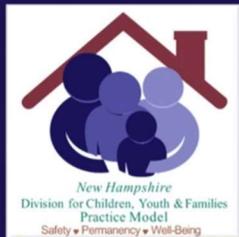




NEW HAMPSHIRE



Child and Family Services Plan

2020 - 2024

Division for Children, Youth and Families
 Department of Health and Human Services
 June 28, 2019



DHHS Mission Statement: To join communities and families in providing opportunities for citizens to achieve health and independence.



New Hampshire
Division for Children, Youth & Families
Practice Model
Safety ♥ Permanency ♥ Well-Being



Jeffrey A. Meyers
Commissioner

Joseph E. Ribsam, Jr.
Director

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

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June 28, 2019

Mark Dalton, Child Welfare Specialist
Administration for Children and Families: Region I
U.S. Department of Health and Human Services
JFK Building - 20th floor
Boston, MA 02203
Dear Mr. Dalton:

On behalf of the New Hampshire Division for Children, Youth and Families, I am pleased to provide you with the Division for Children, Youth and Families' 2020-2024 Child and Family Services Plan (CFSP). The CFSP was based on the outcomes of the 2018 Child and Family Services Review and analysis of administrative data, feedback from staff, youth and families, and a variety of community stakeholders. The development of the CFSP focuses on:

- Expanding the work initiated in the Round 3 Program Improvement Plan;
- Workforce retention;
- Integrating DHHS programs/services so families and children receive the most comprehensive and timely service delivery for which they are eligible;
- Primary, secondary and tertiary prevention services through education, collaboration and partnership with internal and external stakeholders, providers, and community systems through shared accountability for families and children's safety, permanency and wellbeing;
- Creating a broader child welfare system through Enhancement of service array and continuum of care for New Hampshire families.

The NH Child and Family Services Plan can be viewed electronically through the following link:
<http://www.dhhs.nh.gov/dcyf/publications.htm>.

If you have any questions, please contact Jessica Clark, CFSR Coordinator, at (603) 271-4451.

Thank you for your continued support for this and other New Hampshire Division for Children, Youth and Families' family-centered initiatives.

Sincerely,

A handwritten signature in black ink, appearing to read "JR", written over a light gray grid background.

Joseph E. Ribsam, Jr.
Director
DCYF

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INTRODUCTION

DCYF has embarked on a transformation journey. The trek leads to improved, meaningful connections across the broader child welfare system with key stakeholders toward the support of prevention services and collaboration with providers and community partners to align resources and supports to achieve better outcomes. The 21st Century child welfare vision has served as a driving force for DCYF and the system transformation efforts, focusing on moving from a reactionary stance to a more proactive approach. The 21st Century child welfare vision has three major goals: developing technical excellence, strengthening population based prevention efforts and defining safety.

In line with 21st Century, NH DCYF is revamping the use of SDM tools to improve safety decision making through the life of a case. A spotlight shines on enhancements to service array to ensure families are receiving the right service at the right time. Over the next five years, DCYF is utilizing *Predict, Align, Prevent*, in coordination with the Division for Public Health Services and the Community Collaborations to Strengthen Families grant to identify the highest risk populations and gaps in services. These two projects, led by The Division of Public Health Services, with a population based prevention lenses, will focus on two communities in NH to create a seamless prevention service array and to reduce and prevent maltreatment, creating safety for children and families.

In order to best understand the agency vision a brief look back at the last several years is necessary.

There have been several major factors in the past eight years that set the course for New Hampshire's challenges in effectively meeting the needs of children youth and families including significant budget cuts preventing the Division from serving families through prevention, voluntary services and through children in need of services (CHINS) cases. In subsequent years, there were even more reductions, even when the needs of families changed.

