down

If other:

Plan/Action Steps:----------

Change Permanent Goal? ☐ Yes ☐ No If Yes, new goal:

Plan Narrative:

Attendance at PPT Meeting:

Name	Role
	Drop down box
	Drop down box
	Drop down box
	Drop down box
	Drop down box
	Drop down box

PD 06-31

PERMANENCY OPTIONS FOR CHILDREN

ITEM 703 Permanency Options for Children and Youth in Foster Care

PURPOSE: This policy will guide best practice for staff to achieve a safe, stable and permanent environment for every child or youth in the timeliest way possible. A permanent relationship with a nurturing caregiver is necessary to establish the foundation for a child's healthy development.

DEFINITIONS:

(a) "Adoption" means the establishment of the status of parent and child between individuals who are not biological parent and child. Adoption provides a new parent figure charged with the care, custody, safety, and well being of the child when a court decides it is in the child's best interests to terminate the legal child-parent bond with birth parents or when the parents make a plan to surrender parental rights.

(b) "APPLA" means another planned permanent living arrangement intended, designed, considered, premeditated or deliberate that includes: the physical placement of the child, the quality of care, supervision, nurture and permanent connections to the family of origin and/or other families/individuals important to the child.

(c) "Concurrent Plan" means the alternate plan for the child in out-of-home placement, which will achieve another permanent plan if reunification with the parent is not possible.

(d) "Concurrent Planning" means working towards family reunification while at the same time establishing an alternative permanent plan for the child.

(e) "DCYF CPSW Adolescent Worker" is a CPSW who has extensive knowledge about the developmental and related needs of adolescents and who consults with case managers to meet the needs of adolescents and to ensure they make a successful transition out of foster care.

(f) "DCYF CPSW Permanency Worker" is a CPSW who has expertise in permanency options for children in out-of-home care and who consults with case managers to facilitate planning for permanency early in the case.

(g) "DJJS Juvenile Probation and Parole Officer" (JPPO) is the DHHS employee who has extensive knowledge and responsibility for case management and case planning for delinquent minors and children in need of services.

(h) "Non-Relative Guardianship" means a permanent legal award to an individual or couple who will serve as permanent caregivers of a child without on-going state supervision, based on a court determination that it is in the child's best interest. (RSA 463 and Children's Bureau, Public Policy Guidelines)

(i) "Permanency" means that a child has a safe, stable environment. This creates a life-long relationship with a nurturing caregiver to establish the foundation for a child's healthy development.

(j) "Permanency Plan" means a document designed by DCYF/DJJS, the parents, and the child, when appropriate, that describes the set of goal directed activities, which will achieve legal, emotional and physical permanency for children in foster care.

(k) "Permanency Planning" is the systematic process of carrying out, within a brief time-limited period, a set of goal directed activities designed to help children live in families that offer continuity of relationships and nurturing parents or caretakers and the opportunity to establish life-time relationships. (Maluccio and Fein, 1983)

(l) "Permanency Team" means a group of DCYF/DJJS staff that meets, at least monthly: to develop permanency action plans for children and youth in out-of-home care and to provide consultation and planning to CPSW/JPPO case managers concerning permanency issues.

(m) "Relative Guardianship" means a permanent legal award to a child's relatives who will serve as permanent parent of the child without on-going state supervision, based on a court determination that it is in the child's best interest. (RSA 463 and Children's Bureau, Public Policy Guidelines)

(n) "Reunification" means the safe, timely and permanent return of a child to his or her permanent family of origin.

(o) "Temporary Visit" means a brief visit with the family of origin to determine if the child and family are ready for on-going reunification.

Section I Permanency Options

POLICY:

(a) The most preferred permanent placement for a child is a safe and permanent reunification with the family of origin.

(b) Permanent placement in-state or out-of-state with extended family of origin is preferred when it is not possible to reunify with the family of origin.

(c) For children who cannot be reared by their birth parents or within their extended family of origin, adoption is the preferred permanent placement.

(d) A permanent placement includes the following characteristics:

(1) It is legally intended to be a permanent relationship to last throughout the child's minority and to establish family relationships that will last for the child's lifetime.

(2) It is legally secure from modification.

(e) When pursuing permanency for a child, a diligent search for relatives must be made.

(f) If adoption is not appropriate for a child unable to return home safely, DCYF/DJJS will establish another legally sanctioned permanency plan including guardianship or APPLA.

(g) The Permanency Planning Team, at least monthly, will conduct a review of selected cases with District Office staff in order to facilitate permanency planning for children in out-of-home care prior to the permanency hearing but not later then 9 months from the date of the child's removal from his/her home.

(h) The Permanency Planning Team is minimally composed of the Supervisor(s), Permanency Worker(s), Foster Care Worker(s), Adolescent Worker(s), Nurse(s) and an Administrative Reviewer.

(i) The facilitator is one of the team members listed in (h). The permanency worker with expertise in facilitation should assume this role.

(j) The Permanency Planning Teams will review all cases with the goal of APPLA at least once per year and six months prior to the youth turning 18 years of age.

(k) The Permanency Planning Teams (PPT) must review cases where there is a shared case management responsibility between a CPSW and a JPPO.

(l) Permanency Planning Teams are a resource for JPPOs to use when they need assistance with achieving permanency goals for juveniles.

(m) Youth in secure detention facilities are not eligible for review by the PPT but permanency is addressed as part of the discharge planning for each youth by DJJS.

PROCEDURES

Procedures outlined below are relevant to all the Permanency Options. Where there are procedures assigned to a PPT member specific for a Permanency Option, these will be located in the policy section immediately below the policy regarding that Permanency Option.

Permanency Planning Teams

(a) The CPSW will:

(1) Refer the case to the Permanency Planning Team for review prior to the permanency hearing but not later then 9 months from the date of the child's removal from his/her home;

(2) Represent the positions of the child and the foster parents or other caretakers regarding adoption as the recommended permanency plan;

(3) Discuss the agreement to be developed with the foster parents and identify any other services the family, adoptive parents, guardians or foster parents will require;

(4) Continue to monitor the permanency goal to ensure it is the most viable permanency option for the youth;

(5) Ensure that decisions of the PPT are included in the next "Case Plan" update; and

(6) Obtain court approval for the plan at the court hearing where permanency is decided.

(7) Bring to the PPT, a copy of the youth's Adult Living Preparation forms for youth age 14 or older in DCYF guardianship or 16 and older in DCYF custody.

(b) The Permanency Worker will:

(1) Facilitate the Permanency Planning Team meetings;

(2) Provide consultation to the Team regarding permanency options and procedures; and

(3) Provide on-going assistance to case managers as it relates to permanency planning for children and youth in care.

(4) Ensure the Permanency Planning Team Review Data (Form 2275) is completed and sent to Permanency Specialist at State Office.

(c) The Foster Care Worker will:

(1) Attend the Permanency Planning Team meeting and provide consultation to the team.

(2) Provide on-going assistance to the team and to CPSW/JPPO case managers as it relates to recruitment of foster and adoptive homes, foster home licensing and matching of children with the foster families.

(d) The DCYF Nurse Coordinator will:

(1) Attend the Permanency Planning Team meetings and provide consultation to the team for children on their caseload. Nurse Coordinators may be available for consultation for additional children when time permits;

(2) Provide health care information to the team that may impact planning for permanency and identify resources for the child in care; and

(3) Make suggestions for the health care needs of children.

(e) The Adolescent Worker will:

(1) Attend the Permanency Planning Team meetings and provide consultation to the team;

(2) Provide on-going consultation to the CPSW/JPPO on the availability and utilization of resources for adolescents, adolescent development, and preparing adolescents for life after exit from state care.

(3) Provide up to date information to the team regarding services available for adolescents in the foster care system and the DCYF After Care Program; and

(4) Consult with the DCYF/DJJS CPSW/JPPO to review the services to be delivered through the independent living program.

(f) The Administrative Reviewer will attend, when possible, and:

(1) Attend the Permanency Planning Team meetings and provide consultation to the team; and,

(2) Review the most recent Administrative Case Review (Form 2272C) report for the child and provide any additional information.

(g) The Supervisor will:

(1) With team input, approve the new Permanent Plan and Concurrent Plan for the child;

(2) Recommend interventions or services to assist in achieving permanency; and

(3) Forward the decision and Form 2275 to the Permanency Specialist at State Office.

Section II Reunification

POLICY

(a) Reasonable efforts must be made to maintain the family unit and prevent unnecessary removal of a child from his/her home as long as the child's safety is assured.

(b) If temporary out-of-home placement is necessary to ensure the immediate safety of the child, the agency must make reasonable efforts and provide services to reunify families. Reasonable efforts are determined on a case-by-case basis.

(c) Reasonable efforts must be documented in the Permanency Report (submitted for the Permanency Hearing) in the agency file and in Bridges. Documentation may include treatment records, evaluations, and caseworker notes.

(d) The decision to return the child home (for CPSWs) is based on an assessment of the risk and safety factors [SDM SECTION X FAMILY REUNIFICATION REVIEW] which may include successful completion of treatment services, evaluation of the parent and child, concrete changes in the parents' behaviors and their ability to manage the child in the home. The Family Strengths and Needs Review should also be completed.

(e) The permanency goal will be identified in the case plan which is developed in concert with the family and child if age appropriate.

(f) In District Offices, reunification will be achieved by providing a range of services and supports that include:

(1) Visitation schedule per ITEM 700 Parent/Child Visitation and ITEM 701 Worker Child Visits, as appropriate to the case that is established early in the case among parents, siblings, and extended family members.

(2) Location of non-offending parents and other relatives and documentation of their ability to provide a safe and risk free environment as a placement option and move toward permanency;

(3) Concurrent case planning early in the life of the case;

(4) SDM guide to reunification, the Family Reunification Review Tool or the DJJS Assessment Risk and Protection Factors Tool as applicable;

(5) Attention to the responsibilities of the agency in the court process. For CPSWs, see Initial Dispositional Hearing;

(6) Home visits; and

(7) Post placement planning including referral to community supports to assist the family and to prevent abuse and neglect from re-occurring. For CPSWs see Case Closure.

PROCEDURES

PPT members will follow all the procedures relevant to all the permanency options that are listed at the beginning of this policy following the definition section for their role in the team in addition to the specific procedures below.

The CPSW/JPPO will

(a) Document reasonable efforts toward reunification including:

(1) Frequency and quality of visitation, according to visitation policies ITEM 700 Parent/Child Visitation and ITEM 701 Worker Child Visits.

(2) Discussions with foster parents, teachers and relatives, mental health professionals and others important in the child's life;

(3) Contacts with birth parents;

(4) Home visits; and

(5) Caseworker contacts with the child.

(b) Authorize services determined to contribute to the stabilization of the reunification plan and refer parents to community services and other supports.

(c) Provide appropriate documentation to the court as required by FS Documentation and Case Records.

(d) Access the Permanency Planning Team for additional consultation as needed throughout the course of case planning.

(e) Complete the Family Strengths and Needs Review and the Family Reunification Review every 90 days and any time a child(ren) is being considered for return home.

Section III Adoption

POLICY

(a) When permanency decisions involving termination of parental rights or voluntary surrenders are being considered between the CPSW and Supervisor, adoption must be the permanency goal for the child.

(b) Adoption needs to be pursued for all age groups including adolescents before less permanent options are considered.

(c) The child's wishes and position (depending on age and maturity) on adoption needs to be explored.

(d) The child's relatives must be considered as potential adoptive parents when the child must be removed from the home and when the relatives are determined to be fit and willing adults.

(e) Adults known to the child, including current foster parents should be considered as potential adoptive parents.

(f) Adolescents should be involved in identifying potential adoptive parents.

(g) Barriers to adoption need to be identified and addressed in a timely manner.

(h) Recruitment efforts including child specific recruitment efforts such as the use of State, regional and national adoption exchanges including electronic exchange systems must be initiated when there are no likely identified adoptive parents to facilitate orderly and timely in-state and interstate placements.

(i) Information about the child, adoption subsidies, post adoption services and other resources need to be shared with prospective adoptive parents.

(j) The role (if any) of the biological parents needs to be defined.

(k) The on-going relationship post adoption between adoptive family and bio-extended family needs to be defined.

PROCEDURES

PPT members will follow all the procedures relevant to all the permanency options that are listed at the beginning of this policy following the definition section for their role in the team in addition to the specific procedures below.

The Permanency Worker will:

(a) Ensure a surrender of parental rights from each parent is requested;

(b) Ensure a termination of parental rights is sought in probate court/family court;

(c) Ensure the child is prepared for adoption;

(d) Ensure the child's placement and the adoptive parent's commitment to the child is discussed with the prospective adoptive parents and identify any other barriers to adoption; and

(e) Identify any service needs for post adoption.

Section IV Guardianship

POLICY:

(a) When a child cannot safely return home and adoption is not possible, guardianship (independent of DCYF and the Courts) with a relative or adults known to the child should be considered.

(b) The child's wishes and position (depending on age and maturity) regarding guardianship needs to be solicited from the child.

(c) The child's relatives and adults known to the child, including current foster parents, should be first considered as potential guardians.

(d) When parental rights are not terminated or surrendered and there is a guardianship appointment, DCYF/DJJS must encourage agreements (unless forbidden by court order or counter indicated for treatment reasons) between the parents and guardians

(e) Adolescents must be involved in identifying potential guardians.

PROCEDURES:

PPT members will follow all the procedures relevant to all the permanency options that are listed at the beginning of this policy following the definition section for their role in the team in addition to the specific procedures below.

(a) The CPSW will:

(1) Discuss family relationships impacted by the guardianship decision with all parties;

(2) Review with the prospective guardian the need for and availability of services once the DCYF case is closed; and

(3) Discuss the financial implications of assuming guardianship.

Section V Another Planned Permanent Living Arrangement

POLICY:

(a) When all other permanency options listed in DCYF Item 715(d) above have been exhausted, Another Planned Permanent Living Arrangement (APPLA) can be considered.

(b) No youth age 13 or younger should be considered for APPLA unless the Permanency Planning Team has reviewed the case and the DCYF Administrator or DJJS Bureau Chief gives prior approval to seek an APPLA.

(c) APPLA will be considered a permanent plan when:

(1) All other permanency options have been eliminated; and

(2) The child has a significant bond to the birth family but is unable to safely reunify with the family; or

(3) The child has a significant bond to the foster family, another family or adult; or

(4) The child is not willing to consider adoption at this time.

(d) Ensure the youth is provided with the opportunity to build relationships with adults such as relatives, school staff, foster parents, employers, coaches, community agency staff members, mentors, etc. who may become part of the youth's post placement foster care support network.

(e) Have on-going discussions with older youth regarding adults in their life that may provide long-term care support and guidance.

(f) When group home placement is the most appropriate placement for the child, DCYF and DJJS will make efforts to support and/or encourage permanent relationships with

(g) The foster parent(s) will enter into a written agreement with DCYF or DJJS that outlines the expectations of all parties as they relate to a permanent home for the child.

PROCEDURES

PPT members will follow all the procedures relevant to all the permanency options that are listed at the beginning of this policy following the definition section for their role in the team in addition to the specific procedures below.

(a) The CPSW will

(1) Discuss Adoption with the adolescent to ensure the adolescent he or she has a full understanding of the adoption process before developing an APPLA;

(2) Explore APPLA as a permanent option with the adolescent and begin to identify an APPLA for the youth;

(3) Identify the foster parents who will commit to a written agreement that outlines the expectations of the APPLA for the youth;

(4) Notify foster parents of the possibility of becoming an Adolescent Foster Home with the accompanying services, expectations and supports;

(5) Complete the written agreement in consultation with the Permanency Worker, foster parents and youth; and

(6) Review the APPLA permanency option annually for the youth with the Permanency Planning Team.

(b) The Adolescent Worker will

(1) Authorize services related to the Adolescent Foster Home;

(2) Provide on-going consultation to the CPSW/JPPO on how to work effectively regarding relationship building (described in Section V (e) and (f)) with adolescents, the availability and utilization of resources for adolescents, adolescent development, and preparing adolescents for life after exit from state care.

(3) Provide on-going consultation and assistance to the CPSW/JPPO regarding the relationship building described in Section V (e) and (f).

(4) Ensure that during their initial involvement with the DCYF Adult Living Preparation process (see IL Policy 745) that each eligible youth understands completely the assistance and services available to them through DCYF Aftercare.

(5) Consider youth age 14 and older for participation in the DCYF Youth Advisory Board and/or DCYF Teen/Youth Conferences and initiate referral process if appropriate.

DCYF FIRST TIME ENTRY COHORT ANALYSIS 2007-2008

DCYF First Time Entry Cohort Analysis Report

Like other state child welfare agencies, DCYF is focused on measuring and improving outcomes for the children and families we serve. The use of administrative data from BRIDGES, the state's case management system, has become critical for policy analysis, program planning and performance monitoring. This use of program data to manage innovation in practice has lead to measurable improvements in key areas related to child permanency.

NH's subscription to the Multistate Foster Care Data Archive (FCDA) [19] gives state administrators a powerful new capacity to:

- Analyze key child welfare outcomes: time to reunification, time to adoption, placement stability, and re-entry to care
- Compare outcomes for different administrative offices within the state or with other states
- Trace outcomes from the aggregate to the individual child level
- Project future service patterns based on historical trends
- Test the impact of service and policy innovations
- Tell the story to the media and to legislators
- Provide outside analysts with "research-ready" data files

Methodology

DCYF maintains a Bureau of Quality Improvement responsible for program monitoring and evaluation, research and development of new initiatives, and agency policies. The partnership with the Foster Care Data Archive, and the resulting analysis is evidence of the bureau's commitment to applied research.

The analysis that follows uses longitudinal analysis of first time entry cohorts. This is a well-documented methodology for measuring changes in child welfare outcomes as new initiatives are introduced (Testa and Poertner 2005, Orlebeke, Wulczyn and Mitchell-Herzfeld 2005.)

Prior to the subscription to the FCDA, DCYF relied on outcome measures developed by the Administration for Children and Families (ACF) as a component of the Child and Family Services Reviews (CFSR). These measures utilize the AFCARS data file and tend to focus on point-in-time and exit cohort analysis. The corresponding indicators are based mostly on children exiting care or remaining in care at the end of the reporting period. As Testa and Poertner (2005) have demonstrated, this type of analysis tends to be slanted toward the experiences of children with the least positive outcomes. A clear example of this concerns the increased efforts in NH to find appropriate permanent

[19] The Center for State Foster Care and Adoption Data is a partnership of the American Public Human Services Association (APHSA) and Chapin Hall Center for Children at the University of Chicago.

homes for older children and those who have been in placement for greater periods of time. In the past, assumptions about this group of children may have lead to inconsistent efforts toward adoption as a permanent goal. In more recent years, DCYF has made a concerted effort to find adoptive homes and permanent guardians for older children who may have otherwise "aged out." Unfortunately, the current National Standard for adoption is based on an exit cohort[20] that unintentionally penalizes the state for these efforts.

By following each First Time Entry Cohort over time, DCYF can provide a clearer picture of case practice improvements over time. A "First Time Entry Cohort" is simply a group of children who were removed from home for their first time within a certain time period. DCYF has used BRIDGES data maintained in the Foster Care Data Archive to track the division's 2000 and 2004 First Time Entry Cohorts through September 2007[21]. For each child, information is collected concerning placement type, number of placements, return home or permanency dates, and re-entries into care. The analysis also includes demographic variables such as age, sex, and race/ethnicity.

DCYF expects to see better case outcomes for children in the more recent 2004 cohort as compared to those removed from home four years earlier. This analysis focuses primarily on three outcome measures that have corresponding National Standards: length of time in care, placement stability, and foster care re-entries.

[20] One component of the composite measure related to adoption is defined as follows: Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home?

[21] NH AFCARS data, used for federal outcome measures, includes a group of children placed under CHINS and Delinquency petitions. This group of youth is served under the Division for Juvenile Justice Services (DJJS), vary considerably from the DCYF population in demographic and case characteristics, and have very different foster care trajectories. Thus, in measuring performance changes related to DCYF practice, we have limited our analysis to children served through a DCYF case, or those who have both a DCYF and DJJS case.

Demographics
The DCYF First Time Entry Cohorts have the following characteristics.

	2000 Cohort	2004 Cohort	2000 Cohort	2004 Cohort
Start Age				
Age 0-2	104	113	29%	33%
Age 3-5	61	65	17%	19%
Age 6-8	47	54	13%	16%
Age 9-11	51	32	14%	9%
Age 12-14	64	48	18%	14%
Age 15-17	33	34	9%	10%
Total	**360**	**346**	**100%**	**100%**
Gender				
Male	175	181	49%	52%
Female	185	165	51%	48%
Total	**360**	**346**	**100%**	**100%**
Ethnicity				
Native American	0	0	0%	0%
Asian and Pacific	1	1	0%	0%
Non Hispanic African American	17	27	5%	8%
Hispanic	24	18	7%	5%
Other	2	2	1%	1%
Unknown	22	25	6%	7%
Non-Hispanic White	294	273	82%	79%
Total	**360**	**346**	**100%**	**100%**

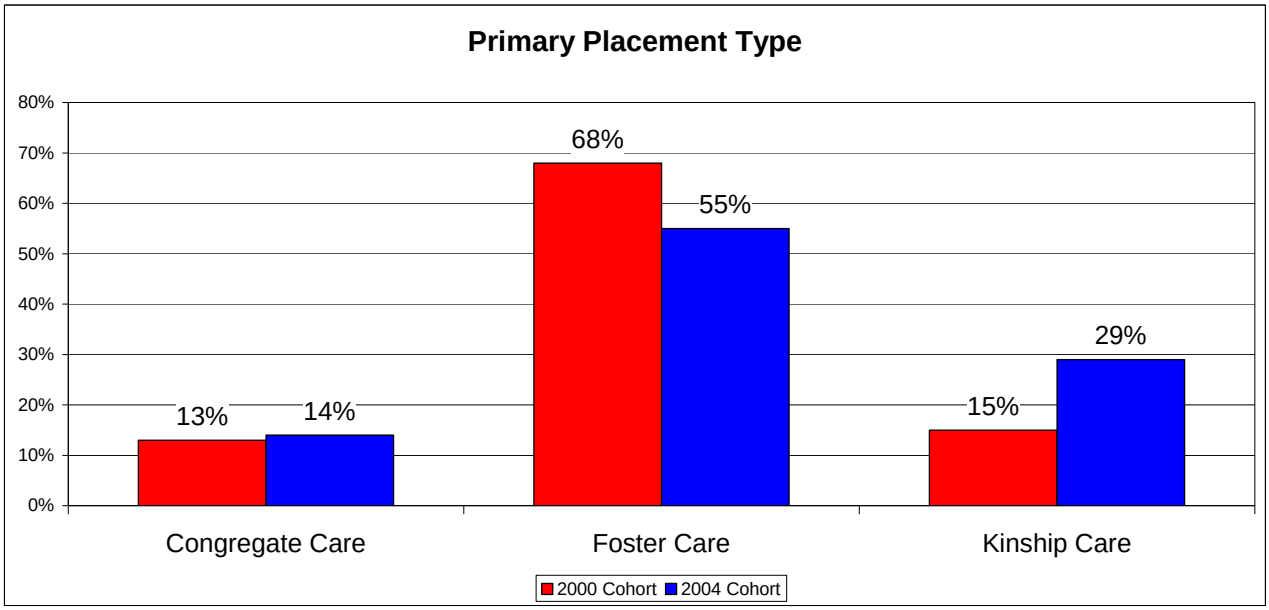
Placements

Results - Placement Type

As shown below, the data illustrate an increase in the use of "kinship care" or relative placement as the primary placement type[22]. The data provide evidence of a shift in field practice that includes increased emphasis on locating and evaluating relative homes for children entering out-of-home care.

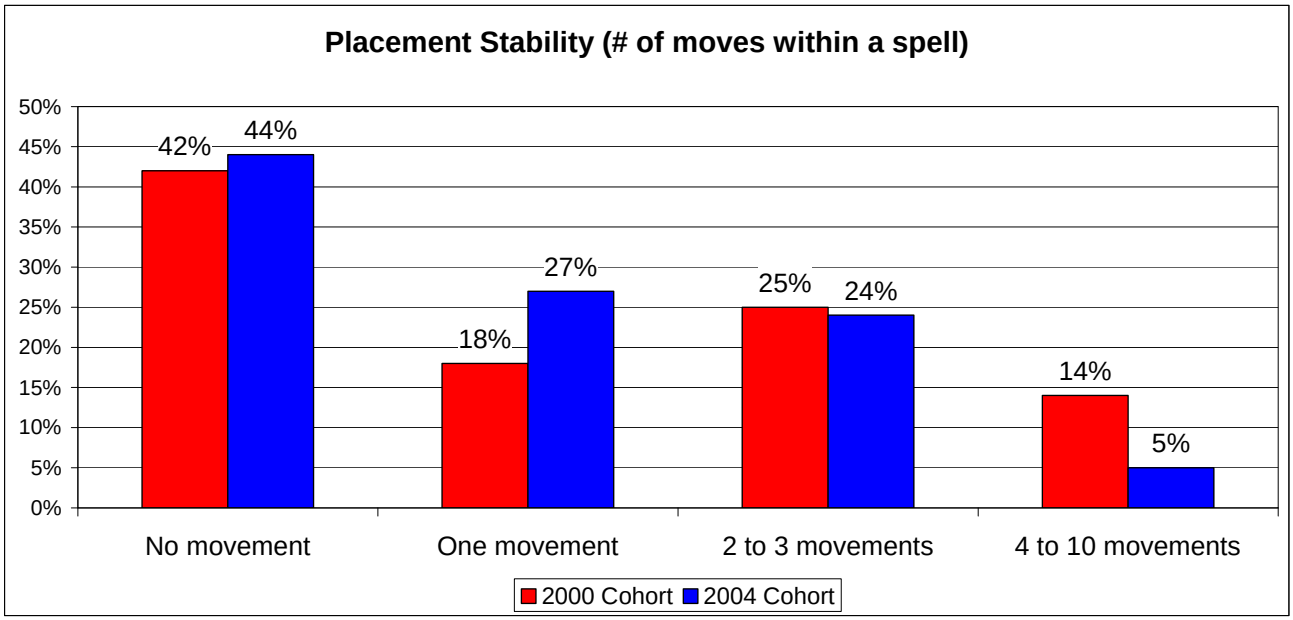
Primary Placement Type	2000 Cohort	2004 Cohort	2000 Cohort	2004 Cohort
Congregate Care	48	49	13%	14%
Foster Care	245	189	68%	55%
Kinship Care	54	100	15%	29%
Other Placement	7	7	2%	2%
Mixed	6	1	2%	0%
Total	**360**	**346**	**100%**	**100%**

[22] Primary placement type is defined as the type of care comprising more than 50% of days in the spell. Changes may occur as some portion of each cohort is still in care.



Results - Placement Stability

Placement stability also seems to be improving, although we cannot predict the placement trajectories of children who remain in care. These data will have to be monitored closely over time, as more children exit care, the data will become more static.

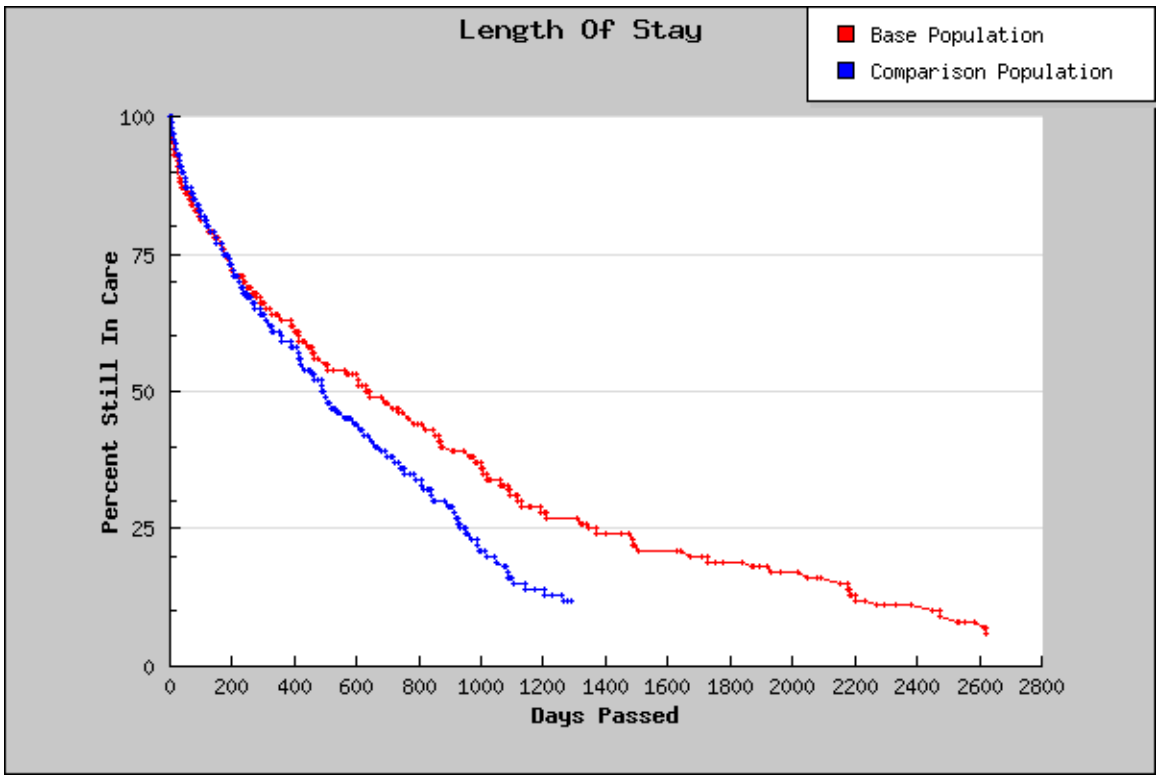


Results - Length of Stay

When comparing children who entered out of home care in 2000 to those who entered in 2004, we see faster exits from care (shorter length of stay) among the more recent cohort. The median length of stay has gone from 627 days (1.7 years) to 493 days (1.3 years).

Days Passed Before Exiting Care		
	2000 Cohort	2004 Cohort
25%	177	181
50%	637	493
75%	1372	952
100%	N/A	N/A

In the figure that follows, the Base Population is the 2000 cohort, and the Comparison Population is the 2004 Cohort. The slope, or steepness of the line indicates how quickly children are exiting care to reunification or another permanency option. As illustrated, children from the 2004 cohort are exiting care more quickly. Reasons for exit are illustrated in the pages that follow.



Reasons For Exit

Results

When reviewing the exit reasons for each cohort, it is important to remember the influence of those children who remain in care. What the table that follows illustrates, however, is further evidence of the increased focus on relative caregivers. While the data will change over time, particularly exits to adoption which will likely increase, the evidence already suggests a dramatic improvement in exits to relative care.

Reasons for Exit	2000 Cohort	2004 Cohort	2000 Cohort	2004 Cohort
Completed Adoption	90	76	25%	22%
Reunification	169	156	47%	45%
Exit to Relative	14	39	4%	11%
Runaway	4	3	1%	1%
Reach Majority	30	12	8%	3%
Other*	30	20	8%	6%
Still in Care	23	40	6%	12%
Total	**360**	**346**	**100%**	**100%**

*Other includes data entry errors such as missing exit reasons, or children whose DCYF case closes and their placement remains open under a DJJS case.

Re-Entries Into Care

Results

As states focus efforts on achieving permanency in a timely manner, it is important to monitor rates of re-entry into the foster care system. NH data have shown decreases in length of stay, particularly as children approach the 12-month point. At the same time, re-entries into care have remained minimal.

Reentry	2000 Cohort	2004 Cohort	2000 Cohort	2004 Cohort
Number entering care	360	346	100%	100%
Number discharged	337	306	94%	88%
Reentered within 90 days	10	8	3%	3%
Reentered within 3 to 6 months	14	14	4%	5%
Reentered within 6 to 12 months	15	18	4%	6%
Reentered within 1 to 2 years	13	3	4%	1%
Total reentered within 2 years (as percentage of total discharged)	52	43	15%	15%

DCYF has carefully reviewed those cases where re-entry has occurred to determine whether reunification was achieved too quickly, or without appropriate in-home services to maintain the children's safety.

Areas for Further Research
DCYF should continue to follow the children in these cohorts as well as the children entering care in more recent cohorts.

Additionally, the responsible district office should be identified as differences in case practice and service array may be present. It is by bringing the research to the local level that data begin to be used to manage change.

Analysis can also be expanded to include the child's race, disability status, presence of substance abuse and domestic violence in the family, and other variables of interest to administrators.

References

Orlebeke, Britany, Fred Wulczyn and Susan Mitchell-Herzfeld. Chapin Hall Center for Children at the University of Chicago, February 2005. "Improving Public Child Welfare Agency Performance in the Context of the Federal Child and Family Services Review."

Testa, Mark and John Poertner. Children and Family Research Center University of Illinois at Urbana-Champaign, July 2005. "Can AFCARS be Rescued? Fixing the Statistical Yardstick that Measures State Child Welfare Performance."

II FIRST STEP LADC REFERRAL FORM

LADC Referral Form

☐ **Today's Date: _____**

☐ **NO Substance-Related Child Maltreatment or Substance Abuse Indicators**

☐ **Declined contact from LADC**

☐ **Screen further – No Primary Indicators – Consult with LADC**

☐ **Safe, Confidential, AND Private time for LADC to make contact: (reminder – no contact will be made without this information)**

Name: _____

Safe phone number: _____

Best time to call: _____

☐ **If no phone, CPSW will arrange office meeting:**

Date: _____ Time: _____

Comments:

NOTE: Please attach copy of Substance-Related Child Maltreatment Indicator Checklist with referral.

Referral #: _____

Substance Related Child Maltreatment Indicators
Consider present and past history that includes these indicators:

Referral to LADC

Any one of the primary indicators below must result in a referral to the LADC:

1. ☐ Any current or prior disclosures, or official records of substance-related problems (relationship, mental health, physical health, financial, work, legal, loss of child custody, child maltreatment, prior treatment, etc.)
2. ☐ Evidence that a caretaker or other adult in home was engaging in unsafe or risky substance-related behavior (e.g. child endangerment, drinking & driving with children in car, intoxicated while care taking children, passed out or unable to respond to an emergency, putting children in unsafe situations, using when pregnant, etc.)
3. ☐ Evidence of exceeding federal low-risk drinking guidelines (e.g. For those who have not developed alcoholism-No more than 2 drinks per day on avg; no more than 3 drinks in a given day, abstinence for those who have developed alcoholism).
4. ☐ Evidence of using illegal substances or misuse/abuse of legally prescribed medications or OTC drugs.
5. ☐ Evidence of current or past substance-related legal problems (e.g. police involvement, police records, etc.)
6. ☐ Evidence of current or past substance-related health problems (e.g. doctor or provider records, etc.)
7. ☐ Current caretaker or other adult in home discloses having a current or past substance use problem.
8. ☐ Spouse or significant other complains about current caretaker's substance abuse problem.
9. ☐ Current caretaker complains about other adult in home having a substance abuse problem.
10. ☐ Evidence of current or past substance-related aggressive or domestic violence behavior or victimization.
11. ☐ Evidence of current or past substance-related interference with a primary caretaker's social, family, school, work, or parenting responsibilities (e.g. substance-related financial problems impacting ability to provide for children's basic needs, spending significant amounts of money and time on alcohol or drug use, etc.)
12. ☐ Evidence that caretaker was a victim of child abuse/neglect as a child.
13. ☐ Evidence that caretaker has a substance abuse treatment history.
14. ☐ Evidence that caretaker gave birth to a child born positive for illegal/ harmful substances.
15. ☐ Evidence that caretaker provided alcohol or other drugs to minors or children in their care.

Consult made to LADC
Indicators below need further screening/ assessment to rule out a Substance Abuse Problem:

1. ☐ Any current or prior allegations or reports of substance-related problems (relationship, mental health, physical health, financial, work, legal, child maltreatment, loss of child custody, prior treatment, etc.)
2. ☐ Reports of unsafe or risky substance-related behavior (e.g. child endangerment, drinking & driving with children in car, intoxicated while care taking children, passed out or unable to respond to an emergency, etc.).
3. ☐ Reports of aggressive or domestic violence behavior (greater than 50% of DV offenders struggle with SA).
4. ☐ Reports of domestic violence victimization (greater than 50% of DV victims struggle with SA).
5. ☐ Reports of sexual assault or childhood maltreatment victimization.
6. ☐ Concerns about substance abuse based on observation of behavior. (e.g. alcohol on breath, observing possible substance-related withdrawal symptoms, bizarre behavior during interview, etc.)
7. ☐ Reports of doctor shopping (e.g. prescription abuse)
8. ☐ Reports of children not getting to school on time due to current caretaker oversleeping.
9. ☐ Concerns about substance-related interference with a current caretaker or other adult's social, family, work, or parenting responsibilities (e.g. substance-related financial problems, job loss, etc.).
10. ☐ Reports that caretaker was a victim of child abuse/neglect as a child.
11. ☐ Reports that caretaker has a substance abuse treatment history.
12. ☐ Any other primary indicators identified above that are suspected, but without concrete evidence.

After a referral has been made to the LADC please initial below and place in the LADC referral box.
Case Worker: _____ Date: _____
DO Supervisor: _____Date: _____

III DOMESTIC VIOLENCE SPECIALIST PROGRAM

DVS MEMORANDUM OF UNDERSTANDING

The Domestic Violence Specialist Program is a collaboration between the Department of Health and Human Services (DHHS) and the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) and its member programs. Currently each DHHS District Office has an assigned Domestic Violence Specialist (DVS) employed by the local NHCADSV member program. The DVS is co-supervised by the member program and the DHHS District Office.

GOAL:
The purpose of the DVS Program is to address the co-occurrence of domestic violence and child abuse/neglect, to enhance the safety and well being of victim/survivors of domestic abuse and their children, to increase the range of services available to victim/survivors of DV and child abuse/neglect and to improve access to those services.

OBJECTIVES:
To achieve the purpose of this Program, the parties of this collaboration seek to enhance their partnership. The following strategies have been identified as necessary steps to achieve success:

1. Maintain the standardized DCYF referral policies for referring cases to the DVS.
2. Ensure effective implementation of core DVS responsibilities as outlined in the "DVS job responsibilities" document (attached), within both DCYF offices and local member programs.
3. Attend joint agency meetings (known as Quarterly meetings) designed to address the needs of this Program. Use the Quarterly meetings as the forum to have the necessary dialogues concerning this Memorandum and any future revisions.
4. Encourage cross training and exchange between each participating member program and District Office to educate and maintain a mutual understanding of the goals and boundaries within each agency.
5. Review and revise the Domestic Violence Protocols for the Division for Children, Youth and Families as needed.
6. Monitor the implementation of the Protocols through Co-occurrence Case Reviews.
7. Follow the Co-Supervision Procedure to resolve policy and practice conflicts.
8. Act as team members to ensure the resources, support and mutual respect necessary to fulfill individual and shared responsibilities.
9. Conduct periodic review of the Program, as well as the Memorandum of Understanding.

The Department of Health and Human Services, the New Hampshire Coalition Against Domestic and Sexual Violence, and the affiliated District Offices and NHCADSV member programs agree to work together to fulfill the goals of the Domestic Violence Specialist Program, to maintain an equal investment in the success of these goals and objectives, and to ensure accountability to the community through this agreement.

_____ _____
DVS District Office Supervisor Date

_____ _____
DVS Member Program Supervisor Date

_____ _____
DVS Date

DVS REFERRAL FORM

Domestic Violence Identification & Referral Process

This process has been developed to create a "checks and balances" approach at each level of involvement within DCYF. The intent is to ensure that best practices and available services are offered to all domestic violence victims and their children.

1. **Central Intake:** shall screen and note the presence of domestic violence prior to referring a report to a district office.

2. **DCYF Supervisor:** shall review the information referred, and screen for any indication of potential domestic violence using the Domestic Violence Indicators (DV Indicators). If an indicator is present, the supervisor will attach the checklist to the assessment information report, and will provide the DVS with a copy (paper or electronic) of the report, excluding the page identifying the reporter.

3. **Assessment Worker:**

   A. Consultation

   If a primary or secondary indicator is noted, consult with the DVS prior to the initial interview whenever possible, in order to:

   - Review the indicators.
   - Explore areas of concern, including safety concerns that need to be raised during the initial interview, and how best to approach the suspected adult victim regarding these concerns.
   - Confirm DVS availability and potential contact times.
   - Discuss any other concerns related to the assessment.

   B. Components of making a DVS Referral:

   Incorporate the following into the first contact with the suspected adult victim:

   - Refer to DV Protocol for assistance with standard screening & assessment tools and consult with the CPSW supervisor.
   - Explain that routine screening for DV is part of a CPSW's job.
   - Explain the role of the DVS (employed by local DV Program, available for support & as a link to multiple services), emphasizing confidentiality.
   - Provide the first name of the DVS.
   - Notify adult victim of upcoming DVS contact.
   - Obtain a safe time/day/place & phone number at which the client can be contacted by the DVS.
   - Provide written information about the local DV Program/ DVS that includes the 24-hour hotline & DVS phone # (information may need to be provided on a sheet of paper small and nondescript enough to be concealed).
   - Conduct initial safety planning with adult victim. This may be preliminary or comprehensive, depending on the receptivity of the client.
   - Provide client contact information to DVS within 5 days.
   - Return a signed copy of the DV Indicators to the Supervisor following the consultation or referral.

4. **Ongoing Worker (Family Service, Permanency, Adolescent, etc.):**

   Any time that DV is suspected during Assessment (even if it is not the primary concern) or if DV is in the case history:

   - The DVS will be invited to participate in the case transfer / "joining" meeting along with the Assessment and FS workers, and both supervisors.
   - Invitation to the DVS can be triggered by an additional line on the case transfer meeting form, if such a form is used at that DO.

- If the DVS is not available for the transfer meeting, an e-mail will be sent to notify the DVS of the meeting and to initiate a consult with the FS worker.
- After the transfer meeting, the FS worker will have ongoing consultation about the case with the DVS.
- The CPSW will consult with the DVS about connecting the client to DV services (using the DVS referral form and following the guidelines in 3B) and/or will invite the DVS to meet with the abused parent at the next appropriate meeting.
- The CPSW will consult with the DVS in creating a case plan.
- The FS supervisor will initiate discussion of domestic violence dynamics and DVS input with the FS worker at each 3-month approval of the SDM.

If DV has **not** been identified during Assessment or in the case history:

- Provide routine screening for domestic violence in any past or present relationship in accordance with SDM (explain to client that routine screening is part of a CPSW's job); refer to DV Protocol for assistance.
- If CPSW becomes aware of the presence or history of domestic violence, s/he will:
    - Make a new referral to the DVS (using the DVS referral form).
    - Have ongoing consultation with the DVS.
    - Obtain DVS input into the case plan.
    - Consider domestic violence dynamics and consult with the DVS in conducting the social study.

  The FS Supervisor will initiate discussion of domestic violence with the FS worker at each 3-month approval of the SDM even if no DV indicators have been noted.

01/08

Referral/Case Number _____
Date of referral_____

Domestic Violence Specialist Referral Form

Client Name: _____

Town of Residence: _____

Phone Number: _____

Safe Time and Number to Call: _____

Names and Ages of Children: _____

_____

_____

_____

Partner's Name: _____

Does the partner live with the client? Yes No

Name of CPSW: _____

01/08

DVS PROGRAM BROCHURE, ENGLISH

WHAT ABOUT YOUR CHILDREN?

Domestic violence is a reality for many families. If you are being abused, chances are your kids know about it. For many victims, parenting often includes trying to make up for the unpredictable parenting of the abuser.

If you find yourself trying to make things better for your children while you're coping with your own abuse, you are not alone. Research has shown that when there's domestic violence going on in a home, there's a 30%-60% chance that there is child abuse and neglect as well.

Children respond to the batterer's violence in a variety of ways based on their ages, coping skills, and their relationships with parents and other support people in their lives. You can talk to a DVS about this.

TO TALK TO THE DOMESTIC VIOLENCE SPECIALIST IN YOUR AREA, CALL:

Statewide Toll Free Domestic Violence Hotline:

1-866-644-3574

Statewide Toll Free Sexual Assault Hotline:

1-800-277-5570

The NHCADSV and its 14 member programs do not discriminate based on gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status, or religious or political affiliation.

YOU AND YOUR CHILDREN HAVE THE RIGHT TO FEEL SAFE AND RESPECTED

We're here to help

NEW HAMPSHIRE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE

DVS PROGRAM BROCHURE, SPANISH

¿Y Que Pasa Con Sus Hijos?

La violencia doméstica es una realidad para muchas familias. Si usted está sufriendo abusos, probablemente sus hijos lo saben. Muchas víctimas tienen que criar a los hijos tratando de compensar el comportamiento impredecible del abusador.

Si se da cuenta de que está intentando mejorar la situación por sus hijos, mientras intenta sobrellevar el abuso, no está sola. La investigación ha demostrado que cuando existe violencia doméstica en un hogar, hay entre un 30% y un 60% de posibilidades de que también haya abuso o negligencia infantil.

Los niños responden a la violencia del abusador de varias formas, dependiendo de su edad, capacidad para sobrellevarla y su relación con los padres y otras personas de su entorno. Puede hablar de esto con un especialista en violencia doméstica.

