NEW HAMPSHIRE

DIVISION FOR CHILDREN, YOUTH, AND FAMILIES

PART II

CHILD ABUSE PREVENTION AND TREATMENT ACT

The New Hampshire Department of Health and Human Services, acting through the Office of Family Services, Children, Youth, and Families, is submitting this request for FY 2002 Child Abuse Prevention and Treatment Act (CAPTA) funds as amended in 1996 (P.L. 104-235, 10/3/96).

I. Goals and Objectives

The NH Comprehensive Child and Family Services Plan has, and will continue to be, the foundation for DCYF's many initiatives. This plan has become the agency's five-year plan for prevention through permanency and post-adoption services.

- The first goal under the Safety domain focuses on the front-end services provided by the Division such as
  - Supporting prevention programs,
  - Improvements to the child protection system, and
  - Outreach and education for the public regarding child safety and reporting laws.

This goal and the objectives below will serve as the focus of DCYF's work under the CAPTA portion of the consolidated plan. An updated progress report identifying the Division's activities under each of the identified goals and objectives can be found in Part I of this plan on pages 2 – 101.

II. Program Areas Selected for Improvement

As evidenced in the goal and objectives above, the child protection system will undergo a major re-working over the next five years focusing on the basic tenets of the program as well as tools for assessing risk. In addition to these system

improvements, DCYF will continue to utilize the CAPTA grant to strengthen family support and prevention services available in the community.

New Hampshire will once again take the opportunity to strengthen its child protection service system, its prevention services, and its community education efforts within several of the earmarked nine areas as designated under the new CAPTA legislation, Subsection (a) of Section 106.

A. Prevention Activities

COMPREHENSIVE FAMILY SUPPORT

On February 11, 2002, DCYF approved and implemented a new policy involving an initiative to provide services previously unavailable to families without a determination that child abuse/neglect occurred. The "Voluntary Services" Policy enables DCYF to expand the array of community-based services to families in order to "relieve conditions that may lead to child maltreatment" (please see policy in appendix). Services available statewide range from supportive secondary prevention at community sites to home based counseling. Limited child respite care and temporary placement is available in all areas of New Hampshire except in those areas covered by the Claremont, Salem, and Berlin District Offices. Funding from Title XX Social Services Bock Grants, the Family Preservation Grant, CAPTA, and the Child Development Program. [Please see Appendix]

From January through May 2002, DCYF Central Intake alone reports that over 800 children have been referred to statewide Comprehensive Family support services.

Contract Monitoring

Evaluating the effectiveness of community services contracted to support this initiative will be accomplished in part through a multidisciplinary review panel. Members of that panel had been active participants in the DCYF Child Welfare

Advisory Board, and will function collaterally with the DCYF Advisory Board. Members of both boards will meet at a one-day retreat in Sept. 2002. A substantial part of this retreat will be to assign priorities and responsibilities regarding the review of services to be provided under the comprehensive Family Support contracts.

For the past two years DCYF has combined Promoting Safe and Stable Families and CAPTA money to fund Family Resource Centers throughout the state to provide parent education and family support services. Over the last two years, DCYF has prioritized the development of home-visiting programs in the RFP and, as a result, many of the Centers have started or enhanced home-visiting programs in their area. DCYF proposes to continue the support of home-visiting and Family Resource Centers, but to also actively promote the coordination of those services at the community level.

B. Community Education/Public Awareness

During May and June of 2002, DCYF initiated action to replace the multiple websites with one that consolidates access to educational material covering the Division and each of its six primary programs. The new website will be up and running in mid-summer of 2002 with mini-sites covering: DCYF, the Child Protection Program, the Child Development Program, the Foster Care Program, the Adoption Program, the Teen Independent Living Program, and collaborative initiatives that address families affected by both domestic violence and child abuse and neglect.

Regarding outreach efforts to educate the public about the reporting laws in NH; on 5/25/2002, DCYF began a series of community forums at local Health & Human Services District Offices. District Office Program Managers, and DCYF staff, including the Director, Deputy Director, Administrator for Child

Protection, DCYF District Office Supervisor, and CPS staff have been participating in the forums. Participants in this process include local community stakeholders on child wellness, law enforcement organizations, foster parents, legislators, and educators. In addition to discussing needs for children and families particular to those communities, DCYF staff have been presenting an overview of the Division's new case management tool, Structured Decision Making (SDM). Also presented are: child abuse reporting requirements, foster home recruitment, and other services that families can access voluntarily. Local profiles on community wellness indicators as well as the status of children and families involved in reports of abuse/neglect to the local offices are presented (see attachment). *The Community Guide to Reporting Child Abuse and Neglect*, the *Information for Families* pamphlet for families newly involved with DCYF, *A Parents Guide to Protective District/Family Court Civil Proceedings* and other information resources are available for participants at all community forums.