In recent years, there have been additional factors such as:

- Increases in workloads combined with staff retention challenges that strained the child welfare system beyond capacity;
- A significantly diminished service array;
- The Child Welfare System Transformation was initiated in response to a third party quality assurance review of the New Hampshire Division for Children, Youth and Families; and

- Changes to state laws and the development of high level oversight by the Office of Child Advocate, impacting the Division for Children, Youth and Families

More recently, the Division has experienced an unprecedented increase in accepted reports of child abuse and neglect and experienced a rise in the number of children entering out-of-home placement, straining both the State's personnel resources and the system's capacity to meet the needs of the State's population. Child Protection struggled with an insufficient number of field workers and an increased workload. There is now a statewide understanding of the workforce issues of the Division and the dire need for DCYF to increase staff capacity to ensure best practice, and meet the service needs of the children, youth, and families it serves.

The Division also experienced external challenges that sparked major changes to the child welfare system. Revisions to statutory language and the development of various legislative commissions began to strongly influence practice and identify gaps and recommendations for improvements. The creation of the Commission on Child Abuse Fatalities resulted in the statutory requirement of an Office of the Child Advocate (established in 2018) to work with the Division. Critical system changes included the implementation of:

- Twenty-four hour, seven days per week coverage for the receipt of reports of maltreatments (February 2017); and
- After-hours response to imminent danger situations involving a child. (February 2017)

Also at this time, an independent comprehensive review of the Child Protective Services of the Division for Children Youth and Families (DCYF) was conducted and released to the public in December 2016. The report identified twenty recommendations to improve DCYF practice specifically in the area of assessing child abuse and neglect reports. A major issue identified was a "seriously overloaded [child protective] assessment workforce". The findings of this review led to the development and implementation of the New Hampshire *Child Welfare Systems Transformation* (CWST). Further quality assurance activities, including an *Adequacy and Enhancement Assessment* of the New Hampshire service array completed in 2018 by the Public Consulting Group, are adding to the *Child Welfare System Transformation* efforts to make a planned and comprehensive change to the overarching system in New Hampshire.

DCYF and stakeholders have put the recommendations of the independent review in the forefront and recognize the need for changes to go beyond just DCYF reform to a true systems transformation. With the addition of data from the *Child and Family Services Review* (2018), the *Adequacy and Enhancement Assessment* (2018), the *Program Improvement Plan*, DCYF has developed this *2020-2024 Child and Family Services Plan* to align with the goals of the

transformation work that will continue with the Division's child welfare partners over the next five years.

Division goals will be achieved through building workforce capacity, increased cross-systems collaboration within the Department of Health and Human Services, with other state agencies, community organizations, and judicial stakeholders, including investment in the enhancement of service array and continuum of care for New Hampshire families. DCYF leadership, field staff, and stakeholders believe New Hampshire is well positioned to work together to construct a safer future for all New Hampshire's children.

Division for Children, Youth and Families' Mission and Vision Statement.

The Division for Children, Youth and Families (DCYF) is comprised of diverse disciplines working toward common goals for the children, youth and families involved with the agency in New Hampshire. To honor this diversity, DCYF maintains a collaborative mission known as the Practice Model, established in 2016 by a representative group of DCYF employees, youth, and parent partners.

The Division for Children, Youth and Families collaborates with families and communities to provide resources and support that leads to the safety and healthy development of children, youth, and the communities in which they live.

The Practice Model Design Team decided that the Practice Model itself would serve as the Division's vision and this remains true. The Practice Model, through its Beliefs and Guiding Principles, defines how the Division should perform across all disciplines. It acts as inspiration and guides practice and decision-making.

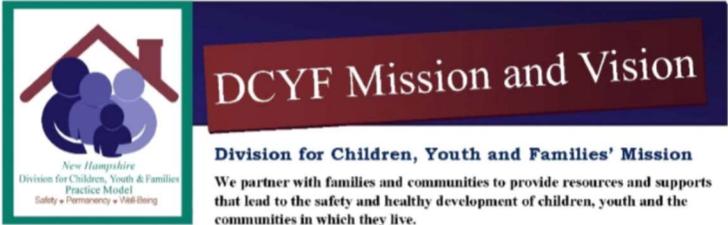
During the finalization of the previous five-year plan and the development of this *2020-2024 Child and Family Services Plan*, DCYF has endeavored to promote efficiency and growth. The reinforced needs found in multiple quality assurance reviews and activities, including the Round 3 Child and Family Services Review, have fueled the Division to take a proactive and strategic stance in moving the Division forward. The remarkable successes of the past two years have been spurred by the advocacy of important stakeholders for additional staffing and resources as well as support for legislative changes. The influx of resources will provide the Division with the opportunity to work more effectively and collaboratively toward a safer tomorrow for children and families. Legislation was passed at the very beginning of the summer in 2018 to support longer record retention, foster parents' rights, and a foster child's bill of rights, expanding on the

definition of abuse, requiring greater collaboration for the educational stability of youth, and increasing the Division's workforce capacity.