PARA HABLAR CON UN ESPECIALISTA EN VIOLENCIA DOMÉSTICA DE SU ÁREA, LLAME:

Línea telefónica estatal gratuita de ayuda para violencia doméstica:

1-866-644-3574

Línea telefónica estatal gratuita de ayuda para abuso sexual:

1-800-277-5570

NHCADSV y los 14 programas que lo componen no discriminan por sexo, edad, salud (incluyendo VIH+), capacidad física, mental o emocional, situación socio-económica, raza, origen nacional, situación inmigratoria o afiliación religiosa o política.

Usted Y Sus Hijos Tienen Derecho A Sentirse Seguros Y Respetados

Estamos aquí para ayudar

New Hampshire Coalition Against Domestic and Sexual Violence

Coalición Contra La Violencia Doméstica Y Sexual De New Hampshire

IV FOSTER CARE PROGRAM

STATEWIDE RECRUITMENT AND RETENTION PLAN

FOR 10/01/07 to 09/30/08

A. BACKGROUND AND NEEDS ASSESSMENT

New Hampshire's statewide recruitment and retention plan is a document that guides the work associated with foster care and adoptive services provided by families who are recruited by the Division for Children Youth and Families. It is a plan that reflects teamwork among the various programs that have responsibility for services to the children and the families and includes foster care, adolescent, permanency and adoption programming.

The Division works with community partners to accomplish this plan including the foster and adoptive parents, faith-based organizations, civic groups and the private child placing agencies. The NH Foster and Adoptive Parent Association is currently supported by a contract with Casey Family Services that provides technical assistance to the Association. Largely comprised of volunteers who have little time to develop an organization, this level of support has been necessary to grow the Association. The development of capacity within the association over the last several years has resulted in the executive board's commitment to assume responsibility for tasks and activities that have been the work of the contractor. This is a self-fulfilling initiative, and the members have agreed to work with DCYF to promote their own independence.

New Hampshire has a small number of children waiting to be matched with their permanent families. Observations over the last year regarding the search for families for the waiting children show that most of the waiting families that have been assessed and trained are not appropriate matches for the children who need permanency and are available for adoption. The Dave Thomas Foundation in their recent report of American attitudes23 towards adoption suggests that Americans do not have a clear picture of the 114,000 eligible children in the United States. The Division will undertake an aggressive child specific recruitment and other alternative strategies in this next year to outreach to individuals and families who may not have seen New Hampshire's Waiting Children brochure or the Heart Gallery.

The Family Selection Process or the matching of the child's needs with the family's strengths is a practice that has evolved from the early "Adoption only" matching to the current trend to select families for foster care that could become the forever family for the child. In this next plan year, the Division will work towards creating a family selection policy that is standardly applied, and that considers a broader universe of families to match with the children. The universe will include local, state and regional families who seek to adopt. Further, the transitioning of the children from their foster care or residential placements must be well defined to ensure the success of the match. Post adoption services that will need to be in place to support the family and prevent disruption must also be considered.

The annual recruitment and retention plan has historically included a number of recruitment strategies that have been found to be useful in promoting generic recognition of foster care and adoption issues. These tried and true measures may not be keeping up with the manner in which the public obtains information. Media outlets, which were the norm, include newspaper and other print ads. An immerging market for information gathering is the internet, and the Division will pursue web based advertising in this plan year to determine if this a viable option for outreach to families.

[23] National Foster Care Adoption Attitudes Survey, 2007, The Dave Thomas Foundation

School aged children and youth are the largest segment of the foster care population; with the teen population perceived as the "hardest to place" group. The Division will employ another alternative method of educating applicants for foster care and adoption by involving Adolescents in the pre-service Foster and Adoptive Care Essentials (FACEs) training via a live panel of youth or a pre-produced DVD.

And lastly, Kinship Care, or the placement of children with relatives or other kin, serves a very small portion of the children in out of home care. The Division will begin to review policies and practices related to Kinship Care and promote its use and an increased array of services to kin families to include support, visitation, legal and financial consultation and training.

Identifying Family Resources

In each District Office of DHHS, the DCYF foster care workers prior to the start of the next Plan year convene community recruitment and retention teams. District Office staff, community members and staff of private child placing agencies that may be operating a foster and adoption program in the catchments area are invited to participate. Together, they create a plan to recruit and retain family resources who are able to serve children and youth needing out of home care. The plan includes a local needs assessment and review of the children and youth referred for foster home placement and adoptive placements in the previous year. Their individual safety, well-being and permanency issues are considered in the development of new recruitment goals and objectives. The Statewide Plan compliments the 12 plans and provides support and cohesiveness to the local activities.

Casey Family Services continues to provide recruitment and retention, support and technical assistance to facilitate the implementation of the plan. Performance measures from the contracts with Casey Family Services serve to measure the effectiveness of these activities, the desired outcomes and help DCYF establishing new benchmarks for this 2007-2008 plan.

Recruitment of Families

In the area of District Office recruitment of new foster homes throughout the State the following statistics describe the efforts of each office and the average percentages. The 2006-2007 Individual District Office Statistics show that 83% of the DO's recruited 20% or more new homes. Only one office, Rochester exceeded the 80% retention target by retaining 91% of their homes. Some offices experienced a decrease in the homes retained due to transfer of the homes to a private child placing agency that worked with the foster families as Individual Service Options (ISO) providers.
While this is a loss to the DCYF general foster home rosters, it is a gain to the children served by DCYF who require a higher level of foster care supports.

All of the offices retained more than 50% of the foster homes with most in the exceeding the 70% mark. Overall, the statewide retention average is 76% while the overall recruitment average is 27%.

District Offices	2006 Reported Homes	2007 Reported Homes	2006-2007 Licensed	% New Homes Achieved	2006-2007 Closed Homes	Homes Retained	% Homes Retained
Berlin	53	48	13	25%	16	37	70%
Claremont	52	50	12	23%	13	39	75%
Concord	48	44	15	31%	10	38	79%
Conway	31	27	4	13%	8	23	74%
Keene	69	63	11	16%	14	55	80%
Laconia	50	49	12	24%	13	37	74%

District Offices	2006 Reported Homes	2007 Reported Homes	2006-2007 Licensed	% New Homes Achieved	2006-2007 Closed Homes	Homes Retained	% Homes Retained
Littleton	22	25	9	41%	9	13	59%
Manchester	76	81	22	29%	13	63	83%
Nashua	78	79	20	26%	18	60	77%
Portsmouth	77	73	21	27%	24	53	69%
Rochester	43	45	13	30%	4	39	91%
Salem	46	53	19	41%	10	36	78%
Totals	645	637	171		152	493	

Retention of Family Resources
The twelve District Offices report licensing activities each month, and an annual summary of the results of the recruitment and retention activity follows. The Casey Family Services Annual Report (July 2006-June 2007) data indicates that nearly 76 % of the homes licensed were retained. .

Tracking the progress of the annual plan includes quarterly reports generated on the accomplishments and the progress made by the District Office Recruitment Teams. The scoring system includes "Yet to Begin", "Ongoing" or "Complete". It was reported that all District Offices achieved 95% of the Recruitment and Retention goals according to the fourth quarter reports submitted by the Foster Care Workers and their Supervisors.

B. DATA REQUIREMENTS

There were 1139 unduplicated children and youth served in foster family care in the last 12 months[24]. Of the 1139 children and youth, 1087 of those children were abused or neglected, 27 youth were delinquent youth and 25 youth were children in Need of supervision (CHINS).

Data reported on the number of foster homes[25] recruited, licensed, trained and retained in the District Offices to serve these the children follow.

1. Number of foster homes licensed by the 12 district Offices at the time the plan was developed**:**

Data Elements	Last Year as of 06/06	06/07
General Foster Homes	468	460
Specialized Foster Homes	175	163
Emergency beds	149	156
Inquiries Received	982	1016

- Number of foster homes to be recruited in this recruitment plan year: 128

District Office	**Number Projected**	**Detail**
Keene	**10**	**General homes, 5 for children 12 and over**
Claremont	**10**	**10 General homes**

[24] DCYF State Fiscal year data.
[25] Foster Home Statistics, Report for June 2007

Laconia	**10**	**General foster/adopt homes**
Conway	**2**	**General homes, one for teens**

Concord	**10**	**General homes for teens and sibling groups 10-14 years.**
Portsmouth	**15**	**General homes for children 10 and older and siblings.**
Littleton	**6**	**General foster, adoption, and respite homes**
Berlin	**10**	**Emphasis on teens and sibling groups**

Manchester	**20**	**General homes**
Nashua	**15**	**General homes for ages 6-18 years**
Salem	**10**	**General foster and adoptive homes, 2 homes for children over 8,**
Rochester	**10**	**General Homes**
Total	**128**	

C. GOAL FOR RECRUITMENT

NHDCYF will develop a consistent and continuous statewide campaign utilizing a variety community based approaches to recruit foster and adoptive parents and other family connections to serve the children and youth in DCYF out of home care.

a. Objective

The Division will support the local district office efforts with the Contractor to provide technical assistance on recruitment and retention planning and implementation to target the needs for out of home care for foster and adoptive children as identified by the recruitment and retention teams in each district.

- Tasks
  - Monitor the contractor's adherence to the programmatic contract specifications.
  - Review and recommend for approval quarterly reports and invoices.
  - Review and recommend for approval quarterly reports and invoices.
  - Consult with the contractor and prioritize the technical assistance offered to the District Offices to ensure coverage and consistency.

b. Objective

Monitor Performance Measures to determine the success of the recruitment effort

- Tasks
  - Collect information on performance measures and supporting data.
  - Establish a quarterly reporting system between the contractor and the Division District Office foster care workers.
  - Review quarterly reports submitted by the foster care workers for attainment of performance measures.

- Provide management with status report of the contract.
- Recommend strategies for improved performance and replicate methods, which have been successful.

c. Objective

Collect outcome data from each of the District Offices to monitor activities related to licensure of foster homes generated by the recruitment efforts.

- Tasks
  - Provide each DO with a format for manual and electronic data collection
  - Provide each DO with lists of homes whose licenses are expiring to effect timely renewal of homes.
  - Manage the monthly data submitted to the Foster Care Specialist
  - Provide management with reports and an annual summary of data by Jan 30 for the previous calendar year.

d. Objective

Collaborate with Granite State College (GSC) and the Adoption Program Supervisor to implement the revised foster adoptive training, Foster and Adoptive Care Essentials (FACEs) and to launch the two new modules for Caregiver Ongoing training in Spring 2008

- Tasks
  - Work with GSC to develop the Master Schedule for FACEs.
  - Finalize the planning for two adoption modules and schedule these for March 2008.
  - Attend the bi-monthly Education and Training Partnership Meetings to provide technical assistance to the contractor, GSC, on foster care and adoption initiatives.

f. Objective

Implement a statewide multi-media campaign for recruitment of foster, adoptive homes and other lifelong connections to enhance community awareness of the needs of the children in DCYF care.

- Tasks
  - Coordinate DCYF efforts with the Public Information Officer of DHHS to approve PSA's and paid advertising.
  - Participate in the Women's Expo in February 2008.
  - Distribute materials that will reflect the need for many different kinds of families and support for children including foster, adoption, respite, and adolescent homes, through the community and the faith-based initiative.
  - Display, NH's Heart Gallery of Waiting Children, in prominent locations
  - Participate in cost sharing with child placing agencies for a retention/recruitment event to be held in calendar year 2008.
  - Continue Partnering with businesses such as Jordan's Furniture, Wendy's and Walmart to promote foster care and adoption.

g. Objective

Provide opportunities for adolescents in care to participate in pre-service training for foster and adoptive parents to educate participants about the need for adolescent foster family care.

- Promote the participation of adolescents in the pre-service training FACEs to Faces Celebration, formerly the graduation module.
- Coordinate the attendance of youth at the FACEs to Faces Celebration through the local Adolescent Workers who will provide support and transportation to the youth and prepare them to present to the participants.

h. Objective

Collaborate with the Adolescent, Permanency and Adoption Specialists to explore ways that caregivers can partner with youth.

- Explore the feasibility to co-locate the 2007 youth conference and the foster and adoptive conference at a site, date and time that youth and caregivers can co-mingle.
- Utilize the Youth Advisory Board at spokespersons for the youth in care at local support groups.

D. GOALS FOR RETENTION

GOAL I.

The Division will retain an average of 80% of the number of current foster homes reported in the annual Recruitment and Retention Plans submitted by the District Offices.

a. Objective

Contract for support to the New Hampshire Foster and Adoptive Parent Association and the development of local support groups.

- Tasks
  - Monitor the provisions of the contract for support and technical assistance
  - Participate in the monthly NHFAPA meetings.
  - Assist with leadership development within NHFAPA.

b. Objective

Collaborate with foster and adoptive parents as members of the professional team

- Tasks
  - Engage NHFPA in discussion regarding the support contract and provide technical assistance to the Executive Board to assume responsibility for some of the functions currently being provided by the contractor.
  - Communicate with foster and adoptive parents by publishing the Foster and Adoptive Care newsletter (FAN letter) six times per year.
  - Invite foster and adoptive parents to participate on local R& R Teams.
  - Invite foster and adoptive parents to participate in policy development and revision committees.

- Encourage foster and adoptive parents to attend and participate in planning meetings including the steering committee for Education and Training Partnership, the Foster Care Network, and the New England Foster Care Tasks
- Promote mentoring for new foster and adoptive parents by formal and informal methods.

c. Objective

The Division will partner with the Community and Faith Based Initiative of Bethany Christian Services and the CFBI Advisory Board to promote retention of foster and adoptive families.

- Tasks
  - Promote the development of the CFBI advisory board and attend their meetings. DCYF staff who may participate include the Post Adoption Worker, the Foster Care Specialist and the Adoption Program Specialist.
  - Assist with the scheduling of a retention event sponsored by the CFBI during foster care month, May 2008.
  - Cooperate with the CFBI initiatives by providing Bethany Christian Services staff with information that is necessary to fulfill the needs of the families and children served including wish lists, Santa's Helpers requests and waiting children information.

d. Objective

The Division will provide competency based on-going training to foster and adoptive parents and relative caregivers.

- Tasks
  - Identify training needs of foster and adoptive parents through NHFAPA, foster and adoptive parent support groups, and Education and Training Partnership surveys.
  - Collaborate with Education and Training Partnership to identify and include relative caregivers in training opportunities.
  - Provide contractor support to plan and implement the NH Foster and Adoptive Family Training Conference through Granite State College in October 2007.
  - Participate in conference planning for the New England Foster Care Association training conference to be hosted by Rhode Island October 2008

e. Objective

Provide opportunities to participate in networking events for waiting families to meet with waiting children and their current caregivers.

- Tasks

- Promote the participation of NH families and DCYF case managers who work with the waiting children in events sponsored by Jordan's Furniture and the Massachusetts's Adoption Resource Exchange (MARE).
- Invite waiting adoptive families to retention events in each District Office in order to maintain the family interest in caring for children and to provide opportunities for support while they wait for a child.
- Continue to promote contact between foster and adoptive families through the Foster Adoptive newsletter notice of support groups and the annual conference for adoptive and foster families.

f. Objective

Collaborate with the Adoption and Permanency Specialists to develop supports for adoptive parents that will contribute to placement stability.

- Tasks
  - Under the leadership of the Permanency Specialist, a policy will be implemented for selecting families from a pool of resources who can best meet the needs of children requiring permanent family connections.
  - Post Adoption Services will be delivered to families making the lifelong commitment to children through adoption.

Reviewed by: _____ _____

Maggie Bishop, Director, DCYF — Eileen Mullen, Administrator, DCYF

_____ _____

Paul Desmarais, President, New Hampshire Foster and Adoptive Parent Association — Myriam Roeder, Adoption Program Supervisor, DCYF

Submitted by _____

Gail T. DeGoosh, Foster Care Specialist, DCYF

GRANITE STATE COLLEGE FOSTER PARENT EVALUATION REPORT

Evaluating a Title IVE Foster Parent Training Program:
Context, Outcomes, and Contributions to Foster Care

April, 2005

Authors:

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Jane M. Fletcher, Project Director III

Granite State College, University System of New Hampshire
Education and Training Partnership
www.granite.edu
603.271.6625
The Education and Training Partnership is a contract of the New Hampshire Division for Children, Youth and Families

The mission of the **New Hampshire Department of Health and Human Services** is to "join communities and families in providing for citizens to achieve health and independence"

The mission of the New Hampshire Division for Children, Youth and Families is to "assist families in the protection, development, permanency, and well-being of their children and the communities in which they live"

Granite State College (formerly the College for Lifelong Learning), part of the University System of New Hampshire, "empowers adults throughout the state to pursue professional and personal growth through flexible, affordable, and accessible higher education. The College is committed to serving our communities through learner-responsive curriculum, innovative instruction, assessment of learning outcomes, and collaborative workforce development."

The Mission of the **Education and Training Partnership** is to "enhance the quality of care for children in placement by providing competency-based, accessible education and training to foster and adoptive parents and residential child care staff. DCYF staff are also encouraged to join caregivers as a matter of best practice. Training curriculum is developed responsively and collaboratively, in a manner designed to maximize adult learning, and courses are delivered in a supportive atmosphere that recognizes participants' level of experience. Academic counseling and professional development are provided to DCYF staff members to support them in their work and promote retention. The Partnership embraces a system of quality improvement and program evaluation that is both proactive and comprehensive."

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Evaluating a Title IVE Foster Parent Training Program:

Context, Outcomes, and Contributions to Foster Care

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Executive Summary

In September 2001, the State of New Hampshire Office of Legislative Budget Assistant published the Foster Family Care Performance Audit. One of the recommendations from the report asked the New Hampshire Division for Children, Youth and Families (DCYF) to "develop a sufficient feedback process to evaluate its pre-service training program [for foster parents]. This process should include obtaining foster parent opinions of pre-service training after they have had a child in care and have been able to compare their pre-service training needs to the pre-service training received" (p. 37).

Granite State College is contracted by DCYF to provide pre-service training to foster parents statewide in New Hampshire through the Education and Training Partnership. Asked by DCYF to consider the Legislative Budget Assistant item, the College in turn embraced the recommendation, and embarked on an evaluation of the pre-service training program entitled *Foundations for Fostering*. Context, outcomes, satisfaction, linkages to foster parent recruitment and retention, and overall contributions to foster care were documented through a variety of data collection methods. Findings from this evaluation include:

- After pre-service training, prospective foster parents feel significantly more familiar with foster care and foster children, and significantly more prepared about being a foster parent

- Pre-service training addresses concerns, may alter perceptions, and provides foster parents with helpful strategies

- Foster parents found their pre-service training to be comprehensive, informative and realistic when compared to what they have experienced

- Pre-service foster parent training is an important preparatory tool, yet ongoing training taken by licensed foster parents may be key indicator of dedication and commitment to continue fostering

- Foster parent training is a key consideration given the inherent self-selection of foster parent recruitment and the continuous flux of foster parent populations

- Pre-service foster parent training may be an unrecognized source of community awareness for foster care and the field of child welfare

A great deal of context is needed to understand foster parents, foster parent training, and the importance of this relationship. Foster parents play a vital role in the lives of foster children, and foster parent training, particularly pre-service training, serves as a critical introduction to the world of foster care. Training is a crucial forum that establishes

expectations, challenges assumptions, and can enhance the knowledge, skills and abilities necessary for the care of children in placement for reasons of abuse and/or neglect.

Child Welfare and Foster Care in New Hampshire

The New Hampshire Division for Children, Youth and Families (DCYF) is the agency responsibly for ensuring and protecting the safety and well-being of all children living in the State. A Division within the State Department of Health and Human Services, DCYF investigates alleged incidences of child abuse and neglect. Pending investigations and court action, children may be removed from their homes for their safety and to stem maltreatment. Children in out of home placements may live with relatives, foster parents, in a group home or residential facility, or in a number of other options. Some of these children return home, some remain in care, and others may be adopted or have other permanent options. Less frequent, but never the less, part of the foster care picture, are children in foster placements due to behavioral or delinquent activities. Children in placement because of Child in Need of Services (CHINS) or delinquency petitions can be, and are, placed with foster parents as well.

The number of children in foster care in New Hampshire has remained relatively constant. A comparison of FY1999, FY2002 and FY2003[26] shows that approximately 1,800 children each year were in out of home placements. Approximately 70% of those children were in out of home placements as the result of abuse/neglect, and about 65% of abused and neglected children were living in foster homes. Data regarding the average length of stay in placement and the number of placements for abused/neglected children has fluctuated. In FY1999, the length of stay in placement was 3.2 years; 3.8 years in FY2002 and 2.0 years in FY2003. In FY1999, the number of placements was 3.2; 3.1 in FY2002 and 1.9 in FY2003.

New Hampshire Foster Parents and Foster Homes

The role of foster parents in the care of foster children is vital, yet the need for competent foster families persists, and efforts to recruit and retain foster parents remains an ongoing challenge for child welfare agencies throughout the United States[27]. As the US General Accounting Office stated in 1989, "children in foster care spend more time with foster parents than with any other representatives of the child welfare system, yet foster parents are the least trained, prepared, and supported" (p. 17)[28].

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[26] Source: Annual Report: Administrative Case Review Program for Children Placed in Out-Of-Home Care. Easter Seals Society of New Hampshire (FY2003, FY2002); NH DCYF Bureau of Quality Improvement (FY1999).

[27] **Rodwell, and Biggerstaff. (1999). Strategies for Recruitment and Retention of Foster Families. Children and Youth Services Review, 15, 403-419.**

[28] **United States General Accounting Office (GAO). (1989). Foster parents: Recruiting and pre-service training practices need evaluation (GAO/HRD–89-86). Washington, DC: Author.**

From 2002 to 2004, the number of State-licensed foster homes has been relatively stable, although New Hampshire is not different from others States regarding the need to consistently focus on foster parent recruitment and retention. The distribution of DCYF foster homes across the twelve district offices can be found in Table 1[29]. Variation in foster home totals across DCYF district offices is a function of numerous factors including geography, population, socio-economic, and other considerations. Further, DCYF foster homes do not represent the entire NH foster parent population. Other New Hampshire child placing agencies include Easter Seals Society of NH, Casey Family Services, Lutheran Community Services, and others. As of July 1, 2001, there were 1,460 total foster parents across all agencies[30].

Table 1. DCYF Foster Home Data

District Office	Average Number of Foster Homes: 2002 - 2004	Percentage of **State Total**
Berlin District Office	**57**	**9%**
Claremont District Office	**46**	**7%**
Concord District Office	**51**	**8%**
Conway District Office	**30**	**5%**
Keene District Office	**76**	**12%**
Laconia District Office	**52**	**8%**
Littleton District Office	**36**	**6%**
Manchester District Office	**67**	**10%**
Nashua District Office	**86**	**13%**
Portsmouth District Office	**62**	**9%**
Rochester District Office	**48**	**7%**
Salem District Office	**43**	**7%**
Statewide Average	**654**	**100%**

Although the DCYF foster home population consistently averages about 650 homes, the stability of that population is constantly under stress. On average each year, 22% of all DCYF foster homes close. Closure rates for DCYF district office foster homes are shown in Table 2[31].

[29] Source: NH Division for Children, Youth and Families: Foster Home Monthly Statistics: 2002, 2003, 2004
[30] Source: NH Division for Children, Youth and Families
[31] Source: NH Division for Children, Youth and Families: Foster Home Monthly Statistics: 2002, 2003, 2004

Table 2. DCYF Foster Home Closure Data

District Office	Average Number of Closed Homes: 2002 - 2004	Percentage of Homes Closed/Year
Berlin District Office	**14**	**25%**
Claremont District Office	**11**	**24%**
Concord District Office	**6**	**12%**
Conway District Office	**5**	**17%**
Keene District Office	**19**	**25%**
Laconia District Office	**10**	**19%**
Littleton District Office	**9**	**25%**
Manchester District Office	**13**	**19%**
Nashua District Office	**26**	**30%**
Portsmouth District Office	**14**	**23%**
Rochester District Office	**5**	**10%**
Salem District Office	**11**	**26%**
Statewide Average	**144**	**22%**

Again, variations in foster home closures as well as the reasons for closure are due to numerous factors. Foster parent commitment, and ultimately the experience and outcomes for children placed in foster homes are dependent upon many variables. The relationship between foster parents and agency employees, inclusion of foster parents in service/case planning and court proceedings, behavior of foster children, training, and working with biological families are all important considerations[32]. Further, closed foster homes do not necessary equate to poor outcomes for children, especially considering that in New Hampshire, approximately 81% of children adopted from the State are by foster parents[33].

Training for Prospective Foster Parents

The use of Title IVE funds from the Social Security Act have been widely used by public child welfare agencies to partners with University Schools of Social Work for the purpose of training social workers[34]. It is far more rare for a public child welfare agency to partner with a University or College to provide education and training to foster parents, although these Title IVE partnerships do exist. Foster parent training in New Hampshire is one

[32] Denby, Rindfleisch & Bean. (1999). Predictors of Foster Parents' Satisfaction and Intent to Continue to Foster. Child Abuse and Neglect, 23(3), 287-303.
Rhodes, Orme & Buehler. (2001). A Comparison of Family Foster Parents Who Quit, Consider Quitting, and Plan to Continue Fostering. Social Service Review 75(1), 84-114.
Fees, Stockdale, Crase, Riggins-Caspers, Yates, Lekies & Gillis-Arnold. (1998). Satisfaction with Foster Parenting: Assessment One Year after Training. Children and Youth Services Review, 20(4), 347-363.
[33] Wilson, Katz, & Green. (2005). Listening to Parents: Overcoming Barriers to the Adoption of Children from Foster Care.
[34] Fox, Burnham, & Miller. (1997). Reengineering the Child Welfare Training and Professional Development System in Kentucky. Public Welfare, 55(2), 8-14.
Breitenstein, Rycus, Sites, & Kelley. (1997). Pennsylvania's Comprehensive Approach to Training and Education in Public Child Welfare. Public Welfare, 55(2), 14-21.
Jones and Okamura. (2000). Reprofessionalizing Child Welfare Services: An Evaluation of a Title IVE Training Program. Research on Social Work Practice, 10(5), 607-621.

such example, and is provided through a contract between the NH Division for Children, Youth and Families (DCYF), and Granite State College. Granite State College is a four-year higher education institution of the University System of New Hampshire with a focus on adult learners.

There are a variety of foster parent pre-service training programs in use in the United States, and they vary in scope and length. One example, the Model Approach to Partnerships in Parenting (MAPP), is intended to develop "in participants the knowledge, attitudes, and skills deemed necessary to serve effectively as foster parents" (p. 167)[35]. In New Hampshire, the curriculum used to train prospective foster parents is entitled *Foundations for Fostering* (FFF). Foundations for Fostering was developed in 1999 through a collaborative process involving DCYF staff and social workers, foster and adoptive parents, child placing agency staff, and staff and instructors from Granite State College. The FFF curriculum is 21-hours in length, and is intended by the State to fulfill the training requirement needed to become a licensed DCYF foster parent. Divided into seven modules, each three hours in length, FFF module titles include *Orientation*, *Regulations*, *The Impact of Trauma on Child Development*, *Grief and Loss*, *Guidance and Positive Discipline*, *Sexual Abuse and Safe Environments*, and *Maintaining Family Connectedness*. DCYF delivers the first two modules and Granite State College the remaining five. Close to 90% of College-delivered modules are by Instructors with foster parent experience, and FFF is a standardized, fully written, competency-based curriculum with learning objectives and specific outcomes detailed for each module.

Evaluation Data: Prospective Foster Parent Samples

Beginning in FY2002, the licensing progression of 414 prospective foster parents was followed. Table 3 represents the number and distribution of these individuals.

Table 3. FY 2002 Sample

Licensing Agency/Office (Indicated at Registration)	**Prospective Foster Parents**	**Percentage**
Berlin District Office	24	6%
Claremont District Office	33	8%
Concord District Office	33	8%
Conway District Office	10	2%
Keene District Office	81	20%
Laconia District Office	28	7%
Littleton District Office	22	5%
Manchester District Office	26	6%
Nashua District Office	27	7%
Other Child Placing Agencies/Unknown	51	12%
Portsmouth District Office	40	10%

[35] Lee and Holland. (1991). Evaluating the Effectiveness of Foster Parent Training. Research on Social Work Practice, 1(2), 162-174.

Rochester District Office	19	5%
Salem District Office	20	5%
All (N=414)	**414**	**100%**

Starting in FY2004, the licensing progression of an additional 473 prospective foster parents was initiated. Table 4 represents the number and distribution of these individuals.

Table 4. FY 2004 Sample

Licensing Agency/Office (Indicated at Registration)	**Prospective Foster Parents**	**Percentage**
Berlin District Office	30	6%
Claremont District Office	22	5%
Concord District Office	38	8%
Conway District Office	23	5%
Keene District Office	44	9%
Laconia District Office	30	6%
Littleton District Office	19	4%
Manchester District Office	50	11%
Nashua District Office	56	12%
Other Child Placing Agencies/Unknown	63	13%
Portsmouth District Office	27	6%
Rochester District Office	43	9%
Salem District Office	28	6%
All (N=473)	**473**	**100%**

The distribution of prospective foster parents in the FY2002 and FY2004 samples are fairly representative of the New Hampshire DCYF foster parent population. Again, geographic, population and socio-economic factors may account for regional differences. Variation in sample size between FY2002 and FY2004 may be due to a number of factors including recruitment practices and access to registration information. The progress and status for all 887 prospective foster parents has been tracked, and as of February 2005, the current licensing status for each individual was determined[36], and can be found in Table 5.

[36] Consultation with BRIDGES, the DCYF Statewide Automated Child Welfare Information System (SACWIS)

Table 5. FY 2002 and FY 2004 Sample Status

	Sample Size	Percent Licensed	Percent Licensed/ Now Closed	Respite as 1st Placement
FY 2002	**414**	**53**% (N=218)	**44**% (N=95)	**17**% (N=38)
FY 2004	**473**	**44**% (N=209)*	**2**% (N=5)*	**22**% (N=45)*

**Intend to continue data collection for FY2004 sample through February 2007*

When comparing both samples, there appears to be some difference in licensure rates and an obvious disparity in closure rates. This is due in no small part to the amount of time each sample has been under review. The FY2002 sample, beginning July 1, 2001, has been followed for 1,290 days, or well over three years. Conversely, the FY2004 sample, beginning July 1, 2003 has been followed for 570 days or less than half that time. Of particular importance is the fact that individuals licensed from the FY2004 sample have yet to reach the point of relicensure, which occurs every two years for DCYF foster homes. These factors most likely account for a considerable portion of the variations found to date between samples.

In spite of these differences, there are interesting trends that are consistent across both samples. For example, both samples indicate that approximately half of all prospective foster parents attending training will become licensed, and one in five newly licensed foster parents will provide respite as their first placement. Data also points to the variability inherent in licensing foster parents, and that the amount of time it takes families to complete licensing requirements ranges considerably. One individual from the FY2002 sample procured their foster parent license after 927 days. Likewise the length of time families remain as foster parents is also quite variable: another individual from the FY2002 sample was licensed for a total of 61 days before closure. As stated previously, closed homes do not necessarily equate to poor outcomes for children. For 16% of those foster homes closed in FY2002, desirable permanency outcomes in the form of adoption and guardianship could be documented. Another 6% of closed foster homes had children that had aged out of the foster care system. From the FY2004 sample, there were already seven foster parents that had adopted.

In spite of the fact that licensing patterns indicate many individuals will never become licensed, an interesting and unexpected outcome was identified during this evaluation. Regardless of whether individuals obtain a foster parent license, *Foundations for Fostering* is at a minimum, exposing hundreds of people each year to the DCYF foster care system and building community awareness about child abuse/neglect, and parenting in general.

Evaluation Data: Licensure Patterns and Ongoing Training

After an initial foster parent license is issued, the license of a DCYF foster parent is renewed every two years in NH. One of the requirements of relicensing is the completion of a certain number of training hours, which varies by license type. "General" foster homes are required to complete sixteen hours of training every two years, and "Specialized" homes must complete thirty-two hours every two years. Training records for individuals licensed from the FY2002 sample were examined, and the results can be found in Table 6.

Table 6. FY 2002 Sample Status and Training Outcomes

Licensed Foster Parents (N=218)	**Average Training Hours Awarded**
Remain Licensed (N=123)	**17 Hours** (Median Hours =12)
Licensed/Now Closed (N=95)	**2 Hours** (Median Hours =0)

There is tremendous discrepancy in the amount of training hours awarded to foster parents that remain licensed and those that were licensed but have since closed. The calculation of awarded training hours only considered ongoing training through Granite State College from July 2001 to February 2005. Foster parents have the option to pursue ongoing training through any number of sources and that data was not collected. Other Granite State College training including *Foundations for Fostering*, *Adoption Essentials,* and enrollment in College degree program courses were excluded from calculations. Foster parents are initially licensed as "General" homes. For those foster parents that remained licensed from FY2002, 33% now hold "Specialized" licenses, and that training was considered. It is reasonable to assume that those remaining licensed would have attempted more training. However, there may be an important linkage between on-going training and foster parent commitment. Training taken while licensed appears to be a key indicator of intent to continue fostering.

Evaluation Data: Survey Results from FFF Participation

In an effort to measure the substance of training, not simply licensing outcomes, a combination of survey and interview data was also collected. During FY2002 a total of 41 individuals agreed through informed consent to participate in an evaluation, completed

the entire 21-hour *Foundations for Fostering* training, and completed pre and post FFF training questionnaires. A second sample of 152 prospective foster parents in FY2004 likewise agreed to participate. Descriptive statistics for each sample can be found in Table 7.

Table 7. Descriptive Statistics from FY2002 and FY2004 Survey Samples

	Sample Size	Average Age	Percent Female	Percent Married	Parental Experience	Child Specific
FY 2002	41	42	66%	83%	83%	27%
FY 2004	152	40	68%	83%	70%	29%

Similar demographics were found for both the FY2002 and FY2004 samples. The majority of the participants were female, were predominantly Caucasian, married, about forty years of age, had experience as a parent, and close to 30% indicated an interest in fostering a specific child. About a quarter of prospective foster parents from both samples had a high school diploma or GED as required for licensure by DCYF, and 46% in both samples held an undergraduate or graduate degree. Over 80% of all participants were employed full-time outside the house.

As part of the pre and post training surveys, participants were asked a group of ten questions first at the start (*Self-Assessment I*) and again at the finish (*Self-Assessment II*) of *Foundations for Fostering* training. Survey results for the FY2002 sample can be found in Table 8.

Table 8. Survey Results (FY2002 Sample)[37]

FY 2002 Sample (N=41)	**Self-Assessment I**	**Self-Assessment II**
How Familiar Do You Feel You Are About:	**Very/Quite**	Very/Quite
Who/What is the Division for Children, Youth and Families	29%	92%
The process required to become a licensed foster parent	22%	92%
The process by which children, youth and families enter the system	19%	88%
How trauma impacts on normal child development	39%	93%
How children experience grief and loss	36%	93%
What role attachment plays in the lives of abused/neglected children	25%	92%

[37] *t* tests resulted in significantly higher mean scores from Self-Assessment I to Self-Assessment II: $p < .002$

How foster parents can work with children who have been sexually abused	12%	78%
How foster parents can provide positive forms of discipline	37%	95%
How children in foster care benefit from contact with their biological families	27%	93%
How Prepared Do You Feel About Being A Foster Parent?	56%	84%
Combined Average	**30%**	**90%**

Self-Assessment I was administered at the beginning of the first FFF module, Orientation, while *Self-Assessment II* was given at the conclusion of the FFF series, at the conclusion of the seventh module.

Significant differences for each of the ten questions, and in both FY2002 and FY2004 samples were found when responses were compared pre-training and post-training. A combined average from FY2002 found that 30% of participants were very or quite familiar and prepared at the start of training, while that figure dramatically increased to 90% at the conclusion of training. This finding was replicated with the FY2004 sample: pre-training, 25% of individuals indicated they were very or quite familiar and prepared, with that number jumping to 85% at the conclusion of training. Results from the FY2004 sample can be found in Table 9.

Table 9. Survey Results (FY2004 Sample)[38]

FY 2004 Sample (N=152)	**Self-Assessment I**	**Self-Assessment II**
How Familiar Do You Feel You Are About:	**Very/Quite**	**Very/Quite**
Who/What is the Division for Children, Youth and Families	20%	82%
The process required to become a licensed foster parent	11%	89%
The process by which children, youth and families enter the system	19%	82%
How trauma impacts on normal child development	38%	90%
How children experience grief and loss	32%	87%
What role attachment plays in the lives of abused/neglected children	24%	88%
How foster parents can work with children who have been sexually abused	8%	71%
How foster parents can provide positive forms of discipline	30%	92%
How children in foster care benefit from contact with their	26%	93%

[38] *t* tests resulted in significantly higher mean scores from Self-Assessment I to Self-Assessment II: $p < .000$

biological families		
How Prepared Do You Feel About Being A Foster Parent?	38%	72%
Combined Average	25%	**85%**

Evaluation Data: Interviews Post FFF Training

Prospective foster parents from the FY2002 sample were tracked for three-months following the conclusion of their Foundations for Fostering training. Prospective foster parents from the FY2004 sample were tracked for six-months following the conclusion of their FFF training. At that time, interviews were attempted with individuals that had become licensed NH foster parents, and had at least one foster child placed in their home. Face-to-face interviews were conducted in convenient locations, each lasting approximately 25 minutes. Between the FY2002 and FY2004 samples, a total of 45 interviews with 65 foster parents were completed.

Interview Results

The use of a semi-structured interview instrument guided each interview, however exploration of other related topics was pursued as they arose. Interviews were transcribed and these were identified based on responses. Interview data indicated that foster parents found their pre-service training to be comprehensive, informative and realistic when compared to their experiences as a foster parent. In spite of the fact that Foundations for Fostering is 21 hours, survey data indicated that 21 hours was considered "just right" by 76% of the FY2002 survey sample and 87% of the FY2004 survey sample respectively. As one foster parent said, "even if we never got a foster child, some of the information is totally pertinent to our own kids." The following themes emerged from interviews with licensed foster parents:

1. Training Provides a Better Understanding of Foster Children and Foster Care
2. Training Provided Helpful Strategies and Coping Mechanisms
3. Foster Parents Enjoyed Learning from the Experiences of Others
4. Training Addressed Concerns and May Alter Perceptions
5. Training Isn't All Things to All People and Experiences After Training Vary

Training Provides a Better Understanding of Foster Children and Foster Care
In interviews with foster parents, many stated that Foundations for Fostering helped clarify and demystify the foster care system and the children in placement. Foster parent comments include:

> "I think I went into [training] expecting the worst, especially like on the sexual abuse, but the way [it was] presented…I could handle it…I was hoping that I would never have to deal with that case, but if I did, obviously, I could use that information…I think I had anxieties that I did not need to have…they gave you the facts that you need to know about those cases without overwhelming you."

> "I think they did a good job about being very honest about typical behaviors with this kind of trauma or abuse and what to expect…I was pretty happy that they did not sugar coat things and try to put the best light on it…they were very realistic about [foster children]…[their] emotional turmoil…being away from home…the reasons that they were taken away in the first place. But also, [the Instructors] did a nice job of talking about their previous placements and their successes, even those kids that went back to their bio parents, that were still doing well and still considered their foster parents as their extended family."

Training Provided Helpful Strategies and Coping Mechanisms

Training was not simply informational. Practical, day-to-day parenting strategies and the multitude of foster parent responsibilities were discussed and considered. Foster parent comments include:

> "[The creation of house] rules, that never occurred to us to have to establish these kinds of things, but we could understand why…things like the rules of not having them in our room and not having them in certain rooms, doors open, one at a time in the bathroom, things like that, they were very helpful"

> "I can tell you that [the children] would do something and we would say, yeah remember they told us that in class…it's typical of foster parenting…so lets not freak out. What we learned in the class is [that] wetting the bed, night tremors, those kinds of things…were typical of foster kids…it made us feel better knowing that it wasn't us, or our house, or [our] situation that was making them do that."

Foster Parents Enjoyed Learning from the Experiences of Others

Foster parents were particularly articulate about how much they enjoyed hearing about foster care and foster parenting from those with first-hand knowledge. Responses from foster parents interviews indicated that these discussions encouraged a form of self-assessment and an in-depth consideration of fostering. Foster parents comments include:

> "The…helpful [Instructors] were the people that were actually foster parents, they were not professionals, they weren't social workers, they were just people that were…in our situation, or were in the situation that we were going to be in, and they [are] the real deal."

"…[The classes] made me open my eyes…what I thought…what other people think and [how] nobody's opinion is necessarily wrong…[it helped you consider] how you feel about things, and at the same time, it was non-confrontational."

Training Addressed Concerns and May Alter Perceptions

Foster parents arrive at pre-service training with some apprehension, many questions, and a variety of concerns. They often have concerns about topics such as sexual abuse, and have pre-conceived notions about biological parents. Foster parents commented that training was a useful forum that helped clarify concerns and expectations, and was instrumental in preparing them for the challenges of fostering. Foster parent comments include:

"It was really hard for us to anticipate what was going to happen and what best to bring from the classes…it did prepare, I mean if I went into [fostering] cold and didn't know any of the resources or…what the State requires, what you can and can't do as a foster parent…I don't think we could have done it. I think [training] does prepare."

"I think that class was helpful because I could think back, look at both sides of the story…I think okay, this is how I feel, however, how would the child feel if I responded this way to their parents and what type of response would I elicit from the parent…you have to check yourself at the door so that you don't overstep your bounds and don't cause any harm to the child/parent relationship"

"Fostering, it can be stressful at times and that's one thing that was touched on in one of the classes…you're not just fostering a child, you're fostering usually the mother as well…and that takes a lot of energy."

Training Isn't All Things to All People and Experiences After Training Vary

Foster parents were clear that training, while useful and informative, is not something that can completely prepare an individual for fostering. Training, although helpful, is not a substitute for that first meeting with a biological parent, a late night phone call, or challenging behaviors. Foster parents also want more information about the children in their care, more depth on a number of topics, and will experience very difficult situations that exceed the scope of discussions in pre-service training. Foster parents, in spite of the preparations of pre-service training, may feel unsatisfied or unfulfilled for a variety of reasons.

"You have to experience it…they can teach you until your are green, but until you actually have a kid in your house throwing plates across the room…you know you don't believe it until you actually see it."

"[It was frustrating] trying to parent, not knowing where [the children] came from, what they've been through."

"We wait for kids, you know it gets frustrating…you take the training, you get so excited, and you can't wait to make a difference…you can't wait to open up your hearts and your home to them and then what happens, you wait…at least you know when you are pregnant when it will be coming…we got the impression that there is a shortage [of foster parents] and you do the right thing, lets step up to the plate then it's like, where's the need?"

Other Pre-Service Training Considerations

From time to time, an interest is expressed that seeks to expand *Foundations for Fostering.* These interests have for example, sought to gain more training time or give more depth to particular topics, or even add more modules and hours to the pre-service training curriculum. To date, these efforts have been deferred, or accommodated in another manner. Clearly, prospective foster parents find 21-hours to be "just right," and pre-service training by definition is a foundation for fostering, and is not intended to cover the entire range of foster parent, foster care and foster children areas and issues. Given the limited scope of FFF, on-going training is intended to meet the needs of licensed foster parents.

Although not a formal addition to the FFF curriculum, the scheduling of a *Permanency Plus!* training module in conjunction with FFF training series has been ongoing since Spring 2003. The Division for Children, Youth and Families has contracted with Easters Seals of New Hampshire to operate a project known as *Permanency Plus!* that provides time-limited family reunification services to families in the Claremont, Manchester, Portsmouth, Rochester and Salem District Office catchment areas. "The project combines the services of the FamilyStrength home-based counseling agency, NH Easter Seals, and DCYF to provide a combination of home and community based treatment for families when children are temporarily removed from the home as first time placements because of child abuse/neglect"[39].

Unfortunately, interviews with licensed foster parents indicate that mixing *Permanency Plus!* information in with *Foundations for Fostering* has at times, confused people and a disconnect may exist between current training and the actual experiences of foster parents. Below is a selection of comments from foster parents:

"[In the Permanency Plus training] all they did was just sit there and talk to you about it, but they didn't really tell you what was involved."

"The tough part about…Permanency Plus, is that we are almost expected to be counselors for the bio families…we would just be kind of stuck in the

[39] Source: NH Division for Children, Youth and Families Annual Progress and Services Report, June 30, 2002

> middle…we are trying to do the best things for the kid because we are the foster parents…it's kind of tough."
>
> "I just had a Permanency Plus child for a week and it was going to be three visits a week with the Mom. Then she [the case worker] calls with all these social workers and stuff and it's [now] going to be like three or four people in my house at least three times a week…I had no idea…it wasn't clear on how much you really come in contact with the families and stuff."