Efforts to educate the public about the reporting laws in NH continue through the numerous public speaking engagements done every year by DCYF staff. For example, DCYF continues providing community outreach by participating in annual Kids Safe Statewide seminars. These seminars are provided in conjunction with the National Center for Missing and Exploited Children, under the sponsorship of the New Hampshire Auto Dealers Association. Attendees include school guidance counselors and administrators, police officers, and fire fighters from through New Hampshire. In sessions provided on April 2, 3, and 4, 2002, a total of 161 professionals attended presentations that included information on child safety, child abuse and neglect, and how to report child abuse/neglect in New Hampshire. DCYF presenters offered information on services and responses that reporters of suspected abuse and neglect should receive from DCYF Child Protection Staff.

DCYF also proposes to continue to support the efforts of the NH Coalition to Prevent Shaken Baby Syndrome. This campaign has enhanced collaboration among statewide agencies and programs, and has markedly increased the awareness of both the general public and the medical community regarding Shaken Baby Syndrome.

Ongoing widespread education efforts statewide will be conducted through the Coalition including a statewide informational campaign targeted to educators, medical providers, college and university students, and parents and caregivers.

The NH Child Health Month Coalition is a group of representatives from several child welfare and health related organizations (DCYF, Bureau of Maternal and Child Health, NH Pediatric Society, Children's Hospital at Dartmouth, NH SAFEKIDS, etc.), which has met since 1994 to sponsor activities in recognition of October as "Child Health Month." Annually, the groups sponsors two activities: preparing and distributing a packet of material for child-focused organizations to use in promoting child health month and information on overall health and safety; and offering a toll-free call-in night "Ask a Pediatric Health Care Provider" for the general public. Evaluations of the projects have shown that over 30,000 people are reached by the mailing with use on bulletin boards and photocopied handouts to parents being the most frequently cited. The call-in night has been tremendously successful with close to 60 calls in one night. Due to the high demand, a supplemental spring mailing of seasonal-focused information has been added.

DCYF proposes to allot a small amount of funds to support the efforts of both the NH Coalition to Prevent Shaken Baby Syndrome and the Child Health Month Coalition.

C. Structured-Decision Making Contract

DCYF formally implemented a Structure Decision Making (SDM) Process. The goals of SDM are:

- To reduce the incidence of child maltreatment through enhanced assessment and targeted levels of intervention and services; and
- To expedite decisions and achieve timely permanency for children who reside in out-of-home care.

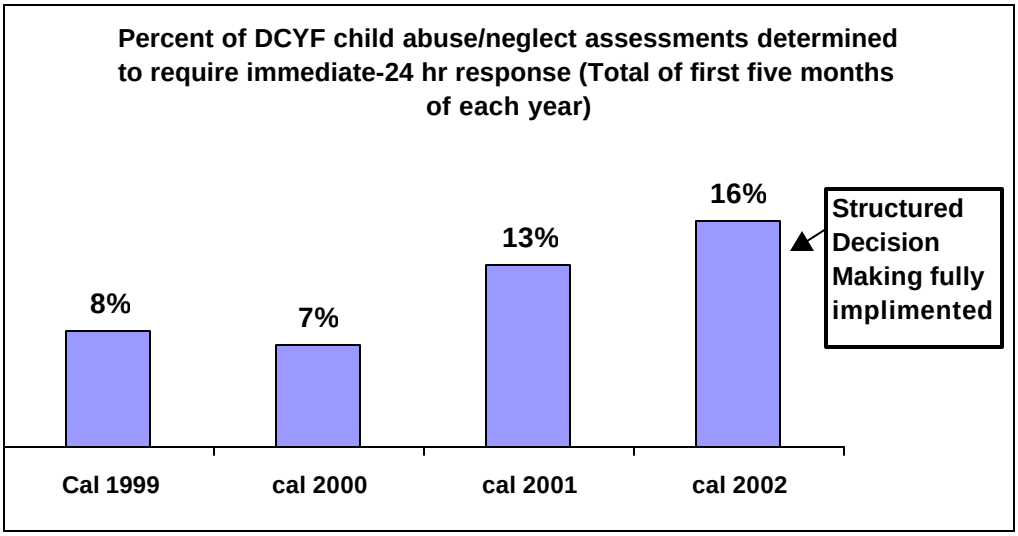
The SDM process focuses on key decision points in Child Protection, including:

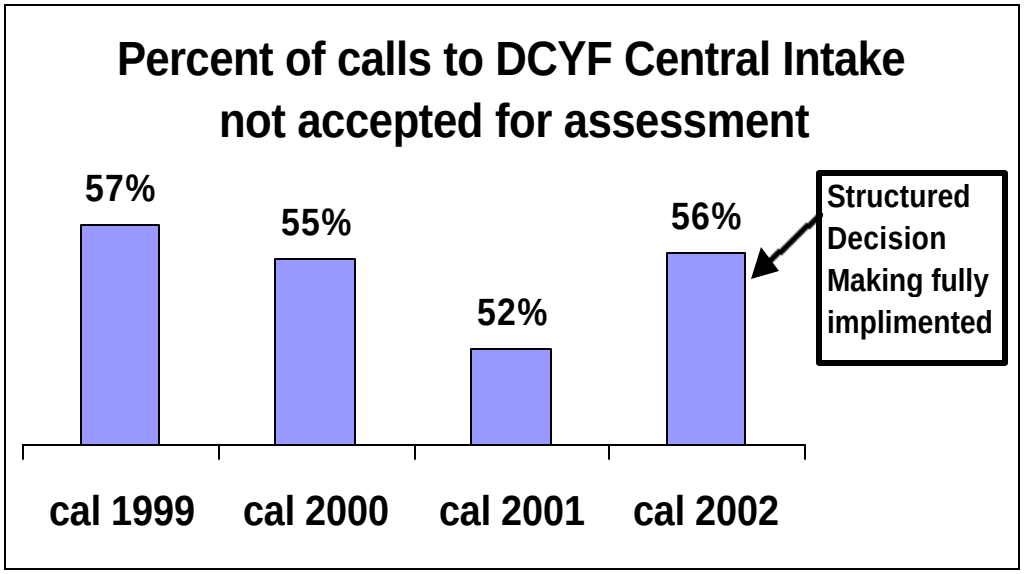
- Evaluating if a call to DCYF regarding concerns about a child constitutes a credible report of suspected child abuse / neglect that requires face:face assessment.
- The timeliness and manner of response based on identified risk factors,
- Safety plans, including decisions that include whether the children involved can remain in their household,
- Safety (immediate concerns), risk (long-term propensity for maltreatment), and family strengths and needs considerations necessary in reunifying children with their parents.

Prior to implementation in December 2001, DCYF's Bureau of Quality Improvement (BQI) coordinated final evaluation of SDM as meeting Best Practice standards. Also, training for all DCYF staff was coordinated through BQI and DCYF's Staff Development Unit.

One early indicator of change since implementation of SDM shows a higher proportion of DCYF assessments requiring a response within 24 hours, insuring earlier intervention and risk assessment. Comparisons were made from January through May 2002 to identical months in previous years. The following charts

illustrate that during the first five months that SDM has been fully implemented, there has been an increase in the percent of abuse/neglect assessments determined to require a “level 1”, response (Immediate-within 24hrs of receipt of referral to the District Office for face:face assessment of children in the report) There has not been a significant change in the percent of calls to DCYF Central Intake that result in a face: face assessment.





Procedures integrated into the SDM process are available for CPSWs at every phase of intervention through SDM screens that have been incorporated into NH BRIDGES. Formal Central Intake policies that correspond to SDM procedures were drafted and are in the approval process as of this writing.

E. Family Resource Connection

The Family Resource Connection (FRC) is a statewide clearinghouse of materials, books, periodicals, and videos, which contain information on developmental, social, educational, and health related issues relative to young children, with an emphasis on special needs and parenting issues. The FRC telephone is answered "in person" via a toll free number (1-800-298-4321). Numerous agencies have blended monies to fund this worthwhile project including: NH Department of Health and Human Services; Department of Cultural Affairs; NH State Library; Department of Education; Division of Educational Improvement; Pre-School Special Education Program; and the Bureau of Early Learning.

The project is designed to address a statewide need for parents, family members, students, and the general public regarding information and materials related to child development including, but not limited to: child care; foster care; child abuse and neglect; prevention; treatment; early intervention; and pre-school resources. It also serves as an appropriate referral source to community and governmental agencies. DCYF plans to continue its support of the Family Resource Connection in dispensing vital information regarding child maltreatment, prevention, and treatment issues.

DCYF collaborated with FRC for a five-year celebration and community open house in May, 2001.

III. Budget

CLASS	FFY 2002
AUDIT	**$ 101**
CONTRACTS	**$ 89,000**
IN-STATE TRAVEL	**$ 2,000**
OUT-STATE TRAVEL	**$ 4,000**
SUPPLIES/CURRENT EXPENSES	**$ 5,000**
TOTAL	**$ 100,101**

State Of New Hampshire
Budget For FFY 2002
Child Abuse Prevention and Treatment Act

Audit Funds: **$ 101**

These are expenses that are set aside to cover the cost of all federal grants calculated at .001% of the total grant.

Contracts: **$ 89,000**

These funds will be used to contract for the services as outlined under Section II – Program Areas Selected for Improvement. Itemized contract expenses will be provided in an addendum

In-State Travel: **$ 2,000**

These funds will be used for staff travel to regional meetings/conferences concerning the implementation of this plan and grant activities. This may include but not be limited to: the NH Attorney General's Task Force on Child Abuse/Neglect Annual Conference; the Governor's Commission on Family Violence.

Out-of-State Travel: **$ 4,000**

These funds will be used for staff travel to regional and national meetings/conferences concerning the implementation of this plan and all grant activities. This may include but not be limited to: APSAC Colloquium; National Conference on Child Victimization; National Association for Family-Based Services Annual Conference; National Symposium on Child Sexual Abuse Conference; National Conference on Child Abuse/Neglect; and the CWLA National Conference.

Supplies/Current Expenses: **$ 5,000**

These expenses are set aside for consumable supplies, printing, and other support connected with the implementation of this plan. This will include the media and public awareness efforts.