The goals of this *2020-2024 Child and Family Services Plan* have been developed in partnership with the *Child Welfare Systems Transformation Interagency Team*, additional internal and external stakeholders and in alignment with the Child and Family Services Review (CFSR) results and ongoing Program Improvement Plan (PIP) development. The Division believes in the importance of stakeholder input, more than 150 stakeholders have participated in some phase of the Program Improvement Plan development by analyzing data and exploring the root causes of practice issues in the underperforming areas. Nineteen focus groups were held with: judges, attorneys, [CASA](#), [guardian-ad-litem](#)s, birth parents, youth in care, relatives, and foster care providers, providers, contractors, and staff at all levels of the Division. Eight initial strategy development workgroups were established and included approximately a hundred stakeholders. These workgroups reviewed and explored data, developed and revised Strategies and Key Actions, and outlined implementation processes. Additionally, New Hampshire accessed support of the [Capacity Building Center for States](#) and [Center for Courts](#).

The Division has embraced this opportunity to advocate for the systemic changes that will support a well-functioning child welfare system. This has included requests for more personnel in both field and programmatic positions, extending foster care from age eighteen to age twenty-one, and supporting a preventative service program and enhanced service array that will influence the development of a system of care. All the systems transformation efforts to date and planned for the future will help DCYF on the journey to fully realize the goals set in this *2020-2024 Child and Family Services Plan*.

Child Welfare System Transformation Division goals will be achieved through building workforce capacity, increased cross-systems collaboration within the Department of Health and Human Services, with other state agencies, community organizations, and judicial stakeholders, including investment in the enhancement of service array and continuum of care for New Hampshire families. DCYF leadership, field staff, and stakeholders believe New Hampshire is well positioned to work together to construct a safer future for all New Hampshire's children.



DCYF Mission and Vision

Division for Children, Youth and Families' Mission
We partner with families and communities to provide resources and supports that lead to the safety and healthy development of children, youth and the communities in which they live.

Prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities.
DCYF develops, supports and engages in diverse prevention activities in partnership with families and communities to build protective factors.

Everyone deserves to be safe.
Safety is paramount to DCYF. We recognize that true safety extends beyond the physical sense and must include emotional safety as well. The culture of safety extends beyond those children, youth and families that we serve to include victims, communities and employees.

All children and youth need and deserve permanency.
DCYF is responsible for partnering with families and communities to promote a safe, stable, and permanent family or lasting connection for every child or youth in the timeliest way possible. A permanent, unconditional relationship with a nurturing caregiver is important to establish the foundation for a child's healthy development.

Everyone needs and deserves a life of well-being.
DCYF believes that well-being includes a healthy mind, body and spirit, as well as life experiences that foster a sense of hopefulness for the future. In addition to offering an array of services that promote opportunities for families to meet their basic needs, DCYF helps to facilitate connections to family, communities and culture.