Permanency Plus! and the associated training for this program is an important endeavor for New Hampshire children and families. However, the specificity of expectations, combined with the inevitable challenges experienced by this unique type of foster parent seems to be overwhelming given the goals and objectives of *Foundations for Fostering* which is an introductory training for prospective foster parents. *Permanency Plus!* may be a poor fit with pre-service training considering the best practice of meeting prospective foster parents "where they are at." Consider that for *Permanency Plus!*, "[foster] parents are recruited and train[ed] with the understanding that they will be actively involved with the placement and reunification plan and should reunification not occur, agree to provide a permanent home for children placed with them"[40]. Although a portion of Foundations for Fostering provides training on working with biological families, and establishes some expectations around the topic of visitations for example, the expectation of providing a permanent home should reunification efforts fail is not the primary intent of the training. Continuing the current model of including *Permanency Plus!* with *Foundations for Fostering* may undermine the goals of both. Minimally, the current practice is confusing for those wanting to help children on a short term, temporary basis.

Next Steps

The intent is to continue collecting data for the FY2004 sample through 2007 to determine if initial findings persist. Pre-service foster parent training such as *Foundations for Fostering* has the potential to greatly benefit foster parents, foster care and the community at large. Similar to a recent study linking staff turnover and permanency[41], it would likewise be important to examine the relationship between caregiver turnover and permanency for foster children. Additionally, research regarding the consistency in message and practice principles between social worker and foster parent training should be considered. All States are encouraged to evaluate their own foster parent training, reconsider the importance of pre-service training, review the potential for IVE Agency/University partnerships, and evaluate the impact from these connections on children in the foster care system.

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[40] Source: NH Division for Children, Youth and Families Annual Progress and Services Report, June 30, 2002

[41] Flower, McDonald & Sumski. (2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. University of Illinois Urbana-Champagne, Illinois: The Consortium of Community, Agency, and University Partnerships to Improve Public Child Welfare, Children and Family Research Center.

2007 GRANITE STATE COLLEGE UPDATE REPORT

2007 E&TP Research Update

In April 2005, the Education and Training Partnership at Granite State College released a report entitled "Evaluating a Title IVE Foster Parent Training Program: Context, Outcomes, and Contributions to Foster Care." This report was initiated in part from the 2001 Foster Family Care Performance Audit by the New Hampshire Office of Legislative Budget Assistant and was a response to the request for the New Hampshire Division for Children, Youth and Families (DCYF) to "develop a sufficient feedback process to evaluate its pre-service training program [for foster parents]." Granite State College is contracted by DCYF to provide pre-service training to prospective foster and adoptive parents statewide in New Hampshire. Outcomes, satisfaction, linkages to foster parent recruitment and retention, licensing trends, and overall contributions to foster care from training were documented in that report.

Two samples of prospective foster/adoptive parents were followed as part of this study, and review of the FY 2002 sample is complete. However, it was not until 2007 that licensing trends for the FY 2004 sample were finalized. The progress and status for all 887 prospective caregivers who attended any part of the Foundations for Fostering training series is now complete[42]. Please see the results in Table 1.

Table 1. FY 2002 and FY 2004 Sample Status

	Sample Size	**Total Licensed**	**Total Remaining Licensed**	**Respite as 1st Placement**
FY 2002	**414**	**53%** (N=218) [43]	**30%** (N=123) [44]	**17%** (N=38)
FY 2004	**473**	**49%** (N=233)[45]	**29%** (N=138) [46]	**21%** (N=49)

It is interesting to note the relative consistency between samples regarding overall license rate, retention rate after three plus years, and the use of respite as a first placement. As was previously mentioned in the 2005 report, closed homes do not necessarily equate to poor outcomes for children, and the closure of a foster home is a natural part of the recruitment and retention cycle. For 16% of those foster parents closed in FY2002, desirable permanency outcomes in the form of adoption and guardianship could be documented. That figure grew to 19% for foster parents closed from the FY2004 sample. All of this information is very informative for training and may

[42] Data collected using BRIDGES, the NH DCYF Statewide Automated Child Welfare Information System
[43] Under review for 1,290 days
[44] Reviewed 2.2005
[45] Under review for 1,290 days
[46] Reviewed 2.2007

compliment existing data known to DCYF. There are many implications for training based on these data. For example, if adoptions are indeed on the rise, post-adoption training will remain important. This also validates the relevance of training needs assessment, because the pool of licensed caregivers is ever-changing. Lastly, given the natural cycle of foster parent recruitment and retention, it is clear that training remains an important tool for child welfare. For more information, please contact the Education and Training Partnership: www.granite.edu/etp.

V FOSTER CARE HEALTH PROGRAM

HEALTH CARE PLANNING FOR KIDS IN PLACEMENT POLICY (742)

ITEM 742 Health Care Planning for Children in Placement

PURPOSE

To establish the medical, dental, and mental health care policy for children in foster family care homes and relative homes.

DEFINITIONS

(a) "Comprehensive health and developmental assessment" means the initial physical, developmental, and mental health evaluation by a medical professional that may include immunizations, laboratory tests, and hearing, vision, and lead screenings.

(b) "EPDST" means "early and periodic screening, diagnosis, and treatment" of the Medicaid program.

(c) "Foster care health program" means the DCYF program that coordinates the health care of children in foster family care homes and relative homes.

(d) "Health screening" means observed or documented behaviors or symptoms of a child by the CPSW, JPPO, or Nurse Coordinator that require the services of a health care professional.

(e) "Nurse coordinator" means the public health nurse coordinator of the foster care health program who coordinates services for immediate and on going health care of the child.

(f) "Substitute care provider" means residential care facility staff, foster parent, relative, or another individual with whom the child in placement resides.

POLICY

(a) Health Care Planning

(1) Children must receive health care planning and health care services to meet their needs while in placement.

(2) Parents must take an active part in health care planning and delivery of health care services and are not relieved of this responsibility when their child is placed.

(3) The "Health Care Plan" (Form 2270B) is based on the needs of the child and the recommendations of the child’s medical providers, dentist, or mental health specialist made at or submitted in writing prior to the Health Care Planning Meeting.

(4) The "Health Care Plan" (Form 2270B), that identifies the child’s health needs and describes how and by whom services will be provided, must be retained in the Well-Being section of

the "Case Plan" (Form 2240) and other health care information must be filed in the Health and Education Section V of the case record or file.

(5) Health care information about each child obtained by the CPSW, JPPO, the Nurse Coordinator, and the substitute care provider must be maintained on NH Bridges and shared to benefit the child's care.

(b) Health Care Services

(1) The delivery of health care services to children in placement must be a shared responsibility among DCYF and DJJS staff, parents, foster parents, and other substitute care providers.

(2) Each CPSW or JPPO must screen the child's health status during visits, meetings, and court appearances and document his or her observations in the "Case Contact Log" on NH Bridges.

(3) The health insurance status of each child being placed must be identified and documented by the CPSW or JPPO.

(4) The parent's health insurance must be the child's primary insurance coverage and Medicaid the secondary coverage.

(5) Each child must receive medical and dental examinations consistent with the following EPSDT schedule and AAP Recommendations for Preventive Pediatric Health Care:

a Medical Examinations:

1. Neonatal Examination;
2. Six examinations through age one;
3. Two examinations between age 1 and 2;
4. Yearly exams at age 2 through 17;

b Dental Examinations:

1. Beginning at age 3, one visit every 6 months up to age 12. Includes prophylaxis, fluoride and oral hygiene instructions.
2. After age 12, one visit every 6 months. Includes prophylaxis and oral hygiene instructions.
3. Bitewing x-rays taken yearly for both age groups.

(6) The child must remain with his or her current medical provider, unless the distance of the court-ordered placement, new medical necessity, or recommendation of the CPSW, JPPO, or Nurse precludes this.

(7) Medicaid enrolled service providers and community mental health centers must be authorized by the CPSW or JPPO to provide behavioral health treatment to the child in care.

(c) Nurse Coordinators in the Foster Care Health Program serve children in foster homes and relative homes and assist the CPSW or JPPO by:

(1) Coordinating health care visits, exams, and treatment;

(2) Obtaining and reviewing health care histories and reports;

(3) Documenting health care planning activities and meetings; and

(4) Updating the child's health information on NH Bridges.

(d) Prior to the Child's Placement or At the Time of Placement

(1) The signed "Medical Authorization" (Form 2266) must be obtained from the child's parent by the CPSW or JPPO.

(2) When known or at case opening, the child's name, home address, and the name of primary care provider must be entered on NH Bridges by the CPSW or JPPO. The child's identifying information and medical insurance information must be forwarded via e-mail to the Fiscal Specialist. The Fiscal Specialist notifies the Nurse Coordinator via the "Information Transmittal" (Form 2135).

(3) The child's parents or the previous substitute care provider must complete the "Child's Information Sheet" (Form 2267) and provide the CPSW or JPPO with a medical history on each child that includes any ongoing health issues, the name of current health care providers, and the date of last medical exam.

(4) Medical and Behavioral Health Examinations

a When the health screening by the CPSW or JPPO or Nurse Coordinator or medical examination identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within 48 hours.

b Within 30 days of placement, children over the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. The "Referral to Medical Provider" (Form 2270) and the "Child's Health Profile" (Form 2270A) must document this referral and assessment.

c Within 48 hours of placement, children under the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. Form 2270A must document this assessment.

d Within 30 days of placement, the child must receive a mental health assessment. The "Referral for Behavioral Health Services" (Form 2241) is used to determine a child's behavioral health status that may include: observed or documented depression, substance abuse, suicide potential, and the traumatic circumstances surrounding the child's removal from home.

(5) Within 48 hours of the placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Medical Authorization" (Form 2266) signed by the parent.

(6) Within 30 days of placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Child's Information Sheet" (Form 2267).

(e) While in Placement

(1) The parents, whenever possible, must assume all or part of the responsibility for the child's health care, for example: providing transportation to appointments, paying for medical care, and keeping records and documentation.

(2) If it is not possible for the parents to assume the health care responsibilities of the child, the CPSW or JPPO with the substitute care provider must ensure that the child's needs are met, as described in the "Case Plan".

(3) As soon as it is known, medical and mental health information about the child must be shared in writing with the substitute care provider, CPSW, JPPO, and Nurse Coordinator.

(4) If the child goes home, goes to another placement, or receives Respite Care, the substitute care provider must complete the "Child's Information Sheet" (Form 2267) prior to the transfer or discharge.

(5) The "Health Care Plan" (Form 2270B) for each child must be reviewed and updated every 6 months.

(f) Before Leaving Placement to Return Home

(1) The child must receive his or her medical information.

(2) When the child is aged 16-21, he or she must receive information about Independent Living.

PROCEDURES:

(a) Prior to the child's placement, the Child Protective Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) must:

(1) Obtain a signed "Medical Authorization" (Form 2266) from the parents at court or within 48 hours of the child's placement;

(2) Supply the Fiscal Specialist and the Nurse Coordinator in the District Office with:
- a The names of the child and parent, address, and telephone numbers;
- b The name and telephone number of the child's school;
- c The name, address, and telephone number of the substitute care provider;
- d The name and telephone numbers of doctors, therapist, and dentist; and
- e Information related to the child's medical and mental health conditions;

(3) Assist the child's parent in completing the "Child's Information Sheet" (Form 2267) and forward a copy to the substitute care providers and the Nurse Coordinator;

(4) Authorize medical, dental, and behavioral health services via the "Purchased Service Authorization/Invoice" (Form 2110) and if necessary, provide the "Assurance for Payment of Medical Services" (Form 2102);

(5) Request the Fiscal Specialist via the "Service Authorization Request" (Form 2103) to enter the service information on NH Bridges; and

(6) Work cooperatively with the child, the parents, substitute care provider, medical and mental health providers, and Nurse Coordinator to coordinate services so the child may achieve an optimal level of health care.

(b) Prior to the child's placement or at the time of placement, the Nurse Coordinator must when requested:

(1) Assist the CPSW or JPPO in obtaining completed and signed copies of the "Medical Authorization" (Form 2266) and the "Child's Information Sheet" (Form 2267) from the child's parent;

(2) Obtain and document the child's medical information, including current health status and past medical history from the child's parents or relatives, school, previous substitute care provider, and physician and other health care providers;

(3) Complete the "Initial Referral to Medical Provider" (Form 2270) and send the "Child's Health Profile" (Form 2270A);

(4) Coordinate the child's medical care, ensuring that:

a The substitute care provider has arranged for the comprehensive health and developmental assessment or a brief medical examination with the primary care provider;

b The primary care provider receives the "Medical Authorization" (Form 2266) and the child's health insurance information;

c All individuals are involved in addressing the health care needs of the child; and

d New health information about the child is shared in writing with the parents, the substitute care provider, health care providers, and the CPSW or JPPO;

(5) Copy the child's medical history for the case record or file;

(6) Enter any new medical information in the "Client Medical Screens" on NH Bridges that include:

a History with collaterals, contacts, and events and appointments;
b Psychological Functioning;
c Medications;
d Immunizations;
e Medical Providers;
f Psychological Evaluation;
g Psychiatric Hospitalization;
h Medical Insurance; and
i Additional Medical Notes; and

(c) The Fiscal Specialist must:

(1) Complete the application for medical assistance (DFA Form 800) on behalf of the child; and

(2) Share medical insurance information and changes with the Nurse Coordinator and the County Human Services Administrator via the "Information Transmittal" (Form 2135).

(d) While the child is in placement, the CPSW or JPPO must:

(1) Within 30 days, provide the substitute care provider with the "Child's Information Sheet" (Form 2267) and obtain updates to the form; and

(2) Implement the "Health Care Plan" (Form 2270B) for the delivery of health care services in cooperation with the child's physician, the child's parents, the Nurse Coordinator, and the substitute care providers.

(e) While the child is in placement, the Nurse Coordinator must:

(1) Coordinate and conduct a health care planning meeting as soon as possible upon receiving the child's health records and the completion of the comprehensive health examination or upon receipt of the medical exam report.

(2) The health care planning meeting may include:
a. The child's parents;
b. The substitute care provider;
c. The CPSW;
d. CASA volunteer;
e. School personnel;
f. The medical provider;
g. The behavioral health provider; and
h. Others involved in the health care management of the child.

(3) Mail the brochure "You're Invited to a Health Care Meeting" (Form 2265A) to the child's parents, foster parents, and others who will attend the health care planning meeting;

(4) Complete the "Health Care Plan" (Form 2270B) for inclusion in the "Case Plan";

(5) Ensure that the roles and responsibilities of parents, substitute care provider, and the CPSW or JPPO are clearly outlined in the "Health Care Plan";

(6) Distribute copies of the "Health Care Plan" to the involved individuals;

(7) Follow up on medical recommendations, review the "Health Care Plan" to ensure that the child is receiving examinations and treatment, and update the "Health Care Plan" as necessary;

(8) Provide a copy of the "Transfer and Discharge Health Information" (Form 2270D), the "Child's Information Sheet" (Form 2267), and the "Medical Passport" (Form 2270C) to the next substitute care provider or the parent when the child changes placement or returns home;

(9) Implement the plan (Form 2270B) for the provision of on going health care treatment and services for each child in placement;

(10) When possible, ask the parents to assist with the child's health care unless contraindicated;

(11) Update the "Health Care Plan" to ensure the child is receiving medical and dental examinations and treatment and document updated information on NH Bridges; and

(12) Forward updated health information to the CPSW or JPPO for inclusion in the case record or file.

(13) Enter any updated Medical information in the " Client Medical Screens" on NH Bridges.

PD 04-14
DISTRIBUTION: DCYF Manual Holders
EFFECTIVE DATE: December 15, 2004
(CYF742)

HEALTH CARE PLAN FORM (2270B)

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Division for Juvenile Justice Services

Form 2270B
September 2007

HEALTH CARE PLAN

District Office:
Date Of Placement:
Date of Update:

Child/Adolescent:		DOB:		Original Date of Plan:	
Current Placement:		DCYF Caseworker/ JPPO:			
Mother's Name:		Father's Name:			

Evaluations and Observations	**Recommendations**	**Timeline**	**Person Responsible**	**Updates**
Initial Foster Care Physical Date: / / Name of examiner: Address: Phone:	To maintain optimum health status.			
Impressions:				
Allergy Status:				
Immunization status:	AAP immunization schedule to be followed.			
Medications Status:				

Evaluations and Observations	Recommendations	Timeline	Person Responsible	Updates
F/U and Referral appointments:				
Issues Since Foster Care Physical:				
Pertinent Available Medical History:				
Dental status:				
Dental F/U:				
Developmental Assessment:				
Foster Care Mental Health Assessment				
Family and Social Supports:				
Psychological/Behavioral Health:				
Comments or concerns:				

Health Planning Participants

As a participant in developing this Health Care Plan, I understand that information presented is confidential and not for public dissemination.

_____ Child/Adolescent	_____ Parent	_____ Parent
_____ Placement Provider	_____ Placement Provider	_____ Nurse Coordinator
_____ Health Care Provider	_____ Mental Health Provider	_____ DCYF Caseworker/ JPPO
_____ CASA	_____ Family Strength	_____ Guardian ad Litem
_____ Other	_____ Other	_____ Other

Health Care Plans distributed Date: _____ by _____

FOSTER CARE HEALTH PROGRAM BROCHURE (2265)

What is the Role of the Parent?

Each parent of the child is expected to:

"be an active participant in decisions regarding the child's health care needs;

"provide child and family health information to DCYF;

"sign the Medical Authorization and a Release of Information;

"receive a description of services and explanation of comprehensive medical care; and

"participate in the child's health care by going to healthcare appointments, discussing treatment options, and learning about medications, therapy and special care needs of the child.

What is the Role of the Foster Parent?

Each Foster Parent must:

"receive training on available program services and related health topics;

"make the necessary medical care appointments with the help of the Nurse;

"receive necessary information for meeting the health care needs of the child in their care;

"attend health care visits and meetings; provide valuable health information on the child while in placement, and

"provide updates on medical visits and immunizations to the Nurse Coordinator.

What Happens After the Comprehensive Health Assessment?

A health care planning meeting is coordinated and conducted by the Nurse about three-to-four weeks after the exam is completed. The purpose of this meeting is to review the assessment, including:

" the physical and mental health status;

make recommendations for ongoing care;

" set-up diagnostic testing and treatment as indicated; and

" identify those responsible for carrying out the plan; and to do a written plan.

Those attending should include parents, foster parents, health care providers, Child Protection Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO), the Nurse, and others involved in the care of this child. The Nurse assists with any necessary follow-up, distributes a copy of the health care plan to everyone involved, and reviews the plan every three months for progress and identification of additional medical needs.

New Hampshire Department of Health and Human Services - District Offices

BERLIN
231 Main Street
Berlin, NH 03570
(603) 752-7800 or 1-800-972-6111

CLAREMONT
17 Water Street
Claremont, NH 03743
(603) 542-9544 or 1-800-982-1001

CONCORD
40 Terrill Park Drive Unit #1
Concord, NH 03301
(603) 271-6202 or 1-800-322-9191

CONWAY
73 Hobbs Street
Conway NH 03818-6188
(603) 447-3841 or 1-800-552-4628

KEENE
809 Court Street
Keene, NH 03431
(603) 357-3510 or 1-800-624-9700

LACONIA
65 Beacon Street
Laconia, NH 03246
(603) 524-4485 or 1-800-322-2121

LITTLETON
80 North Littleton Rd
Littleton NH 03561-3814
(603) 444-6786 or 1-800-552-8959

MANCHESTER
195 McGregor Street, South Tower - Suite 110
Manchester NH 03102
(603) 668-2330 or 1-800-852-7495

NASHUA
19 Chestnut Street
Nashua NH 03061
(603) 883-7726 or 1-800-852-0632

PORTSMOUTH
30 Maplewood Avenue
Portsmouth NH 03801
(603) 433-8326 or 1-800-821-0326

ROCHESTER
150 Wakefield Street Unit #22
Rochester, NH 03867
(603) 332-9120 or 1-800-862-5300

SALEM
154 Main Street Suite #1
Salem, NH 03079-3191
(603) 893-9763 or 1-800-862-5300

PD 06-25 Form 2265
July 2006

FOSTER CARE HEALTH PROGRAM

Comprehensive Health and Developmental Services for Children in Out-of-Home Placements

FCHP

New Hampshire Department of Health and Human Services
Division for Children, Youth and Families
Foster Care Health Program
129 Pleasant Street
Concord, New Hampshire 03301
www.dhhs.nh.gov/DHHS/DCYF

VI MEDICAL SERVICES

MEDICAL SERVICES (73 B)

73(b) Medical Services

Purpose
To define the purchased service specifications for medical services.

Definition
"Medical services" mean preventive or remedial medical care necessary to the health or well being of children.

Service Unit: one service or item
Service Codes:

ME - Groups/Clinics
MD - Physician's Services
MO - Hospitals
MP - Pharmacies
MQ - Medical Equipment

Service Population: Children, age birth through 20 years, who require preventive and remedial care.

Provider Qualifications/Requirements:

(a) A provider for medical services must:

(1) For physicians and surgeons, comply with RSA 329;

(2) For hospitals and clinics, comply with He-P 151, health facilities licensing;

(3) For optometrists, comply with RSA 327;

(4) For chiropractors, comply with RSA 316;

(5) For pharmacists and pharmacies, comply with RSA 318;

(6) For podiatrists, comply with RSA 315;

(7) For radiologists, comply with RSA 329;

(8) For emergency medical services, comply with RSA 151; and

(9) For other medical providers, comply with their respective state regulatory statutes.

(b) Service providers must be Medicaid reimbursable.

Service Provision Guidelines:

(a) The CPSW or JPPO must authorize payment for medical services, based on a court order or a non court-ordered agreement between DCYF and the family;

(b) The CPSW or JPPO must complete the "Assurance for Payment of Medical Services" (Form 2102) when medical services have been court-ordered for a child and payment to a medical provider needs to be assured;

(c) For health assessments and health screenings for children in foster care or prior to foster care, refer to Health Planning for Children in Placement;

(d) For specialized medical examinations of abused and neglected children, refer to Medical Examinations

(e) For medical evaluations of abused and neglected children, refer to Medical Evaluations

Payment/Billing Procedures:

(a) The provider must seek payment from other sources, such as Medicaid and private medical insurance, before billing DCYF or DJJS.

(b) The CPSW or JPPO must authorize payment for Medical Services, based on a court order or voluntary agreement between DCYF or DJJS and the child's family.

(c) The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the fiscal specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.

(d) Services provided without a "Service Authorization" will not be paid.

(e) The provider uses the service authorization as an invoice for services provided and submit the invoice to the county human services administrator pursuant to RSA 126-A:3 II-a and RSA 169 who then forwards the invoice to DCYF for payment.

(f) No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II.

(g) Requests for payment from DCYF must be made via "Service Authorization".

The provider must document the following information in their files:

(1) The date of service;

(2) Location of service;

(3) Diagnosis;

(4) Treatment; and/or

(5) Other service provided.

(h) When a medical appointment is canceled in advance, the provider must not charge DCYF.

Service Rate:
Refer to ITEM 88 for current rate
PD 07-20
EFFECTIVE DATE: October 2007
DISTRIBUTION: A and C, CYF Manual.
(GM73B)

MEDICAL EXAMINATIONS (82D)

73(b) Medical Services

Purpose
To define the purchased service specifications for medical services.

Definition
"Medical services" mean preventive or remedial medical care necessary to the health or well being of children.

Service Unit: one service or item
Service Codes:

ME - Groups/Clinics
MD - Physician's Services
MO - Hospitals
MP - Pharmacies
MQ - Medical Equipment

Service Population: Children, age birth through 20 years, who require preventive and remedial care.

Provider Qualifications/Requirements:

(a) A provider for medical services must:

(1) For physicians and surgeons, comply with RSA 329;

(2) For hospitals and clinics, comply with He-P 151, health facilities licensing;

(3) For optometrists, comply with RSA 327;

(4) For chiropractors, comply with RSA 316;

(5) For pharmacists and pharmacies, comply with RSA 318;

(6) For podiatrists, comply with RSA 315;

(7) For radiologists, comply with RSA 329;

(8) For emergency medical services, comply with RSA 151; and

(9) For other medical providers, comply with their respective state regulatory statutes.

(b) Service providers must be Medicaid reimbursable.

Service Provision Guidelines:

(a) The CPSW or JPPO must authorize payment for medical services, based on a court order or a non court-ordered agreement between DCYF and the family;
(b) The CPSW or JPPO must complete the "Assurance for Payment of Medical Services" (Form 2102) when medical services have been court-ordered for a child and payment to a medical provider needs to be assured;

(c) For health assessments and health screenings for children in foster care or prior to foster care, refer to Health Planning for Children in Placement;

(d) For specialized medical examinations of abused and neglected children, refer to Medical Examinations

(e) For medical evaluations of abused and neglected children, refer to Medical Evaluations

Payment/Billing Procedures:

(a) The provider must seek payment from other sources, such as Medicaid and private medical insurance, before billing DCYF or DJJS.

(b) The CPSW or JPPO must authorize payment for Medical Services, based on a court order or voluntary agreement between DCYF or DJJS and the child's family.

(c) The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the fiscal specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.

(d) Services provided without a "Service Authorization" will not be paid.

(e) The provider uses the service authorization as an invoice for services provided and submit the invoice to the county human services administrator pursuant to RSA 126-A:3 II-a and RSA 169 who then forwards the invoice to DCYF for payment.

(f) No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II.

(g) Requests for payment from DCYF must be made via "Service Authorization".

The provider must document the following information in their files:

(1) The date of service;

(2) Location of service;

(3) Diagnosis;

(4) Treatment; and/or

(5) Other service provided.

(h) When a medical appointment is canceled in advance, the provider must not charge DCYF.

Service Rate:

Refer to ITEM 88 for current rate

PD 07-20
EFFECTIVE DATE: October 2007
DISTRIBUTION: A and C, CYF Manual.
(GM73B)

MEDICAL EVALUATIONS (82 E)

82(e) Medical/Psychological Evaluations

Purpose
To define the purchased, Title XX service specification for Medical/Psychological Evaluations.
Definition
Medical/Psychological Evaluations means the provision of medical and/or psychological evaluations to help determine if children have been abused, neglected, and/or exploited.
Service Unit: One Evaluation
Service Code: ML
Service Population
Children who are alleged to have been abused, neglected, and/or exploited.
Provider Qualifications/Requirements

(a) The service provider must be licensed as a psychiatrist or psychologist to do psychological evaluations or licensed as a physician to do medical evaluations.

(b) The service provider must submit to DCYF a written report within 7 days after the evaluation is completed.

(c) The evaluation report must include:

(1) The reason for the referral,

(2) An identification of the problem,

(3) A psychological history, if appropriate,

(4) The results of psychological tests, if provided,

(5) The strengths of the child and the family,

(6) The history and current level of risk of abuse/neglect, and

(7) Professional impressions and treatment recommendations.

Service Provision Guidelines

(a) Service is to be authorized at the time of the assessment

(b) Prior to authorizing either an evaluation or an examination, the CPSW must:

(1) Obtain the parent's or legal guardian's permission, or

(2) Obtain protective custody or protective supervision of the child for the purpose of the evaluation.

(c) Service is not to be used as treatment of the child.

(d) If a child in an open service case needs medical/psychological evaluation service, the CPSW must obtain a court order and authorize either Diagnostic Evaluation (DE) or Medical (ME) ancillary service.

Payment Procedures

(a) The CPSW must authorize Medical/Psychological Evaluations by completing the "Service Authorization" (Form 2110). Enter the child's name, date of birth (if known), and recipient's identification number (if available).

(b) The child does not need to be open on NH Bridges for this claim to be paid.

Service Rate: Refer to ITEM 88 for current rate
PD 06-04
EFFECTIVE DATE: March 6, 2006
DISTRIBUTION: A and C, CYF Manual

(GM82E)

VII POST-ADOPTION SERVICES

◆ **Support Groups**

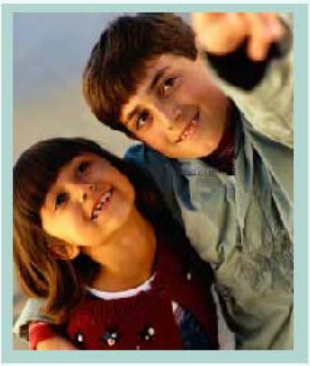
We maintain a database of support groups open to adoptive families throughout the State and can direct you to one in your area.

◆ **Mentoring Program**

A mentoring program is available for adoptive families. Participants would be matched with another adoptive family experiencing similar situations or challenges. Families can then provide support to one another with the potential for creating strong lasting relationships for both parents and children.

If you are in need of post adoption services, please call 1-800-852-3345 ext 8382.

(TDD NH Relay 1-800-735-2964)



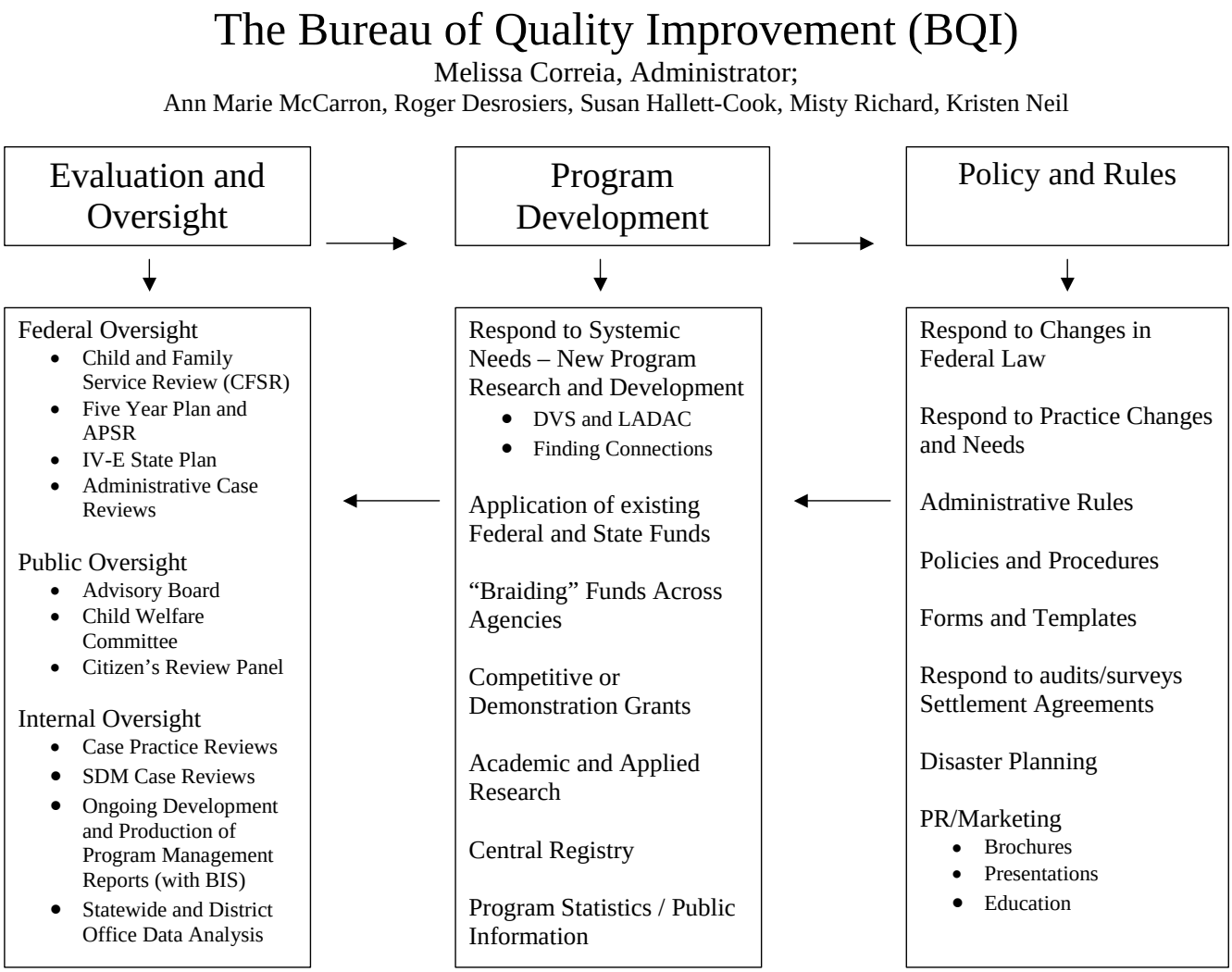
We are here to help you!

Post Adoption Services

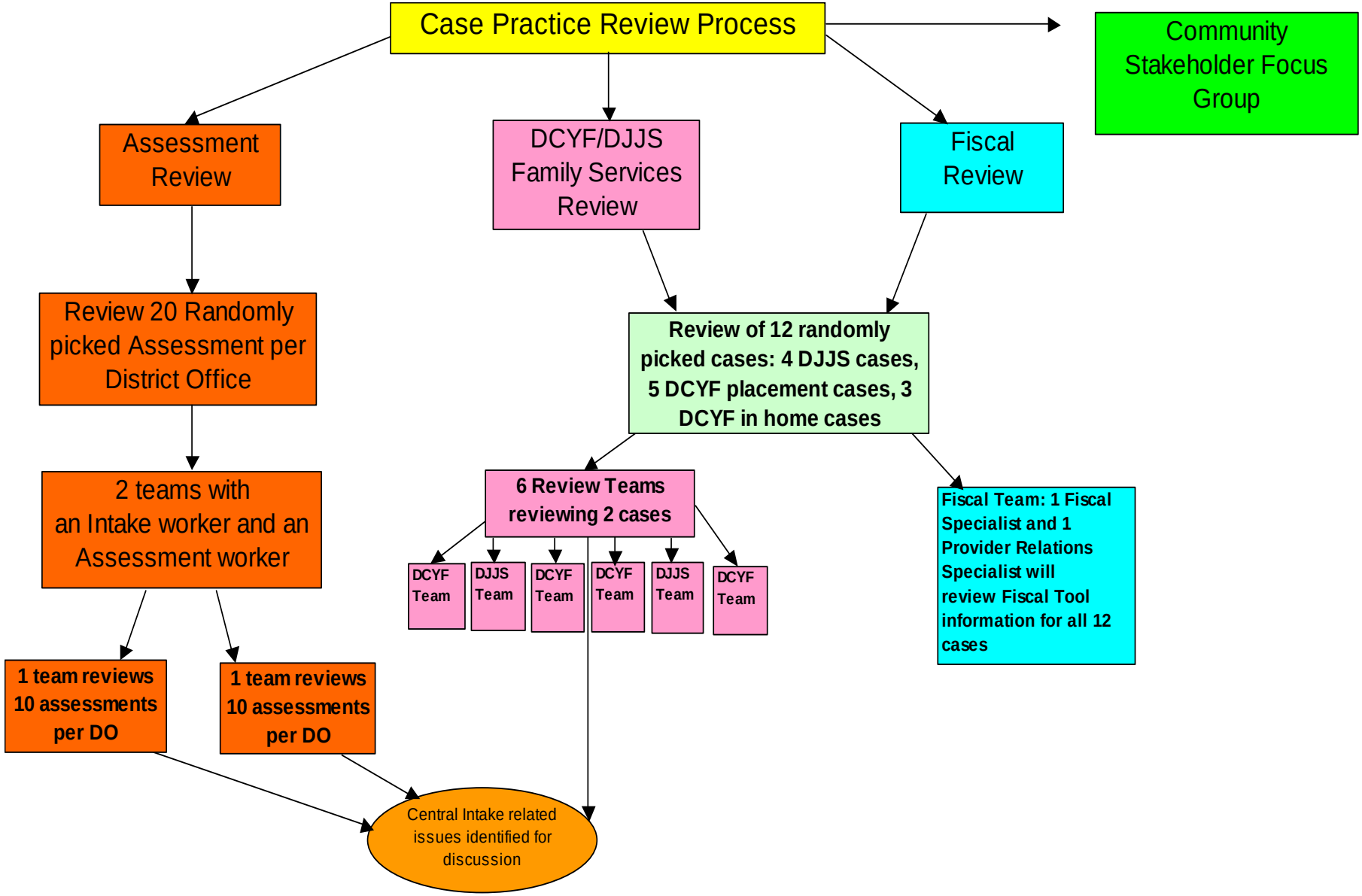
Division for Children, Youth and Families
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301
www.dhhs.nh.gov

VIII USE OF DATA AND BQI PROCESSES

BUREAU OF QUALITY IMPROVEMENT FLOW CHART



CASE PRACTICE REVIEW PROCESS FLOW CHART



USE OF DATA

Supervisor Reports

- Staff management
- Client/worker level detail
- Compliance with policies and procedures : shared at leadership
- Workload analysis
- Can't capture quality

BQI as "data broker"

- Utility = buy in
- Data integrity improves with use
- Flexibility is key
- Know your data, tell the story
- Data sets have limitations, triangulate
- Incorporate replicated findings into improvement initiatives

Academic Research Partnerships

- UNH Logic Model: efficacy includes all systems
- Evidence based practice, theory, multivariate analysis: replicate national findings
- Combining data sets for long-term outcomes

Cross Agency data sets

- Dept. of Ed, DOC, DFA etc…

Sharing data *proactively* for informed community advocates

Performance Based Contracting and Measuring Prevention

- Provider management
- Protective Factors surveys

Foster Care Data Archive

- DCYF only
- Raw data from BRDIGES scrubbed and formatted
- Web interface and text files
- Longitudinal analysis of children in placement
- Examine case mix - outcomes by geog. or pop .characteristics
- Similar to federal permanency measures but more flexible

CFSR/CPR Case Review

- Assesses ***quality*** of practice and outcomes
- File review, BRIDGES, and interviews
- Peer review promotes knowledge transfer

Additional Review Instruments

CPR Community Focus Groups

- Stakeholder perceptions of practice
- Highlights systemic issues

Federal Data

- NCANDS: assessments, allegations, victims, by county
- AFCARS: Children in placement (some DJJS), entries, exits, LOS, permanency, placement type and stability

State Data Profile and National Standards

- Descriptive data
- Composite Measures
- Uses performance of all states to set standards
- DCYF and some DJJS
- Can't capture quality

IX ADMINISTRATIVE CASE REVIEW

Administrative Case Review Program

For Children Out Of Their Own Homes

State Fiscal Year

2007

Annual Report

Division for Children Youth and Families (DCYF)
Division for Juvenile Justice Services (DJJS)

Prepared per contract by:
Easter Seals NH
555 Auburn St. Manchester, NH 03103

EXECUTIVE SUMMARY

The Administrative IV-E Case Review (ACR) Program was initially designed to enable the Department of Health and Human Services (DHHS), Division of Children Youth and Families (DCYF) and Division of Juvenile Justice Services (DJJS), to assure that cases were in conformity with the federal child welfare requirements. This objective has clearly been met and compliance monitoring is ongoing. The program has been working collaboratively with a clinically driven case planning process to enhance the capacity of DCYF and DJJS to help children and their families achieve permanent outcomes.

Data collected through the Administrative Case Review process provides important information to assess the State's progress toward meeting its goal of permanency for all children in care. The Characteristic Table (Table 1), included in this summary, provides detailed placement information for children in out-of-home placement who met criteria for Administrative Case Review. During SFY07, a total of 1,727 children met criteria, which represents a slight increase from SFY06 with 1,701 children in out of home placement for six months or more.

The total lifetime review data looks at the total number of reviews for individual children across their history with the State and is cumulative of all children reviewed during the SFY07. The number of lifetime reviews ranges from 1 to a maximum of 25. For the DCYF population, 81% of clients had fewer than 12 lifetime reviews. Overall, the bulk of the DCYF population is at the low end of total lifetime reviews; most children have four to five reviews or less, consistent with DCYF Average Length of Stay data. For the CHINS population as well as for delinquent children, over 80% had 4 or fewer lifetime reviews.

Children who have a legal relationship with DJJS (CHINS or delinquency) generally have an overall shorter length of stay and fewer lifetime reviews than their DCYF counterparts. Perhaps in some ways this makes intuitive sense in that once a criminal charge is resolved or needed service delivered, a child returns home. The permanency plan for the majority of youth in DJJS is reunification with a parent as it was the child's behaviors that led to the legal relationship. On occasion there are cases where reunification is not possible due to the youth's problem sexual behaviors or other behaviors that are dangerous to others in the home.

Understanding these numbers in context is important: every review means at least six months in the relatively short life of a child in out of home care. If one considers the number of lifetime reviews as a gross measure of length of time in the system, then children subject to abuse and neglect are most vulnerable to extended time in placement. On its face, this fact makes sense. Returning a child to a home where s/he has been abused or neglected requires that circumstances within the family and within the larger community support system have changed remarkably. Such change is dependent on factors that are often outside the control of the Division, the child's community, and may be out of the actual or perceived control of individual family members. In some cases, these situations lead to termination of parental rights. In other cases, however, when children are strongly bonded to a parent, the Division may seek to support that ongoing relationship in a way that makes sense for both parties, short of reunification, while simultaneously working toward a permanent home for the child or children in question. In these circumstances, the Division may have full or shared guardianship of the child. In many of these situations, the numbers denoting length of time in care can be misleading in that they don't paint a true picture of the lived experience of these children. While it is true that they have been in care for many years, it is also true that many of these children have lived long term in a foster home where they have become an integral and valued member of the family and where they feel connected and loved. Continued monitoring and review of these areas, including case specific review, will provide DCYF with information regarding the circumstances of these youth that illuminate systemic barriers to permanency.

The largest age category for all Divisions is the 13-17 year old age range. This statistic is consistent with NH's data for prior years and is consistent with national findings. Developmentally, this is a crucial time for all children with respect to identity formation; for children who have experienced trauma, victimization and various forms of abuse and neglect, this is an especially difficult time. These children struggle with developmental, emotional and behavioral issues and are frequently identified with educational needs. As a result, these children are at risk of emotional problems and behavior issues that bring them to the attention of local schools and other authorities. This speaks clearly to the need for multi-agency collaboration and community support for prevention activities for children in the 13-17 year old age group in order to meet the needs of these children and their

families. One obvious goal would be to decrease the number of youth who enter care due to the challenges obtaining needed services in the child's community.

About 94% of DCYF children are placed in-state, as are about 93% of CHINS and 89% of Delinquent youth. Out of state placement for DCYF and DJJS-Delinquent cases varied minimally throughout the four quarters of SFY07.

During the SFY07, a total of 630 children exited care. The most frequent reason for exit was Placement with Relatives; 210 youth were in this category compared to 200 in SFY06, 168 during SFY05 and 97 in SFY04. Reunification was the second most frequent exit reason and accounted for 208 children returning to their families. Reunification for SFY07 and SFY06 was 208 and 206 respectively, which represent decreases from SFY05 (276) and SFY04 (261). Taking into account changes in overall placement numbers, reunification numbers decreased somewhat over the past four fiscal years while the number of children placed with relatives increased over the same period. There were 114 children leaving care due to adoption during SFY07 compared to 113 in SFY06 and 94 in SFY05. Overall, there has been continuous improvement across the board to achieve permanent outcomes for children. This improvement has been clearly documented since we began using these data in SFY04. The Division's focus on permanency can be noted in this data as placement with relatives, reunification and adoption are the exit reasons for the majority of the youth leaving care.

Additional findings are important to highlight for SFY07. Overall there is increased emphasis on quality indicators such as placement with relatives when reunification is not possible, keeping siblings together in placement when possible and when that is not possible, providing opportunities for visits to maintain the family connection. In SFY07, 56% of siblings who have been placed out of home have been placed in the same home with siblings; this increased from 52% in SFY06, and had been at 47% in SFY05. This is also true for the cases where the siblings in one family have involvement with different Divisions. Siblings who don't live together in the same placement have had an 84% rate of visitation with their brothers and/or sisters. demonstrating the CPSW'S and JPPO'S commitment to maintaining permanent connections with sibling groups.

The Type of Placement that children are in for DCYF and DJJS during SFY07 indicates that the majority of DCYF children are in Foster Homes, while the majority of DJJS-CHINS and Delinquent youth are placed in group-homes. For DCYF, 62% of children live in foster homes with another 21% in group-homes. Eighty percent of DJJS-CHINS youth and 71% of DJJS- Delinquency youth live in

group-homes. Foster care placement rates for the DJJS-CHINS and Delinquency children are 9% and 17% respectively. Reasons for the difference between Foster Home and Group Home placement rates for DJJS youth are often related to factors that are self-evident, such as the older age of the children and the behavioral issues that resulted in DJJS involvement.

Participation of children at reviews with DCYF increased from 16% (SFY06) to 23% in SFY07. For DJJS cases, the increase of child participation went from 25% (SFY06) to 29% in SFY07. Collateral participation increased from 43% (SFY06) to 48% in SFY07. Parent participation for DCYF cases did not increase in SFY07; the rate remained at 34%. Parent participation for DJJS cases actually decreased from 38% (SFY06) to 35% in SFY07. Additional strategies should be pursued in this next fiscal year to increase attendance of all critical team members. Administrative Case Reviewers will continue to coordinate reviews with treatment planning meetings whenever possible (with the likelihood of capturing a larger critical participant group, especially the child and parents).

Case plan compliance during SFY07 has remained remarkably high for each Division: 99% for DCYF and 97% for DJJS. Furthermore, indicators of health, safety, and well being show that most children are in a safe, least restrictive placement in close proximity to both family and school. Lastly, it should be noted that the 'Finding Connections' initiative is now in full operation. Easter Seals will provide a complete Connections Report in January 2008.