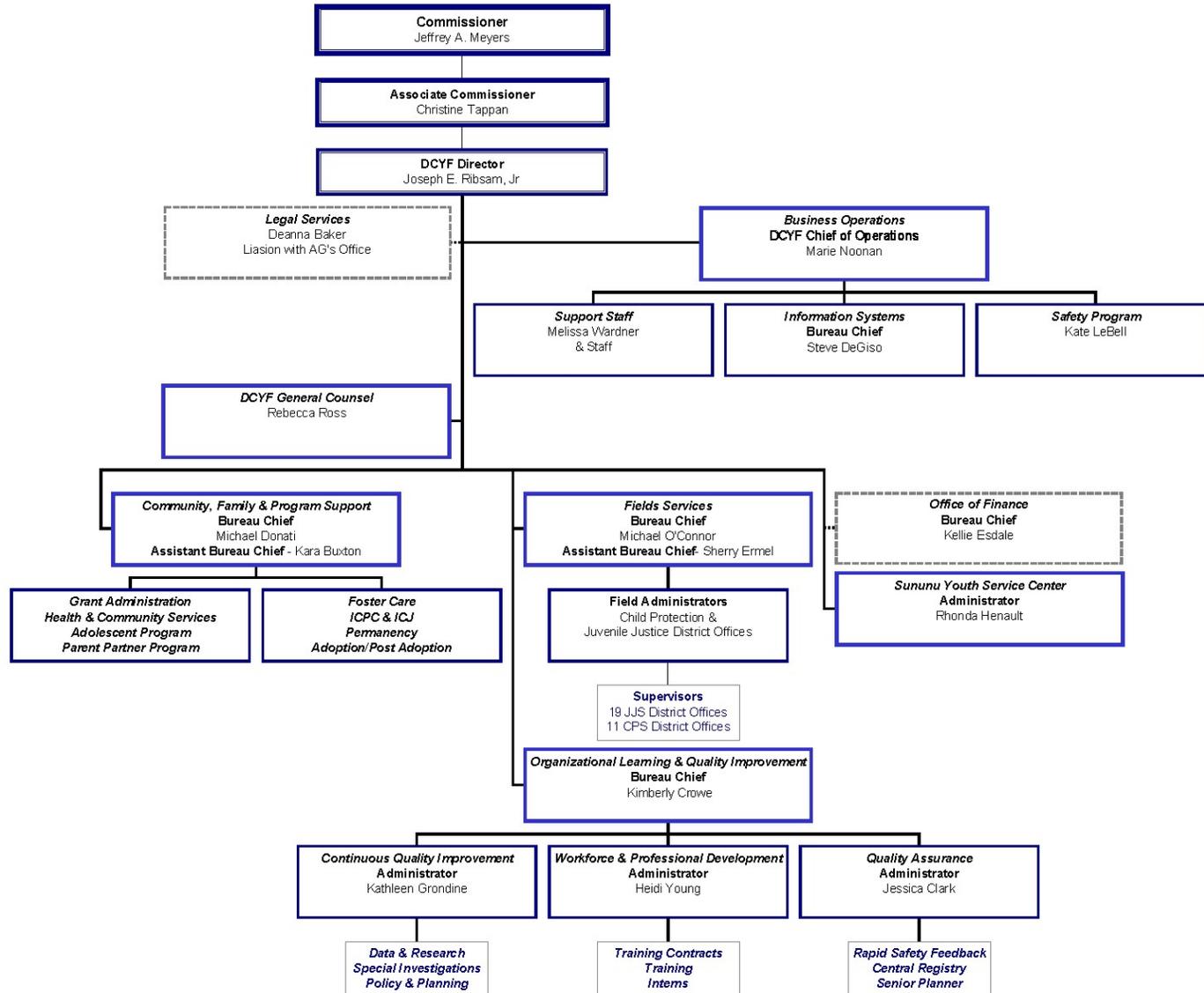
All children, youth and families have strengths.
DCYF recognizes that families and individuals can make positive changes in their lives. We help families identify and build their strengths. We utilize a team approach with children, youth, families and community partners to help families provide for their own safety, permanency and well-being.

All children and youth belong with family.
DCYF engages with families and communities to safely maintain children and youth in their homes. We recognize that family extends beyond birth relatives and we support those relationships. We promote and facilitate family contact and communication when children and youth are living outside of their homes.

Everyone deserves to be treated with courtesy and respect.
DCYF recognizes that families are knowledgeable about their own lives and support them within the context of their own family rules, traditions, values and culture when safe. We engage and work collaboratively with colleagues, children, youth, families and communities with honesty and professionalism. Confidentiality and professional boundaries are always maintained, and staff represent the division in a respectful and professional manner.



Organizational Chart for the Division



SECTION 1: COLLABORATION

State Agency Administering the Programs

New Hampshire's public response to the safety, permanency, and well-being of children is framed in the New Hampshire Human Services Statute ([RSA 161-2, II](#)), which imbues the Department of Health and Human Services (DHHS) with the responsibility for Child Welfare Services. This law mandates that New Hampshire's Department of Health and Human Services develop and administer the State's child welfare activities, inclusive of child protection and juvenile delinquency. The New Hampshire Department of Health and Human Services has designated the Division for Children, Youth and Families (DCYF) as the State agency to act on the Department's behalf and be responsible for Title IV-B programs under this plan.

The Division for Children, Youth and Families operates as a distinct division under the administration of the New Hampshire Department of Health and Human Services, with the Division Director reporting directly to the DHHS Associate Commissioner. DCYF is organized into five bureaus/entities, including:

- The **Bureau of Field Services**: that has the authority and responsibility to provide direct Child Protective and Juvenile Justice casework to children, youth, and families, to address child abuse and neglect, delinquency, and Children in Need of Services (CHINS);
- The **Bureau of Community, Family, and Program Support**: that has the authority and responsibility to manage ancillary programs for children, youth, and families that facilitate safety, permanency, and well-being;
- The **Bureau of Organizational Learning and Quality Improvement**: that has the authority and responsibility to manage programs for the training, quality assurance and improvement, data management, and policymaking for the Division;
- The **Bureau of Information Systems**: that has the authority and responsibility to oversee and enhance the Child Welfare Information System used by the Division; and
- The **Sununu Youth Services Center**: that has the authority and responsibility to operate and provide direct services at the secure residential treatment facility for short-term detention as well as commitment of youth involved with the NH court system.

Division staff are located in the administrative State Office, the Sununu Youth Services Center Campus, one Central Intake Unit, and eleven district offices located throughout New Hampshire's ten counties. Through a collaborative organizational structure, all bureaus of the Division work together to implement the Title IV-B program. While the Bureau of Field Services completes the

majority of the direct work with children, youth, and families. All bureaus of the Division work in partnership to support the staff who work directly with the children, youth, and families.

Collaboration with Child Welfare Systems Transformation (CWST)

The *New Hampshire Child Welfare Systems Transformation* is an initiative in response to the *Division for Children, Youth and Families (DCYF) Independent Report* published December 2016. The *Independent Report* made several recommendations to strengthen the Division's child protection system with a strong emphasis on assessment practice.

The first recommendation was to establish a team to oversee implementation of the recommendations of the report, monitor progress, and make adjustments as needed. Many other recommendations also focused on engaging essential stakeholders to gather input and guidance toward future efforts, to leverage stakeholder collaboration and leadership. Subsequent reviews such as the *Adequacy and Needs Assessment* and subsequently the 2018 federal *Child and Family Services Review* results also informed the CWST systems improvements.

A safer future for New Hampshire's children begins with a robust and unyielding focus on promoting health and well-being, and the prevention of trauma caused by child abuse and neglect. Realizing this future requires more than reforming New Hampshire's child protection system. It requires transforming the child-serving and family support systems in every community. To do this, New Hampshire must collectively move upstream to prevent child abuse and neglect before it starts and energize the resources and supports in every community that parents need to raise their children in the best and most challenging times in their lives.

The New Hampshire Division for Children, Youth and Families (DCYF) has committed to

- Responding to the challenges facing DCYF,
- Strengthening the Division's team and the bonds with child welfare stakeholders,
- Innovating practice to meet the needs of today's children, and
- Constructing a safer tomorrow, today

An integral part of the CWST is the advocacy and partnership of the Interagency Team (IAT) The IAT was established to join key stakeholders with the Department of Health and Human Services to assist the Division in the transformation of the State of New Hampshire's child welfare system. The Interagency Team is a collaboration of subject matter experts and concerned citizens representing more than twelve critical areas of the State, including education, child advocacy, government, medicine, youth voice, foster parents and grand families, and many others. The vision

and charter of the CWST guide the substantive changes as partners continue to identify and work toward shared goals and activities, use data informed transparent discussions for strategic planning and to increase the safety, permanency, and well-being of children in the child welfare system in NH.