	DCYF		DJJS CHINS		DJJS Delinquency	
*Total Unduplicated Count of Children	1144		168		415	
GENDER						
Male	591	52%	84	50%	300	72%
Female	553	48%	84	50%	115	28%
**** AGES**						
0 - 5	316	28%	0	0%	0	0%
06 - 12	330	29%	9	5%	8	2%
13 - 17	367	32%	127	76%	371	89%
18+	131	11%	32	19%	36	9%
PRIMARY ETHNICITY						
American Indian/Alaskan Native	13	1%	0	0%	1	0%
Asian	7	1%	0	0%	0	0%
Black - (Incl Hispanic)	56	5%	7	4%	25	6%
White - (Incl Hispanic)	969	85%	146	87%	362	87%
Hispanic Only	5	0%	1	1%	11	3%
Native Hawaiian/Other Pacific Islander	4	0%	1	1%	0	0%
More than One Race	30	3%	0	0%	2	0%
Blank	60	5%	13	8%	14	3%
In-State	1078	94%	156	93%	368	89%
Out-of-State	64	6%	12	7%	45	11%
Undetermined in Bridges	2	0%	0	0%	2	0%
****CASE TYPE**						
Abuse	101	9%	0	0%	0	0%
CHINS	0	0%	167	99%	0	0%
Delinquency	0	0%	0	0%	412	99%
Neglect	853	75%	0	0%	0	0%
Other: Adoption, Guardianship, IL Aftercare	190	17%	0	0%	0	0%
***TYPE OF PLACEMENT**						
Foster Family Care (FC)	1610	62%	31	9%	149	17%
Group Home (GH)	555	21%	278	80%	628	71%
Therapeutic Foster Care & ISO (TFC)	262	10%	17	5%	31	3%
Residential (RES)	92	4%	19	5%	79	9%
Other (Unpaid)	72	3%	3	1%	3	0%
Average Number of Placements	3.0		2.6		2.7	
Median Number of Placements	2.0		2.0		2.0	
Median Length of Stay (Years)						
All Ages	2.3		1.2		1.2	
0 - 5	1.5		0.0		0.0	
06 - 12	2.1		1.1		2.1	
13 - 17	3.1		1.1		1.1	
18+	6.5		1.8		2.7	
Average Length of Stay (Years)						
All Ages	3.1		1.8		2.0	
0 - 5	1.7		0.0		0.0	
06 - 12	2.8		1.3		2.5	
13 - 17	3.8		1.6		1.8	
18+	5.3		2.8		3.3	

* See Appendix A for Definitions of Items with Asterix

PROGRAM OVERVIEW

The Federal Adoption and Safe Families Act of 1997 requires an Administrative Case Review to be completed once every six months for all children residing in out-of-home care. The New Hampshire Department of Health and Human Services (DHHS), through the Divisions for Children, Youth, and Families (DCYF) and the Division of Juvenile Justice Services (DJJS), has contracted with Easter Seals NH to implement the Administrative Case Review Program (ACR) for the State Fiscal Year 2007 (SFY07). As put forth by the Federal government, the Administrative Case Review process is intended to monitor and assure compliance with certain basic standards of care to promote safety, health, well-being and permanence**.** New Hampshire finds that, while these compliance factors are important, they are not sufficient to drive case progression to permanent solutions for children and families. Consequently, New Hampshire's review process has been strengthened to include a more clinical, qualitative review of each case and has the additional capacity to provide clinical oversight and consultation to promote movement toward permanency.

Case progression has been recently fueled by the "Finding Connections" initiative that was launched following the positive outcomes of last year's Youth Permanency Initiative Demonstration Project. Children have been identified throughout the state who lack an adult "connection" (a supportive adult relationship). By identifying, supporting and strengthening positive adult connections for children who have few or no committed adults involved in their lives, it is hoped that no child will leave care to be "alone in the world" and children will have a strengthened sense of permanency as they enter adulthood. An Easter Seals employee has been designated as the "Connections Specialist" for each district office; she works in collaboration with the CPSW and/or JPPO to identify and search for persons with whom a child has had an important connection who may now have the interest and ability to provide support, counsel, or a home for the child.

Each case is "mined" to identify all individuals who have played a role in the life of the child. Mining activities include a review of the case file, interviews with the child, family members, caregivers, and other collaterals that may be able to assist in the identification of any and all potential "connections". Once that list is developed, each person is reviewed to assess his or her potential for relationship development with the child. Computer assisted tools such as US Search and Accurint are utilized to

locate addresses and phone numbers of the individuals identified on the potential connections list. The "connections specialist" then contacts potential connections and further assesses the viability of relationship development with each individual. She then works with the team, the child, and the "connection" to build the relationship. District offices have been introduced to the "Finding Connections" program with their own "roll-out" training over the past several months; Manchester District Office is scheduled for 10/2/07 and this will complete the roll-outs. Over the next year, additional Connections trainings/updates will be provided as needed for DCYF and DJJS offices.

It is hoped that the Administrative Case Reviewers and Connections Specialists are considered to be significant resources for DCYF and DJJS teams in the provision of comprehensive permanency planning. Furthermore, the two roles are complimentary and can be pivotal in driving challenging cases forward. Connections referrals are made by DCYF and/or DJJS, possible connections then are identified, viable contacts are pursued, strengthened, *and then they must be maintained.* The Administrative Review process can monitor the progress with connections, raise questions if follow-through is stagnant, and assist the team in generating strategies toward strengthening identified connections and moving toward permanency goals. Within this report, a couple of Connections' cases have been highlighted to demonstrate the dynamic potential this component brings to the Review process and permanency outcomes. Easter Seals will provide the Division with a complete Connections Report in January 2008.

X CASEWORKER VISITS

CASEWORKER VISITS WITH CHILD POLICY (701)

701 Worker Child Visits

Philosophy
Worker visits with children living at home and in foster care are necessary: to prevent unnecessary placement; to achieve permanency for each child in a timely manner; to evaluate progress towards reunification; to understand the child's adjustment to living with another family (including a relative) or residential facility; to support connections to family and friends; to monitor progress in school; and to identify and monitor health needs and safety issues. The more quality visits a worker can make, the greater probability each child will be safe, permanency will be achieved and the child's needs will be met.

Definition

"Visit," means a face-to-face contact between a CPSW and a child, where the child is residing, for which DCYF has case management responsibility and/or a voluntary or legal relationship such as supervision, custody or guardianship.

Policy

(a) When preparing for child visits the CPSW:

(1) Must review the child's case plan goals prior to the visit.

(2) Follow up on the child's needs identified in the case plan and/or from the previous visit.

(3) Consider the best age appropriate strategy for engaging the child on the subjects to be discussed.

(4) Determine what permanency information can be shared with the child.

(b) Visitation Requirements Between CPSW and Child:

(1) Every visit includes ongoing assessment of the child's safety, permanency and well-being.

(2) CPSW must visit the child where the child is residing: at their parent's home, in a foster home, relatives' home or a residential facility.

(3) An older child may be visited alone at home with the parent(s) permission or with the foster parent(s) permission when the child is residing in a foster home.

(4) CPSW assigned to the case must make the visit. If this is not possible in a given month, the supervisor or another CPSW or intern directly involved with the case must complete the monthly visitation schedule. An intern may substitute occasionally for the CPSW if he/she has some responsibility for the case and/or is the secondary on the case and meets all visitation requirements.

(5) Members of the State Office Response Team (SORT) may make child visits in an emergency disaster situation when the CPSW or other staff or supervisor responsible for the case is not available.

(6) Staff is encouraged to utilize developmentally appropriate activities to involve children in case planning and preparing for permanency. These activities may include: 3, 5, 7 model activities, life books, adult living preparation plans, positive youth development discussions, etc.

(7) When DCYF and DJJS share cases and DCYF has a legal relationship with the family or if DCYF is the primary case manager, the CPSW is expected to visit the child.

(8) If a visit is due and the child is on runaway status, this information must be documented in the BRIDGES case contact logs along with efforts being made to find the child. The CPSW must visit the child as soon as possible after the child is found.

(c) Frequency of Visits

(1) The CPSW assigned to a family services case in which the child is placed in an in-state foster home or with a relative must visit the child in the foster home at least once during a calendar month and shall follow the SDM Child(ren) in Placement Case Contact Policy(link to SDM in placement case contact policy).

(2) The CPSW assigned to a family services case must visit a child placed in an in-state residential facility at least once during the calendar month and shall follow the SDM Child(ren) in Placement Case Contact Policy (link to SDM in placement case contact policy).

(3) The CPSW assigned to a family services case must visit at least once during a calendar month a child placed in an out-of-home placement in Massachusetts, Vermont, or Maine that is reasonably accessible from NH and shall follow the SDM Child(ren) in Placement Case Contact Policy (link to SDM in placement case contact policy). The CPSW can request, via the Interstate Compact (link to ITEM 734(b)) On The Placement Of Children visits be made for children in out-of-state foster home or relative placements (not residential facility placements) who are not reasonably accessible from NH.

(4) Children placed in an out of state residential facility that is not accessible from NH must be visited at least once per month. Arrangements for these visits must be made through the Assistant Administrators. (See PL 109-239 dated 7/3/06, Sec 6 (a) Purchase of Services In Interstate Placement Cases allows visit services to be purchased from a private agency or the state's child welfare agency where the child is placed.)

(5) When children are placed in an out-of-state foster home or with a relative through the Interstate Compact On The Placement of Children (link to Item 734(b)) must be visited at least once during the calendar month by the receiving state agency. The supervisor must approve this visitation plan. Documentation of contacts between the out-of-state agency and the child must be forwarded to the assigned CPSW and documented in the Bridges contact logs.

a Children placed into NH through the interstate compact must be visited once per calendar month or according to the schedule requested by the sending state.

(6) The CPSW assigned to a family services case in which the child remains at home must visit the child and family with whom the child resides a minimum of once every calendar month or more often as determined in the case plan and the SDM Case Contact In-Home Policy.(link to SDM in home case contact policy)

(7) If in rare circumstances when visitation is not in the child's best interest because the child's emotional health and well-being may be harmed, the minimum number of visits is not required. The CPSW must document in the BRIDGES case contact logs clear and specific reasons why the minimum number of visits will not be made and the Supervisor or Assistant Administrator must approve the plan.

(d) Documentation

(1) At the time the child is visited, staff must make notes (related to the case plan goals) of the visit on the case contact log form (Form 2158) or enter the details of the visit in the BRIDGES case contact log within 24 hours of the visit. All notes must be entered into BRIDGES by the end of the calendar month.

CASE CONTACT POLICY

CASE CONTACT POLICY AND PROCEDURES

NEW HAMPSHIRE DIVISION FOR CHILDREN, YOUTH AND FAMILIES
CASE CONTACT POLICY
POLICY AND PROCEDURES

The Family Risk Assessment provides reliable, valid information on the risk to children of continued abuse and neglect. Appropriate use of this assessment data is key to ensuring better protection of children. Therefore, for cases that have been opened for Family Services, the risk level is used to set the minimum amount of contact required with the family each month. This policy is considered "best practice" and helps to focus staff resources on the highest risk cases.

There is a policy for in-home cases and one for children in placement. CPSWs should use their professional judgment in each case to determine whether more contacts than the minimum number of one face-to-face visit per calendar month in the child's home, foster home or residential facility is needed. The definition and purpose of a face-to-face "contact" is: to monitor developments in the case, to observe interaction between the caregiver and the child(ren), to facilitate implementation of the Case Plan, and to assess progress with the plan.

Types of Referrals/
Cases: The Case Contact Policy applies to all Family Services cases.

Responsible Staff
Person(s): The Family Services CPSW uses the Case Contact Policy.

Decision: The Case Contact Policy determines the minimum number of contacts the Family Services CPSW must have with the family.

Time Frames: Case Contact Policy is used throughout the life of an open case in response to changes in the risk level.

Use: In-Home Case Contact Policy

Find the column that corresponds to the assessed level of risk, and follow the matrix across to determine the minimum number of contacts required with the family.

Child(ren) in Placement Case Contact Policy

Policy for children in placement is described in levels according to placement type. Identify the appropriate service level according to the placement type to determine the minimum number of contacts required with the child.

NOTE: If one or more child (ren) are in placement, and the goal is reunification, "in-home case" case contact policy describes activity that the Family Services CPSW has with family, and "child (ren) in placement" case contact policy describes activity the Family Services CPSW has with the child (ren).

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CASE CONTACT MATRIX

In home Case Contact Policy

Risk Level	Overall Contact	Family Services CPSW Minimum Contacts	Guidelines
Low	1 face to face contact in the child's home or placement with the children and caregiver(s) at least once every calendar month, and	The Family Services CPSW must have face-to-face contact in the child's home or placement with all children and caregiver(s) at least once every calendar month.*	
	1 Collateral contact per month by the CPSW.		
Moderate	2 face-to-face contacts with the children and caregiver(s) per month, and	The Family Services CPSW must have face-to-face contact in the child's home or placement with all children and caregiver(s) at least once per calendar month. *	
	2 collateral contacts per month by the CPSW.		
High	3 face-to-face contacts with the child(ren) and caregiver(s) per month, and	The Family Services CPSW must have face-to-face contact in the child's home or placement with all children and caregiver(s) at least once per month. *	Every effort should be made to meet with the child(ren) separate from the caregiver(s) during the visit.
	3 collateral contacts per month by the CPSW.	Two face-to-face contacts with either the children or the caregiver(s) by a service provider may be applied to the overall contact requirement.	
Very High	4 face-to-face contacts with child(ren) and caregiver(s) per month, and	The Family Services CPSW must have face-to-face contact in the child's home or placement with all children and caregiver(s) at least once per calendar month. *	Every effort should be made to meet with the child(ren) separate from the caregiver(s) during the visit.
	4 collateral contacts per month by the CPSW.	Three face-to-face contacts with either the children or	

		the caregiver(s) by a service provider may be applied to the overall contact requirement.	

* If the children and caregiver(s) are seen together in one visit, one face-to-face contact is satisfied.

Child (ren) in Placement Case Contact Policy

Service Level	**Placement Type**	**Family Services CPSW Minimum Contacts**	**Additional Guidelines**
Level 1	Relatives (in state)	The Family Services CPSW must have one face-to-face contact in the child's relative home with the child and the family with whom the child resides once every calendar month and have, one collateral per month.	For out-of-state relative placement, the minimum contacts in the child's relative home remain the same but may be met by the receiving state agency, when approved by the direct supervisor. Documentation of all contacts with the child made by the out of state agency must be forwarded to the assigned CPSW and documented in Bridges.
Level 2	Foster home (in state)	The Family Services CPSW must have at least one face-to-face contact in the child's foster home with the child per calendar month and have one collateral per month	Face-to-face contact with the child must take place in the foster home where the child is placed.
			For out of state foster home placements the minimum contacts remain the same but may be met by the receiving state agency when approved by the Supervisor. Documentation of all contact with the child made by the out of state agency must be forwarded to the assigned CPSW

Child (ren) in Placement Case Contact Policy

Service Level	**Placement Type**	**Family Services CPSW Minimum Contacts**	**Guidelines**
Level 3	Residential (in state) or residential (MA/VT/ ME)	The Family Services CPSW must have one face-to-face contact in the child's residential placement per calendar month.	Best Efforts must be made by the assigned Family Services CPSW to visit the child, but visits may be made by other Family Services CPSWs or DCYF staff directly responsible for case management.
			For out-of-state residential placements other than MA/VT/ME, the minimum contacts in the child's residential placement remain the same. Contact the Assist Admin to make arrangements for child visits. (See PL 109-239 dated 7/3/06, Sec 6 (a) Purchase of Services In Interstate Placement Cases allows visit services to be purchased from a private agency or the state's child welfare agency where the child is placed.). Documentation of all contacts with the child made by the out-of-state agency must be forwarded to the assigned Family Services CPSW and documented in Bridges.
			Documentation of all contacts with the child made by the out of state agency must be forwarded to the Family Services CPSW and documented in Bridges.
Level 4	State Child Placing Agency/Therapeutic Foster Care	It is the responsibility of the Child-Placing Agency Social Worker to maintain intensive face-to-face contacts with the child, based on case needs. The minimum number of the face-to-face contacts in the child's home or foster home with the child by the DCYF	Documentation of all contacts with the child made by the child placing agency must be forwarded to the assigned Family Services CPSW and documented in Bridges.

		Family Services CPSW is once per calendar month and must be documented in Bridges.	

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XI CASE PLANNING

CASE PLAN POLICY (696)

696 Developing the Case Plan and Its Requirements

Purpose
The case plan is used by DCYF staff and the family to ensure the continued safety, permanency and well being of children. It is also designed to motivate and measure changes in child and family behaviors; and encourage stability and permanence for children. Effective case planning is achieved when done in collaboration with families; is based on family strengths, and resources; and is time-limited, goal-oriented, and solution-focused. Federal laws and regulations have been incorporated into sections of this policy and the case plan form to further guide case practice and meet regulatory requirements.

Definitions

"Family Strengths" refers to family strengths information derived from the Family Strengths and Needs SDM tool that is used to systematically identify family strengths from data collected during CPS assessments of abuse/neglect.

(a) "Family Risk Factors" refers to family risk information derived from the Family Risk Assessment the SDM (Structured Decision Making) tool that identifies families that have very high, high, moderate or low probabilities of abusing or neglecting their children in the future. (For DCYF cases where a Family Risk Review has been completed, the most updated risk level should be indicated on the case plan.)

(b) "Family Needs" refers to family needs information derived from the Family Strengths and Needs tool that is used to systematically identify family needs from data collected during CPS assessments of abuse/neglect.

(c) "Goal" means the current permanency/case plan goal for the child. In each case, there will be one primary current goal from the following options:

(1) Maintain in own home;
(2) Return home (reunification);
(3) Adoption/TPR surrender;
(4) Legal guardianship; or,

(5) Planned permanent living arrangement.

(d) "Identified Needs," means the issues that each family member or case planning member must work on to achieve the Permanency Goal.

Policy

(a) Preparing For Case planning:

(1) Prior to meeting with the family, the Family Services CPSW must review the assessment file and must consider the recommendations made by the Assessment CPSW. The Family Service CPSW must review the assessment finding and service proposals with the family and determine the family's progress since the case was transferred.

(2) If services have already begun, the Family Services CPSW must conduct a brief review of the family's situation and include the family's perceptions in considering any changes in services.

(3) The CPSW must review the family strengths and needs identified in the original SDM Family Strengths and Needs assessment as well as the original risk assessment. The Family Service CPSW gathers additional information through interviews, observation, self-reports, or a combination of these strategies.

(4) Identified strengths must be discussed with the family and must be documented in the case plan, in the Contact Logs, and/or in reports to the court.

(5) The financial, educational, and emotional resources of the family must also be reviewed and considered in service planning. A family ecomap or a genogram are useful tools to use when discussing these issues with the family.

(b) Progression of Case Planning:

(1) Once the CPSW and the family have developed the Family-Centered Services Plan, progress towards goals must be assessed continuously by the CPSW in conjunction with the family.

(2) The focus of intervention must always be to facilitate a time-limited service process, which consistently addresses the safety of the children.

(3) Case planning must always be progressive, that is, moving toward a permanent plan for the child and family.

(4) If stagnation in case planning occurs, re-assess the goals in conjunction with the family strengths, capabilities, and resources. An alternative planning methodology, such as a meeting with the family that includes the supervisor, a Multi-Disciplinary Team Meeting, a Court Hearing, or Administrative Review Pre-Planning meeting may serve to assist in moving the case forward.

(5) Closure of the family services case may be considered with the child and family once the safety issues of the child have been addressed and goals have been met.

(c) When framing goals in the case plan and determining service provision with the family, the CPSW needs to consider these factors:

(1) Whether services/programs currently available to families are considered appropriate and meet the special needs of the family. If the service is one in which DCYF will be making payments, then the service must be certified for payment by DCYF. Each service type has a general framework in which service is to be provided, e.g., child health support aides focus most on building and enhancing parenting skills.

(2) Determining the strengths of service providers in relation to the family's needs and goals is critical in determining the combination of services to be coordinated with the family. When considering service use, cost-effectiveness is achieved when the services being coordinated are the most appropriate for meeting the family's needs and remedying the abuse and/or neglect

(3) The CPSW is responsible for ensuring that the services provided to families are the best quality possible. Therefore, the CPSW needs to remain in contact with the family and the service providers to facilitate focused and timely goal achievement. If it is determined that the service being provided is not meeting the family's needs, the CPSW and the family must review the goals in the case plan and consider other alternatives.

(d) Team Case Planning:

(1) DCYF, in conjunction with the family, has the primary responsibility for the management of a case involving child protection. However, wraparound or multidisciplinary teams may be used in response to a child abuse/neglect situation.

(2) Either the family or the CPSW conducting an assessment or CPSW providing services may access these teams.

(3) The wraparound/multidisciplinary team may consist of:

a. The family;
b. School personnel;
c. Law enforcement personnel;
d. Medical peronnel;
e. Service providers; and
f. Other involved individuals or those invited by the family.

(4) The participants may:

a. Share information to identify community resources that may be helpful to the family;

b. Assist in developing the case plan;

c. Coordinate case management activities when a variety of service providers are involved with the family; and

d. Help determine and maintain aftercare support at the case closure.

(e) Case Plan

(1) Case plan, Form 2240MPR, is a template completed by the CPSW with every family and child who has an open case on Bridges. The permanency/case plan goal must be identified in Bridges within 30 days of placement for all cases. The case plan must be completed within 30 days from the date a non-court involved or voluntary services case is assigned to a Family Services CPSW.

The case plan must be developed with the family and reviewed and updated every 6 months. It must also be revised, updated, and reviewed when placement changes or other emergencies arise that require a change to the current permanency/case plan goal.

(2) For court cases, the completed case plan may be submitted to the appropriate family or district court no later than five business days before the dispositional hearing. Any updates to the case plan should be submitted to the court no later then 5 business days before the next hearing. For cases in the post-permanency stage, case plans will be submitted to the appropriate probate or family court no later than five business days before the hearing.

(3) For non-court cases, completed case plans shall be submitted to the appropriate county human services administrator according to the non-court child protection cases policies.

(4) Attach to the paper copy of the case plan (Form 2240MPR) a copy of the completed child's information sheet (Form 2267) or Health Care Plan (Form 2270B) and educational plan (if special education) or report card in order to document the known educational and health needs of the child.

(5) Case plans will be maintained in the case file in addition to the electronic version stored in Bridges.

Procedures

(a) The CPSW must:

(1) Maintain a time-limited and goal-oriented approach to developing the case plan with the family;

(2) Enter the initial case plan and updates into NH Bridges screens;

(3) Authorize and arrange services for the family;

(4) Prepare reports e.g. social study for the district or family court and file the reports no later then five business days before the dispositional court hearing;

(5) Complete the Placement and Service Authorization screens on NH Bridges, the forms related to educational planning (Forms 2242- 2244);

(6) Review court orders and file documentation in the record;

(7) Arrange appropriate visitation for any child in placement;

(8) Ensure that the child receives routine and specialized health care services; and

(9) Make referrals to community agencies as appropriate, e.g. developmental services, parent education classes.

(10) Monitor the progress of goal achievement by using the Family Strengths and Needs Review, Family Risk Review and Family Reunification Review by the family and document it in the case plan;

(11) Request the family's signature on the case plan. If a family member refuses to sign the case plan, his or her disagreement must be recorded on the case plan; and

(12) Provide copies of the case plan to the family, foster parents, residential care providers, CASA, and guardian ad litem in all cases, and to the county human service administrator in non-court cases

(b) The Family Services Supervisor must:

(1) Provide a minimum of weekly supervision for each CPSW I and CPSW II and a minimum of twice-monthly supervision for each CPSW III and CPSW IV assigned to the family services program. Minimal supervision requirements may be met through informal case specific discussion as well as regular scheduled supervisory conferences;

(2) Enter Bridges data documenting supervision, visitation, and the current status of the child;

(3) Guide the CPSW in maintaining a time-limited and goal oriented case plan;

(4) Be available to meet with the family if necessary to facilitate effective case planning;

(5) Review the case plan;

(6) Approve or disapprove the case plan; and

(7) Monitor case progress.

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TRANSITION OF ASSESSMENT TO FAMILY SERVICES CASES POLICY (693)

693 Transition of Assessment to Family Services Cases

Purpose
To outline the process for transitioning cases from Assessment to Family Services CPSWs.

Policy

(a) The Assessment CPSW is responsible for the initiation and completion of a child abuse and/or neglect assessment and its related documentation. When the decision is made to open a case, an Assessment CPSW consults with his or her Supervisor and requests a Family Services CPSW be involved in the case for planning services with a family. This is especially important when a consent agreement is going to be reached and the Family Services CPSW is obligated to carry out the terms in the consent. For all cases, the final decisions on case planning rest with the Supervisor.

(b) The Assessment CPSW is responsible for notifying the family and the service providers that the case is being transitioned to a Family Services CPSW. Best practice dictates that a joint meeting be held with both the Assessment and the Family Services CPSWs and the family to ease the transition process.

(c) The Family Services CPSW is responsible for the development, initiation, and implementation of the case plan with the family.

(d) A family services case must be assigned to a Family Services CPSW within 10 working days from the time the Assessment CPSW transitions the case to his or her Supervisor.

(e) When the court is involved, the case transfer needs to occur prior to the adjudicatory hearing. In some instances, such as when a child has been removed from their home on an ex parte order and remains in care, the involvement of the Assessment CPSW is essential to provide input into the case planning process with the Family Services CPSW.

(f) The Family Services CPSW must request all information about the efforts the Assessment CPSW has made to identify and/or locate an absent parent(s).

(g) If the case is a non-court case, the Family Services CPSW consults with the Assessment CPSW about case opening.

(h) If the case is voluntary case the Supervisor, CPSW, and the parents or guardian must sign the "Agreement for Voluntary Services" (Form 2235) and the "Voluntary Placement Agreement" (Form 2235A).

(i) If the case involves children that are currently missing (runaway, abducted, etc.) continue the work of finding the children according to the policy on Missing Children

Procedures

(a) The Assessment CPSW completes the case connect screen.

(b) The Family Services CPSW must:

(1) Meet with the family, child, foster parents, and/or other participants to develop and implement the case plan;

(2) Prepare all court forms along with an appropriate narrative (court report) and social study and participate in the dispositional hearing

(3) Prepare and file an affidavit describing DCYF efforts to identify and/or locate an absent parent at each court hearing until the parent is found or the court determines DCYF has made reasonable efforts to identify and/or locate the absent parent.

(4) The court report and social study must be submitted to the court and copied to all parties no later than five business days before the dispositional hearing.

(5) Provide and/or arrange services required to carry out and achieve the goals described in the case plan. Complete the Placement and/or Service Authorization screens on BRIDGES;

(6) Visit and/or contact the family and the child according to the Case Contact Guidelines and in compliance with the visitation requirements outlined in Item 700; and

(7) Prepare for permanency planning by discussing with the family the permanency goals:

a. Maintain in own home;

b. Return home (reunification);

c. Adoption (TPR/surrender);

d. Legal guardianship; or,

e. Planned permanent living arrangement.

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DCYF AND DJJS JOINT CASE PLANNING AND MANAGEMENT POLICY (712)

712 Joint Case Planning and Case Management

Policy

(a) Assigned CPSWs and JPPOs:

(1) Schedule, attend and participate in a joint case-planning conference with one another and their immediate supervisors within 10 days of the identification of a joint case.

(2) Prepare a written agreement which documents the assigned roles and responsibilities of the assigned Case Managers; this should be integrated into the case plan (Form 2240 MPR) when the latter document is prepared.

(3) Maintain child and community safety as the primary goals throughout the case planning and case management process.

(4) Strive for maximum communication and collaboration among themselves.

(5) Clearly communicate their specific roles and responsibilities to the family, service providers, community stakeholders and the court.

(b) Immediate Supervisors:

(1) Ensure the scheduling of, and their own participation in a joint case-planning conference with the assigned Case Managers within 10 days of the identification of a joint case.

(2) Ensure that the designated roles and responsibilities of the assigned Case Managers are clearly documented in the case records.

(3) Ensure that the assigned Case Managers communicate their respective roles and responsibilities to the family, service providers, community stakeholders and the court.

(c) Administrators for Child Welfare and Juvenile Justice: Make the final case assignment decisions in disputed cases.

Procedures

(a) Case Conference:

(1) Whenever a CPSW or JPPO has an open case, and a newly founded allegation of abuse or neglect, or a new delinquency or "child in need of services" (CHINS) referral results in the involvement of an additional CPSW or JPPO, proceed as follows:

a The initial CPSW or JPPO remains assigned as the "primary worker".
b The established service plan remains in place.
c A case conference among the Case Managers and their immediate supervisors is scheduled to determine future roles and responsibilities.

(2) Within 10 days of the identification of a case with multiple Case Managers concurrently assigned, conduct a joint case conference of the Case Managers and their immediate supervisors to discuss and determine appropriate planning, supervision and monitoring assignments for the case, resulting in one of the following outcomes:

a Multiple Case Managers continue to remain involved with a clear understanding and delineation of their respective case planning and case management roles and responsibilities;
b The initial Case Manager remains assigned to perform all case planning and case management roles and responsibilities; or
c The new Case Manager assumes all Case planning and case management roles and responsibilities.

(3) When assigning case planning and case management responsibilities, consider the facts of the case, the needs and issues of the child, family and community stakeholders, and the specialized roles of CPSWs and JPPOs established by law and policy. Prioritize safety, permanency and well being concerns.

(4) Discuss and explain the case assignment decisions to the family and community stakeholders, as appropriate.

(5) Enter the appropriate data into the Bridges automated case management system to record the case assignments, including designation of the "primary" and any "secondary" worker assignments.

(b) Written Agreement: At the conclusion of the case conference procedure described above, the assigned Case Managers prepare and enter into the case records a written agreement which clearly documents the case assignment decisions and case management responsibilities, including, but not limited to who will perform the following roles:

(1) Completing required court reports, preparing and filing of any necessary motions and attending court hearings.

(2) Completing the case plan (Form 2240MPR), which integrates the terms of the agreement; updating the Plan as required.

(3) Communicating and corresponding regularly with the family, service providers and other community stakeholders.

(4) Attending school meetings if the child is experiencing difficulty in school or has been identified as eligible or potentially eligible for special education services.

(5) Responding to the family, community stakeholders and court in time of crisis.

(6) Attending placement progress reviews if the child is placed at a residential care facility.

(7) Visiting children who are placed in substitute care.

(8) Making a referral to the Teen Independent Living Program when a child 16 years old or older resides in an out-of-home placement.

(9) Scheduling and attending required administrative (Title IV-E) reviews when a child resides in an out-of-home placement for six months or longer.

(10) Complying with the provisions of the Interstate Compact on Juveniles (RSA 169-A) and the Interstate Compact on the Placement of Children (RSA 170-A), as applicable, regarding children placed or absconding outside of New Hampshire.

(11) Authorizing and implementing services, placements and programs approved by the court; entering required payment authorization data into Bridges.

(12) Maintenance of case records: Making contact log and other necessary data entries into Bridges and, where appropriate, completing and retaining paper documents in a case file.

(c) Implementation: Based upon the case assignment decisions, implement case planning, supervision and monitoring activities.

(d) Quarterly Review: At least quarterly, and more frequently when required by family or community issues, review the roles and responsibilities of the assigned Case Managers. Discuss any proposed changes with the family and document resulting changes in the case plan. Inform service providers, community stakeholders and the court, as appropriate, of any changes.

(e) Case Closure: Jointly determine with supervisory approval when to seek closure of any case or matter pending before the court.

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XII ASSESSMENT POLICY

PURPOSE: To describe the process and requirements of assessing referrals of child abuse and neglect. The primary goal of the assessment process is to ensure the safety of the child(ren).

681: TRANSFER OF REFERRAL FROM CENTRAL INTAKE STAFF TO DISTRICT OFFICE ASSESSMENT SUPERVISOR

(a) Each local district office via BRIDGES receives referrals from Central Intake. The Assessment Supervisor is responsible for reviewing each referral and assigning it as an assessment.

(b) The response priority screen will guide how quickly the referral must be initiated, as it will be categorized by Intake as a Level I, Level II or Level III assessment. The Assessment Supervisor may change the response priority level if there are circumstances not captured within BRIDGES screens that may affect the response or if other critical information is known which would necessitate a supervisory override. Any changes made to an assessment response level must be documented on the Response Priority Screen of BRIDGES.

(c) The Assessment Supervisor's experience and judgment must prevail in determining safety and/or the response priority for each assessment. When several referrals are received in a short period of time, the Assessment Supervisor must prioritize or triage the referrals and determine which ones and in which order require immediate face-to-face intervention in order to protect children.

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681(A) Required Time For Commencing An Assessment

(a) Following the receipt of a child abuse or neglect referral in the district office, an assessment must commence within 72 hours per RSA 169-C: 34. The time period for commencing an assessment excludes weekends and holidays. Within the required timeframes, the alleged victim will be interviewed in person or observed by a Child Protective Service Worker (CPSW). Timeframes for responding to the priority levels are:

> Level I assessments require face-to-face contact with the alleged victim within 24 hours.
> Level II assessments require face-to-face contact with the alleged victim within 48 hours.
> Level III assessments require face-to-face contact with the alleged victim within 72 hours.

(b) A supervisor has the discretion to grant an extension of the timeframe requirements on Level II and III assessments to interview or see the alleged victim within the required timeframe under the following circumstances and when there are no immediate safety concerns:

(1) The alleged victim cannot be located;
(2) The family did not cooperate with scheduled appointments or refused to meet with the CPSW;
(3) The CPSW has made numerous unsuccessful attempts to locate the family and there is no other access to the child;
(4) DCYF agrees to law enforcement requests for no contact or law enforcement requests an interview at a time outside the 72-hour parameter but not to exceed 5 business days over the response level;
(5) Language barriers exist that require interpreter services to be set up;
(6) The victim will be interviewed at a local Child Advocacy Center and the interview is scheduled for a timeframe that is outside of the required 48 or 72 hours;
(7) To meet with the family within timeframes would present a documented hardship to the family, however the family is cooperative;
(8) There is no named perpetrator and the allegations involve sexual activity between children 12 and under, or;
(9) Child is safe and the alleged perpetrator has no current access.

(c) A supervisor is responsible for assuring the safety of the child and that the face-to-face contact occurs within the revised timeframe agreed upon. The supervisor approving the revised time frame must document in the BRIDGES contact log.

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681(B) Receiving Additional Information Regarding An Open Assessment

Definition:
"Additional Information" means if the incident or circumstance is not one of abuse or neglect and a DCYF assessment is open, and then information is sent to the District Office as an associated referral.

(a) Each local district office via BRIDGES receives “additional information” regarding open assessments from the Central Intake Unit. The Assessment Supervisor is responsible for reviewing each associated referral received and assuring that the issues have been addressed during the course of an assessment.

(b) Notice of additional information received related to a current assessment will be sent electronically to the district office inbox when the information is received and entered by the intake unit. The case name will remain colored (magenta) in the workload. The additional information will show as a secondary assignment in the inbox, and requires the entering of an end date to be removed from the inbox.

(c) The assessment in the CPSW's workload appears magenta when there is an associated referral and the Supervisor receives a copy of the additional information in the Supervisor's In- Box. The CPSW is expected to open and review the associated referral. The CPSW is to contact the reporter and discuss with their Supervisor what action needs to be taken to address the additional information. This could

include but is not limited to re-interviewing the child; meeting with the child/parent and/or contacting collaterals.

(d) The Assessment Supervisor must ensure that the CPSW has addressed the additional information received and the CPSW has documented this in the "contact log" in NH BRIDGES.

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(CYF681(b))

682: PLANNING THE ASSESSMENT

(a) Thoughtful planning of a child abuse or neglect assessment is critical in order to assess the safety of the child and to minimize the risk of harm to the child, other family members and the CPSW during the assessment. Planning issues to be considered include:

(1) What history does the Division for Children, Youth and Families (DCYF) have with this family? The assigned CPSW must review all available prior founded and unfounded referrals on the child and family to evaluate their significance to the current assessment. The assigned CPSW must also check the Central Registry of the DCYF to see if the alleged perpetrator(s) has a previous founded case with the agency.

(2) Are all parents identified and their locations known?

(3) Do issues of domestic violence, substance abuse and mental health affect the approach to this assessment?

(4) What special circumstances are there that need to be addressed:

a All infants born and identified as being affected by illegal substances or withdrawal symptoms are reported to DCYF for immediate screening, risk and safety assessment, and prompt investigation, and

b DHHS Reporting Protocol states that Division of Family Assistance (DFA) and Division of Child Support Services (DCSS) staff must report any child under the age of 16 when they are pregnant or have given birth.

(5) Is consultation with the domestic violence specialist and/or substance abuse specialists or mental health consultant required in order to best address the safety and well being of the family?

(6) Are there indications of medical needs of the victim or other household members?

(7) Are there indications that there may be drugs in the residence? Are there risks of a meth lab *(link to 690(a) clandestine drug lab)* and how can they be minimized?

(8) Are there risks to the CPSW and how can they be minimized? *(link to DHHS Worker Safety Protocols)*

(9) Is Law Enforcement involvement indicated?

(10) Is there a need to consult with a multidisciplinary team?

(11) Is it necessary to interview the victim without parental permission? If so, where should this interview take place?
(12) How can repeat interviews with the victim be avoided and will Child Advocacy Centers be used?
(13) What is the appropriate sequence of interviews
(14) Be aware if any additional information *(link to 681(b) Add info)* has been received regarding the assessment

(b) The CPSW shall make sure they have a supply of the Family Rights Brochure with them before they go to client homes. At the initial time of contact with the individual subject to a child abuse and neglect investigation they must be presented with the Family Rights Brochure (Form 2257) and they must sign both sections that indicate that they understand their rights.

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682(A) Contact With Reporter

(a) The CPSW must use best efforts to contact all reporters prior to meeting with the family. When contact is unable to be made, the CPSW must document efforts made to contact the reporter and the reason contact was not made in BRIDGES.

(b) "Professional reporter" means staff from alcohol and drug abuse prevention and treatment agencies; city, town, county welfare departments; clergy, coroner/medical examiner; community information and referral agency; counselor/therapist; court/probation; day care provider; dentist; guidance counselor; hospital staff; institution; law enforcement; mental health provider; nurse, other community service provider; physician; principal, public social agency staff; school staff, teacher; social worker, Domestic Violence Specialists and crisis center employees.

(c) A second contact with a professional reporter, either by phone or by letter, is completed in order to obtain updated information prior to making a determination in regards to the referral. The second contact is made to allow the professional reporter to identify any additional or continued concerns. The second contact and information received must be documented in the BRIDGES contact log. The "Feedback to Professional Reporter" box should be checked and there should also be a notation on the BRIDGES Assessment Closure screen regarding the professional reporter feedback and reviewed by the Supervisor prior to the determination that the assessment is unfounded. General information may be given as feedback to the professional reporter, which indicates that the assessment is concluded, and whether or not agency involvement will continue.

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682(B) Safety Assessment

(a) The immediate safety of the victim is of paramount importance. The Safety Assessment tool is completed before deciding to leave a child in the home and before returning a child to the home during an assessment. The Safety Assessment must be completed on all assessments assigned a response priority level within 24 hours of face-to-face contact with the alleged victim to guide decisions such as the following:

(1) Whether or not the child(ren) may safely remain in the home;

(2) The need for interventions to eliminate the threat of immediate harm; and

(3) Whether the child(ren) must be removed from the home or remain in foster care placement.

(b) It is important to keep in mind the difference between safety and risk when completing the safety assessment. Safety assessments look at the child's present danger and the interventions currently needed to protect the child. Throughout the assessment period, and for open cases, whenever new information becomes available that threatens the safety of the child(ren); a Safety Assessment is completed immediately upon receipt of the new information. An additional safety assessment may be necessary upon receipt of an "add info". Risk assessments look at the likelihood of future abuse and/or neglect.

(c) The CPSW also must assess for the existence and/or the extent of underlying conditions that co-occur with the alleged child abuse or neglect, such as domestic violence , substance abuse and mental health issues.

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MEDICAL SERVICES

(a) Immediate medical evaluation and attention are necessary when the child has experienced severe physical/sexual abuse or neglect or if there is an unattended medical problem.

(b) If a child requires medical attention and evaluation, the help and cooperation of the parents must be requested. If consent is not advisable or possible, the CPSW may take photographs or request x-rays for documentation purposes without parental consent. Each photograph or x-ray is to be labeled with the name of the child, date of birth, names of the parents, date, time of day, place taken, witnesses, and BRIDGES assessment number. The injury must be clearly visible and identifiable as to its location on the child's body.

(c) When it is not possible to obtain permission from the parents, court action must be taken to obtain needed medical care. Assistance can be requested from law enforcement, but this action is only to be taken in instances when immediate medical care is required.

(d) CARE Network physicians , via Medical Examinations Service, are available to examine abused/neglected children.

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683: INTERVIEWING

683(a) VIDEOTAPING OR AUDIO TAPING INTERVIEWS IN PUBLIC PLACES

683(a) Videotaping or Audio taping Interviews in Public Places RSA 169-C: 38v

Definitions:

(a) "In its entirety" means the interview is fully recorded and includes the introductions of participants, any explanations for interruptions, and closure of the interview with the child.

(b) "Person assisting the child" means a teacher, guidance counselor, childcare worker, police officer, or other individual with whom the child is familiar.

(c) "Public place" means DHHS/DCYF offices, police stations, schools, childcare agencies, libraries, and other buildings that are accessible to the general public.

Policy:

The initial assessment of abuse and neglect strives to assess and secure the immediate safety of the child or children.

(a) While it is always preferable to obtain the parents' consent before seeing a child, there may be situations when notification or consent is inadvisable. Prior notification is not advisable or required when child sexual and/or severe physical abuse has occurred in the home and the person alleged to

be responsible for the abuse or neglect is a member of the household, relative, or friend of the family who has continued access to the child or children. The Supervisor's prior approval is required in these situations.

(b) Supervisory approval and documentation is required if the CPSW believes there to be another legitimate reason not to notify the parent prior to interviewing. The CPSW must document in BRIDGES contact log the reasons for not notifying the parent prior to the interview.

(c) Law enforcement must be consulted in all cases of sexual or severe physical injury. Joint interviews must be conducted to assure that the child is not interviewed more than absolutely necessary. RSA 169-C: 38 II.

(d) There may also be a benefit to using a multidisciplinary child protection team. A multidisciplinary child protection team members may include licensed physical and mental health practitioners, educators, law enforcement, representatives from child advocacy centers and others as necessary to assist with the assessment of the report of abuse and/or neglect.

(e) It is preferable to interview the child in a neutral setting that provides privacy and no outward or inward stimuli or cause for interruption. However, there may be no opportunity in an emergency situation to have all of these elements in place.

(f) Taping Requirements

(1) The recording equipment, including the camera, tripod, lights, or the tape recorder, must be in operating order.

(2) A new tape must be used for each assessment.

(3) If possible, one tape is to be used to record all interviews of the assessment. Space on the tape must be left between each interview.

(4) Tapes must be labeled with the BRIDGES referral number and include each person's full name in the sequence the individuals are recorded, the date and location of each interview, and the name of the CPSW.

(5) Whenever possible, the tape's counter number must be noted on the label to identify at what place on the tape each person is speaking.

(g) Prior to meeting with the child, the CPSW must ensure that:

(1) As much knowledge about the child, family, and alleged incident as possible is known, specifically, the child's age, verbal skills, developmental level, and appropriate vocabulary for his or her age. If the allegation is sexual abuse, the CPSW must know if there have been any prior reports and what names of body parts the child used in any earlier interviews;

(2) A determination is made as to the interview site;

(3) Arrangements have been made with officials of the public building, office, or agency;

(4) If the interview is to take place at the school, arrangements have been made with the principal or designee to assure that there is a non-threatening, private, quiet place to meet that is free from interruptions; and

(5) Arrangements have been made to have a supportive person available to introduce the child to the CPSW.

(h) Interviewing Requirements

(1) It is preferable, if a joint investigation is not being conducted with law enforcement, that only the child and the CPSW are present in the interview. If the child's comfort depends on another person being present in the room during the interview, the CPSW must impress on the person the importance of not interfering with the interview. Any persons observing the interview must remain silent. Observers in the room must be seated out of the sight of the child, when possible. Observers must be advised that they may hear information that could elicit a non-verbal reaction, and it is essential they show no reaction at all as it could interrupt or influence the interview. Observers should also be informed that they might be asked to testify in court.

(2) Taping equipment must be set up and running prior to the child's introduction to the CPSW, so the interview is recorded in its entirety.

(3) Video equipment is to be set up so the camera can record both the child and the CPSW, whenever possible.

(i) Meeting with the Child

(1) Taping equipment must be in working order and "on" when the person assisting the child introduces the child to the CPSW. The CPSW must document pertinent information such as the date, time, victim's name, CPSW name, location, interview date, etc.

(2) The CPSW must explain his or her role and the need for the taping equipment.

(3) The CPSW needs to try to put the child at ease and assure the child that he or she is not in trouble or responsible for what has happened or what has been reported.

(4) Questions and discussions are to be in simple language appropriate for the child's age and/or developmental level. The CPSW must not assume to know what a child means by the use of a particular word. Always ask, if the meaning is not obvious. Make certain that words and concepts used are ones that the child understands.