Collaboration with Office of Child Advocate (OCA)

On July 1, 2017, The Office of the Child Advocate (OCA) became statutorily effective as a result of new legislation: New Hampshire Law 170-G:18, III. The office was “established to provide independent oversight of the Division for Children, Youth and Families (DCYF) to assure that the best interests of children are being protected.” In 2018, the office was operationalized when the elected Governor appointed Dr. Moira O’Neill as the first Director of the agency. Subsequently, Dr. O’Neill filled two additional positions: Associate Director and Counsel, and an Office Manager. In April of 2018, a Memorandum of Understanding (MOU) was established between the State of New Hampshire Department of Health and Human Services and the Office of Child Advocate. This Memorandum of Understanding specifically endorsed the exchange of confidential information from the Department to the Office of the Child Advocate.

Since that time, the Division for Children, Youth and Families has provided the Office of the Child Advocate with access to Division records by giving them access to:

- The Bridges database which allows them to independently review any documented electronic records
- The district offices to review and copy paper files
- Various data and incident reports that are generated for internal and external purposes, and
- Policy, which is now posted publicly on the NH DHHS website.

In conjunction with the exchange of records, the Office of the Child Advocate leadership, DCYF Director, Bureau Chief of Field Services, and Associated Bureau Chief have intentionally engaged one another in instances that have allowed the establishment of professional working relationships; and shared understanding of one another’s roles, responsibilities, and needs. Examples of ways in which this has been accomplished are as follows:

- Upon operationalization of the Office of the Child Advocate, there have been regular monthly meetings. These meetings have afforded DCYF the opportunity to provide further information regarding Division practice, decision-making and the overall functioning of the NH child welfare system.

- To support community collaboration and a systems approach regarding the child welfare transformation, the OCA has attended Interagency Team Meetings several times a year since 2018.
- Office of the Child Advocate employees have attended two of the Division's Leadership Meetings and made presentations to child protective and juvenile justice supervisors, program specialists, and other DCYF Bureaus Chiefs. The purpose of the first meeting was for them to provide an introduction of themselves, their role and the statute that governs their office. The second meeting occurred several months following their commencement in which they provided feedback about the work they have completed, their interactions with DCYF employees, families and the communities.
- The Office of the Child Advocate employees visited each of the division's district offices throughout the summer of 2018.
- In July of 2018, DCYF initiated, and the Governor's Office hosted a meeting between DCYF, the OCA, and the Ombudsman's office. This afforded the opportunity to discuss trends, volume, and processes regarding the inquiries received from constituents.
- DCYF Director Ribsam took a group of individuals, including a representative from the Office of the Child Advocate, to New Jersey for three days to learn about the System of Care that has been established to serve children, youth and families there.
- During September of 2018, DCYF and the OCA attended the Diversion Summit in which DCYF had the opportunity to share how Diversion has positively impacted the youth served through juvenile justice.
- In January of 2019, DCYF hosted Michael Cull, who facilitated his Culture of Safety training, and in the same month, held a training relative to the new Families First Legislation. The OCA actively participated in each of these trainings alongside DCYF employees.
- During the winter of 2019, the Office of the Child Advocate attended one of the monthly meetings DCYF holds to conduct internal quality reviews.
- The OCA has recently initiated a monthly meeting referred to as a "System of Learning", which focuses on conducting case consultations for the purpose of learning more about how the overall system impacts and influences the division's decisions. DCYF has participated in this process since February of 2019.
- The OCA is required to release an annual report regarding their findings of division's casework as well as what they have accomplished to support and make recommendations that ultimately will improve outcomes for the children, youth, and families served through the child welfare system. To provide clarification and additional details, the Commissioner of the Department of Health and Human Services issued a letter in response to the release of the OCA's 2018 annual report.

In conclusion, the Division anticipates the continuation of positive engagement with and by the OCA throughout the upcoming years. Although the Division envisions doing so in a similar manner as outlined in this report, there is also anticipation of the need to be creative and flexible as the two entities evolve.