(5) The CPSW must show respect for the child's parents and other family members at all times and recognize and support the importance of the parents to the child.

(6) Questions must be non-leading and open-ended. The child must not be pressed for answers or details. Drawings may be used to clarify what the child uses as names for body parts or to allow the child to describe alleged incidents.

(7) The CPSW must be aware of his or her own reactions to a child's disclosure of abuse.

(8) Alleged injuries must be observed and documented, in writing and by photo-documentation, pursuant to RSA 169-C: 33. If it is necessary for the child to remove his or her clothing, this procedure is to be requested in a non-threatening, comforting manner. A third party needs to witness the removal of clothing. It is preferable to have any and all injuries observed and documented by medical personnel, doctor or nurse, or school nurse, as well as the CPSW. Documentation may be made by the use of videotape and still camera.

(9) The interview with the child in its entirety must include a discussion of what will happen next, how the information will be presented to the parents, when and how the CPSW will use the information, and who will see or hear the tape. The CPSW must avoid making any promises to the child.

(10) When the child has been interviewed without parental consent, the CPSW must inform the child that the parent or guardian will be notified, if possible, the same day that the interview has taken place.

(11) Any interruption in the interview must be discussed on the tape and the resumption must also be explained on tape. Off tape discussion must not be held between CPSW and the child.

(12) If the child or parent refuses to be taped, the CPSW must explore his or her reasons, e.g., the child may have been videotaped performing acts of a sexual nature, and discuss those reasons with the child. If the child still refuses to be videotaped, the CPSW must audiotape the interview. If both methods are refused, the CPSW must document the reasons the child refused to be taped. The interview must then be terminated. The CPSW must continue with the assessment, attempting to contact collaterals and witnesses and obtaining more information to determine the child's safety. Continuing with the assessment could include filing a petition in court.

(j) Needs of the Child

(1) The CPSW must always be aware of the child's physical needs and capabilities, such as, attention span, nutritional requirements, and body functions. For example, do not try and conduct the interview with a young child when they would usually nap or when it is time to eat.

(2) The child may be allowed to draw, play with a toy, or move about the room while the interview occurs.

(3) The CPSW must always keep in mind that this is a fact-finding interview not a therapeutic one, yet that does not mean the assessment interview needs to be a traumatic experience. Before ending an interview, the CPSW needs to bring the child back to a place of safety, e.g., talk about a subject regarding school, who is a favorite teacher, or what is planned for the rest of the day.

(k) Notification of Parents

(1) The CPSW must notify the parents or guardians of the alleged victim child about the interview and that the interview was audio or videotaped. The CPSW must explain to the parents or guardians that NH law, RSA 169-C: 38 IV allows the CPSW to interview the alleged child victim without the consent of the parents and requires the interview to be recorded.

(2) Some circumstances may warrant that the CPSW not immediately notify the parents about the interview. For example, the parents may be the alleged abusers or neglecters and there is concern for the safety of the child. If the parents are not notified as soon as practicable, then the CPSW must document the reasons in the narrative.

(3) At the initial contact with the individual subject to a child abuse and neglect assessment the CPSW must:

a. Advise the individual of the complaints or allegations made against them in a manner that is consistent with state law which protects the identity of the person who made the referral (RSA 170-G:8-a); and

b. Provide the individual(s) with a copy of the Family Rights Brochure (Form 2257) and the Assessment Brochure (Form 2218).

(4) The individual must sign both sections of Form 2257. The CPSW leaves the brochure with the individual and takes the signed tear off section, which is to be stapled to the case file

inside cover. If the person refuses to sign the brochure the CPSW shall document in BRIDGES contact log their efforts to give the brochure to the individual and to have the individual sign it.

(l) Access to, Copying and Removal of Videotapes

(1) Access to videotape shall be provided at the conclusion of the assessment and upon request to those who are entitled to view it under RSA 170-G: 8-a II (a). Upon receipt of an appropriate request, the District Office Supervisor or designee shall, in conjunction with the CPSW, make arrangements for the videotape to be viewed at the District Office during normal business hours. Except as required by court order, or as provided for below, videotapes shall not be copied.

(2) A copy of videotape in an unfounded case may be provided to the parent(s) of a child named in the case record, where the Commissioner or designee has determined that the potential harm to the child from providing the parent(s) with a copy of the videotape is outweighed by the need for disclosure. In assessing the potential harm to the child from providing a copy of the videotape to the parent(s), the Commissioner or designee shall consider the parent's assurances that they will protect the child from such harm. Those assurances should include, but are not limited to, the following:

a. The parent(s) will not make additional copies of the videotape;
b. The videotape will not be shown to the child;
c. The videotape will be returned or destroyed at the end of a specified period; and,
d. The videotape will not be shown to or viewed by others.

(3) A copy of videotape may be provided to law enforcement that is participating with the Division in a joint investigation regarding allegations of the abuse or neglect of a child.

(4) Only the CPSW assigned to the case, the CPSW's Supervisor or a DCYF attorney may remove videotapes from the District Office.

(m) Storage of Tapes

(1) All tapes are to be stored in cabinets provided for video and audio storage. Cabinets must be locked, if possible.

(2) Video or audio equipment must be maintained in the District Office in a convenient, secure location in the storage cabinet that has been provided for the protection of the equipment.

(3) Video or audio equipment must not be left in a motor vehicle, because extreme temperatures can permanently damage the video and audio equipment.

(n) Reuse of Audio or Videotapes

(1) Audio or videotapes must never be reused. This would potentially compromise the tape by having the earlier interview possibly "bleed through" on the next interview. It would also pose a privacy protection issue by having confidential tapes available for further use.

(o) Destruction of Used Tapes

(1) Once the time has passed for retaining the case record, depending on the disposition of the investigation, the audio or videotape must be destroyed. A tape eraser box is provided for tapes to be erased.

(2) Once erased, the tape cassettes must be broken and the tape cut to ensure the complete destruction of confidential information on the tape.

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683(B) Interviewing Alleged Victims

(a) All children in the household must be met or observed by the CPSW to help assess the validity of the referral and to make a determination about whether they are in imminent danger. This contact may take place in the child's home, in a medical facility, in a school, in a child advocacy center, or in another setting where the child may be located. Ideally, the child needs to be interviewed in an (neutral) uninfluenced, non-threatening, private, quiet place that is free from interruptions. To minimize additional trauma, it is important that the interview is not conducted where the abuse/neglect is alleged to have taken place.

(b) When possible and appropriate, at least one of the child's parents or legal guardians is to be advised that the CPSW will meet with the child. The CPSW is to provide them with an explanation of the meeting and the intended use of the information.

(c) Prior parental notification is not advisable or required under certain circumstances such as:

(1) Child sexual and/or severe physical abuse has occurred in the home and the alleged perpetrator is a member of the household, a relative, or friend of the family (RSA 169-C: 38, IV)

(2) Parents could not be contacted within the time period that the assessment needed to be commenced.

(3) There are concerns that the parents have failed to protect the victim.

(4) Notifying the parent places the child at further risk.

(d) Supervisory approval and documentation is required if the CPSW believes there to be other legitimate reasons not to notify the family prior to the interview.

(e) Interviews of children conducted without prior parental notification must either be videotaped or audio taped (RSA 169-C: 38V). The CPSW must make every effort to and document the efforts to notify at least one parent or guardian within 24 hours of the interview occurring. Whenever possible, subsequent notification of parent or guardian is to be made in person the same day the interview occurs, taking the opportunity to explain the allegations contained in the referral, provide a copy of the Family Rights Brochure (Form 2257) and the general results of the interview. In addition the CPSW needs to address questions and concerns which the parent or guardian may have and assess any safety or risk issues to the children in the home.

(f) The CPSW must consider the following when interviewing a child victim:

(1) Always show the child respect for themselves and their parents and recognize and support the importance of the parent to the child. It is necessary to establish a rapport with the child and attempt to make the child feel at ease.

(2) Questions and discussions are to be kept in simple language appropriate for the child's age and level of development. Be aware of what is considered normal childhood behavior for various ages and assess the child's overall understanding of the situation.
(3) Questions must be non-leading and open ended. The child must not be pressed for answers or details. Non-verbal materials such as drawings or puppets may be used.
(4) Assess the child's speech and language skills, mental abilities and motor skills. Be aware and document any developmental delays that the child may have.
(5) Be alert to any psychological stress the child may be experiencing

(g) The interview with the child must include a discussion of what will happen next and how the CPSW will use the information. The CPSW is to avoid making any promises to the child; such as guaranteeing their safety or that they will not have to go home. The child who has been interviewed without parental consent must be informed that the parent/guardian will be notified that the interview has taken place. The CPSW should gather information from the child regarding the possible parental/guardian reaction to determine the child's safety and a review of future safety planning should occur.

(h) Information to be obtained from the child, if possible, includes:

(1) Time, date, and place of occurrence. With young children, dates and times may be more easily related to television shows, holidays, or seasons.
(2) Who was involved;
(3) How the incident occurred;
(4) Frequency or duration;
(5) A description of the incident of abuse or neglect. Age appropriate techniques, such as non-verbal materials, or anatomically correct drawings, may be used; and
(6) Whether other household members were present, and if not, where the child believes they were.

(i) Alleged injuries must be observed and documented. If it is necessary for the child to remove his or her clothing this procedure is to be explained in a non-threatening, comforting way. The CPSW should ask permission from the child to observe the injuries. The CPSW must obtain the assistance of a second professional in this situation, preferably in the medical field (such as school nurse or doctor) to view and document injuries if any clothing is to be removed.

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683(C) Interviewing Siblings And Non-Offending Parent/Caregiver

(a) **683(c) INTERVIEWING SIBLINGS AND NON-OFFENDING PARENT/CAREGIVER** The primary concern when meeting with the family is to assure the safety of the child(ren) and to help the family resolve any safety concerns that may be affecting the overall well being of the child. All household members must be included in the assessment process, to the fullest extent possible.

(b) In situations where domestic violence is a co-occurring factor, the CPSW must prepare their interviews in order to protect the alleged victim of the domestic violence and the children.

(c) During the assessment, the CPSW needs to use discretion and professional judgment in the relationship with the child and family. The CPSW must keep well-documented and accurate records based on factual observations.

(d) Goals of the initial family meeting include:

(1) Determine the safety of the child;
(2) Initiate a relationship with the family;
(3) Assess the validity of the referral; and
(4) Identify immediate service needs.

(e) The CPSW must identify themselves and state that an assessment has been received concerning the child(ren). DCYF has legal authority to inquire into possible child abuse or neglect (RSA 169-C: 34 II, & IV). The CPSW must explain the role of the CPSW in offering assistance and recognize the parent's rights and responsibilities to be treated with respect and dignity and their right to a comprehensive assessment.

(f) The CPSW shall, at the initial time of contact with the individual subject to a child abuse and neglect assessment:

(1) Advise the individual of the complaints or allegations made against them in a manner that is consistent with state law which protects the identity of the person who made the referral (RSA 170-G:8-a); and

(2) Provide the individual(s) with a copy of the Family Rights Brochure (Form 2257) and a copy of the Assessment brochure (Form 2218).

(g) The individual must sign both sections of Form 2257. The CPSW leaves the brochure with the individual and takes the signed tear off section, which is stapled to the case file inside cover. If the person refuses to sign the brochure, the CPSW must document in the case contact log in BRIDGES their efforts to give the brochure to the individual and to have the individual sign it.

(h) Supervisory consultation must be sought if parents refuse to allow entrance into the home and/or refuse to discuss this situation and there is reason to believe the child is at risk. DCYF may seek the assistance of the courts and/or through a police officer to gain access to the child. If there is a decision not to seek the assistance of the court or law enforcement agency, the assigned CPSW must document in the BRIDGES contact log the reason assistance was not sought.

(i) The CPSW must meet with all children within the household (RSA 169-C:34, II). Any exceptions to seeing all other children must be approved by the Supervisor and documented by the CPSW in the BRIDGES contact log stating the efforts made to accomplish these visits and reasons why they were not made.

(j) Allow family members to discuss their problems while guiding them to consider the current situation. Help them to focus on the content of the referral, specifically how the child is cared for, rather than on the person or agency who made the report.

(k) The following information should be gathered and documented in BRIDGES by the CPSW:

(1) Factual information about the family: such as names, addresses, dates of birth, gender, occupations of immediate family members and all household members, existence of extended family, and their ability to act as a resource; (RSA 169-C: 34, II)

(2) A discussion of the child and family's needs which must be met to assure the health and safety of the child;

(3) Strengths of the family;

(4) Presence and/or history of domestic violence and/or substance abuse, mental health issues, disabilities and serious illness recognizing that these issues can have a severe effect on children. (Determining the extent of the effects is critical when assessing overall safety issues. When documenting safety plans of family members involved in domestic violence, the CPSW must not include the locations and addresses of potential "safe places" that the family members may use in a crisis situation.)

(5) For families in which domestic violence is a factor, the alleged victim of domestic violence must be given information about the Domestic Violence Specialist (DVS), including their telephone number. In these situations the CPSW will seek a safe method for the DVS to contact the alleged victim of the domestic violence. This should not be done in the presence of the alleged batterer as it may compromise the family's safety.

(6) Information in regards to the family's socioeconomic needs such as their need for financial assistance, shelter, food, medical or dental care, childcare, etc.

(7) Any apparent disabilities or special needs of the child(ren) or other household members disabilities shall be documented on the Assessment Closure Screen on BRIDGES along with any actions taken or recommendations made in response to the these needs. Clinically diagnosed disabilities must be documented in the Service/Removal screen of BRIDGES;

(8) Ways in which the children and family interact with each other and within their community;

(9) The family's connections to other agencies that show the family's relationships with other providers.

(10) Any historical data about the parent's upbringing that impact their beliefs about child rearing and appropriate childhood behaviors, including the impact child maltreatment may have had on their parenting abilities and styles.

(11) If a household member is an observer and not involved with direct child rearing, discuss observations and what support, if any, the household member offers to the family.

(12) The family's perceptions of the report, the CPSW's perceptions, and notations of any discrepancies.

(l) When law enforcement is involved in a joint investigation, the CPSW should consult with them prior to interviewing the person identified as responsible for the alleged abuse and/or neglect (perpetrator).

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683(D) Collateral Contacts

(a) To help in the determination of whether neglect or abuse has occurred, the CPSW must make at least two collateral contacts during the course of the assessment. A collateral contact includes a contact with any individual within the community who can furnish information about the family. They may include schools, medical staff, social service agencies, hospitals, clinics, police, relatives and personal contacts

such as friends, neighbors or landlords. If a professional reporter initiated the referral, then contact with this reporter meets the requirement of one collateral contact. If a collateral contact is unable to be made then the CPSW must document in the BRIDGES contact log what efforts were made and why contact could not be established.

(b) Through making collateral contacts, the CPSW seeks to gain an understanding of:

(1) Relationships within the family;

(2) Patterns of behavior; and

(3) Key insights into family functioning and dynamics.

(c) Both the DCYF Law Enforcement and the DCYF Domestic Violence Protocols address how collateral contacts with law enforcement and the courts are to occur when the subject of the assessment is alleged to be the victim of physical or sexual assault or of another crime, or if there is co-occurring domestic violence.

(d) Public schools or other public institutions must provide assistance and information to DCYF in accordance with RSA l69-C: 34, III.

(e) The CPSW must attempt to obtain the parents' cooperation in identifying the names of collateral contacts via the "Authorization to Release Confidential Information" (Form 2011). Collateral contacts may be made without the parents' knowledge for reasons including, but not limited to the following:

(1) The CPSW has reason to believe that a serious emergency exists, which endangers the health and safety of the child;
(2) The CPSW has attempted to inform the parents of the intent to make collateral contacts;
(3) Based on the intake referral, the CPSW does not have enough information to evaluate the seriousness of the referral; and/or
(4) The CPSW believes the safety of the collateral could be in jeopardy if the parents are informed.

(f) The confidentiality of the family must be respected and collateral contacts are only to be given information regarding the family on a "need to know" basis.

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684 RISK ASSESSMENT:

(a) The Risk Assessment is a tool that obtains an objective appraisal of the likelihood that a family will maltreat their child(ren) in the next 12 to 18 months. This tool does not predict recurrence, but assesses whether a family is more or less likely to have another abuse or neglect incident without intervention. Interventions for children and families *(link to ITEM 685)* are described in the following section of policy.

(b) The Family Risk Assessment is:

(1) Completed on all child abuse and neglect assessments, where a response priority level is assigned;
(2) Completed at the conclusion of the assessment, but no later than 60 days from the receipt of the referral by the District Office;
(3) Based on conditions that exist at the completion of the assessment;
(4) Completed on the household that provides the majority of the childcare. If the child resides equally in both households, select the household in which the maltreatment occurred.

(c) The CPSW must make every effort throughout the assessment to obtain the information needed to answer each question on the Family Risk Assessment Form.

(d) Both the neglect and abuse scales are completed regardless of the type of allegations reported or assessed.

(e) A discretionary override to increase the risk level can be requested by the CPSW and approved or performed by the supervisor.

(f) The risk level is used to guide the interventions that occur with the child(ren) and families

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685 INTERVENTIONS FOR CHILDREN AND FAMILIES:

(b) When recommendations for services have been made, they must be documented in the BRIDGES contact log and discussed with the family and involved community providers. In considering the causes of abusive and neglectful behavior on the part of the parents or caregivers, and the various forms of family dysfunction, the CPSW and Supervisor must explore the underlying dynamics of the harmful behavior. Any intervention offered must address these identified issues by providing targeted services and interventions, such as the following:

(1) When the causes of child maltreatment or neglect are Mental Illness, Mental Retardation, or Physical Handicap or Illness, assistance for the family from a behavioral health or medical service provider must be sought.
(2) When the causes of child maltreatment or neglect are Inadequate Parenting or Stress, intervention is guidance provided by the CPSW and a referral may be made to a child health support agency.
(3) When the causes of child maltreatment or neglect are Emotional Illness, Marital Conflict, Family Conflict, or Alcohol/Drug Abuse, the decision to refer for treatment or to provide guidance by the CPSW is based on the severity of the condition:
    a. If the condition is severe and directly impacting the child's safety, a referral must be made to a behavioral health service provider;

b. If the condition is moderate or mild, and in the Supervisor's judgment the CPSW has the skills to intervene, the worker may provide the direct services.

(c) When Domestic Violence is occurring or is the cause of the child maltreatment, the CPSW must refer the victim to the Domestic Violence Specialist located within the district office. When documenting any information specific to the children's or alleged victim of domestic violence safety, relative to identified domestic violence, the CPSW must not include locations of potential "safe places" that the child and non-offending parent might use in a crisis situation.

(d) When a child under age 3 is involved in a founded assessment, the child and his or her parent or guardian must be referred to Family-Centered Early Supports and Services for a developmental screening, funded by Part C of the Individuals with Disabilities Education Act (Section 106(b)(2)(A)(xxi).

(e) When the child's safety cannot be secured, the child must be placed outside the home. Placement may be with a relative, foster parent, or residential care provider.

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686 COURT ACTIVITIES

PURPOSE

The decision to exercise the authority of the court and to bring a child under its protection and jurisdiction represents a belief that this action is in the best interests of the child. It is not intended to be a punitive action against either the parents or the child. The ultimate goal of the court and protective services is the same - to secure the safety of the child, to preserve the unity of the family whenever possible and to provide for the care, protection, and wholesome development of children. Children are separated from their parents only when necessary for their safety. Taking protective custody by law enforcement or obtaining an ex-parte order from the court, may be necessary when a child has been determined to be in imminent danger. Both are extreme interventions with a family and must be used only when a child's safety cannot be secured through other means.

Policy

(a) Court Involvement:

(1) Court action is used as a constructive step toward protecting the child. Court action does not necessarily imply or require that the child be removed from the parents' custody, although that may be the next step under certain conditions.

(2) DCYF staff must make reasonable efforts to prevent the placement of children. These efforts must be explained in the ex-parte petition and/or affidavit. If no reasonable efforts were made or could be made, then the petition must state these reasons.

(3) In cases where it is alleged that the child has been abused or neglected by only one parent, it may be that the child can safely remain with the non-offending parent with certain protective orders, pursuant to RSA 169-C 16 I, IV, in place.

(4) When there is an absent parent *(link to ITEM 686(d))* it is important that every effort be made to locate the other parent and to inform them of their rights to a "Bill F Hearing" *(Court Improvement Protocol CHAPTER 1A - BILL F. HEARING)*

(5) The decision to use court action for helping children and their families is made when:

a. Families refuse to cooperate during the assessment and the child is in imminent danger;

b. Families are unwilling to accept services and the child is in imminent danger;

c. The assessment indicates the need for removal of a child due to imminent danger; and/or

d. The family is already under the authority of the court and a modification of the court order is necessary.

(6) Court action is to be taken only after consultation and approval of the Supervisor.

(7) If possible, the parent or caregiver must know beforehand what steps the CPSW plans to take, on what circumstances or events the action is based, and how the action will be carried out. At all times, parents must be treated with respect and consideration. The decision to go to court may enable some parents to work on their problems more constructively. Their reactions and their feelings need to be recognized and discussed. Some parents begin to get the help they need as they discuss what court involvement means to them, before, at the time of, and after the hearing. The CPSW must advise the alleged perpetrator of his or her right to an attorney. A parents' attorney may advise parents not to talk with DCYF staff. If this happens, the CPSW must discuss with the attorney the importance of involving parents in planning. The CPSW may also meet with the parents and their attorney at mutually convenient times and places.

(8) Court actions concerning child abuse or neglect take place in the Family or District Court whose jurisdiction covers a given area. However, the court or involved person may request a transfer of a case to another Family or District Court if this is in the best interests of justice and/or is convenient for any of the parties. If the parents of the child live in different Family or District Court areas, the parent who has physical custody of the child takes precedence. Court actions may be initiated in the area where the child is found or resides.

(9) Whether the child appears in court is at the Guardian Ad Litem's and/or the judge's discretion. If the CPSW believes it is inappropriate for a child to appear in court, the issue must be brought to the attention of the court for the court's decision.

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686(A) Court Actions:

(a) Ex-Parte: An ex-parte order, which is obtained from the Family or District Court, permits the child to be removed from the home if the child is found to be in imminent danger of harm. The DCYF caseworker or police, to the extent known, will present evidence to the court in writing with sworn

signature or orally under oath. If the court issues an ex-parte order a hearing on the matter must be held within 24 hours of taking the child into protective custody, Sundays and holidays excluded.

(1) If the court issues an ex parte order {Form nhjb-2225}, a petition meeting the requirements of RSA 169-C: 7 must be filed within 72 hours of the order, Sundays and holidays excluded. If the court grants the ex-parte order, protective supervision or legal supervision will be granted to DCYF and the child may be removed from the home.

(2) When a court order has been obtained, and if the potential exists that the CPSW may be in danger entering a home and/or removing a child, he or she must be accompanied by law enforcement official.

(b) Protective Custody: If a child is found to be in immediate danger, a law enforcement officer may take protective custody of a child. A 24-hour protective custody hearing must be held following the removal of a child, Sundays and holidays excluded. There are specific requirements of a police officer that must be met if a child is taken into protective custody. If a child is placed in a foster home, DCYF shall be notified of the incident and where the child is placed within 24 hours.

(c) Abuse/Neglect Petitions: A child abuse and/or neglect petition {Form nhjb-2113} sets forth the facts alleged to constitute abuse or neglect and the statutory grounds upon which it is based. This petition shall be verified under oath by the petitioner and be legally sufficient and;

(1) The petition must be approved by the supervisor and should also include the following:

a. The manner and place of the action alleged to constitute abuse and/or neglect;

b. The date and time of day on which the alleged action occurred, if this can be substantiated;

c. A description of what happened or what facts establish a pattern;

d. What has been done to prevent placement;

e. An affidavit must accompany the petition, if considered necessary by the Family or District Court.

(2) When a petition is filed, the clerk of court shall, consistent with RSA 169-C: 8 issue a summons.

(3) Immediately upon the filing of a petition, the clerk shall appoint a guardian ad litem (GAL) or court appointed special advocate (CASA GAL) or pursuant to RSA 169-C: 10, 11(a), an attorney to represent the best interests of a child.

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686(B) Court Hearings

(a) Preliminary Hearings: This hearing is held to determine, based on offers of proof, whether reasonable cause exists to believe that a child/ren has been abused or neglected. The court must provide a written order following the preliminary hearing {Form nhjb-2222}.

(b) Adjudicatory Hearings: At this hearing, the involved parties present evidence and the court must determine by a preponderance of evidence whether or not the allegations in the abuse or neglect petition are sustained by the evidence. The court must provide a written order following this hearing {Form nhjb-2223}.

(1) If the Court makes a finding that the child/ren has been abused and/or neglected, the CPSW works with the family to complete a social study in preparation for the dispositional hearing.

(2) An adjudicatory hearing may be waived, pursuant to RSA 169-C:17,1, and a consent decree filed with the court. The court's approval of a consent decree, that includes a finding of true, will have the same force and effect as if the court had determined at an adjudicatory hearing that a child had been abused or neglected and had entered a finding of true. A consent decree must contain specific requirements prior to approval by the court.

(c) Dispositional Hearings:(Protocol) This hearing is held after a finding of abuse or neglect is entered by the court. In addition to the social study, DCYF is required to submit a report to the court prior to the dispositional hearing.(Link to the Policy ITEM 698) The court must provide a written order following this hearing {Form nhjb-2224}.

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686(C) Custody Awards

(a) Custody awards made by the Family or District Court may not be modified by the Superior Court except on an appeal based on the Family or District Court order.

(b) Problems may occur when a petition for divorce or separation is brought in Superior Court after the Family or District Court has made a custody award. RSA 169-C: 4 contains provisions that are intended to prevent the Superior Court from awarding the custody of a child to a parent who lost custody in Family or District Court due to abuse and/or neglect.

(c) If a temporary order of custody is granted by the Superior Court, DCYF checks with the Family or District Court to determine whether there has been a finding of abuse or neglect. If a finding has been made, the Superior Court must be notified in writing by the CPSW. The Family or District Court order takes precedence and may be changed or modified only through appeal under RSA 169-C: 28.

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686(D) Absent Parents

(a) The CPSW shall notify a parent who has not been charged with abuse or neglect of his or her right to request a hearing under this section at the earliest available opportunity. THE CPSW must seek the name, address and social security number of an absent parent from the child's birth certificate, the other parent, local Police Departments, local schools, household members, any relatives known to DCYF, local phone books available to the CPSW, the Office of Child Support Enforcement Services

parent locator service and any other services within the Department, to the extent that these services are legally accessible to DCYF.

(b) Prior to filing a petition pursuant to RSA 169-C, the DCYF staff attorney responsible for the case must review the petition to ensure that appropriate steps were taken to locate both parents named on the petition.

(c) If either parent is unidentified at the time of the filing of the petition, the DCYF staff attorney at the preliminary hearing and subsequent hearings must bring that issue to the Family or District Court's attention until reasonable efforts to locate and notify parents have been made.

(d) If DCYF learns of the identity or location of a parent subsequent to filing of the petition and the case is still open, DCYF must immediately inform the appropriate Family or District Court, in writing, of the parent's identity and location to the extent they are known to DCYF.

(e) The court must order a paternity test for any putative father, defined as the individual who is commonly regarded as the child's father. Pending the results, the court should exercise its discretion in determining what portion of the hearing, if any, the putative father, will attend.

(f) Pursuant to RSA 169-C; 19-e, the court shall schedule a BILL F. HEARING as requested by a parent who has not been charged with abuse or neglect. The parent must be afforded, upon request, a full hearing in Family or District Court regarding their ability to obtain custody. The court shall make findings of fact supporting its decision and provide a written order to all parties.

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687: NON-COURT INVOLVEMENT:

687(A) Voluntary Services:

This policy allows DCYF to offer prevention services to children and their families to relieve conditions that may lead to child maltreatment. Voluntary services are designed to provide temporary assistance for families.

DEFINITIONS:

(a) "Voluntary placement" means out-of-home care in a foster home for children age birth to 18 years and related services for the child's parents.

(b) "Voluntary services" means temporary assistance to families who request DCYF services and in which no unresolved child abuse or neglect issues exist.

POLICY:

(a) Parents must request voluntary services from DCYF, and the following process is followed:

(1) The DCYF Intake Unit screens all requests from parents for voluntary services or voluntary child placements that are not already involved with DCYF through another venue.

(2) When no concerns of child abuse or neglect are alleged and the family is requesting services, Intake staff may either refer families to:
   a. The local, contracted Family Resource and Support Service provider;
   b. Another community resource; or
   c. The District Office Family Services Unit.

(3) If concerns of child abuse or neglect are alleged, Intake staff refers the report to the District Office Assessment Supervisor for assignment to an Assessment CPSW.

(4) If no finding of child abuse or neglect is determined but voluntary services may best assist the family, the Assessment CPSW:
   a. May, with the agreement of the parents and the Supervisor's approval, offer voluntary services to the family;
   b. Must not identify the person or persons responsible for the referred allegation of child abuse or neglect; and
   c. Must not forward the names of the parents for entry into the Central Registry;

(5) When a voluntary services case is assigned to the Family Services CPSW, he or she must:
   a. Meet with the family to determine service needs;
   b. Authorize time-limited DCYF services for no longer than 6 months;
   c. Develop and implement the Case Plan with the family; and
   d. Monitor the delivery of services by obtaining progress reports, contacting providers, and meeting with the family.

(6) For all families who request voluntary services or child placement, the following criteria apply:
   a. The family has no existing child safety factors as determined by DCYF staff;
   b. The service requested must not be available to families through a community service agency;
   c. The family is willing to develop and implement a time-limited Case Plan with DCYF;
   d. The family is informed that if child abuse or neglect is identified, a DCYF assessment will be initiated; and
   e. The family is informed and understands its responsibility for reimbursement for the cost of services or placement.

(b) The following types of situations may be considered for voluntary services:

(1) The parent is temporarily unable to effectively carry out parenting because of physical or mental illness, disabilities, convalescence, alcohol or substance abuse, or complications of pregnancy;
(2) The family consists of young parents, a single parent, or teen parents who are inexperienced, stressed, or temporarily struggling with their parental responsibilities;
(3) A socially isolated family lacks appropriate parenting role models and access to supportive services;
(4) A family in which the parents' ability to effectively parent their children is diminished due to preoccupation with the care of one or more family members, such as their spouse, child, or a grandparent who is chronically ill, convalescing, or permanently disabled; or when a parent has a prolonged grief reaction over the death of a spouse, child, or other person;
(5) A family needs help in learning how to care for children due to lack of knowledge, emotional immaturity, or overwhelming responsibility for many children;
(6) A family is headed by grandparents or other relatives who are overwhelmed with the responsibilities of parenting, placing the child at risk of placement; and
(7) A family needs therapeutic intervention to avert future neglect, abuse, emotional disturbances, or placement of a child.

(c) Types of situations that must not be opened for voluntary services include:
(1) Families whose child needs long-term care or residential treatment; and
(2) Families whose child is a child in need of services (CHINS) or a delinquent.

(d) The goals under which these children and families are served on a voluntary basis include:
(1) Achieving self-sufficiency; and
(2) Preventing abuse and neglect by preserving and rehabilitating families.

(e) If available, the voluntary services and placements that may be offered to families include:
(1) DCYF Case Management;
(2) Child Care;
(3) Child Health Support;
(4) Crisis Intervention;
(5) Family Support;
(6) Home-Based Therapy;
(7) Respite Care;
(8) Alcohol & Drug Abuse Outpatient Counseling;
(9) Family Counseling;
(10) Individual or Group Outpatient Counseling;
(11) Transportation, pursuant to ITEM 74 (r);
(12) Child Placement in a Foster Family Home; and
(13) Other DCYF purchased services upon the Supervisor's prior approval.

(f) Voluntary Services must be time-limited and must not be authorized for any longer than 6 months.

(g) The Supervisor must review each open voluntary services case every 30 days to monitor family progress, CPSW contacts and visits, and completion of paperwork and entries on BRIDGES.

(h) Voluntary placements must only be authorized:
- (1) When caregivers are unable to provide for their child's care due to the caregiver's temporary incapacity, such as mental or physical illness or injury;
- (2) When no other placement resource is available to the family;
- (3) As a short-term remedy, up to 30 consecutive days, with 30 day extensions approved by the Assistant Administrator;
- (4) When care will not exceed 180 days; and
- (5) When arranged in licensed foster family homes.

(i) The objectives of voluntary placement are:
- (1) To provide sustenance, care, and nurturance for children by voluntarily placing them in foster homes while their regular caregivers receive medical care, mental health treatment, or other services; and
- (2) To ensure that quality care, stability, and safe conditions exist for children whose caregivers are unable to provide parental responsibilities due to hospitalization or in-patient medical treatment.

(j) The "Agreement for Voluntary Services" (Form 2235) and if a child's placement is requested, the "Voluntary Placement Agreement" (Form 2235A) must be developed between DCYF and the family.

(k) Prior to the "Voluntary Placement Agreement" being developed, the CPSW must seek other service and placement options available through the family's kinship and informal support network. The efforts to locate other services, supports, and placements must be documented in the Case Plan.

(l) An administrative case review must be held within 6 months from the date of the initial placement.

(m) When it is determined, despite the provision of voluntary services, the child has to remain in out-of-home placement for more than 180 days; court action MUST be taken by the 166th day of the child's placement. The decision to exercise the authority of the court and to bring the child under its protection and jurisdiction represents a belief that this action is in the best interests of the child. DCYF or DJJS must establish a legal relationship with the child in order to maintain the placement and so needed services can continue for the child and the family. A court determination must be made that continued placement is in the best interests of the child and that DCYF made reasonable efforts to provide services to prevent continued placement. Court action may include: a neglect petition, surrender of parental rights or other legal action that gives the Division authority and responsibility for on-going placement of the child.

(n) If the child is to be placed out of his or her school district, the Education Specialist must be contacted and consulted concerning required documentation prior to the placement.

PROCEDURES:

(a) For Voluntary Services cases, the Assessment CPSW must:
   (1) Determine the allegation of abuse or neglect to be **unfounded**;
   (2) Not forward the name of the alleged perpetrator to the Central Registry; and
   (3) Complete all required paperwork and entries on BRIDGES, including the SDM screens.

(b) For Voluntary Services cases, the Family Services CPSW must:
   (1) Meet with the family within 7 days to determine service need;
   (2) Authorize payment for Voluntary Services, based on a voluntary agreement between DCYF and the child's family;
   (3) The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the fiscal specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.
   (4) Monitor service delivery of the provider by obtaining progress reports, contacting providers, and meeting with the family;
   (5) Develop the Case Plan with the family;
   (6) Complete the "Financial Statement" (Form 2139) with the family;
   (7) Send a copy of the completed Case Plan to the County Human Services Administrator for information and billing purposes.
   (8) If the child is placed, complete the "Medical Authorization" (Form 2266), complete the "Child's Information Sheet" (Form 2267), and arrange for the administrative case review; and
   (9) Complete all required paperwork and entries on BRIDGES, including the SDM screens.

(c) The Supervisor, CPSW, and the parents or guardian must sign the "Agreement for Voluntary Services" (Form 2235) and the "Voluntary Placement Agreement" (Form 2235A).

(d) The provider uses the service authorization as an invoice for services provided and submits the invoice to the county human services administrator pursuant to RSA 126-A: 3 II-a and RSA 169 and who then forwards it to DCYF for payment.

(e) Copies of the "Agreement for Voluntary Services" (Form 2235) and the "Voluntary Placement Agreement" (Form 2235A) must be provided to each parent and retained in the case record.

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687 (B) Non-Court Cases (B-Case)

This policy describes the process for providing services to families in founded cases when it has been determined that court intervention is not necessary.

(a) DCYF strives to serve families without court intervention whenever support can be provided without compromising the safety of the child. DCYF believes that children are best raised in their own homes and that our major responsibility is to encourage and support the family, while ensuring the safety of the child and the community. When families recognize the need for services, it is far less intrusive and stressful when DCYF can assist the family directly without court intervention.

(b) For all families opened for DCYF services in Founded Services Only:

- (1) The abuse or neglect allegations are determined to be founded;
- (2) There is no imminent danger to the child or children;
- (3) The child or children must reside in the parent's home or in a relative's home;

(c) For all families who agree to receive non-court services the family must:

- (1) Acknowledge that issues of abuse or neglect exist;
- (2) Have the capability to change the behaviors that put the child at risk;
- (3) Realize that cooperation with the Case Plan is necessary to avoid court action;
- (4) Understand that a finding of abuse or neglect has been made and that the responsible person's name will be entered into the Central Registry for 7 years unless earlier expunged; and
- (5) Waive the right to an administrative appeal of the finding of abuse or neglect; and
- (6) Understand that they may be responsible for part of service costs as negotiated with the County Human Services Administrator. See RSA 169-C:27.

(d) The length of services is limited to 12 months, unless waived for good cause by the Child Protection Administrator at State Office.

Consultation and Approvals

(a) The Assessment CPSW must consult with his or her Supervisor regarding the appropriateness of providing services to a family without court intervention.

(b) The Supervisor must provide written approval to open the non-court case.

(c) Efforts must be made to consult with the Family Services Supervisor prior to opening the case on BRIDGES.

(d) Consultation and approval must be documented in the Contact Logs on BRIDGES.

(e) The Family Services Supervisor must provide written approval and the rationale for cases that remain open for more than 6 months.

(f) If the family moves to another county in NH, both County Human Services Administrators must be notified as soon as possible.

(g) The criteria for opening non-court cases include the following factors:

(1) The family acknowledges the identified problems and agrees to the finding of abuse or neglect;

(2) The family is help-seeking, motivated, and willing to work on resolving the problems that led to abuse/neglect circumstances; and

(3) The family agrees to cooperate and actively participate in case planning.

(h) The following examples of more serious and complex abuse or neglect may indicate that court action needs to be sought:

(1) Life-threatening living conditions;

(2) Severely mentally ill parents;

(3) The parent or parents are experiencing chronic drug addiction or alcoholism;

(4) The parent or caregiver is volatile and/or dangerous;

(5) A child has been sexually abused when the perpetrator is the parent, paramour, or relative;

(6) The perpetrator remains accessible to the harmed, injured, or sexually abused child;

(7) A child with severe injuries;

(8) Physical abuse of a child who is under one year of age;

(9) Death of a sibling when the child is in the same household and when death is due to abuse, neglect, or suspicious circumstances;

(10) Cruel, bizarre, or sadistic punishment of a child;

(11) Serious abusive acts are premeditated and are of serious consequence to the child;

(12) The child is currently being abused;

(13) The child is in need of serious medical attention, but the parent refuses to obtain care;

(14) The child has been abandoned or left unsupervised and is not capable of providing for self care;

(15) Incidents of abuse or neglect have increased in intensity and frequency;

(16) Repeat abuse or neglect after the initial report when interventions have been unsuccessful;

(17) The parent or parents are uncooperative; and

(18) Child's safety requires out-of-home placement. Respite Care is excluded.

(i) The Assessment CPSW must inform the person determined to have abused or neglected the child that his or her name will be entered into the Central Registry for 7 years unless earlier expunged. The Assessment CPSW must also inform the person determined to have abused or neglected the child that by signing the "Non-Court Agreement" (Form 2239) they are acknowledging their responsibility for the abuse or neglect and waiving their right to an administrative appeal of the finding.

(j) The Assessment CPSW must prepare a brief "Statement of Facts" (Form 2238) outlining the details for opening the case. This "Statement", similar to an Affidavit, must be forwarded to the Family Services CPSW.

(k) The Assessment CPSW, in consultation with the Family Services CPSW, must prepare a brief "Non-Court Agreement" (Form 2239) with the family, which lists the actions, plans, and tasks agreed upon and signed by the family members and by DCYF.

(l) The Case Plan must be developed with the family to identify service needs and the agencies providing services.

(m) DCYF purchased services71_DCYF_Direct_and_Purchased_Services>Main, may be authorized by the CPSW to assist these families. Individual Outpatient Counseling (OC)(link to ITEM 75(f)) and Diagnostic Evaluation (DE)(link to ITEM 75(c)) must have prior supervisory approval.

Case Reviews

(a) At least monthly, the CPSW must meet with the family to review progress made on the goals in the Case Plan.

(b) At least monthly, the CPSW must also have contact with the primary service provider to determine the effectiveness of the services the family has received. Contact may be in writing or by telephone and must be documented in the Contact Log.

(c) Every 3 months, the Supervisor, CPSW, family and services providers must review the family's progress.

(d) Case review results must be documented in the Case Plan on BRIDGES.

(e) For case closure, the CPSW must obtain prior supervisory approval and enter the date and reason on BRIDGES.

(f) If DCYF decides to file an abuse or neglect petition in a "Founded, Services Only" case, BRIDGES must be updated, entering the new determination of "Founded, Court Action".

PROCEDURES:

(a) The Assessment CPSW:

(1) Follows the policies concerning assessment and determines the report founded;

(2) Provides the information to the Central Registry at State Office so that the name of the perpetrator can be entered into the Central Registry's database;

(3) When a "Non-Court Agreement" (Form 2239) is executed, the CPSW does **not** issue the "Notice of Finding" (Form 2215), the "Notice of Finding – Guardian" (Form 2213) or the "Notice of Finding - Juvenile" (Form 2217), because the individual's due process right to an administrative review of the decision to found the case is waived by the "Non-Court Agreement";

(4) Discusses the family's circumstances with his or her Supervisor, prior to opening the non-court case on BRIDGES;

(5) Prepares the "Statement of Facts" (Form 2238) and the "Non-Court Agreement" (Form 2239) in consultation with the Family Services CPSW;

(6) Opens the case on BRIDGES; and

(7) Prepares the case file for transfer to a Family Services CPSW.

(b) The Family Services CPSW:

(1) Consults with the Assessment CPSW about case opening;

(2) Follows the family services program policies concerning case documentation, case reviews, and case closure;

(3) Prepares the Case Plan (Form 2240) with the family;

(4) Provides the family with the "Financial Statement" (Form 2139);

(5) Sends a copy of the completed Case Plan to the County Human Services Administrator for information and billing purposes.

(6) Must authorize payment for Non-Court Cases, based on the voluntary agreement between DCYF and the Child's family.

(7) The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the fiscal specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.

(8) Updates the Case Plan (Form 2240) on BRIDGES when necessary.

(c) The Family Services Supervisor

(1) Consults with Assessment CPSW about opening a non-court case;

(2) Approves the case openings, case extensions after 6 months, and case closures; and

(3) Reviews non-court cases monthly with the Family Services CPSW.

(d) The Child Protection Administrator reviews waiver requests for cases that need to remain open for longer than 12 months.

(e) The Provider uses the service authorization as an invoice for services provided and submits the invoice to the county human services administrator pursuant to RSA 126-A: 3 II-a and RSA 169 and who then forwards it to DCYF for payment.

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688 FINAL DETERMINATIONS AND CLOSING OF THE ASSESSMENT:

(a) If there is a prior founded referral, the assigned CPSW must consult with the Direct Supervisor prior to making a determination of unfounded to the current assessment. A statement as to the significance of the prior founded to the current assessment must be included in the conclusion summary and approved by the Supervisor.

(b) If there has been any "additional information" *(link to 681(b))* added to the assessment the information must have been addressed and information documented in the BRIDGES contact log.

(c) If there are a total of 3 or more prior unfounded referrals, the assigned CPSW must consult with the Supervisor prior to making a determination to the current assessment of unfounded. A statement documenting the significance of the prior unfounded referrals to the current assessment must be included in the conclusion summary screens on BRIDGES and approved by the Supervisor.

(d) In addition to the initial check of the Central Registry during the planning stage of the Assessment, prior to making a determination that a referral is unfounded and/or founded, the CPSW must determine whether the alleged perpetrator is listed in the Central Registry.

(e) The assessment, including the decision regarding the outcome and notification to the family regarding this outcome, must be completed no later than 60 calendar days from the date that the referral was originally received at the District Office. Extensions of this timeframe require supervisory approval and documentation of the reason for the delay and estimated completion date. These are requested through the EXTENSION screen on BRIDGES. The parents will be provided with a copy of the assessment, with third party information redacted, upon written request to the Assessment Supervisor.

(f) The Case Decision Guideline Matrix guides the decision to open a case for Family Services or provide community referrals.

(1) The Case Decision Guideline Matrix is used on all initial child abuse and neglect assessments that are assigned a response priority.

(2) It is used after the determination of the assessments disposition and after the completion of the safety assessment and family risk assessment.

(3) It is reviewed at the completion of the assessment, but no later than 60 days from the receipt of the referral by the District Office.

(g) The determination of the assessment includes whether a “preponderance of the evidence” (RSA 169-C: 13) exists to believe that any child in the family has been abused or neglected, the harm or threatened harm to the child, the nature and extent of the abuse/neglect, and the person(s) responsible. This decision is made by the CPSW after consultation with the Supervisor. The determination must be recorded by the CPSW on all applicable BRIDGES screens and reviewed and approved by the Supervisor, and discussed with the family and perpetrator, if he or she is available.

(h) Assessment Outcome Categories Include the Following:

(1) "Founded, Problem Resolved" means there was a preponderance of the evidence to believe the alleged incident of abuse or neglect did occur, however, the issues, which led to the abuse or neglect, have been resolved during the assessment to the extent that the child is no longer unsafe. This category may include referrals to community resources, which will end the need for continued DCYF involvement.

(2) "Founded, Services Only,” means there was a preponderance of the evidence to believe the alleged incident of abuse or neglect did occur and a case will be opened without court involvement. In these cases, it has been determined by the CPSW and the family that court interventions is not necessary to ensure the safety of the child because the parent or caregiver is in agreement that the incident did occur and is willing and motivated to correct the situation that led to the maltreatment of the child.

(3) "Founded, Court Action,” means there was a preponderance of the evidence to believe the alleged incident of abuse or neglect did occur, a case is opened, and court intervention is necessary to ensure the safety of the child.

(4) "Assessment Not Complete" means the CPSW was unable to complete the assessment and make a determination due to uncontrollable issues:

a. Incomplete, Interstate Referral
b. Incomplete, Intrastate Referral
c. Incomplete, Unable to Locate
d. Incomplete, No Police report
    1. When the police report or notification from another agency is received, an updated Assessment Finding screen must be completed on BRIDGES if

the results are founded then a copy sent to the Central Registry at State Office.

(5) "UNFOUNDED" means a report of child abuse or neglect for which DCYF finds that there is no preponderance of the evidence to believe the child is abused or neglected. However these assessments may result in referrals to preventative services.

(6) Unfounded, Finding Overturned" means that there was a reason to believe that the assessment was founded, however due to an appeal to the Administrative Appeals Unit (AAU) the finding has been overturned and the person's name does not go on to the Central Registry.

(i) The Assessment CPSW completes Family Strengths and Needs Assessment to identify critical family strengths and needs and to help develop effective case plans *(Link to Item 696 Developing the Case Plan and Its Requirements)* any time there is a founded determination. When the assessment outcome is "Founded, Services Only" or "Founded, Court Action" a case is opened on BRIDGES for services. When the assessment outcome is "Founded Problem Resolved" no case is opened on BRIDGES.

(j) For cases of child abuse and neglect adjudicated in court, the CPSW must send the "Notice of Court Finding " (Form 2216), the "Notice of Court Finding - Juveniles" (Form 2216A) or the Notice of Court Finding – Guardian (Form 2216B) - to the perpetrator within 48 hours of adjudication. The CPSW must send either the Notice of Finding (Form 2215), Notice of Finding - Juvenile (Form 2217) or Notice of Finding – Guardian (Form 2213) for all other "founded" assessments with the exception of Non-court Cases *(link to Non court cases ITEM 687(b))*.

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689 DUE PROCESS NOTICES AND ADMINISTRATIVE APPEALS:

(a) Named alleged perpetrators in founded cases, not through the court system, must receive notice of their right to appeal via the "Notice of Finding" (Form 2215), the "Notice of Finding - Juvenile (Form 2217) or the "Notice of Finding – Guardian (Form 2213). Once received, the alleged perpetrator has 30 days to request an administrative hearing. All hearing requests and green receipt cards must be sent to State Office within 7 working days of receiving the hearing request. The hearings officer may request that the case be forwarded to State Office prior to the administrative appeal. Once the administrative appeal is made, a copy of the Assessment Finding screen must be sent to the Central Registry Specialist at State Office. If the administrative appeal's decision overturns the founded determination, the screen must be changed and the box checked concerning completion of hearing process. For Assessments that have a finding made through the court system the method of appeal is through the courts.

PROCEDURES:

Unfounded Assessments:

(a) The CPSW must:

(1) Assess assigned referrals of child abuse and neglect, determine the child's immediate safety needs, determine on-going risk of maltreatment and coordinate services to secure the child's safety within a 60 day timeframe by:

a. Providing the person identified as responsible for the harm in the referral at the initial time of contact of the complaint or allegations made against him or her and their rights and documenting the receipt of the Family Rights Brochure (form 2257)

b. Interviewing the victim and documenting this contact on the BRIDGES Case Contact Log;

c. Interviewing the parent and all other household members and documenting this contact on the BRIDGES Case Contact Log;

d. Calling the reporter at the onset and conclusion of the referral and documenting this on the BRIDGES Case Contact Log; and

e. Contacting at least two collaterals (one professional) and documenting this on the BRIDGES Case Contact Log

f. Reviewing any "additional information" *(link to add info ITEM 681(b))* and documenting this on the BRIDGES case contact log.

(2) Review all prior assessments and/or cases involving the victim and/or the family.

(3) Obtain the completed "Application for IV-A Funding for Services" for each household.

(4) Complete the SDM Safety Assessment within 24 hours of interviewing the victim.

(5) Complete the SDM Family Risk Assessment of Abuse and Neglect at the completion of the assessment.

(6) Complete the Assessment Findings Screen on BRIDGES, including a review of the prior reports associated with the child and family.

(7) Determine the assessment's outcome using the Case Decision Guideline.

(8) Complete the "Case Connect" screen on BRIDGES.

(9) Complete the Assessment Close Screen on BRIDGES to include the final closing write up that includes the number of prior reports and their determinations, any "additional information" *(link to ITEM 681(b))* received and a clear explanation of how the information was addressed, the outcome of this assessment and a clear and precise explanation of the assessment and why the determination was made.

a. Use radio buttons on BRIDGES to indicate whether there is domestic violence , substance abuse, and physical or mental health impairments of the parent and/or child/ren.

b. Document if any referrals were made and what these referrals were.

c. Document the family and professional reporter contact to inform them of the status of the assessment.

d. Document (if any) the apparent and clinically diagnosed disabilities and special needs of all family members.

(10) Provide written feedback to agencies that have reported abuse or neglect and notify other involved professionals of the assessment closure.

Founded Assessments

(a) For all Founded Assessments, in addition to completion of the tasks listed above the CPSW must:

(1) Complete the

a. "Notice of Finding" (Form 2215);
b. "Notice of Finding - Juvenile" (Form 2217);
c. "Notice of Finding – guardian" (Form 2213);
d. "Notice of Court Finding" (Form 2216);
e. "Notice of Court Finding - Juveniles (Form 2216A) or
f. "Notice of Court Finding – guardian" (Form 2216B).

(2) Enter the date of the above letter on the FINDINGS screen on BRIDGES. The exception to the prior information is if the case is being opened as a "non-court case" *(link to ITEM 687(b))* then the "Non Court Agreement" (Form 2239) serves as the waiver of their rights to appeal.

(3) Completes the Family Strengths and Needs Assessment.

(4) Refers all children under age 3 and their parents or guardians to Family-Centered Early Supports and Services, according to the following:

g. For Founded, Problem Resolved or Founded, Services Only cases, requests the parents or guardian to complete the Authorization to Release Confidential Information (Form 2011) for permission to contact the area agency to allow DCYF to confirm that services were received;
h. For Founded, Court Involved cases, requests a court order to have the child screened and require the parents or guardian to participate in Early Supports and Services. Documents this participation in the Case Contact Log on BRIDGES; and
i. Completes the Assessment Findings screen Other Services Provided pick list and select Area Agencies as the required documentation.

(b) In assessments where law enforcement is involved, refer the family to community resources pending the completion of the assessment. If appropriate, refer the family to community mental health centers, area agencies, and the Victim Witness Compensation Fund.

(c) The Supervisor must:

(1) Review child abuse and neglect referrals;

(2) Prioritize the referrals according to the response level;

(3) Assign the referral to a CPSW for assessment;

(4) Review all "additional information" received with the CPSW and ensure the information has been addressed;

(5) Ensure that the family has been made aware of their rights through the Family Rights Brochure (form 2257);

(6) Approve the Case Connect Screen on BRIDGES;

(7) Provide a minimum of weekly supervision for each CPSW I, and CPSW II and a minimum of twice monthly supervision for each CPSW III and CPSW IV assigned to the assessment function with a Supervisor. Supervision must be documented in the appropriate screens on BRIDGES;

(8) Assist in determining the assessment's outcome and review required BRIDGES screens;

(9) Transfer founded assessments to the Family Services Supervisor; and

(10) Approve all SDM and BRIDGES assessment screens.

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690: SPECIAL CIRCUMSTANCES:

Additional factors must be considered when the assessments described below are received.

690(a) Clandestine Drug Labs

DEFINITIONS:

(a) "Methamphetamine" or "Meth" means a potent amphetamine that stimulates the central nervous system, is extremely addictive, and can cause intense, prolonged withdrawal.

(b) "Clandestine drug lab" means an illegal operation at which drugs are or were produced.

POLICY:

(a) When a CPSW enters a home in the course of the child abuse and neglect assessment, he or she may discover a clandestine drug lab in operation or evidence of recent drug lab operation. If this occurs, the CPSW must follow the protocol outlined below:

(1) Do not touch any surface, chemical, or anyone in the crime scene;

(2) Do not smell any chemical, substance, or container;

(3) Do not smoke or produce an electrical spark;

(4) Do not turn on or off light switches, use a cell phone, or connect electrical devices;

(5) Immediately leave the home, seek a safe location nearby, and wash your hands and face;

(6) Call the local police to secure the location and for them to alert the Drug Enforcement Agency and the Hazardous Materials Response Team;

(7) Call 911 for an ambulance if the child, household member, or CPSW needs emergency medical care;

(8) Call the Assessment Supervisor to report what was observed;

(9) If possible, remain available to report the facts of the situation to the police;

(10) Do not re-enter the home until the site is ventilated and de-contaminated; and

(11) Coordinate interviews of the child with law enforcement:

(b) To identify a drug lab that is producing methamphetamine, look for:

(1) Unusually strong odors, like cat urine, ether, ammonia, acetone, or solvents;

(2) Residences with the windows blacked out;

(3) Iodine or chemical stained bathroom or kitchen fixtures;

(4) Excessive trash, including antifreeze containers, lantern fuel cans, red chemically stained coffee filters, drain cleaner, duct tape, and empty cold, flu, and asthma medication boxes or blister packs;

(5) Unusual amounts of clear glass containers; and a collection of chemical bottles, hoses, and pressurized cylinders, such as modified propane tanks, fire extinguishers, scuba tanks, and soda dispensers.

(c) The potential health effects to the CPSW who may be the first responder and to a family member or child exposed at the drug lab site include:

(1) Acute toxic exposure to the chemicals through inhalation, ingestion, or skin or eye absorption;
(2) Shortness of breath, cough, chest pain, dizziness, lack of coordination, chemical irritation, and burns to skin, eyes, nose, and mouth;
(3) Headache, nausea, fatigue, lethargy, aggression, and violence; and
(4) Long-term exposure effects of liver and kidney damage, neurological problems, brain damage, birth defects, miscarriages, and increased risk of cancer.

(d) The child is placed immediately in protective custody by law enforcement personnel and medically evaluated, when hazardous conditions and child endangerment exist at a drug lab.

(e) Drug labs are considered hazardous waste sites and must only be entered by trained and equipped personnel.

(f) The CPSW must continue the assessment when the child is safe and according to the Law Enforcements Protocols

(g) The Supervisor must notify the DCYF Child Protection Administrator within 24 hours of the discovery of a clandestine drug lab in NH.

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690(B) Reporting Abuse/Neglect To Law Enforcement

Described below are procedures for CPSWs to follow when referring reports of child abuse to law enforcement, the Attorney General, or the County Attorney.

Procedure:

(a) All credible reports of child sexual abuse; severe physical abuse or severe neglect; or when the child may be a victim of a crime, must be reported to the local law enforcement agency and to the county attorney (RSA 169-C: 38). When the incident reported is referred to a District Office, the assigned CPSW is responsible for notifying the appropriate Law Enforcement Agency via the law enforcement letter (Form T2203).

(b) All credible reports of child abuse or neglect, which indicate the death of a child, are reported to the local law enforcement Agency, Child Protection Administrator, and State Office Chief Legal Counsel, who notifies the Attorney General's Office.

(c) All credible reports of child abuse or neglect in any facilities administered by the Division for Juvenile Justice Services (DJJS), DCYF foster homes, residential care facilities, and day care centers are assessed by the Special Investigations Unit at State Office who will refer to the appropriate law enforcement agency with jurisdiction. See ITEM 690(e) Foster Home Investigations.

(d) All credible reports of child abuse or neglect involving school personnel, for which DCYF staff assistance is requested by law enforcement, are assessed by DO staff. The "Initial Notice to the Department of Education" (Form 2210) is completed by the Supervisor and sent to the Department of Education. Upon completion of the assessment, the "Follow-Up Notice to Department of Education" (Form 2211) is completed by the CPSW. See ITEM 690(c).

(e) Reports are to be made immediately to assure the effective preservation of evidence for law enforcement.

(f) When reporting to law enforcement, the Attorney General, or the County Attorney, the CPSW must provide as much of the following information as possible:

(1) A complete summary of the allegations;

(2) The names and addresses of the involved individuals;

(3) When the next communication needs to occur between DCYF and that office; and

(4) The results of the initial assessment or the plan for working with the family for those cases in which the CPSW has already met with the child and/or family.

(g) If the above-mentioned report was verbal, a follow up letter (Form T2203) outlining the information given is to be sent to the appropriate agency.

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690(C) Reporting Abuse/Neglect Involving School Personnel To The Department Of Education

Procedures

(a) The Child Protective Service Worker who is assigned to conduct an assessment must notify the Department of Education when an assessment is received involving public or private teachers/personnel and the reported incident is alleged to have occurred in the school or during school activities.

(b) Notices must be sent when the complaint is received via the "Initial Notice to the Department of Education" (Form 2210) and when the investigation is completed via the "Follow up Notice to the Department of Education" (Form 2211).

(c) The Department of Education may be able to assist DCYF with the assessment and/or take corrective action, when necessary.

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690(D) Services And Treatment For Disabled Infants Title 45 Public Welfare Sect 1340.15

DEFINITIONS

(a) “Disabled Infant” means an infant less than one year of age or an infant older than one year of age who has been continuously hospitalized since birth, or who has been born extremely prematurely, or who has a long-term disability.

(b) “Hospital Liaison” means a person named by the hospital or health care facility to act as the contact with DCYF in all cases of suspected withholding of medically indicated treatment from disabled infants with life-threatening conditions.

(c) “Hospital Review Committee” means a group of individuals established to deal with medical and ethical dilemmas arising in the care of patients within a health care facility. Where they exist, they may take many forms, such as an "infant care review committee" or a "bioethics

committee." The functions for a hospital review committee may include the authorization to review and recommend treatment of specific cases.

(d) "Medical Consultant" means a physician with a certified specialty in pediatrics or neonatology. The consultant is responsible for reviewing medical information and consulting with DCYF in cases of suspected withholding of medically indicated treatment from disabled infants with life-threatening conditions.

(e) "Medical Neglect" means the failure to provide adequate medical care including, but not limited to, the withholding of medically indicated treatment from a disabled infant with a life threatening condition.

(f) "Reasonable Medical Judgment" means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

(g) "Withholding of Medically Indicated Treatment" means the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's (or physicians') reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the physician's (or physicians') reasonable medical judgment any of the following circumstances apply:

(1) The infant is chronically and irreversibly comatose;
(2) The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of survival of the infant; or
(3) The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

PROCEDURES

(a) Known or suspected instances of medical neglect of handicapped infants or withholding medically indicated treatment from disabled infants must be reported immediately to DCYF.

(b) Nurses, physicians, health care facility contact persons, and other individuals must report all instances of disabled infant medical neglect to the DCYF Central Intake Unit.

(c) The Special Investigations Unit (SIU) responds immediately to all reports of suspected medical neglect of handicapped infants.

(d) The Special Investigations Unit:
(1) Completes a narrative that details the disabling condition and circumstances supporting the allegations of neglect;

(2) Consults DCYF Chief Legal Counsel to obtain assistance in notifying the Attorney General’s Office;

(3) Contacts the hospital liaison in order to:

a. Inquire about the condition of the child;

b. Determine what, in the treating physician's reasonable medical judgment, will be most effective in correcting the infants condition(s), and if any circumstances apply making treatment unnecessary;

c. Asks if the hospital has a Hospital Review Committee.

1. If the hospital has a committee, asks if it has reviewed the child's case and has made a recommendation for the child's medical care.

2. If the hospital does not have a committee, asks about the hospital's policy and procedures and how they relate to the child's care; and

d. Asks what the parent's decision is regarding treatment of the infant.

(4) If the report is unfounded, informs the Attorney General's Office.

(5) If the child remains in danger:

a. Contacts the infant's parents to request a signed consent to review the infant's medical records;

b. Contacts the Attorney General’s Office for legal assistance, if necessary, to obtain medical records and/or other information pertinent to the investigation, a court order for an independent medical or other appropriate examination of the infant, or may obtain custody or guardianship of the infant to insure that medically indicated treatment will be provided; and

c. Contacts a medical consultant who interviews the hospital liaison, responsible physician, or hospital review committee designee and reviews medical records.

(6) Maintains a record of the hospital liaisons and reviews it for updating at least annually. Each record lists the person's name, title, facility, address, and telephone number.

(7) Inquiries from the media about medically neglected disabled infants are referred to the Attorney General's Office.

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690(E) Investigating Allegations Of Abuse/Neglect In Foster Homes

DCYF is committed to investigating alleged maltreatment of children in foster care in a manner which will be the least intrusive to the foster family while assuring that quality foster family care services are being provided to children and their families in the community.

Policy

(a) The DCYF Central Intake Unit receives reports alleging child abuse/neglect in foster homes. Credible reports are sent via NH BRIDGES to the DCYF Special Investigations Unit.

(b) Reports alleging foster family care licensing violations, which do not involve child abuse and/or neglect, are forwarded via NH BRIDGES to the DCYF Licensing CPSW who will address the issues with the foster parents.

(c) Reports alleging child abuse/neglect in a foster home by a third party perpetrator are referred by intake to the Special Investigations Unit via BRIDGES.

(d) Reports alleging any criminal act involving a child in a foster home are reported to law enforcement, per RSA 169-C: 38, by the DCYF Special Investigations Unit.

(e) The victim and other children living in the foster home, regardless of the relationship to the foster parents may be interviewed by staff from the DCYF Special Investigations Unit, as needed, to complete the investigation and to ensure the safety of the children in the home. Children who no longer live in the foster home may also be interviewed by Special Investigation Unit (SIU), as needed, to complete the investigation.

(f) Any child living in the foster home is interviewed, as needed, without prior notice to the foster parents, if there is reason to believe that notification would increase the risk of harm to the child or children. The CPSW for the child is notified prior to interview and offered the opportunity to be present for the interview if at all possible

(g) The foster parent is notified verbally and via the "Notification of Investigation" (Form 2212) by SIU after the investigation has been initiated and the child's safety has been assured.

(h) The foster parent is provided with information regarding FIRST (First Initial Response Support Team).

(i) Verbal notice is given to the Licensing CPSW and/or Supervisor and any CPSW/JPPO and/or Supervisor responsible for a child in the foster home under investigation. This is followed up in writing.

(j) A child is removed from a foster home, which is being investigated, when:

(1) The child has been seriously harmed by a foster parent;
(2) The child has not been protected from foreseeable harm by a foster parent;

(3) The Special Investigations Unit staff determines that a severe level of risk or threat of harm exists for the child;
(4) The child requests removal from the foster home;
(5) The foster parent requests removal of the child; or
(6) There is reason to believe that continued placement of the child in the foster home will interfere with the investigation.

(k) SIU staff must interview the Foster parents, and other members of the foster home; consideration should be given to including the Licensing CPSW in the interview with the foster parents.

(l) The alleged perpetrator of the child abuse/neglect must be interviewed by the Special Investigations Unit staff if he or she is a member of, employed by, or has frequently visited the foster home, consideration must be given to including law enforcement.

(m) The foster parents and the Licensing CPSW are notified verbally and in writing of the outcome of the investigation within 60 days after a determination has been made.

(1) When the investigations outcome is determined to be "Unfounded", the assigned Licensing CPSW must note this in the foster parent record. Concerns, which indicate licensing violations or inappropriate treatment of a child, are to be addressed by the Licensing CPSW with the foster parents. The Licensing Supervisor makes the decision as to retention of the notation in the foster parent record.
(2) When the investigation's outcome is determined to be "Founded", the children in the foster home MUST be protected. Foster parents may be limited or prohibited from contact with the foster child. The assigned Licensing CPSW must note this finding in the foster parent record and take administrative action appropriate to the severity of the child abuse/neglect finding. The notation of the "Founded" report becomes a permanent part of the foster parent record.

Procedures

(a) The SIU CPSW must investigate assigned assessments of alleged child abuse and neglect occurring in Foster Family Homes, determine the child's immediate safety needs, determine on-going risk of maltreatment and coordinate services to secure the child's safety with in a 60 day timeframe by:

(1) Open SDM Assessment Packet on assessments as deemed necessary by the SIU Supervisor.

(2) Notify the Licensing CPSW and/or Supervisor or the Child Placing Agency social worker assigned to the foster home which is subject of the report;

(3) Consult with the CPS Supervisor or Juvenile Services Supervisor regarding the possible removal of children from the foster home;

(4) Report severe abuse/neglect, sexual abuse or assault to law enforcement;

(5) Request that the assigned CPSW or JPPO move the child or children from the foster home under investigation if the criteria in part (j) of the policy are met;

(6) Notify the foster parents by personal contact and in writing via the "Notification of Investigation" (Form 2212) after the safety of the child or children has been assured, that an investigation of their home is being conducted;

(7) Interview the victim and document this contact in the BRIDGES Case Contact Log

(8) Interview the foster parent and all other household members and any other individuals named in connection with the incident and documenting these contacts on the BRIDGES Case Contact Log

(9) May interview children placed in the home previously if there is indication that they may have been exposed to maltreatment;

(10) Call the reporter at the onset and the conclusion of the investigation and document this contact on BRIDGES Case Contact Log;

(11) Contact at least two collaterals *(link to ITEM 683(d))* and document this on BRIDGES Case contact Log

(12) Review all prior assessments and/or cases involving the victim and/or the foster family.

(13) Review any "additional information" (link to ITEM 681(b)) received during the course of the assessment and document on BRIDGES case contact log how this information was addressed

(14) Complete the Assessment Findings Screen on BRIDGES, including a review of the prior reports associated with the child and foster family.

(15) Complete the "Case Connect" screen on BRIDGES

(16) Complete the Assessment Close Screen on BRIDGES to include the final closing write up that includes the number of prior reports and their determinations, the outcome of this investigation and a clear and precise explanation of the assessment and why the determination was made.

(17) Use radio buttons on BRIDGES to indicate whether there is domestic violence substance abuse, and physical or mental health impairments of the foster parent and/or child/ren.

(18) Document if any referrals were made and what these referrals were.

(19) Notify the assigned CPSW or JPPO and Licensing CPSW of the investigation's outcome within 60 days of the report;

(20) Notify the foster parents in writing of the outcome of the investigation at completion, no more than 60 days of the report

(21) Notify the foster parents and Licensing CPSW if there is evidence of licensing violations or inappropriate treatment of a child in foster care;

(22) Provide Family Service CPSW with recommendations for the treatment of the child as necessary;

(23) Provide the Licensing CPSW with recommendations that may be included in a corrective action plan as necessary;

(24) Document the foster family and professional reporter contact to inform them of the status of the investigation.

(25) Document (if any) the apparent and clinically diagnosed disabilities and special needs of all household members.

(26) For children who are placed in the home by another child placing agency, notification will be made to the child's Case manager and request that appropriate action be taken to protect the child as necessary;

(27) Retain the record of the investigation at State Office as required by RSA 169-C:35.

(b) The Family Services CPSW or JPPO must:

(1) Share background information about the child and/or the foster parents with the SIU CPSW;

(2) Provide notification to the child's parents of the allegations within 5 working days of the initiation of the investigation, as well as notification of the outcome upon each investigation's completion;

(3) Upon request and in agreement with their supervisor and the supervisor of SIU, move the child or children from the foster home which is under investigation;

(4) Make no new placements of children in the foster home during the investigation;

(5) Authorize treatment and/or counseling for the child as needed;

(6) Inform the Supervisor of the outcome of the investigation and discuss the return of the child to the foster home as appropriate; and

(7) Provide notification to the court of jurisdiction of the investigation and its outcome.

(c) The Licensing CPSW must:

(1) Inform the Supervisor of the investigation;

(2) Cooperate with the SIU CPSW by providing background information about the child and/or the foster parents,

(3) Make no recommendations for placement of children in the foster home during the investigation,

(4) File notification of the investigation's outcome in the foster home record;

(5) Assist the foster parents in preparing a written corrective action plan within 30 days of the investigation's outcome, if necessary; and

(6) Revoke the license of the foster home, if necessary.

(d) The foster parent must:

(1) Report suspected child abuse/neglect of any child to the Intake Unit;

(2) Cooperate with DCYF staff during the investigation;

(3) Not accept a child from any source during the investigation; and

(4) Participate in a corrective action plan, if necessary;

(e) The foster parent may:

(1) Request to review the foster home record;

(2) Consult with an attorney at their own expense; and

(3) Appeal the finding through the Administrative Appeals Unit as necessary.

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690(F) Children Left At Hospitals Or Safe Havens

PURPOSE: To establish procedures for caring for children left at hospitals or safe havens, pursuant to RSA 132-A.

DEFINITIONS:

(a) "Attended by a person" means a person who is trained by, or has regularly scheduled responsibilities with, a hospital or safe haven and includes police or police staff; fire station staff; church or house of worship staff; and emergency 911 responders and to whom the parent is directly handing the child.

(b) "Child" means a newborn infant who is not more than 7 days old.

(c) "Church" means a house of worship that is registered with the New Hampshire secretary of state under RSA 292:1, I for a religious purpose.

(d) "Emergency 911 responder" means a person who is trained to provide the services of a fire department, police department, or ambulance or rescue unit.

(e) "Hospital" means "hospital" as defined in RSA 132-A:1, II, namely, "a public or private institution which is required to be licensed under RSA 151, and which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitative services for the rehabilitation of these persons."

(f) "Safe haven" means "safe haven" as defined in RSA 132-A:1, III, namely, "a church that is attended by a person, or a police or fire station that is attended by a person, or a 911 responder at an agreed transfer location."

<u>Selected Provisions of RSA 132-A</u>

(a) **According to RSA 132-A:2, a hospital or safe haven shall without a court order take temporary care and control of a child. The hospital or safe haven shall ensure the provision of any necessary medical care to protect the health or safety of the child and notify DCYF Central Intake and law enforcement officials that the hospital or safe haven has assumed temporary care and control of the child.**

(b) **The hospital or safe haven may request, but shall not require, the child's parent(s) to reveal personally identifiable information.**

(c) **RSA 132-A modifies Chapter 639 Offenses Against The Family by adding paragraph VI. No person acting in accordance with the provisions of RSA 132-A shall be guilty of an offense under this section.**

(d) **RSA 132-A:3 II states The Department (DCYF) shall reimburse the hospital or safe haven for any necessary costs incurred prior to the child's placement in the temporary care and control of the department.**

POLICY:

(e) **Upon receipt of notification from a safe haven or hospital that an individual has assumed temporary custody of a child under RSA 132-A:2, the DCYF Central Intake staff:**

(1) **To the extent possible, obtains the following information:**

a. The name of the hospital or safe haven;
b. The date and time the child was left at the hospital or safe haven;
c. The child's name, gender and date of birth if known;
d. The child's health condition;
e. The name of the attending physician;
f. Any personally identifiable information that was provided to the hospital or safe haven by the child's parent or parents on a voluntary basis, such as:
   1 The parent or parents' names and addresses;

2 Family medical history or other family information.

g. Any additional information about the child.

(2) **Requests that the caller take the child to the local hospital for observation, a complete physical examination, and any necessary medical care and treatment; and**

(3) **Forwards the referral to the District Office Supervisor for immediate assignment to an Assessment CPSW.**

(f) Upon assignment, the Assessment CPSW:

(1) **Requests law enforcement officials within 24 hours of the report to investigate the incident using all resources available, including the National Crime Information Center database to determine if the child is a missing child;**

(2) **Seeks to identify and locate absent parent(s) if name(s) or other identifying information is provided;**

(3) **Contacts law enforcement, the safe haven or hospital staff, the DO Nurse, and other involved individuals to obtain additional assessment information;**

(4) **Upon request, assists the police with their investigation;**

(5) **Files a petition with the district or family court alleging neglect by reason of abandonment and request that DCYF be given temporary custody of the child. If the parent(s) identity is known they should be noticed of the hearing and efforts to locate absent parents must be documented in the BRIDGES contact log;**

(6) **Refers all requests for care and custody of the child to the district, or family court that has jurisdiction over the matter, pursuant to RSA 169-C;**

(7) **Works with the Foster Care Worker to locate a foster home placement for the child;**

(8) **Through the Assessment Supervisor, requests the Nurse Coordinator to go to the hospital to:**

a. Observe the child;
b. Review any medical information about the child;
c. Follow up on any health care treatment recommendations;
d. Coordinate with the hospital for the child's discharge from the hospital; and
e. Work with hospital personnel to arrange for further medical services.

(9) **Coordinates with the hospital, Nurse Coordinator and the foster parents for the child's discharge from the hospital and transfer to the foster home;**

(10) **Completes the assessment and SDM screens on NH BRIDGES; and**

(11) **Transfers the case to the Family Services.**

(g) **For financial arrangements, the Assessment CPSW:**

(1) **Requests the Fiscal Specialist to apply for Medicaid on behalf of the child to cover medical care, treatment, and hospitalization;**

(2) **Authorizes Medical Services (ME), Family Support (FF), or Initial Clothing Allotment (NB) for diapers, blankets, clothing, formula, and other supplies for the child; and**

(3) **Completes the "Assurance for Payment of Medical Services" (Form 2102) for the hospital, if necessary.**

(h) **The Family Services CPSW reviews the permanency plan with the Permanency Planning Team and Supervisor.**

(i) **The Family Services CPSW may petition the probate court or family court on behalf of the child for termination of the parent-child relationship, pursuant to RSA 170-C:5 when reunification is not possible and adoption becomes the permanency plan.**

(j) <u>Any requests from the Media for information should be referred to the Child Protection Administrator at State Office.</u>

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690(G) Central Registry

Purpose

The DCYF central registry contains the names of individuals determined to be responsible for child abuse/neglect. The registry is an electronic confidential file maintained in the DCYF Central Office. Central registry information is primarily used to assess safety of children involved in new allegations of abuse/neglect. The registry is used to inform directors of childcare or child placing agencies of the possible abuse/neglect history of individuals seeking employment or working as volunteers. The registry is used to inform child-placing agencies of the possible abuse/neglect history of foster care and adoptive applicants to help determine if it is safe for children to be placed in their homes.

Definitions

(a) "Central Registry" means the confidential electronic file containing the names of individuals who have been determined to be responsible for child abuse or neglect in founded reports after due process has been completed or waived.

(b) "Child Protection Report" means a referral which results in an assessment pursuant to RSA 169-C:34 by a child protective service worker.

(c) "Identifying Information" means information specifying the identity of any individual named or listed on any record having to do with a child abuse and/or neglect report.

(d) "Person Responsible for the Child Abuse or Neglect" means the individual who has been determined by DCYF to have abused or neglected a child.

Policy

(a) The Central Registry contains identifying information of individuals determined to be persons responsible for the child abuse or neglect in founded cases after due process has been completed or waived.

(b) The process by which information is placed into the central registry is as follows:

(1) State law requires that DCYF determine whether there is a preponderance of the evidence to believe that any child in the family or household is abused or neglected and a determination of the person or persons apparently responsible for the abuse or neglect;

(2) If the assessment results in a founded determination, the person allegedly responsible for the child abuse or neglect receives the "Notice of Finding " (Form 2215) and has the opportunity to appeal the finding at an administrative hearing prior to the placement of the person's name in the founded case listing. If the person allegedly responsible for the child abuse or neglect is under 18 years of age, the CPSW follows the procedures outlined under (c) (2) and if the person is an adult under the guardianship of another the CPSW follows the procedures outlines under (d) (2);

(3) If the person allegedly responsible for the child abuse or neglect has moved to an unknown location during the assessment, the "Notice of Finding" (Form 2215) is to be sent via certified mail to the person's last known residence. If there is no response from the person 30 calendar days after it is documented that the letter was delivered to the address, the person's name is included in the founded case listing. The name will be retained in the founded case listing unless overturned by an administrative or de novo hearing. The first notice is sent certified "restricted delivery" after the address has been verified, as applicable through New Heights. If the individual refuses to sign for it (the post office attempts or we resend it 3 times), after three attempts to locate and provide notice to the individual their name may be entered into the Central Registry. An exception to this is if the person is in a prison, then the letter is not sent "restricted delivery". If the notice is not deliverable and the person subsequently contacts DCYF regarding the finding, DCYF must provide an administrative hearing, if requested.

(4) If an administrative hearing determines that the assessment is founded, the person's name is entered on the founded case listing, pursuant to RSA 169-C:28.

(5) When the outcome of the case is determined to be Founded, Founded - Problem Resolved, Founded Services Only, or Founded with Court, and the due process involving the determination has been completed or waived, the CPSW who completed the assessment notifies the Central Registry Program Specialist at State Office by providing a copy of the completed "Notice of Finding" (Form 2215), "Notice of Finding – Guardian" (Form 2213) or the "Notice of Finding - Juvenile" (Form 2217) with a copy of the registered mail receipt proving that the person allegedly responsible for the child abuse or neglect received the notice or a copy of Form 2239 in a Non-Court case The referral number corresponding to the assessment determination must be noted on the Notice of Finding Form. If the Notice of Finding has been hand delivered this must be documented in BRIDGES Case Contact Log.

(6) When a court has determined that the individual has abused or neglected a child, the individual's name is entered in the founded case listing. The individual is informed via the "Notice of Court Finding" (Form 2216) that any further appeal is through the court. The CPSW who completed the assessment notifies the Central Registry Program Specialist by providing a copy of the completed Notice of Court Finding, Notice of

Court Finding-Guardian or Notice of Court Finding- Juvenile with a copy of the registered mail receipt proving that the person received the notice. The referral number corresponding to the assessment determination must be noted on the Notice.

(7) When a court petition filed pursuant to RSA 169-C results in a consent order and no adjudicatory hearing occurs, the CPSW who completed the assessment notifies the Central Registry Program Specialist, by providing a copy of the completed Notice of Court Finding, Notice of Court Finding-Guardian or Notice of Court Finding- Juvenile with a copy of the registered mail receipt proving that the person received the notice and a copy of the Consent Agreement. The referral number corresponding to the assessment determination must be noted on the Notice.

(8) When the name of the person responsible for the child abuse or neglect is placed on the Central Registry's founded case listing on BRIDGES, the information identifying the person is entered on a confidential database. The information is maintained in the database for 7 years from the time that the assessment and due process have been completed.

(c) Information Concerning A Juvenile Responsible for the Child Abuse or Neglect.

(1) If the individual identified as the person responsible for the child abuse or neglect is under 18 years of age, CPSW must attempt, once the determination has been made, to conduct a face-to-face meeting with the juvenile's parent or guardian and the juvenile.

(2) During this meeting, the CPSW provides the parents or guardian with the "Notice of Finding- Juvenile" (Form 2217) which includes:

a. Notification of the founded determination;
b. Notice of the identification of the juvenile as the person allegedly responsible for the child abuse or neglect identified in the report;
c. Information concerning the right of the juvenile to due process, as described above, if the determination is appealed;
d. Recommendations for clinical intervention to address the juvenile's actions which resulted in the founded case of abuse/neglect; and
e. Written documentation of the information above, with a space to be signed by the juvenile and the guardian to the effect that notice of the finding, identification of the juvenile, and the right to due process if there is not agreement with the determination.

(3) The inclusion of the juvenile in this meeting or in signing Form 2217 is a treatment-based decision that must include the CPSW, the parent/guardian of the juvenile, and those who are clinically involved with the circumstances concerning the alleged abuse/neglect.

(4) If the individual or his or her guardian refuses to sign Form 2217, the CPSW must document in BRIDGES contact log that the information outlined above was provided

to the juvenile and his or her guardian. The CPSW then must send Form 2217 to parent or the guardian of the child via certified mail.

(5) If the juvenile and his or her guardian are not available for a face-to-face meeting, the parent or guardian is sent Form 2217 via certified “restricted delivery” mail.

(6) When the CPSW learns during the course of an assessment that the court has determined that a juvenile involved in an abuse/neglect assessment has abused or neglected a child, the juvenile’s name is entered in the founded case listing. The parent or guardian is informed via the "Court Finding Notice for Juveniles" (Form 2216A) that since due process has occurred through the court action, the right to address the entry of the juvenile’s name is through the court. The CPSW who completed the assessment notifies the Central Registry Program Specialist 30 days from the date of the consent order, by providing a copy of the completed ”Court Notice of Finding – Juvenile” with a copy of the registered mail receipt proving that the person received the notice, and a copy of the consent order. The referral number corresponding to the assessment determination must be noted on the Notice.

(7) The Central Registry Program Specialist reviews all identifying information for accuracy prior to placing an individuals name on the Central Registry. In those assessments that contain incomplete or missing data, the assessment is reopened and returned to the District Office for corrections. Information sent to the Central Registry pursuant to this policy will be crosschecked on the Central Registry database to insure that the findings made and the findings on BRIDGES are correct.

(d) Information Concerning An Individual Under the Guardianship of Another.

(1) If the individual identified as the person responsible for the child abuse or neglect is under the guardianship of another due to being incapacitated (due to age, physical or mental health), the CPSW must attempt, once the determination has been made, to conduct a face-to-face meeting with the guardian and the identified individual.

(2) During this meeting, the CPSW provides the guardian with the "Notice of Finding” (Form 2213) which includes:

a. Notification of the founded determination;
b. Notice of the identification of the individual as the person allegedly responsible for the child abuse or neglect identified in the report;
c. Information concerning the right of the individual to due process, as described above, if the determination is appealed; and
d. Written documentation of the information above, with a space to be signed by the individual and the guardian to the effect that notice of the finding, identification of the individual, and the right to due process if there is not agreement with the determination.

(3) If the individual or his or her guardian refuses to sign Form 2213, the CPSW must document in the BRIDGES contact log that the information outlined above was

provided to the individual and his or her guardian. The CPSW then must send Form 2213 to the guardian via certified "Restricted Delivery" mail.

(4) If the individual and his or her guardian are not available for a face-to-face meeting, the guardian and the individual is sent Form 2213 via registered mail.

(5) When the CPSW learns during the course of an assessment the court has determined the individual involved in an abuse/neglect assessment has abused or neglected a child, the individual's name is entered in the founded case listing. The guardian is informed via the "Court Finding Notice" (Form 2216B) that due process has occurred through the court action, the right to address the entry of the individual's name is through the court. The CPSW who completed the assessment notifies the Central Registry Program Specialist 30 days from the date of the consent order or court order, by providing a copy of the completed "Court Notice of Finding" with a copy of the registered mail receipt proving the person received the notice, and a copy of the consent or court order. The referral number corresponding to the assessment determination must be noted on the Notice.

(d) Retention and Destruction of Information

(1) Child abuse and neglect reports determined as founded are retained in the Central Registry and on BRIDGES for 7 years from:

a. The date of the Administrative Hearing decision;
b. The date the due process is documented as waived; or
c. The date of the final adjudication that the individual has committed acts constituting the abuse and/or neglect of a child.

(2) Destruction of the names of persons responsible for the child abuse or neglect in reports and other identifying information occurs annually

(3) The Central Registry Program Specialist must:

a. Notify the Supervisors in the District Offices of the yearly review and destruction of protection reports and identifying information linked to them in the central registry;
b. Shred all confidential paper records maintained in the founded case listing; and
c. Erase all electronic records maintained in the founded case listing.

(e) Use of Central Registry Information

(1) The information in the founded case listing is used:

a. By DCYF personnel in the course of their official duties;
b. As a reference if these individuals, named in the Central Registry, seek involvement or employment in the supervision of children in a childcare

setting, foster home, adoptive home, or child-placing agency that is either licensed or funded through NH H&HS.

(f) Access to the Central Registry's Founded Case Listing

(1) Other than DCYF personnel who may access the founded case listing in the course of their official duties, only the following persons or entities outside DCYF may have names screened on the founded case report file:

a. Pursuant to RSA 169-C:35, an individual can verify if his or her name is on the Central Registry;
b. Pursuant to RSA 170-E:7,II, and 29,II, licensed day care agencies, licensed child care agencies, residential care facilities, institutions including adoption agencies, and child-placing agencies, must submit to the Department, the names, birth dates, and addresses of staff members responsible for care of or in regular contact with children, within 30 days of their being hired, and at the time of re-licensing of the agency. Names are screened on the Central Registry and the results are provided to the licensing entity;
c. Pursuant to RSA 170-E:3, license-exempt childcare providers must submit to the Department, the names, birth dates, and addresses of those responsible for care of or in regular contact with children. Names are screened on the Central Registry and the results provided to the child care program specialist in the Child Development Bureau;
d. Probate and Family Division judges who order specific information for individual cases, such as adoptions and guardianships;
e. Child protective agencies of other states, if the inquiry is for obtaining information pertinent to a child protective investigation; and
f. Pursuant to RSA 170-G:8-c. and the Department's policy, the DHHS' Office of Human Services submits the names and other identifying information of new or transferred employees.

(2) Requests to screen information on the founded case listing pursuant to RSA Chapter 170-E or RSA Chapter 170-G must be in writing and must include:

a. The name of the individual or organization making the request;
b. The purpose of the request; and
c. The full name, any names previously used, and date of birth of the individual intending to care for or supervise children in the childcare setting.

(3) If a request for a name screen on the founded case listing results in a positive match with the name of an individual determined to be a person responsible for the child abuse or neglect in a founded case, information concerning the match is provided in the following manner:

a. If the information is requested by the individual herself or himself, the individual is provided with the abuse and/or neglect report and case outcome information with the following removed:
   1. Third party information;
   2. The name of and any identifying information concerning the reporter; and
   3. The name of and any identifying information concerning the victim, unless the person responsible for the child abuse or neglect is a parent or caregiver of the victim.

b. If the request is made by a foster family care applicant or provider, licensed child care, child-placing agency, or adoptive provider or agency, information concerning the individual and the conditions which resulted in the founded case determination is made available to the Department's representative responsible for licensing the provider. The representative must:
   1. Consult with the provider about the nature of supervision that the individual has over children and may inform the provider that there is a matter of concern about the individual;
   2. Inform the individual whose name is matched on the founded case file of this match, and request that the individual provide information indicating that she or he is not a danger to children, pursuant to RSA 170-E:7 and E:29;
   3. Review the information leading to the founded determination and any information provided by the individual; and
   4. Determine if the individual's involvement in the licensed position needs to be discontinued or modified.

c. If the request is made by a license-exempt child care provider or agency, information concerning the individual and the conditions which resulted in the founded case determination is made available to the Department's representative responsible for authorizing the provider to be subsidized for child care services or certified for payment. The representative must inform the individual whose name is matched on the founded case file of this match, and request that the individual provide information indicating that she or he is not a danger to children, pursuant to RSA 170-E:3 and E:29;

d. A panel that includes the Child Protection Administrator, a DCYF attorney, and the Central Registry Program Specialist makes all determinations concerning an individual's ability to work in a child care setting, as described in part c. above, by:
   1. Reviewing the information leading to the founded determination; and
   2. Determining if the individual's involvement in the license-exempt childcare warrants subsidy from H&HS funds, given the founded case information.

e. If a review of the information above indicates that the provider may constitute a potential risk to children, H&HS notifies the parents sending the children to the license-exempt provider that the provider does not qualify for H&HS funding.

f. If the request is made by a community mental health agency which is not a licensed child day care, child-placing, or adoption agency, notification is made to the Department's representative responsible for licensing that community mental health agency. That representative must:
   1. Consult with the provider about the nature of supervision that the individual has over children and may inform the provider that there is a matter of concern about the individual;
   2. Inform the individual whose name is matched on the founded case file of this match, and request that the individual provide information indicating that she or he is not a danger to children;
   3. Review the information leading to the founded determination; and
   4. Determine if the individual's involvement in the licensed position needs to be discontinued or modified.

(g) Expungement of names from Central Registry:

(1) Any individual whose name is listed in the founded reports maintained on the central registry may petition the district or family court to have his or her name expunged from the registry.

a. The petition to expunge shall be filed in the district or family court where the petition for abuse or neglect was heard. In cases where there was not a court finding made, the petition to expunge shall be filed in the district or family court where the abuse or neglect petition could have been brought.

b. A petition to expunge shall be filed on district or family court forms and may include any information that the petitioner deems relevant.

c. When a petition to expunge is filed, the district or family court requires the division to report to the court any additional founded abuse or neglect reports and requires that the division submit the petitioners name, date of birth, and address to the state police to obtain information regarding criminal convictions. The court may also request that the division provide any additional information that the court believes may aid it in making a determination.

d. Once the court has received the information requested from DCYF it may make a determination or schedule the matter for hearing at the request of either party. If the court determines that the petitioner does not pose a present threat to the safety of children, the court shall grant the petition and order the division to remove the individual's name from the central registry.

e. If the petition is denied, the petitioner cannot bring another petition for three years.

f. No petition to expunge shall be brought within one year from the date that the petitioners name was initially entered on the central registry.

PD 08-03
EFFECTIVE DATE: May 2008
DISTRIBUTION: A and C, DCYF MANUAL

XIII CITIZEN REVIEW PANEL ANNUAL REPORT

2008 NEW HAMPSHIRE CITIZEN REVIEW PANEL REPORT TO THE DIVISION FOR CHILDREN, YOUTH & FAMILIES

This report covers the 9th year of the NH Citizen Review Panel of DCYF. The panel met every other month during the year. A number of invited guests also attended.

Linda Compton was elected Vice-Chair.

During the year, several persons resigned from the Panel, and several new members were added.

The Panel reviewed several documents involving the function of Citizen Review Panels. As a result, the Panel decided to limit its focus to one or two issues.

An ad hoc committee of the Panel assisted DCYF in a review of a new assessment instrument. A number of suggestions were made. The Panel offered to provide more assistance in this manner.

The Panel reviewed a number of internal DCYF reports, and investigated who gets these reports and what happens to them.

The Panel was asked to participate in a proposal where a team is to review cases where the plan for a placement is changed from adoption to reunification, and the prospective adoption home is unhappy with the decision.

The Panel received an extensive report on the issue of finding a suitable relative for placement of a child rather than placement in a foster home. To this end, a new initiative called the Finding Connections Program has been established. Through Easter Seals, a connection specialist is assigned to each district office.

The Panel has identified that a problem exists with older children aging out of the system. During 2008, the Panel will focus its work on adolescent youth, particularly 18-21 year olds making the transition from foster care to independent living.

SUMMARY AND RECOMMENDATIONS: DCYF RESPONSE

1. The Panel recommends that all guardians ad litem and CASA workers be educated in the Finding Connections Program to facilitate placing a child with a suitable relative or other permanent situation.

DCYF Response:

The Division for Children, Youth and Families is committed to a collaborative and transparent approach to improving our practices. Our Finding Connections program focuses on establishing positive and permanent relationships for children in care. Prior to the implementation of this initiative, DCYF management met with the CASA leadership to outline this and other permanency initiatives.

The Finding Connections program was established in January 2007 through the Administrative Case Review contract with Easter Seals. This program established a "Connection Specialist" position in each of the District Offices. The Connection Specialist has expertise in researching a child's case file, otherwise known as "case mining", in order to help identify relatives or other positive supports for children in care. The Connection Specialist works collaboratively with the child's caseworker and Permanency Planning Team to ensure these positive resources are available to benefit the child.

In addition to DCYF attending CASA leadership meetings to update them on practice changes we also worked to educate the CASA workers, judges and other placement providers about this innovative program. Members of the Administrative Case Review Steering Committee along with Easter Seals Connection Specialists held meetings for CASA employees to provide an overview of this program and will continue this through 2008-2009.

2. The Panel recommends that DCYF consider formalizing and expanding the Youth Advisory Board, perhaps by having a youth group at each District Office.

DCYF Response:

The New Hampshire Youth Advisory Board is a formal entity referred to, as "NH Teen Voices" and is comprised of teens in out-of-home placement. The board's mission is "making a difference for youth in care by voicing opinions for positive change" and it meets monthly to work on a variety of projects of interest to foster children. DCYF solicits opinions from NH Teen Voices for the development of policies and programs affecting youth in care. Members of the board also serve on panels, perform community service and participate in trainings presented to peers, DCYF staff, placement providers and community professionals.

The Division agrees with the CRP recommendation that the Youth Advisory Board should involve a youth group from each District Office. This recommendation will be forwarded to the Adolescent Program Specialist and discussed with other Adolescent Workers around the State. The Division has always advocated for representation from each office on the Advisory Board.

3. Aftercare Services involve youth up to age 21. The Panel recommends DCYF consider extending medical coverage up to 21.

DCYF Response:
DCYF has supported the extension of medical coverage for youth up to the age of 21. Currently, medical coverage is available up to the age of nineteen or APTD if disabled. In order for this recommendation to be accomplished, it would require legislative approval and funding as well as changes to the State's Medicaid Plan.

4. The Panel recommends DCYF consider including in Aftercare Services those youth who return home shortly before their 18th birthday.

DCYF Response:
DCYF supports the recommendation of Aftercare Services for youth who return home shortly before their 18th birthday. Unfortunately, this recommendation is held under the constraints of Title IV and Chafee rules, and not within the authority of the Division.

5. The Panel recommends DCYF consider relaxing the eligibility requirements for Aftercare Services for DJJS youth.

DCYF Response:
As stated in CRP recommendation 4: DCYF is unable to relax the eligibility requirements for Aftercare Services as these requirements are specified under Chafee Rules and other federal guidelines and not within the authority of the Division.

6. The Panel recommends DCYF consider installing a tracking system to follow youth aging out of the system and evaluate the results.

DCYF Response:

The Division supports the CRP recommendation and is currently developing a strategy to follow up with youth who age out of care. This data collection is federally mandated under the final rule regarding the National Youth in Transition Database (NYTD). States must report demographic data for all youth receiving independent living services. Furthermore, states must provide baseline information on all children who are in foster care at 17 years of age. These youth must also be surveyed at age 19, then again at age 21. Outcome measures include financial self-sufficiency, educational attainment, positive connections with adults, experience with homelessness, and access to health insurance.

7. The Panel recommends that written input from various parties, including but not limited to the GAL, providers, parents and the child, if age-appropriate, be considered by the permanency planning team prior to the adoption of a permanent plan; and that

check off boxes be included on the PPT Review form indicating what parties' input has been considered.

DCYF Response:

The Division supports the CRP's recommendation to include input for various parties as part of the Permanency Planning Team process. This recommendation will be discussed with the Child Protection Administration and Permanency Program Specialist.

Changes to the Permanency planning review form are also supported and will be incorporated into the above discussions.

XIV CHILD WELFARE COMMITTEE 2007-2008 ANNUAL REPORT

2007-2008 Annual Report of the Child Welfare Committee To the NH DCYF Advisory Board

The Child Welfare Committee has met quarterly throughout the past year. There has been a continued effort to recruit members who represent the diversity of NH DCYF constituents and who come from various geographical regions of the State after last years' disclosure that minority children are over represented in DCYF caseloads. Four Committee meetings were hosted during the 2007-2008 year at various member program locations around the State. The Committee continues to function under the Operations Protocol, created last year, which builds on the Memorandum of Agreement. Officers were elected and additional members added. Input was given on the Five Year Plan, various RFP's, grants and proposed new services were reviewed and discussed. Speakers addressed the group and at times sought members input to enhance their work.

2007-2008 Meetings

Four committee meetings were held throughout the State during this year. Dates and locations were:

July 25	12:30 - 3:30PM	Monica Zulauf's Bristol Home
October 24	12:30 - 2:30 PM	Malley Farm Boys Home, Somersworth
January 23	12:30 - 2:30PM	YWCA, Manchester
April 23	12:30 - 2:30PM	NH Prison, Lakes Region Facility, Laconia

There was a great benefit to holding meetings at various locations. By locating at these sites we were given the opportunity to see first hand how the programs are flourishing and also some challenges they may face. We continue to strive to have consumer input at meetings; meeting at local programs increases this important participation. (Agendas for all meetings are attached.)

Membership

The Officers continued as follows: Bernadette Pelczar, Chair; Sherry Gould, Vice Chair and Kristina Toth, Secretary. The Nominations Committee, led by Monica Zulauf, has successfully recruited 18 solid members. We have worked to have representation from all parts of the State. This was achieved by recruiting members from statewide groups, a mix of State employees and private non-profit employees, a representative from the Advisory Board and consumers. Kathy Olsen continues as the liaison to the DCYF Advisory Board and Barry Katz, a foster father from Somersworth joined us last year. Each member has been asked to identify an alternate to fill in for them if they are unable to attend a meeting.

This alternative will hopefully take over for the current member when their term is done. To date there are 7 alternates. The goal is for each member to have a three-year term on the Board; however this will be reassessed to see if it is the best policy for continuity. There is no prohibition against members continuing to serve after a three-year term. The committee website, developed by Sherry Gould continues to provide members with easy access to Committee files, photos of each other and a means of effective communication. It has worked well. This year Melissa Correia, BQI Administrator, joined the Committee as Bernie Bluhm changed his employment within the State. Kristen Neil, Family Preservation, came to our last meeting and is becoming more involved with the Committee.

There have been two key points that have challenged the Committee in the area of composition. We are committed to having consumer involvement. The consensus has been to create meaningful ways to involve consumers and to avoid tokenism. This has been achieved by consumer input at community meeting sites as well as special speakers at various meetings. Including foster parents in the group has also brought input from an important consumer group. The other area of focus in membership has been to recognize the diversity of the families we serve and ensure the Committee be reflective of this diversity. To this end the committee has strived to recruit members of diverse populations who are meaningfully engaged in work in the community that is reflective of the goals of the Committee and is not simply token representatives. Finding such community members is a challenge, and when identified such candidates are frequently over taxed as they are being asked to represent their culture in many ways and areas of the State.

The current members of the Child Welfare Committee include:

Bobbie Bagley	BDB Health Promotions, Londonderry, NH
Jeanette Birge	Child and Family Services of NH
Deb Coe	NH Coalition Against Domestic & Sexual Violence, Concord, NH
Melissa Correia (*DCYF Liaison)*	NH DCYF, Quality Unit, Concord, NH
Jason Escabi	NH DCYF, Portsmouth, NH
Sherry Gould (*Vice Chair)*	Wijokadoak Native American Social Services, Warner, NH
Barry Katz	Foster Parent, Somersworth, NH
Joan Marcoux	NH DEAS, Hearing and Vision Program, Concord, NH
Kathy Olson	Adult Learning Center , Nashua, NH
Bernadette Pelczar (*Chair*)	Casey Family Services, Concord, NH
Myriam Roeder	NH DCYF, Adoption Unit, Concord, NH
David Roy	NH DHHS, Berlin, NH
Mark Sipple	Malley Farm Boys Home, Somersworth, NH
Randa Tenney	LSS Antrim Girls' Shelter, Antrim, NH
Kristina Toth (*Secretary*)	NHDOC, Lakes Region Facility, Laconia, NH
Bill Walker	Minority Health Office, DHHS, Concord, NH
Pipp Wiese	NH DCYF, Littleton, NH
Monica Zulauf	YWCA, Manchester, NH

Operations Protocol

The Memorandum of Agreement created this committee and guides its operation. The Operations Protocol developed by a sub-committee voted on in February 2006 continues to be used as a guide for committee functioning. This document has helped to focus the work of the Committee and has been a valuable tool in ensuring that committee members are invited to participate in real work focused appropriately to the goals of the group.

DCYF/Five Year Plan/RFP Involvement

The Committee is very involved in monitoring and providing suggestions to Melissa Correia from the DCYF Bureau of Quality Improvement for enhancement of services or adding new services needed around the State. This is done on an annual basis. Committee members have reviewed RFP's as requested and provided recommendations on services needs. Members have also assisted in finding client representatives to give input on DCYF initiatives where appropriate and provided anecdotal stories on program functioning.

The Child Welfare Committee continued work that began in the previous year on a DCYF Cultural Competency Self Assessment. Members provided constructive feedback on the survey instrument designed for Child Protective Service Workers (CPSWs). Several members provided feedback via email and in meetings with Melissa Correia, including members of Native American and African American communities in the state. One key contribution from the CWC was the addition of survey questions designed to gather information specific to staff knowledge of the deaf and hard of hearing communities. This section of the survey would not have been complete without this valuable feedback. DCYF distributed the survey to all field CPSWs and is currently analyzing the results.

Agency/Individual Updates

Agency/individual updates by members of the committee to the whole group is a standard agenda item. This facilitates sharing and information dissemination. It has become a welcomed segment of the meeting allowing for members to be able to make referrals or share the information they learn about with others in their area or throughout the State. The committee has become very interested in the diversity of the State and how these diverse populations have been served. From data presented by Bernie Bluhm we are aware of the overrepresentation of minority children in abuse and neglect reports and open cases of the Agency. Through our update process we are hearing from providers of the greater numbers of minority children receiving services. This is an area the committee will continue to monitor. We are also discussing the greater move to permanency for New Hampshire's children and how services need to change to support this move. We continue to be committed to offering the best possible services to citizens of New Hampshire.

XV STATE REGISTRY AND CRIMINAL RECORDS CHECK

TITLE XII
PUBLIC SAFETY AND WELFARE
CHAPTER 170-E
CHILD DAY CARE, RESIDENTIAL CARE, AND CHILD-PLACING AGENCIES

Residential Care and Child-Placing Agency Licensing
Section 170-E:29

170-E:29 State Registry and Criminal Records Check. –

I. Licensed child care agencies, institutions, and child-placing agencies, shall, within 30 days of adding new staff members responsible for care of or in regular contact with children, submit the names, birth dates, and addresses of such staff members to the department.

II. Except in the case of an initial application for a foster family home, the department shall, for every name submitted on the application and for each new staff member, or at each renewal, review the names, birth names, birth dates, and current and previous addresses of such persons against the state registry of founded abuse and neglect reports. The department shall submit the names, birth names, birth dates, and addresses to the state police files to obtain information about criminal convictions.

II-a. In the case of an initial application for a foster family home, the department shall conduct a background check of the prospective foster parents and any other adult living in the home. The background check shall consist of a fingerprint-based criminal record check of national crime information databases for the prospective foster parents and a central registry check for the prospective foster parents and any other adult living in the home.

(a) For the criminal record check required under this paragraph, the department shall submit the prospective foster parents' fingerprints to the department of safety, division of state police, for forwarding to the Federal Bureau of Investigation. Upon completion of the criminal record check, the division of state police shall forward the results to the department.

(b) The central registry check shall include a check of the department's central registry of founded reports of child abuse and neglect under RSA 169-C:35 and shall include a check of the child abuse and neglect registries in any other state in which the prospective foster parents or other adult living in the home has resided in the preceding 5 years. Information obtained from another state pursuant to this subparagraph shall be used only for the purposes of conducting the background checks.

III. If any individual whose name has been submitted for a check under this section has been convicted of a violent or sexually-related crime against a child, or of a crime which shows that the person might be reasonably expected to pose a threat to a child, such as a violent crime or a sexually-related crime against an adult, the department shall deny the license, pending the development and

implementation of a corrective action plan approved by the department.

IV. If any individual whose name has been submitted for this check has been convicted of crimes against minors or adults, except crimes as provided in paragraph III, or is the subject of a founded complaint of child abuse or neglect, the department may deny the license or permit, revoke a license, or suspend a license pending the development and implementation of a corrective action plan approved by the department. The department shall conduct an investigation in accordance with rules adopted under this subdivision to determine whether the individual poses a present threat to the safety of children. The investigation shall include an opportunity for the individual to present evidence on his behalf to show that he does not pose a threat to the safety of children.

V. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to the confidentiality of information collected under this section and to the release, if any, of such information.

Source. 1990, 257:8. 1994, 212:2. 1995, 310:136, eff. Nov. 1, 1995. 2007, 325:4, 5, eff. July 1, 2007.

TITLE XII
PUBLIC SAFETY AND WELFARE
CHAPTER 170-B
ADOPTION

170-B:18 Assessment

VII. The court shall require a background check in all adoption proceedings initiated by the department or by another child placing agency. The background check shall consist of a fingerprint-based criminal record check of national crime information databases for all prospective adoptive parents and a central registry check for all prospective adoptive parents and any other adult living in the home.

(a) For the criminal record check required under this paragraph, the department shall submit the prospective adoptive parents' fingerprints to the department of safety, division of state police, for forwarding to the Federal Bureau of Investigation. Upon completion of the criminal record check, the division of state police shall forward the results to the department.

(b) The central registry check shall include a check of the department's central registry of founded reports of child abuse and neglect under RSA 169-C:35 and shall include a check of the child abuse and neglect registries in any other state in which the prospective adoptive parent or other adult living in the home has resided in the preceding 5 years. Information obtained from another state pursuant to this subparagraph shall be used only for the purposes of conducting the background checks.

CODE OF ADMINISTRATIVE RULES

Statutory Authority: RSA 170-G:5

CHAPTER He-C 6400 PROGRAM AND SERVICE INFORMATION

PART He-C 6446 FOSTER FAMILY CARE LICENSING REQUIREMENTS

He-C 6446.01 Scope. The foster family care licensing requirements in He-C 6446 shall apply to applicants, licensed foster parents, household members of the licensed home, child care agencies, child placing agencies and licensing agencies.

Source. #7184, INTERIM, eff 12-28-99, EXPIRED: 4-26-00

New. #7321, eff 7-22-00; ss by #8663, eff 6-16-06

He-C 6446.02 Definitions.

z) "Household" means all individuals who reside in the foster home or might reside there during any time that there is a child in care.

He-C 6446.03 Requirements for Applicants for a Foster Family Care Permit or License.
c) The following shall be provided by the applicant, for all categories of foster family care, prior to the issuance of a permit or license:

(2) The applicant and, if applicable, all household members 17 years or older shall;

a. Be subject to a criminal records search as provided in He-C 6446.06;

b. Be subject to a central registry check as specified in He-C 6446.07;

c. Reside in a home that complies with the foster home requirements set forth in He-C 6446.08;

d. Meet with representatives of the licensing agency as required by He-C 6446.09;

e. Participate in the preparation of the home study as required in He-C 6446.10; and

f. Complete pre-licensing training as required by He-C 6446.11 and, if applicable, in He-C 6446.04.

http://www.gencourt.state.nh.us/rules/he-c6400.html

XVI DCYF PROGRAM BROCHURE

Contact the Division for Children, Youth and Families at Brown Building

Main Number	603-271-4451
Toll Free	800-852-3345
Fax	603-271-4729

District Offices

Berlin	603-752-7800
Claremont	603-542-9544
Concord	603-271-6202
Conway	603-447-3841
Keene	603-357-3510
Laconia	603-524-4485
Littleton	603-444-6786
Manchester	603-668-2330
Nashua	603-883-7726
Portsmouth	603-433-8326
Rochester	603-332-9120
Salem	603-893-9763

To Report Abuse or Neglect

Report Child Abuse	603-271-6562
Report Toll Free	800-894-5533

Website:
www.dhhs.state.nh.us/DHHS/DCYF

NH Department of Health and Human Services
Division for Children, Youth and Families
129 Pleasant Street
Concord, NH 03301

Form 2001
PD-07-39

October 2007

New Hampshire Department of Health and Human Services

Division for Children, Youth and Families

Prevention
Safety
Permanency
Well-Being

Division for Children, Youth and Families

The Division for Children, Youth and Families (DCYF) manages programs on behalf of New Hampshire's children and youth and their families. DCYF staff provide a wide range of family-centered services with the goal of meeting the needs of parents and their children and strengthening the family system. Services are designed to support families and children in their own homes and communities whenever possible. The major program areas of DCYF include:

Child Protection

The Bureau of Child Protection works to protect children from abuse and neglect while attempting to preserve the family unit. Child Protective Service Workers (CPSW) help prevent further harm to children from abuse or neglect by a person responsible for a child's health or welfare. Services from DCYF can be provided in a variety of different ways including referrals to community services, voluntary cases when no abuse or neglect exists, opening a non-court case or filing a petition of abuse or neglect in the District or Family Court.

To provide safe and effective screening and interventions with families, DCYF has partnered with the New Hampshire Coalition Against Domestic and Sexual Violence to place a Domestic Violence Specialist in each District Office throughout the state.

Permanency

Permanency means that a child has a long term, safe, stable environment. This creates a lifelong relationship with a nurturing caregiver. Permanency Workers are located in each District Office and are trained to assist children and their families to identify permanent, lifelong connections. Reunification with a parent is the preferred permanency option. When reunification is not possible, adoption, guardianship or another permanent living arrangement is sought.

Adolescents

The Adolescent program is designed to ensure that current and former DCYF and Division for Juvenile Justice Services (DJJS) youth obtain the preparation, resources and positive youth development they need to establish permanent connections and become healthy, self-sufficient and successful adults. Adolescent Workers lead, educate and collaborate with youth, colleagues and the community to ensure best practice for adolescents.

Foster Care

The Foster Care program provides foster family homes and a family experience for children who cannot safely be cared for in their own homes. Foster Care Workers in each DCYF District Office recruit, train and license foster families, and match children in need of out-of-home care with a foster family best suited to meet the specific needs of each child.

The Foster Care Health program is designed to meet the health care needs of every child in out-of-home placement. All children in out-of-home placements through DCYF receive the on-going care they need to achieve and maintain optimal physical, emotional and developmental health.

Adoption

The Adoption program provides an array of services to families who adopt children through DCYF. These services include:

- Case management
- Education
- Information and referral
- Financial assistance
- Support groups
- Assistance to adoptees searching for their birth families

Post Adoption Services

Adoption is a lifelong commitment by both the parent(s) and the adopted child. The adoption process does not end with finalization, indeed, it is just beginning. At any stage throughout life, the adopted person and the adoptive family may have needs or questions that are unique to adoption. DCYF provides information and referral regarding post adoption services and support, as well as short-term case management, voluntary services, education and support. Services are provided free of charge by staff with experience in the field of adoption.

Community and Family Supports

Community and Family Support Services provide services to families in their communities, with or without DCYF involvement, including:

- Funding for community-based programs that work to prevent child abuse and neglect, juvenile delinquency, and out-of-home placement of children and youth;
- Clinical services and mental health support for children involved with DCYF; and
- Educational advocacy and support for children involved with DCYF.

Child Development

The Child Development Bureau:

- Provides technical assistance and support to early care and education programs.
- Provides consumer education and child care training programs to help develop and maintain child care programs.
- Maintains statistics on the supply and demand of child care throughout New Hampshire.
- Develops policy for the New Hampshire child care scholarship program.

The New Hampshire Head Start State Collaboration Office works closely with the NH Head Start Directors Association to support coordination of efforts related to children's health and well being.

XVII DCYF DISASTER RESPONSE PLAN

State of New Hampshire
Division for Children, Youth and Families

Disaster Response Plan

Division for Children, youth and Families
Disaster Response Plan

February 2007

Department of Health and Human Services
DCYF
129 Pleasant Street, Concord, NH 03301
Phone 800-852-3345 • Fax 603-271-4729

Introduction

This plan is designed to go into effect when a disaster (under 10 days) interferes with the day-to-day operations of the Division for Children Youth and Families. While procedures spell out by unit or function what can be done in preparation for a disaster or when a disaster strikes, it is not a substitute for sound judgment and capable leadership. Leadership is the responsibility of the State and District Office leaders and will be necessary to guide staff and DCYF clients when normal operations are interrupted.

Coordination between DCYF and the various units of DHHS is essential to effectively prepare and respond to disasters.

Each section of the plan needs to be implemented for staff to be prepared as well as possible for disasters that might interfere with the normal operations of DCYF. Implementation means:

1. gathering and making available emergency information to supervisors and administrators;
2. training staffs about emergency procedures;
3. establishing periodic reports of key client information for supervisors and administrators;
4. reviewing and updating, periodically, this plan to improve the Division's ability to respond to disasters; and
5. establishing specific procedures with DHHS to coordinate preparations for and responses to disasters.

The plan will be activated when ordered by the DCYF Director or designee and when a District Office can no longer follow Division policy and the Office's usual operating procedures. This plan will end when the Office can resume its usual operating procedures or when given a new operations plan by the DCYF Director or designee.

The plan is based on the work of the Disaster Planning Committee of State and District Office representatives and the following articles. (See APPRENDIX. for full text.)

1. Coping with Disasters: Tips for Child Welfare Agencies Spring, 2006,
2. Coping With Disasters: A Guide for Child Welfare Agencies, Jan 1995,
3. Disaster Preparedness for Families Children with Special Needs, Florida Institute For Family Involvement 2006 and
4. Lessons Learned for Protecting and Educating Children after the Gulf Coast Hurricanes, May 11, 2006 United States Government Accountability Office.

Assumptions Made

The Division's plan is based on the following assumptions:

- The plan depends on timely communications and effective leadership.
- The plan applies to all hazards and not a specific event.
- The Continuity Plans identify the Division's priority services.
- The plan is to be used for temporary (under 10 days): lost of: power, communications, staff, offices, computers and other resources needed to continue routine operations. (Over 10 days, refer to the DHHS continuity of operations plans).
- The plan describes only the general emergency procedures staff will need to follow. Supervisors and Administrators will need to improvise to meet the specific conditions of an actual disaster.
- It assumes DHHS will continue to operate to provide food stamps, TANF grants, Medicaid and other services.
- It assumes that community emergency services will be in place to provide basic necessities of shelter, rescue, evacuation, fire control, transportation, etc.
- It assumes DCYF is participating in the DHHS emergency response system for homeland security and other types of emergencies.
- The plan focuses on DCYF's unique responsibilities for foster children in foster family homes or residential facilities in-state or out-of-state especially special needs children.
- The plan assumes staff and supervisors will be informed and trained on how to implement emergency procedures when disasters strike.
- The plan assumes all personnel will need some level of assistance before, during and after the disaster has passed.

- The plan assumes Bridges will continue to operate and be the central source for most data.

- It assumes DCYF will coordinate this plan with DJJS especially where some offices of both Divisions are in the same building and where there are joint cases and common providers.

- It assumes the plan will be effective only if it is tested and updated.

Testing, Reviewing and Updating the State Office and Each District Office Disaster Plans

The maximum effectiveness of this plan is dependent on trained personnel to test the assumptions made and the directions provided. Periodic drills, outcome reviews and updating of information and direction is necessary for leadership and staff to maximize services to clients and to support staff during times of disasters.

Confidentiality

This plan includes employee phone numbers and addresses. This information is to be used only as required to implement this plan and is protected under RSA 91-A:5. Exemptions IV of Chapter 91-A ACCESS TO PUBLIC RECORDS AND MEETINGS. Unauthorized use is a violation of the Division's Code of Ethical Conduct and subject to disciplinary actions described in NH Personnel Rules, PER 1000.

DCYF Disaster Planning Chart

Major Responsibilities	Communications	Tracking/Locating
Care, custody and guardianship of children in Foster Care (especially children with high medical needs)	Parents, guardians, courts, GAL, CASA	Foster children, parents, guardians and foster parents
Provider payments - Child care, Foster Care, Adoptive parents, Community based and Residential Providers	All providers and recipients	All providers and recipients
Intake	General public and professionals reporting allegations of abuse and/or neglect	Current address
Assessment	Parents, foster parents, residential facilities	Current address
Family Services Placement/removal of children for abuse and/or neglect	Parents, guardians, foster parents	Foster children, parents, guardians and foster parents
Information Systems	Supervisors, staffs, administrators, program specialists	All DCYF clients and providers' information
Health information about children in foster care	Parents, guardians, foster parents	All Foster Children (especially children with high medical needs)
DCYF Staff	Supervisors and administrators	Absent or incapacitated staff
Leadership	Director, supervisors, administrators, DHHS Commissioner and Incident Command Center(Emerg Sup Function 8 (Health & Medical Service)	Absent or incapacitated leadership

The chart above identifies major components of the plan. It illustrates the relationships among responsibilities, communications and tracking/locating of clients and staff.

The major responsibilities listed above are critical to the Division's mission and legal obligations. When a disaster occurs, the Division will strive to fulfill these key responsibilities.

Sharing key information at the time of a disaster requires effective communications with clients, providers, staff and others. The Division will use phones, cell phones and the public media (if necessary) to obtain information about children in foster care or children in residential care and to communicate to parents, providers and others the safety, location and well being of each child.

The Division initial work at the time of disaster will be to locate and track clients, providers, staff and others in order to confirm the safety and location of each child and the availability of providers and staff to continue the delivery of services.

LEADERSHIP/COMMUNICATIONS

Continuity Plan

The Leadership continuity plan is activated when ordered by the Director or designee.

Emergency Procedures

The Director or designees:

- provides direction and information to supervisors and state office personnel about actions to take in response to an impending or actual disaster and actions being taken by the Commissioner's Office;
- informs supervisors to activate the District Office continuity plans in response to an impending or actual disaster (such as a hurricane);
- informs State Office administrators to activate continuity plans in response to an impending or actual disaster (such as a hurricane);
- uses media to communicate directions to staff, clients and providers when other forms of communications are not available or effective in responding to a disaster;
- holds an emergency staff meeting within a couple of days of the disaster to update staff on the current situation and ask the staff to identify their needs and the needs of the Office;
- uses the Central Intake Unit as a DCYF communications center when necessary;
- coordinates the DCYF plan with the DHHS emergency management unit.

Supervisors:

- inform staff of current conditions and actions to take;
- provide direction for continued operations of DCYF programs;
- implement the District Office continuity plans;
- coordinate their actions with the D. O. Managers of Operations and other DHHS supervisors; and
- communicates with DCYF Director or designee.

Intake

The Intake continuity plan is activated when ordered by the Director or designee and when the Intake Unit can no longer follow its usual procedures.

***Emergency Procedures**:*

***Intake Supervisor will*:**

- determine if it is safe for the CPSWs to report to the Central Intake Office;
- contact State Office to determine if Intake could be moved to a temporary new site(s) if it's unsafe to report to the Central Intake Office;
- obtain the status of each district office and their contact information if they have moved to a different site;
- activate the phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- review referrals and give highest priority to Level 1 referrals for assessments;
- provide paper forms for documenting referrals if Bridges is not available;
- contact law enforcement when child is in danger and referral cannot be made to a district office;
- request additional staff when it's not possible to respond to level 1 calls;
- use Intake as a DCYF communications center when requested by the Director or designee.

Intake CPSWs will:

- report to the Central Intake Office unless instructed to report to a temporary site by Supervisor or State Office;
- contact local law enforcement when child is in danger and referral cannot be made to a district office;
- determine as soon as possible if a call is a Level 1 referral;
- document referrals on paper forms if Bridges is not available.

ASSESSMENT

Continuity Plan

The assessment continuity plan is activated when ordered by the Director or designee and when the District Office can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- activate phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- review referrals and give highest priority to Level 1 referrals for assessment;
- determine if it's safe for the CPSW to complete the assessment before, during and after the disaster strikes;
- provide forms for documentation if Bridges is not operational;
- assign additional staff (Family Services, Permanency, Adolescent or Foster Care CPSWs) if there is not sufficient assessment staff;
- establish a core team of staff, if possible, to carry out critical assessment and family services tasks;
- document delays in Bridges (or on paper if necessary) in responding to all referrals according to policy;
- instruct staff to work with law enforcement regarding any emergency removals, especially if the courts are not available; (If law enforcement officials are not available, the law allows JPPOs to take emergency custody under RSA 169-C: 6 Protective Custody and RSA 170-G: 16 IV.)
- triage all other assessment functions for new and open assessments based on child safety and availability of staff;

Assessment CPSW (or assigned CPSW) will:

- determine best method of conducting the assessment when the standard procedures cannot be followed. For example additional collateral contacts may be made to assure the child is safe when a child cannot be seen in person;
- notify local law enforcement when there is imminent danger to a child;
- document all efforts made in Bridges (or on paper) to insure the child's safety;
- contact his or her Supervisor periodically regarding their own safety;

FAMILY SERVICES

Continuity Plan

The family services continuity plan is activated when ordered by the Director or designee and when the District Office can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- activate phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- assign staff (Family Services, Permanency, Adolescent or Foster Care CPSWs) as needed to check on each foster child's condition, location and on-going needs;
- ensure birth and foster parents and residential providers of all foster children in open cases are contacted;
- review family service cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, children in the process of being removed from their homes and all other children.

Family Services CPSWs will:

- contact all birth and foster parents and residential providers of all children in open cases to collect information about:

1. their current and future locations,
2. needs for medical information and/or prescriptions for every child,
3. any other specific needs they have during and/or after the disaster.

- provide foster parents information about how to contact DCYF during or after the disaster;
- contact law enforcement when the courts are not available and a child must be moved for safety reasons from their home or current placement (If law enforcement officials are not available, the law allows JPPOs to take emergency custody under RSA 170-G: 16 IV.);
- document in Bridges (or on paper if necessary) all delays or postponements of case plan required activities, child and parent visits, court hearings, administrative reviews, etc.;
- contact his or her Supervisor periodically regarding his/her own safety.

FOSTER PARENTS

Disaster Planning

When a disaster strikes, these are some of the things you can do before, during and after the disaster.

Prior to a disaster

Foster Parents can:

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and hurricanes to children. Plan to share responsibilities and work together as a team.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address **the special needs of persons with a disability**. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you can't return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the "meeting place" and how to contact one another.
- Ask an out-of state friend to be your "family contact" <u>and share this information with your DCYF or DJJS case worker</u>. After a disaster, it's often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact's phone number.
- Discuss what to do in an evacuation. Plan how to take care of your pets.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children's school to find out what their emergency plan is.
- Post DCYF or DJJS case worker's number and inform all family members.

If a disaster strikes:

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.
- Evacuate, if advised to do so.
- Check for damage in your home.
- <u>Use flashlights</u> not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.

- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your CPSW or JPPO when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.
- Copied extensively from the Disaster Preparedness for Families of Children with Special Needs, Florida Institute for Family Involvement

SPECIAL INVESTIGATIONS UNIT

Continuity Plan

The Special Investigations continuity plan is activated when ordered by the Director or designee and when the Unit can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- contact each member of the Unit when staff cannot or should not go to the office or when usual communications cannot be followed;
- determine if its safe for the CPSW to complete the assessment before, during and after the disaster strikes;
- provide paper forms for documentation if Bridges is not operational;
- request additional staff if there isn't sufficient staff to complete assigned assessments;
- document delays in Bridges (or on paper if necessary) in responding to all referrals according to policy;
- instruct staff to work with law enforcement regarding any emergency removals, especially if the courts are not available;
- triage all other assessment functions for new and open assessments based on child safety and availability of staff.

Special Investigations' CPSW (or assigned CPSW) will:

- determine best method of conducting the assessment when the standard procedures cannot be followed. For example additional collateral contacts may be made to assure the child is safe when a child cannot be seen in person;
- notify local law enforcement when there is imminent danger to a child;
- notify the local DCYF Office that a child may need to be placed and that it may be necessary to file petitions in the local district or family court;
- document all efforts made in Bridges (or on paper) to insure the child's safety;
- contact his or her Supervisor periodically regarding their own safety.

RESIDENTIAL SERVICES

Continuity Plan

Emergency Procedures

***Residential Providers will**:*

- implement the emergency plans developed under the Bureau of Child Care And Standards rules He-C 4001.14 Prevention and Management of Injuries and Emergencies;
- contact the D.O. CPSW or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child or contact the DCYF central office in Concord if the D.O. is not available;
- identify placement changes that may be necessary; and
- provide name and location of new site if re-location becomes necessary.

Supervisors and/or CPSWS will:

- document all information received about a child in residential care;
- contact parents and provide available information;
- determine if there are available foster homes or other residential facilities for a child who may need to be transferred; and
- assist in the transfer of the child when requested.

INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

Continuity Plan

The Interstate Compact continuity plan is activated when ordered by the Director or designee and when the Deputy Compact Administrator can no longer follow the usual procedures.

Emergency Procedures

Deputy Compact Administrator will:

- Identify children in the geographic area affected by the disaster;
- Contact the local office responsible for the supervision of the child's placement;
- Obtain information about the child's location and condition;
- Notify the sending state's administrator about the child's location and condition;
- Document any collected information on paper forms (if Bridges is unavailable) about the child and send it to the sending state's administrator when phone service is restored.

STAFF SUPPORT

Continuity Plan

The staff continuity plan is activated when the District Office Supervisor has determined that staff has been impacted by an actual or potential disaster, or other significant event that interrupts usual procedures in that office.

Emergency Procedures

***Supervisor will**:*

- determine that an event is anticipated or has occurred that has the potential to impact staff's ability to maintain usual procedures in an office;
- contact DCYF administration regarding employees needs for assistance;
- assess whether staff may benefit from services of the Employee Assistance Program, the NH Disaster Behavioral Health Response Team, or other local resources;
- contact the Employee Assistance Office (271-4336) to request assistance for staff (and if necessary, their families), or to review the local resources the D.O. would like to utilize;
- arrange a site for the EAP to meet with staff.

CPSWs (or other DCYF staff) will:

- keep their supervisor informed regarding the impact of a disaster or significant events that may impact their work or pose a safety risk to themselves or to their families;
- make themselves available to E.A.P. or other designated resources for assistance;
- contact his or her Supervisor periodically regarding his or her own safety, or the safety of their family, if that is at issue.

BRIDGES

Continuity Plan

The continuity plan for the automated case management system, Bridges, relies on IT staff to:

- Perform a hard back up (every Sunday) which is an electronic picture stored in Bridges (This is done at APS on tape); and
- Perform a soft back up (each evening), which is an update of what has occurred that day.

In addition, the Department is developing an emergency plan for backing up all automated systems that includes Bridges.

Evacuees From Boston And Neighboring Massachusetts Communities

Emergency Procedures:

Director or designee will:

- Provide direction and available information about evacuees and possible needs to supervisors;
- Coordinate actions with the Commissioner's Office and the Department's emergency management unit.

Supervisor will:

- contact the State Office for available information;
- activate phone tree if emergency occurs during non-business hours;
- respond to requests for assistance required by evacuees such as registration, foster homes, legal assistance, prescriptions (Red Cross for assistance), etc;
- identify available foster homes and residential facilities in the D.O. catchment's area able to take children on an emergency basis;
- coordinate emergency responses with other Divisions of the Department;
- review referrals and give highest priority to Level 1 referrals for assessment;
- triage all other functions based on the child's safety and availability of staff.

FOSTER FAMILY PROVIDER EMERGENCY PAYMENTS

Continuity Plan

The Foster Family emergency payments plan is activated when ordered by the Director or designee and when usual payment procedures cannot be followed:

Emergency Procedures

The DCYF Financial Administrator or designees will:

- request a detailed report of all open cases and authorizations in Bridges;
- prepare manual invoices based on service authorization information;
- code funding sources for each invoice by checking child's eligibility paper file;
- forward coded claims to OCOM; and
- notify county administrators of emergency payments.

Note the Office of Business Operations, Bureau of Finance will give priority to client invoices during an emergency period.

ELIGIBILITY DETERMINATIONS: FOSTER CARE

Continuity Plan

The eligibility determinations continuity plan is activated when ordered by the Director or designee and when eligibility determinations cannot be made following usual procedures.

Emergency Procedures

The Fiscal Services Supervisor will:

- activate the phone tree to contact Fiscal Specialists when Staff cannot or should not go to the office or when usual communications cannot be followed; and
- instruct Specialists to use paper forms for eligibility determinations if Bridges is not operational.

Fiscal Specialists will:

- run summary reports from New Heights and Bridges to be used as reference if normal computer access is lost;
- maintain at least 2 weeks of forms, adequate supplies and computer records to be used if Bridges is not operational;
- contact his or her Supervisor periodically regarding their own safety and ability to do their regular work; and
- document reasons for unusual delays when eligibility determinations cannot be completed in the usual timeframes.

Chapter 2

Disaster Response Kits

DCYF District Offices

Each District Office is to take the Unit and Function Plans and place them in a binder with contact information for staff, supervisors, clients and others as described in the Disaster Response Kit (See outline below). This kit includes up to date client reports periodically generated by Bridges and Foster Workers concerning the location of foster parents and residential facilities and children in their care. It also includes paper forms for Assessments, Family Services, Foster Care eligibility, court forms and other paper forms necessary to document the Division's usual work.

The kit is to be used when Bridges is not operational or when staff does not have access to Bridges but can carry on their regular work.

Supervisors must have access to these kits 24 hours a day in case a disaster strikes when a supervisor is at home.

A second kit needs to remain in the Office and be accessible to all supervisors and staff.

All supervisors and staff need to be briefed about the contents and use of the kit and reminded of the value of having up to date information especially when disasters strike.

DISASTER RESPONSE KITS

DCYF

District Offices

1. Up to date phone numbers, home and e-mail addresses for:
   - S.O. Director, Child Protection Administrator and Assistant Administrators
   - D.O. Supervisors

- CPSWS
- DOMOs
- Support Staff

2. Up to date phone numbers, home and e-mail addresses for:
   - Birth parents of children in foster care
   - Foster parents and children in their care
   - Foster parents emergency locations
   - Residential facilities
   - New Hampshire State Hospitals

3. Names and phone numbers of schools attended by foster children

4. Disaster Continuity Plans
   - D.O. Succession plan
   - Intake plan
   - Assessment plan
   - Family Services plan
   - Foster Parents
   - Special Investigations Unit
   - Residential Services
   - Interstate Compact On Placement Of Children
   - Staff Support
   - Bridges
   - Evacuees From Boston And Neighboring Communities
   - Foster Family Provider Emergency Payments
   - Eligibility Determinations-Foster Care

5. Paper forms for Assessments, Family Services, Interstate Compact, etc. if Bridges is not available

6. Alert levels

Homeland Security Advisories

The Department is participating in the emergency alert system developed by the US Department of Homeland Security. This alert system is activated when there is a potential terrorist attack. Supervisors need to be aware the alert system is a color-coded level system based on the terrorism threat. The alert levels are:

- Yellow—Elevated Risk of Terrorist Attack
- Orange—High Risk of Terrorist Attack
- Red—Severe Risk of Terrorist Attack

"**Alert Level YELLOW**" is now the Department's normal operating posture." For each Alert Level, the Commissioner's Office expects each agency or unit within DHHS to take steps such as ensuring DCYF phone tree is up-to-date to respond to the alert level.

Supervisors will be given information from the DCYF Director or designee to implement the DCYF continuity plans when the alert levels are raised to a higher level.

Supervisors need to review the DCYF and related sections of the Alert System and inform their staffs.

A copy of the Alert Levels can be found behind the Homeland Security Advisories tab in this Plan. On the next page is the Operational Levels For Emergencies chart that describes in one place the levels by types of emergencies.

Chapter

4

Connections to DHHS

The DCYF Disaster Preparedness Plan has been drafted with the understanding that DCYF is dependent on other Department units to complete its work e.g. Medicaid. Interruptions in Medicaid and other Department programs and services will have a serious impact on DCYF clients and operations. For these reasons the DCYF Disaster Preparedness Plan must be coordinated with the Department's Disaster Guidelines for Managers and Staff (See a copy in the APPENDIX). DCYF Supervisors are encouraged to work closely with the District Office Managers of Operations (DOMOs) and other DHHS Supervisors in preparing for and responding to disasters.

Chapter 5

Recommendations

1. Continue the development and implementation of the DCYF plan.
2. Train supervisors and administrators about plan implementation.
3. Train staffs about emergency procedures.
4. Review and update the plan periodically.
5. Test the plan periodically.
6. Revise the plan, if necessary, when the Department revises its District Office Disaster Guidelines for Managers and Staff.
7. Further design the District Office plans to reflect local conditions e.g. nuclear power plants, flood prone areas, electrical outages, etc.
8. Produce periodic reports regarding the location of foster parents and foster children.
9. Work with DJJS to establish plans for: communications with providers, the sharing of client information at the time of a disaster and the temporary re-location of staffs.
10. Develop and implement plans for informing foster parents and staff about preparing for disasters and what actions (safety, communications, location) they need to take when a disaster strikes.
11. Review a sample of cases to determine if medical information (health status and prescriptions) for each foster child is up to date;
12. Work with DJJS and BCCLS to obtain remaining residential provider emergency plans.
13. Develop working agreements, especially about sharing confidential information, with the NH Red Cross and the National Center for Missing And Exploited Children (NCMEC) to locate missing children.
14. Work with the Department of Education to obtain emergency plans for each school district.

15. Ensure all paper files are in file cabinets with no files in the bottom drawer to avoid damage from minor floods.

16. Explore the possibility of developing mutual aid agreements with communities bordering NH.

17. Work with DJJS and/or BCCS&L to review residential facilities such as Cedarcrest to ensure communications, relocation sites and back up equipment for medically fragile children is in place.

18. Research what roles community based service providers and volunteers can/should play in meeting the emergency needs of clients and the Division.

APPENDIX

- District Office Phone Tree
- State Office Phone Tree
- DHHS Disaster Guidelines for Managers and Staff
- Emergency Management Directors by District Office
- Staff, Child and Family Support Information
- Residential Services Emergency Response Plans
- Homeland Security Advisories

REFERENCES:

Child Welfare Matters-Coping with Disasters: Tips for Child Welfare Agencies, Spring 2006

Coping With Disasters: A Guide for Child Welfare Agencies, January 1995

Disaster Preparedness For Families Of Children With Special Needs

Gulf Coast Hurricanes: Lessons Learned for Protecting And Educating Children, May 11, 2006

Preparing For An Emergency: The Smart Thing To Do

ARTICLES

Helping Children and Adolescents Cope with Disasters: Ten ways to help

N.H. Bureau Of Emergency Management: After The Disaster

Coping with Disaster: Tips For Adults

Preparing For An Emergency: The Smart Thing To Do

XVIII JOINT CASE PLANNING & CASE MANAGEMENT POLICY

712 Joint Case Planning and Case Management

Policy

(a) Assigned CPSWs and JPPOs:

(1) Schedule, attend and participate in a joint case-planning conference with one another and their immediate supervisors within 10 days of the identification of a joint case.
(2) Prepare a written agreement which documents the assigned roles and responsibilities of the assigned Case Managers; this should be integrated into the case plan (Form 2240 MPR) when the latter document is prepared.
(3) Maintain child and community safety as the primary goals throughout the case planning and case management process.
(4) Strive for maximum communication and collaboration among themselves.
(5) Clearly communicate their specific roles and responsibilities to the family, service providers, community stakeholders and the court.

(b) Immediate Supervisors:

(1) Ensure the scheduling of, and their own participation in a joint case-planning conference with the assigned Case Managers within 10 days of the identification of a joint case.
(2) Ensure that the designated roles and responsibilities of the assigned Case Managers are clearly documented in the case records.
(3) Ensure that the assigned Case Managers communicate their respective roles and responsibilities to the family, service providers, community stakeholders and the court.

(c) Administrators for Child Welfare and Juvenile Justice: Make the final case assignment decisions in disputed cases.

Procedures

(a) Case Conference:

(1) Whenever a CPSW or JPPO has an open case, and a newly founded allegation of abuse or neglect, or a new delinquency or "child in need of services" (CHINS) referral results in the involvement of an additional CPSW or JPPO, proceed as follows:

a The initial CPSW or JPPO remains assigned as the "primary worker".
b The established service plan remains in place.
c A case conference among the Case Managers and their immediate supervisors is scheduled to determine future roles and responsibilities.

(2) Within 10 days of the identification of a case with multiple Case Managers concurrently assigned, conduct a joint case conference of the Case Managers and their immediate supervisors to discuss and determine appropriate planning, supervision and monitoring assignments for the case, resulting in one of the following outcomes:

a Multiple Case Managers continue to remain involved with a clear understanding and delineation of their respective case planning and case management roles and responsibilities;
b The initial Case Manager remains assigned to perform all case planning and case management roles and responsibilities; or
c The new Case Manager assumes all Case planning and case management roles and responsibilities.

(3) When assigning case planning and case management responsibilities, consider the facts of the case, the needs and issues of the child, family and community stakeholders, and the specialized roles of CPSWs and JPPOs established by law and policy. Prioritize safety, permanency and well being concerns.

(4) Discuss and explain the case assignment decisions to the family and community stakeholders, as appropriate.

(5) Enter the appropriate data into the Bridges automated case management system to record the case assignments, including designation of the "primary" and any "secondary" worker assignments.

(b) Written Agreement: At the conclusion of the case conference procedure described above, the assigned Case Managers prepare and enter into the case records a written agreement which clearly documents the case assignment decisions and case management responsibilities, including, but not limited to who will perform the following roles:

(1) Completing required court reports, preparing and filing of any necessary motions and attending court hearings.
(2) Completing the case plan (Form 2240MPR), which integrates the terms of the agreement; updating the Plan as required.
(3) Communicating and corresponding regularly with the family, service providers and other community stakeholders.

(4) Attending school meetings if the child is experiencing difficulty in school or has been identified as eligible or potentially eligible for special education services.
(5) Responding to the family, community stakeholders and court in time of crisis.
(6) Attending placement progress reviews if the child is placed at a residential care facility.
(7) Visiting children who are placed in substitute care.
(8) Making a referral to the Teen Independent Living Program when a child 16 years old or older resides in an out-of-home placement.
(9) Scheduling and attending required administrative (Title IV-E) reviews when a child resides in an out-of-home placement for six months or longer.
(10) Complying with the provisions of the Interstate Compact on Juveniles (RSA 169-A) and the Interstate Compact on the Placement of Children (RSA 170-A), as applicable, regarding children placed or absconding outside of New Hampshire.
(11) Authorizing and implementing services, placements and programs approved by the court; entering required payment authorization data into Bridges.
(12) Maintenance of case records: Making contact log and other necessary data entries into Bridges and, where appropriate, completing and retaining paper documents in a case file.

(c) Implementation: Based upon the case assignment decisions, implement case planning, supervision and monitoring activities.

(d) Quarterly Review: At least quarterly, and more frequently when required by family or community issues, review the roles and responsibilities of the assigned Case Managers. Discuss any proposed changes with the family and document resulting changes in the case plan. Inform service providers, community stakeholders and the court, as appropriate, of any changes.

(e) Case Closure: Jointly determine with supervisory approval when to seek closure of any case or matter pending before the court.

EFFECTIVE DATE: May 19, 2006
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XIX AFCARS IMPROVEMENT PLAN STATUS REPORT

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
ACYF-PI-CB-95-09, Reissued May 23, 1995 State extracts all records based on the transaction date of discharge.	2	The State incorrectly extracts the records based on whether the case is open during the report period.		12/31/06	ACYF-PI-CB-95-09, Reissued May 23, 1995 State extracts all records based on the transaction date of discharge.
#10 Has the child been clinically diagnosed as having a disability (ies)? 1=Yes 2=No 3=Not yet Determined If yes, indicate each type of a disability with a "1."	2	Screens: Client Information, characteristics tab Program code: Paragraph 50000 1) Missing data are mapped to "not yet determined."	1a) Modify the program code to map missing data to blank. 1b) "No" must be added to the program code. 1c) Submit the revised code	1a) 12/31/06 1b) 12/31/06 1c) 12/31/06	1a) Phase I Business Requirement Selection 1a Qtr 4: Code with required change submitted on March 30, 2007. . 1a) CB, 10/2007: The program code has been modified to map missing data to blank. There are no records reported as blank in the 2007A data, however there are 787 (56%) records reported as "not yet determined." LN 2658. 1b) Phase I Business Requirement Selection 1b) Qtr 4: Code with required change submitted on March 30, 2007. 1c) Qtr 4: Code with required change submitted on March 30, 2007.

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			to ACF.		1b,c) CB, 10/2007: The program code has been modified to include "no" for this element. However, there are no records reported as "no" in the 2007A data. LNs 2685-2688.
		2) The program code does not use the "child diagnosed with disability" field to populate this element. Instead, this element is derived from the responses for the categories in foster care elements #11-15.	2a) The State must use the "child diagnosed with disability" field for extraction and ensure that this information is entered correctly.	2a)Policy Clarification: Revised Date: 06/30/06 Code: 12/31/06	2a) Phase II: Policy and Procedures under development CB, 10/2007: This field appears to still be derived from elements #11 - 15 instead of from an actual question on the screen. Based on the frequency report, the program code also is not working correctly.
			2b) Submit the revised code to ACF.	2b) 12/31/06	
			2c) 10/2007: The program code never maps any State value to ACARS "not yet determined." However there are 787 (56%) records reported as "not yet determined." LNs 2685-2688		
			3a) Remove the value "540, strength" from the program code.	3a) 12/31/06 3a) C, 10/2007	3a) Phase I Business Requirement Selection 3a) Qtr 4: Code with required change submitted on March 30, 2007. 3b) Qtr 4: Code with required change submitted on March 30, 2007.
			3b) Submit the revised code	3b) 12/31/06	3a,b) CB, 10/2007: The program code has been

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			to ACF. <u>Supervision/Training</u> 4) Implement a process to ensure the timely and accurate information of this information.	4) 12/31/06	modified to remove the State value "540, strength" from the selection criteria for this element. LN 680. 4) <u>CB 10/2007</u>: Describe the process that has been implemented to ensure accurate and timely entry of this data. <u>2007A Frequency Report</u> (n=1390) Yes = 603 43% No = 0 0.00 NYD = 787 56% Not Reported = 0
#11 Mental Retardation #12 Visually/Hearing Impaired #13 Physically Disabled #14 Emotionally Disturbed #15 Other Diagnosed Condition Adoption Elements #11 Mental Retardation #12 Visually/Hearing Impaired #13 Physically Disabled #14 Emotionally Disturbed #15 Other Diagnosed Condition [0 = Does not apply] 1 = Applies	2	Screen: FC - Assessment, apparent disabilities tab and Employment/Education/Military, special education tab AD - Screen: Assessment, apparent disabilities tab and Employment/Education/Military, special education tab Program code: Paragraphs 50000, 80040, 80042. 1) Elements #11 - 15 are initialized to "zero."	1) Remove the initialization to zeros from the program code. The fields should be initialized to space. 1a) CB, 10/2007: For foster care, if the response to element #10 is "no" or "not yet determined," then these elements must be set to "does not apply." 2) Submit revised program	1) 12/31/06 2) 12/31/06	1) Phase I Business Requirement Selection 1 Qtr 4: Code with required change submitted on March 30, 2007. 2) Qtr 4: Code with required change submitted on March 30, 2007. 1) & 2) CB, 10/2007: The program code has been modified to initialize the fields for elements #11-15

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			code to ACF.		to spaces. LNs 2251-2260.
		2) ACF will need to analysis the revised extraction code.	3) If applicable, submit revised screen prints. Supervision/Training 4) Implement a process to ensure the timely and accurate information of this information.	3) 12/31/06 4) 12/31/06	3) Not Applicable – Code Change only 4) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.
#20 Date Child was Discharged from last foster care episode (if applicable)	2	Screen: Service Authorization, removal tab Program code: Paragraphs 50000 and 80060 1) Based on the case file findings, there were instances where more than one removal was reported in element #19 but the date of discharge from a previous episode was blank. 2) Analysis of the case files revealed additional problems with the extraction of this element. 3) Findings for the elements #56 and #58 affect this element. CB, 10/2007: The following items may not have been checked for during the AFCARS review. If the State's program code does	1) Evaluate the cause of the findings from the case file review and provide ACF with the State's analysis.	1) 06/30/05	1a) Completed * See October 2005 Newsletter 1) CB, 10/2007: Explain the exact cause of the errors found for tasks 1 and 2. 2007A Frequency Report indicates there are still inconsistencies between this element and what is reported in element #19. There are 327 records reported as two or more removals in element #19, and element #20 has 266 records with a date of prior removal discharge date. Element #19 has 1,063 records reported as having only 1 removal, and

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		not handle these items correctly, it will need to be corrected. a) If there was a prior removal episode that was 24 hours or less, and the child later re-enters foster care, the end date of the previous 24 hour episode is not to be reported for this element. b) If the child's prior removal episode contained only a placement that was a hospital stay or a locked facility, end date of this episode is not to be reported for this element.			element #20 has 1,124 records with no prior discharge date.
#21 Date of Latest Removal	2	Screen: Service Authorization, removal tab Program code: Paragraphs 50000 and 80045 1) The program code contains "Removal_DT_minus-30." CB, 10/2007: The following items may not have been checked for during the AFCARS review. If the State's program code does not handle these items correctly, it will need to be corrected. a) If a child is on runaway status at the time the agency obtains responsibility for care and placement, the child is to be included in the AFCARS	1) The State staff need to evaluate the purpose of this code and provide ACF with the results of the evaluation. Supervision/Training 2) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/06 2) 12/31/05	1) CB, 10/2007: Provide ACF with the results of the evaluation.

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		reporting population. If at the end of the report period the child is still on runaway status, the date of removal and placement date will be the same, element #41 will reflect "runaway," and the number of placements will be zero. If the child's only placement was a hospital stay or a locked facility, this is not a removal for AFCARS reporting purposes. If the child's first placement was a locked facility or a hospital stay then the child enters a foster care setting, the date of removal is the start date of the placement.			
#22 Date of Latest Removal Transaction Date	2	Program code: Paragraph 80045 1) The program code contains "Removal_DT_minus-30."	1) The State staff need to evaluate the purpose of this code and provide ACF with the results of the evaluation.	1) 12/31/06	1) CB, 10/2007: Provide ACF with the results of the evaluation.
#24 Number of Previous Placement Settings in This Episode	2	Screen: Service Authorization, "Srvc. Auth" tab Program code: Paragraph 50000, 80068 1) The program code defaults to a count of "1."	1a) The State must initialize the field to space and leave it blank, or "zero," if there is no placement information.	1a) 12/31/06 C, 10/2007 1b) 12/31/06	1a) Phase I Business Requirement Selection 1a) Qtr 4: Code with required change submitted on March 30, 2007. 1b Qtr 4: Code with

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			1b) Submit the revised program code to ACF.		required change submitted on March 30, 2007. 1) CB, 10/2007: The program code has been modified to report spaces for this element if there is no placement information. LNs 2844-2845. Zero should only be used if the only placement as of the end of the reporting period was a runaway.
		2) The State is not including juvenile justice facilities or non-acute hospitalizations in the count of settings.	2a) Modify the program code and include juvenile justice facilities and non-acute hospitalizations. 2b) Submit the revised program code to ACF.	2a) Policy Clarifications: 06/30/05 2a) Code: 12/31/06 2b) 12/31/06	2a) Phase II: State and Federal policy investigation in progress.
		3) The State is counting returns to the same placement setting from a runaway status and a "trial home visit."	3a) Modify the program code to not include a return to the same setting from a "trial home visit" or a runaway. 3b) Submit the revised program code to ACF.	3a) Policy Clarifications: 06/30/05 2a) Code: 12/31/06 3b) 12/31/06	3a) Phase II: State and Federal policy investigation in progress.
		4) The State is including acute care hospitalizations in the number of placement moves.	4a) The State needs to exclude "acute care hospitalizations." If a placement extends beyond an acute stay, then the placement must be included in the count.	4a) Policy Clarification: 6/30/05 Code: 12/31/06	4a) Phase II: State and Federal policy investigation in progress.

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		5) Not all placements for children placed in contracted child placement agencies are entered into the system.	4b) The State should review the policy clarification on placement counts in the AFCARS section of the Child Welfare Policy Manual. 4c) Submit the revised program code to ACF. <u>Supervision/Training</u> 5) Implement a process to gather information on placement moves from contracted agencies. 6) Ensure that placement moves within settings of a child placing agency are entered timely into BRIDGES. 7) Implement a process to ensure the timely and accurate entry of this information.	4b) Policy Clarification: 06/30/05 4c) 12/31/06 5) Policy Clarification: 09/30/05 6) Policy Clarification: 06/30/05 Code: 12/31/06 7) 12/31/06	4b Phase II: State and Federal policy investigation in progress. 5) Completed 09/30/05 The process exists. There are entries for specific placements for contracted agencies. 6) Completed * See October 2005 Newsletter 7) Under Development
#25 Manner of Removal From Home for Current placement Episode 1 = Voluntary 2 = Court Ordered 3 = Not Yet Determined	2	Screen: Service Authorization, removal tab Program code: Paragraph 50000 1) The State implemented "voluntary placement agreements" approximately a year and a half prior to the site visit.	1) "Voluntary placement" is not an option on the selection list. It needs to be added to the options list and included	1) 12/31/06	1) and 1a) Phase II: Completed Policy Clarification 09/30/05: Code 3038 cannot be used.

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			in the program code.		A new code will be added.
		1a) The program code contains the State code "3038," which is an obsolete code. Currently, it is mapped to "voluntary placement."	1a) State could use this code when it adds "voluntary placement agreement" to the screen. 1c) Submit the revised program code to ACF. 1d) Submit the revised screens and selection list to ACF.	1a) Policy Clarification: 06/30/05 Code: 12/31/06 1c)12/31/06 1d) 12/31/06	
		2) The State staff indicated "Arrest" is not a valid option for the manner of removal (i.e., the authority to remove). Currently if it is selected it is mapped to "not yet determined."	2a) Modify the program code to map "arrest" to blank. 2b) The State may want to consider removing "arrest" from the option list if it is not being used.	2a) 12/31/06 2b) Policy Clarification: 06/30/05	2a) Completed 09/30/05 See 2b explanation below. N/A 2b) Completed. 09/30/05 "Arrest" will be left in as choice due to research finding that Juvenile Justice uses this code and system is shared by both CPS and JJ programs.
#41 Current Placement Setting 1 = Pre-Adoptive Home 2 = Foster Family Home-Relative 3 = Foster Family Home-Non-Relative	2	Screen: Resources, General Information, Service Authorization, Service Authorization tab; Unpaid Placement tab; Placement History Tab; and Trial Visits tab Program code: Paragraph s 51000, 80090, 80100, and 80105			

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit		(THV) 1) The State is not capturing the living arrangement in instances when the child is in the home of the people planning to adopt the child as a "pre-adopt" home.	1a) Replace the code "6449, Adoptive Home/Subsidy" with "6049 - adopting." 1b) Map the code "6049 - adopting" to "pre-adopt home."	1a) 12/31/06 1b) 12/31/06	1a) and 1b) Phase II: NH does not capture pre-adoptive home criteria. The NH Bridges code 6449 is defined as adoption subsidy. NH Bridges code 6049 is an extinct code within the Bridges system. NH will test for the following algorithm to see if it satisfies the AFCARS finding: Determine where the child is placed between the period of termination of parental rights and the adoption finalization date. Once that data is collected, compare it to the finalized adoption data to determine what percentage of children was in the same home pre and post adoption finalization.
		2) Relatives who become licensed foster home are not reported as a "relative" for the foster child that is related to them.	1c) Submit the revised program code to ACF. 2a) Modify the program code to check the relationship between the foster child and foster parent and if related, map to "foster family home - relative."	1c) 12/31/06 2a) Policy Clarification: 06/30/05 Code: 12/31/06	2a) Phase II: State and Federal policy investigation in progress.

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		3) The State is not mapping group homes based on size. 4) The codes for independent living arrangements are not in the program code. 5) The screen for "trial visits" is	2b) Submit the revised program code to ACF. 3a) Re-evaluate the size of the State's group homes based on the AFCARS definition of the size of a group home (7 to 12 beds). 3b) Map facilities licensed for more than 12 beds to the AFCARS value "5, institution." 3c) Map group home facilities licensed for less than 7 beds to "family foster home, non-relative." 3d) Submit the revised program code to ACF. 4a) Modify the program code and add the State's values "5461"and "8356." 4b) Submit the revised program code to ACF. <u>Supervision/Training</u> 5) The State needs to consider training on the use of this screen and if it should be used	2b)12/31/06 3a) Policy Clarification: 06/30/05 Code: 12/31/06 3b) Policy Clarification: 06/30/05 Code: 12/31/06 3c) Policy Clarification: 06/30/05 Code: 12/31/06 3d) 12/31/06 4a) 12/31/06 4b) 12/31/06 5) Policy Clarification: 06/30/05 Code: 12/31/06	3a) Phase II: State and Federal policy investigation in progress. 3b) Phase II: State and Federal policy investigation in progress. 3c) Phase II: State and Federal policy investigation in progress. 4) Phase II 5) Phase II: State and Federal policy investigation in progress.

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		not being used on a regular basis.	only when the child is returned home while under the agency's care and placement responsibility for up to six months, unless there was a court-ordered specified time for the return home. 6) Implement a process to ensure the timely and accurate entry of this information. <u>Suggestions</u> 1) The State can footnote the number of "group homes" that are being mapped to "foster homes" or "institutions." 1b) The State can footnote whether the pre-adopt home is a relative home. 2) The State's codes for "independent living," "trial home visit," and "pre-adoption" should be added to the mapping form.	6) 12/31/06 2) 12/31/06	
#43 Most recent case plan goal 1 = Reunify With Parent(s) Or Principal Caretaker(s) 2 = Live With Relative(s) 3 = Adoption	2	Screen: Case Permanency Plan, Permanency Plan Detail Program code: Paragraph s 80110 and 50000. 1) The code "336, Independent living" is an obsolete code. There	1a) Once all cases with this code have exited care, remove	1a) 12/31/06	

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
4 = Long Term Foster Care 5 = Emancipation 6 = Guardianship 7 = Case Plan Goal Not Yet Established		is no other code mapped to "emancipation/ independent living." 2) The State receives guardianship of children that are in long term foster care. In some cases, it may be a co-guardianship with a relative or a non-relative foster home.	it from the program code. 1b) Identify and map a code for case plan goals reflecting "emancipation/independent living." 1c) Submit the revised program code and tables to ACF. 2a) Modify the program code to map "co-guardianship" to either a relative or non-relative, depending on the situation. 2b) Submit the revised code to ACF. <u>Supervision/Training</u> 3) Implement process to ensure the timely and accurate entry of this information.	1b) Policy Clarification: 06/30/05 Code: 12/31/06 1c) 12/31/06 2a) Policy Clarification: 06/30/05 Code: 12/31/06 2b) Code: 12/31/06 3) 12/31/05	1b) Phase II: State and Federal policy investigation in progress. 2a) Phase II: State and Federal policy investigation in progress.
#44 Caretaker Family Structure 1 = Married Couple 2 = Unmarried Couple 3 = Single Female 4 = Single Male 5 = Unable to Determine	2	Screen: Service Authorization, Removal tab Program code: Paragraph 50000 1) "Other" is mapped to "unable to determine."	1a) Map "other" to spaces.	1a) Code: 12/31/06 C, 10/2007	1a) Phase I Business Requirement Selection 1a) Qtr 4: Code with required change submitted on March 30, 2007. 1b) Qtr 4: Code with

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			1b) Submit the revised code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and accurate entry of this information.	1b) 12/31/06 2) 12/31/05	required change submitted on March 30, 2007. 1) <u>CB, 10/2007:</u> The program code has been modified to map "other" to spaces. LN 2948.
#49 Foster Family Structure 0 = Not Applicable 1 = Married Couple 2 = Unmarried Couple 3 = Single Female 4 = Single Male	2	Screen: Resource/Directory/Homes/ Inquiry Program code: Paragraph 52000 1) Relatives are generally not licensed and paid title IV-E foster care maintenance payments. The State enters these placements on the unpaid placement tab. If a relative home becomes licensed the State is reporting them as a "non-relative" foster home. 2) The program code is initialized to zero. Based on the case file findings, it appears that if the marital status is left blank this element will be "not applicable."	1a) Modify the program code to extract information on all relative foster parents. 1b) Submit the revised code to ACF. 2a) Modify the program code to initialize this element to blank.	1a) Policy Clarification: 06/30/05 Code: 12/31/06 1b) 12/31/06 2a) 12/31/06 C, 10/2007	1a) Phase II: Policy Investigation currently ongoing 2a) Phase I Business Requirement Selection 2a) Qtr 4: Code with required change submitted on March 30, 2007. 2b) Qtr 4: Code with

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			2b) Submit the revised code to ACF. 2c) CB, 10/2007: Based on the frequency report for the 2007A data, there are 610 records reported for "not applicable" instead of the 363 that are reported as children in foster homes in element #41. Supervision/Training 3) Implement a process to ensure the timely and accurate entry of this information. 4) Implement a process to ensure case workers enter information on relatives.	2b) 12/31/06 3) 12/31/06 4) 09/30/05	required change submitted on March 30, 2007. 2a,b) CB, 10/2007: The program code has been modified so that if the marital status is not one of the values 1-4, this element will be set to blank. LN 4546 3) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data. 4) Completed * See October 2005 Newsletter
#52 1st Foster Caretaker's Race #54 2nd Foster Caretaker's Race (if applicable) a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or Other Pacific Islander	2	Screen: Resource/Directory/Homes/Household Members Program code: Paragraphs 52000and 80155 1) The program code defaults missing data to zero.	1a) Modify the program code to map all missing data to blanks. 1b) Submit the revised code to ACF.	1a) 12/31/06 1b) 12/31/06	1a) Phase I Business Requirement Selection 1a) Qtr 4: Code with required change submitted on March 30, 2007. 1b) Qtr 4: Code with

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
e. White f. Unable to Determine		2) Information on relative foster parents is not being consistently entered or extracted.	2a) Ensure that the program code is correctly extracting all demographic information on relative foster parents. 2b) If applicable, submit any changes to the program code to ACF. <u>Supervision/Training</u> 3) Implement a process to ensure the timely and accurate entry of this information.	2a) 12/31/06 2b) 12/31/06 3) 12/31/05	required change submitted on March 30, 2007. 1) <u>CB, 10/2007:</u> The program code has been modified to map missing data to blanks for elements #54 a-f in LNs 4830-4842, but similar code has not been included for element #52 a-f. 3) Completed * See October 2005 Newsletter
#56 Date of Discharge from foster care	2	Screens: Service Authorization, service authorization tab or Service Authorization, unpaid placement tab Program code: Paragraphs 51000, 80069 1) There are State codes for element #58 that should not be mapped to AFCARS as exit reasons. This may be affecting	1a) The State needs to evaluate the effects of changes for element #58 on the date extracted for this element.	1a) Policy Clarification: 06/30/05	1a) Phase II: Policy Investigation currently ongoing

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		dates extracted for this element.	1b) Submit analysis or the modified program code, as applicable. <u>Supervision/Training</u> 2) The State needs to ensure that workers are not entering "end dates" for the placement changes noted in element #58. 3) Implement a process to ensure the timely and accurate entry of this information.	1b) 12/31/06 2) 09/30/05 3) 12/31/05	2) Completed * See October 2005 Newsletter 3) Completed * See October 2005 Newsletter
#58 Reason for Discharge [0 = Not Applicable] 1 = Reunification with Parent(s) or Primary Caretaker(s) 2 = Living with Other Relative(s) 3 = Adoption 4 = Emancipation 5 = Guardianship 6 = Transfer to Another Agency 7 = Runaway 8 = Death of Child	2	Screens: Service Authorization, service authorization tab or Service Authorization, unpaid placement tab Program code: Paragraphs 51000 and 80069 1) The State is mapping the following values to AFCARS: 2510, provide status change/no placement change; 2511, moved with siblings; 1563, moved to more appropriate placement/still in care; and, 4305, moved to less restrictive placement (still removed from care).	1a) Modify the program code to not extract these values for exit reasons. 1b) Map these reasons to blanks. 1c) Submit the revised code to ACF.	1a) 12/31/06 1b) 12/31/06 1c) 12/31/06	1a) Phase I Business Requirement Selection 1a) Qtr 4: Code with required change submitted on March 30, 2007. 1b) Qtr 4: Code with required change submitted on March 30, 2007. 1c) Qtr 4: Code with required change submitted on March 30, 2007. 1) <u>CB, 10/2007:</u> The program code has been

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
					modified to exclude from the extraction the following exit reasons: 2510, provide status change/no placement change; 2511, moved with siblings; 1563, moved to more appropriate placement/still in care; and, 4305, moved to less restrictive placement (still removed from care). LNs 943-944. Although the above changes should prevent extraction of records with these exit reasons, the program code still contains the mapping code to map these exit reasons to "transfer to another agency,' for this element. These four mapping statements in LNs 4000-4007 should be commented-out/removed from the program code.
		2) The State is not mapping cases that are transferred to the Division of Juvenile Justice in which the child is no longer in the agency's care and placement responsibility as discharged due to "transfer to another agency."	2a) Modify the program code to map exits to the Division of Juvenile Justice as "transfer to another agency." 2b) Submit the revised program code to ACF. <u>Supervision/Training</u> 3) Implement a process to ensure the timely and accurate entry of this	2a) Policy Clarification: 06/30/05 2b) 12/31/06 3) 12/31/06	2a) Phase II: Policy Investigation currently ongoing

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			information.		
#61 Title IV-A	2	Screen: Client/Finances/Emergency Assistance tab Program code: Paragraph 80100 and 51000 1) The State indicated it needs to research what information is received through the IV-A interface and check if "emergency assistance" is being mapped to this element.	1a) Provide the findings to ACF. 1b) If "emergency assistance" is included, it must be mapped to element #65. 1c) If changes need to be made, provide the revised program code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and accurate entry of this information.	1a) 09/30/05 1b) 12/31/06 1c 12/31/06 2) 12/31/05	1a) Phase II: Research currently ongoing
#62 Title IV-D (Child Support)	2	Screen: Client/Finances/Income tab 1) The exchange of information is one-way from BRIDGES to New England Child Support Enforcement System (NECSES). The child welfare agency receives child support payment information and it is entered manually by the fiscal staff on the Restitution screen. There is no program code to extract information from this screen.	1a) Revise the program code to extract whether a child support payment was made on behalf of the child within the current removal episode. 1b) Provide the revised program code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and	1a) 12/31/06 1b) 12/31/06 2) 12/31/06	

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			accurate entry of this information.		
#64 SSI or other Social Security Act Benefits	2	Screen: Client/Finances/Income tab 1) The fiscal manager enters payment information on the restitution screen. However, the program code does not check this screen.	1a) Modify the program code to check the restitution screen for benefits. 1b) Provide the revised program code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and accurate entry of this information.	1a) Policy Clarification: 06/30/05 Code: 12/31/06 1b) 12/31/06 2) 12/31/06	1a) Phase II: Research currently ongoing
#65 None of the Above	2	Screen: Client/Finances/Income 1) The program code does not check if there are other types of income.	1a) Modify the program code to extract other types of income, such as trust funds, title IV-B funds, or Social Services Block Grant funds. 1b) Submit the revised code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and accurate entry of this information.	1a) Policy Clarification: 06/30/05 Code: 12/31/06 1b) 12/31/06 2) 12/31/06	1a) Phase II: Research currently ongoing
#5 Date of Most Recent Periodic Review (if	~~2~~ 3	Screens: Administrative Review and Court Hearing Review,			

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
applicable)		Hearings tab Program code: Paragraph 80070, 80075, 80078 & 80080 - checks for hearing date 1) There is no parameter in the program code to check for a date within the current removal episode. 2) The selection list on the screen contains the option "permanency review hearing." This value is not in the program code.	1a) Modify the program code by adding a parameter to extract dates for the current removal episode only. 1b) Submit the revised code to ACF. 2a) Modify the program code to include the State value "12006, Permanency Review Hearing." 2b) Submit the revised code to ACF.	1a) 12/31/06 1b) 12/31/06 1) C, 10/2007 2a) 12/31/06 2b) 12/31/06 C, 10/2007	1a) Phase I Business Requirement Selection 1a) Qtr 4: Code with required change submitted on March 30, 2007. 1b) Qtr 4: Code with required change submitted on March 30, 2007. 1a &b) CB, 10/2007: The program code has been modified to check for a review date within the current removal episode. An additional edit check has also been added. LNs 1996-2001. 2a) Phase I Business Requirement Selection 2a Qtr 4: Code with required change submitted on March 30, 2007. 2b) Qtr 4: Code with required change submitted on March 30, 2007. 2a,b) CB, 10/2007: The program code has been modified to include the State value "12006, Permanency Review Hearing."

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		3) The program code contains the code "6355, relinquishment." 4) Case workers may be incorrectly selecting the option "review" for other types of court hearings.	3a) Remove "6355, relinquishment" from the program code. 3b) Submit the revised code to ACF. Supervision/Training 4) Conduct refresher training on the correct meaning of each of the options on the selection list.	3a) 12/31/06 3b) 12/31/06 C, 10/2007 4) Policy clarification: 6/30/05 Training Completed: 9/30/05	LN 1992. 3a) Phase I Business Requirement Selection 3a) Qtr 4: Code with required change submitted on March 30, 2007. 3b Qtr 4: Code with required change submitted on March 30, 2007. 3a,b) CB, 10/2007: The program code has been modified to remove "6355, relinquishment" as a hearing review type code selected for this element. LN 1992 4) Completed * See October 2005 Newsletter
#16 Has this child ever been adopted? 1 = Yes 2 = No 3 = Unable to Determine	~~2~~ 3	Screen: Service Authorization, removal tab. Program code: Paragraph 80030 and 50000 1) The State maps the value "other" to "unable to determine."	1a) Modify the program code to map "other" to blank. 1b) Submit the revised program code to ACF.	1a) 12/31/06 C, 10/2007 1b) 12/31/06	1a) Phase I Business Requirement Selection 1a Qtr 4: Code with required change submitted on March 30, 2007. 1b Qtr 4: Code with

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
					required change submitted on March 30, 2007. 1) CB, 10/2007: The program code has been updated to map "other" to blank. LN 2216.
			2a) The State needs to add the value "966, unknown" to the program code.	2a) 12/31/06 2) C, 10/2007	2a) Phase I Business Requirement Selection 2a) Qtr 4: Code with required change submitted on March 30, 2007.
			2b) Submit the revised code to ACF.	2b) 12/31/06	2b Qtr 4: Code with required change submitted on March 30, 2007. 2) CB, 10/2007: The program code has been updated by adding the value "966, unknown" and mapping it to "unable to determine." LNs 2212-2215.
			Supervision/Training 3) The State needs to ensure that workers understand that "unknown" should be used for instances when a child has been abandoned and no one is available to indicate if the child had been previously adopted.	3) 09/30/05	3) Completed * See October 2005 Newsletter
			4) Ensure the timely and accurate entry of this	4) 12/31/05	4) CB 10/2007: Describe the process that has been

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			information.		implemented to ensure accurate and timely entry of this data. 2007A Frequency Report (n=1390) Yes = 36 2% No = 1266 91% UTD = 85 6% Not Reported = 3
#17 If yes, how old was the child when the adoption was legalized? [0 = Not Applicable] 1 = less than 2 years old 2 = 2-5 years old 3 = 6-12 years old 4 = 13 years or older 5 = Unable to Determine	~~2~~ 3	1) If the information for this field is left blank, but the answer to element #16 is "yes," the response to this element is "unable to determine."	1a) Modify the program code to map missing age at time of adoption to blank. 1b) If the answer to element #16 is "no," this element's response must be "not applicable." 1c) Submit revised program code to ACF. Supervision/Training 2) Accuracy of data needs to be assessed once changes to	1a) 12/31/06 1) C, 10, 2007 1b) 12/31/06 1c) 12/31/06 2) 12/31/05	1a) Phase I Business Requirement Selection 1a Qtr 4: Code with required change submitted on March 30, 2007. 1b) Phase I Business Requirement Selection 1b) Qtr 4: Code with required change submitted on March 30, 2007. 1c Qtr 4: Code with required change submitted on March 30, 2007. 1) CB, 10:2007: The program code has been modified to map missing age at time of adoption to blank and to report "not applicable" if the answer to element #16 is "no." LNs 2241-2245. 2) CB 10/2007: 2007A Frequency Report (n=1390)

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			element #16 are completed. 3) Ensure workers are entering data correctly. Suggestions 1) A consistency check may need to be added to ensure that if the response to #16 is "yes" and #17 is left blank or "not applicable," it alerts the worker to an inconsistency.	3) 12/31/05	N/A 1268 91% <2 = 2 0.14% 2 to 5 = 11 0.79% 6 to 12 = 14 1% 13 + = 1 0.07% UTD 94 7% Not Reported 0 The numbers reported for the above values do no match what is reported in element #16. 3) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data. 1) Completed * See October 2005 Newsletter
#18 Date of First Removal from Home	3	Screen: Service Authorization, removal tab Program code: Paragraph 80050 CB, 10/2007: The following items may not have been checked for during the AFCARS review. If the State's program code does not handle these items correctly, it will need to be corrected. a) Children on runaway status at the time of removal, and who are	1) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/05	

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		still on runaway status at the end of the report period, are to be included in the AFCARS report. b) If the first ever removal from home is an episode that was only 24 hours or less in duration, this episode is not to be counted ever as a removal. c) If in the first ever removal the child's only placement was a hospital stay or a locked facility, this episode is not to be selected as a removal. d) If in the first ever removal the child's first placement was a locked facility or a hospital stay then the child enters foster care setting, the date of the placement is to always be the removal date.			
#19 Total Number of Removals from Home	~~2~~ 3	Screen: Service Authorization, removal tab Program code: Paragraph 80055 1) The program code indicates that if there is a zero count it will move "01." CB, 10/2007: The following items may not have been checked for during the AFCARS review. If the State's program code does not handle these items correctly, it will need to be corrected.	1) Modify the program code to set the field to spaces, or to zero, if there is no information. 2) Submit the revised code to ACF.	1) 12/31/06 1) C, 10/2007 2) 12/31/06	1) Phase I Business Requirement Selection 1 Qtr 4: Code with required change submitted on March 30, 2007. 2) Qtr 4: Code with required change submitted on March 30, 2007. 1 & 2) CB, 10/2007: The program code has been modified to set this element to spaces if there is a zero count.

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		a) If during a removal episode the child's only placement was a hospital stay or a locked facility, these episodes are not to be counted in the number of removals			LNs 2445-2446.
#23 Date of Placement in Current Foster Care Setting	3	Screen: Service Authorization, "Srvc. Auth" tab Program code: Paragraph 80065 CB, 10/2007: The following items may not have been checked for during the AFCARS review. If the State's program code does not handle these items correctly, it will need to be corrected. a) If a child's only "placement" in the removal episode is as a "runaway," then the date of removal and placement date will be the same.	1) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/05	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.
Actions or Conditions Associated With Child's Removal (Indicate all that apply with a "1".) [0-Does not Apply] 1-Applies #26 Physical Abuse #27 Sexual Abuse #28 Neglect #29 Parent Alcohol Abuse #30 Parent Drug Abuse	3	Screen: Service Authorization, removal tab Program code: Paragraph 80085, 80086 & 80087 The information provided for elements #26 - 40 should only reflect information at the time of removal.	1) Implement a process to ensure the timely and accurate entry of this information. 2) The State needs to ensure that "child behavior" problem is selected for the juvenile justice youth under an interagency agreement. 3) Monitor that workers do not update this information	1) 12/31/06 2) Policy Clarification: 06/30/05 3) 12/31/05	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data. 2 Completed * See October 2005 Newsletter

AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
#31 Child Alcohol Abuse #32 Child Drug Abuse #33 Child Disability #34 Child's Behavior Problem #25 Death of Parent #36 Incarceration of Parent #37 Caretaker Inability to Cope Due to Illness or Other Reasons #38 Abandonment #39 Relinquishment #40 Inadequate Housing			based on information learned through assessments after the child has been removed from his/her home.		
#45 1st Primary Caretaker's Birth Year #46 2nd Primary Caretaker's Birth Year (if applicable)	3	Screen: Client/General Information , Information tab Program Code: Paragraphs 50000 and 80120 Dates were found in the paper case files and had not been entered into BRIDGES.	1) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/05 #45 1) 12/31/05 #46	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.
#47 Mother's Date of TPR #48 Legal or Putative Father's TPR Adoption elements: #19 Date of Mother's TPR #20 Date of Father's TPR	3	Screen: Relationships screen for Mother & Father Termination Program code: Paragraph 80140, 80142 Dates were found in the paper case files and had not been entered into BRIDGES.	1) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/05 #47 1) 12/31/05 #48 1) 12/31/05 ADP #19 1) 12/31/05 ADP #20	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.
#50 1st Foster Caretaker's Birth Year #51 2nd Foster Caretaker's Birth Year	3	Screen: Resource/Directory/Homes/Household Members Program code: Paragraphs 52000 and 80155	1) Implement a process to ensure the timely and accurate entry of this information. 2) Implement a process to	1) 12/31/05 #50 1) 12/31/05 #51 2) 12/31/05	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.

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AFCARS Data Element	Rating Factor	Findings	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		Dates were found in the paper case files and had not been entered into BRIDGES.	ensure case workers enter information on relatives.		
#53 1st Foster Caretaker's Hispanic or Latino Origin #55 2nd Foster Caretaker's Hispanic Origin 1 = Yes 2 = No 3 = Unable to Determine	3	Screen: Resource/ Directory/Homes/Household Members Program code: Paragraphs 52000 and 80155 1) Information was found in the paper case files and had not been entered into BRIDGES, specifically for relatives.	1) Implement a process to ensure the timely and accurate entry of this information. 2) Implement a process to ensure case workers enter information on relatives.	1) 12/31/05 2) 12/31/05	1) CB 10/2007: Describe the process that has been implemented to ensure accurate and timely entry of this data.

AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
#18 Mother Married at Time of Birth 1 = Yes 2 = No 3 = Unable to Determine	2	Screens: Subsidy, general tab and Client Information, information tab. Program code: Pages 9 and 30 1) This information is collected on the adoption screens.	1a) Modify the screens to collect this information on a foster care case management screen, such as the "general client" information screen or the "service authorization/ removal screen." 1b) Submit the revised code to ACF.	1a) Policy Clarification: 06/30/05 Code: 12/31/06 1b) 12/31/06	1a) NH currently collects this information in its adoption module of the NH Bridges system and reports it in the AFCARS file. Facilitating a change during SACWIS compliance activities may jeopardize the compliance date. NH respectfully requests this finding be reversed. CB, 10/2007: The reason for this finding is that this is not a question that is to be addressed once the child is eligible for adoption. The timing of gathering this information at that point is often long after a case is open. This is assessment type information and is to be collected during the

AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
		2) The program code looks for "marital status" and references the "client information screen." 2a) The program code does not check the "mother married at time of child's birth" field on the subsidy screen.	2a) Remove the program code related to the client information screen. 2b) Modify the program code to extract this information directly from the "mother married at time of child's birth" field. 2c) Submit the revised code to ACF. <u>Supervision/Training</u> 3) Implement a process to ensure the timely and accurate entry of this information. <u>Suggestions</u> The State may want to consider adding a "marital status" history field that would collect the start and	2a) 12/31/06 2b) 12/31/06 2c) 12/31/06 3) 12/31/06	initial phases of a case in order to ensure accuracy. The question must be moved to a foster care, case management type screen.

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AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			end dates of a marriage.		
Relationship of Adoptive Parent to Child: #29 Stepparent #30 Other Relative #31 Foster Parent Other Non-Relative 0 = Does not Apply 1 = Applies		Screen: Adoption Subsidy, General tab Program code: Page 35 1) The State does not report all possible relationships between the child and the adoptive parents.	1a) Modify the system, screen and program code to allow more than one relationship to be selected. 1b) Submit to ACF a copy of the revised screen. 1c) Submit revised program code to ACF. <u>Supervision/Training</u> 2) Implement a process to ensure the timely and accurate entry of this information. 3) Implement training on entering more than one relationship.	1a) 12/31/06 1b) 12/31/06 1c) 12/31/06 2) 12/31/06 3) 09/30/05	2a) Training after system change.
#35 Receiving Monthly Subsidy 1=Yes	2	Screen: Service/Authorization Program code: Page 32 1) The program code does not check			

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AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
2=No		for "Medicaid only" or State child health insurance subsidies.	1a) Modify the program code to include "Medicaid-only" subsidies. 1b) Submit the revised code to ACF.	1a) 12/31/06 1b) 12/31/06	1a) Phase I Business Requirement Selection Bridges does not track Medicaid Only cases. These clients are on another system CB, 10/2007: If a child's only subsidy at the time of the adoption is "Medicaid," then the response to this question must be "yes."
#36 Monthly Amount	2	Screen: Service Authorization Program code: Page 33 1) The program code does not extract the actual amount entered in the Adoption Agreement.	1a) The program code must be modified to extract and report the agreed upon amount in the Adoption Agreement. 1b) Submit the revised code to ACF. <u>Training/Supervision</u> 2) Staff must be instructed to enter the actual amount of the monthly subsidy as	1a) 12/31/06 1b) 12/31/06 2) 12/31/05	2) Completed * See October 2005 Newsletter

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AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			stated in the Adoption Agreement. 3) Timely entry of this information needs to be addressed by supervisors.	3) 12/31/05	3) Completed * See October 2005 Newsletter
#37 Adoption Assistance IV-E 1=Yes 2=No	2	Program code: Page 32 1) The program code does not include the State's code "6691, IV-E."	1a) Modify the program code to include the State's code "6691, IV-E." 1b) Submit the revised code to ACF.	1a) 12/31/06 1b) 12/31/06	
#7 Child Race #25 Adoptive Mother's Race #27 Adoptive Father's Race a = American Indian or Alaskan Native b = Asian c = Black or African American d = Native Hawaiian Pacific Islander e = White f = Unable to Determine	~~2~~ 3	Screen: Client/General, Information tab, "ethnicity" box Program code: Pages 11 - 14, and 22 1) The program code maps spaces in each race category to "does not apply" for each race. If no race information is found, then the program code will default to "unable to determine."	1a) Modify the program to remove the default of checking for all "no" responses and mapping them to "unable to determine." 1b) Modify the program code to map missing data to blanks. 1c) Submit the revised code to ACF.	1a) 12/31/06 C, 10/2007 1b) 12/31/06 C, 10/2007 1c) 12/31/06	1a) Phase I Business Requirement Selection 1a Qtr 4: Code with required change submitted on March 30, 2007. 1b) Qtr 4: Code with required change submitted on March 30, 2007. 1c) Qtr 4: Code with required change

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AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
			Supervision/Training 2) Implement a process to ensure the timely and accurate entry of this information.	2) 12/31/05	submitted on March 30, 2007. 1) CB, 10/2007: The program code has been modified to map missing data to blanks and to remove the default of checking for all "no" responses and mapping them to "unable to determine." LNs 752-763.
#17 Father's Birth Year	3	The error cases in the case file review indicate there were dates of birth that were not reported, or there were data entry errors.	1) Implement a process to ensure the timely and accurate entry of this information.	1) 12/31/05	
#19 Date of Mother's TPR #20 Date of Father's TPR	3	See Findings in the Foster Care Matrix.	See Tasks in the Foster Care Matrix.	See FC Matrix	
#34 Child Was Placed by	~~2~~	Screen: Adoption Subsidy, General			

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AFCARS Element	Rating Factor	Comments/Notes	Task	Estimated/ Completed Date	State's Comments/Notes ACF's Sign-off Notes
1 = Public Agency 2 = Private Agency 3 = Tribal Agency 4 = Independent Person 5 = Birth Parent	3	tab Program code: Page 36 1) The program code does not include the State's code "6166, independent person."	1a) Modify the program code to include mapping for "6166, independent person." 1b) Submit the revised code to ACF.	1a) 12/31/06 C, 10/2007 1b) 12/31/06	1a) Phase I Business Requirement Selection 1a Qtr 4: Code with required change submitted on March 30, 2007. b Qtr 4: Code with required change submitted on March 30, 2007. 1) CB, 10/2007: The program code has been modified to include the State's code "6166, independent person" and to map it to AFCARS value "independent person."

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