Collaboration with Courts: Court Improvement Project

The Court Improvement Project/Model Court Committee continues to meet on a monthly basis. Since the completion of the 2018 Protocols Relative to Termination of Parental Rights (TPR), Surrender of Parental Rights, Voluntary Mediation and Adoptions Involving RSA 169-C Cases, the committee has moved forward with identifying new goals. The current work being done involves some revision of the 2003 Court Improvement Protocols specific to sections involving locating absent and disengaged parents, concurrent planning, and hearings for the non-accused non-custodial parent (Bill F Hearings).

A new member to the Model Court Committee is the DCYF CFSR Coordinator. Her participation in Model Court discussions and activities allows for the integration of PIP strategies into the Model Court agenda for the upcoming year. For example, since concurrent planning will be a PIP activity, having the CFSR Coordinator present for the work done to streamline concurrent planning practices by the court, DCYF, CASA, and defense counsel will allow for a more integrated approach to addressing this important practice area.

The Model Court Project has and will continue to meet on a monthly basis in an effort to improve and implement consistent practices statewide. After implementing the Protocols Relative to Termination of Parental Rights, Surrender of Parental Rights, Voluntary Mediation and Adoptions Involving RSA 169-C Cases in January 2018, the group turned its attention to revising the April 2003 Protocols Relative to Abuse and Neglect Cases and Permanency Planning. Over the next five years, the Model Court Project will develop new chapters and update those needing revisions. The initial priorities identified are locating missing/absent parents including practices around Parental Fitness Hearings (formerly Bill F. Hearings), Permanency Hearings, Post Permanency Hearings, concurrent planning, and foster parent notification of hearings. The Model Court Project continues to have membership from an array of key stakeholders including the Court, Court Improvement Project, DCYF, CASA, and Parent Attorneys.

Collaboration with Children's Justice Act

In New Hampshire, the Children's Justice Act (CJA) grant is managed by the Attorney General's Office in the Department of Justice, which aligns with the federal administration of the grant funds through the U.S. Department of Justice. The New Hampshire Division for Children, Youth and

Families (DCYF) has maintained a connection with the New Hampshire Attorney General's (AG's) Office over the years through work involving the investigation and prosecution of high profiled child abuse cases and the implementation of Child Advocacy Centers. This relationship has recently strengthened as the Director of Legal Services for DCYF now resides within the Attorney General's Office. This has allowed for greater cross-departmental collaboration between the AG's Office and DCYF in handling complex child abuse cases and overall management of legal matters within the Division. To provide additional support within the Division, a General Counsel and Legislative Liaison position was added to the DCYF Management Team in late 2018 to, among other functions; support the relationship between DCYF and the Attorney General's Office.

Collaboration with New Hampshire Children's Trust

DCYF maintains a strong relationship with the New Hampshire's Children's Trust Inc. (NHCT) whose mission is to prevent child abuse and neglect in New Hampshire.

NHCT has applied to become the Facilitating Organization of NH's Family Resource Centers and will begin to support all Family Resource Centers becoming Family Resource Centers of Quality, as well as support NH's Kinship Navigation programming that will be located within the Family Resource Centers.

In April 2019, the NHCT and DCYF began conversations at the State Team Planning meeting, which prompted new ideas on ways the two agencies could collaboratively partner to support their mutual goals to prevent child abuse, protect children and improve the child welfare system.

As a result of those conversations, NHCT expressed interest in working with the larger DHHS team to support the prioritizing of resources so that families are going through the right doors at the right time for services. They will be partnering with DCYF to develop the future of community-based voluntary services. They are engaged as a team member in the Community Collaborations to Strengthen Families grant. They would like to be a part of the Predict, Align and Prevent pilot with NH to identify and strengthen communities in need of prevention services. They are also interested in providing trainings for DCYF caseworkers on the EBP Strengthening Families.

Collaboration with Bureau of Child Development and Head Start Collaborative

On March 29, 2018, NH DHHS Commissioner Meyers announced the establishment of the new Division of Economic and Housing Stability (DEHS). The Division plays a key role in promoting a more holistic, multi-generational and integrated approach for individuals, families, and children

at high risk. DEHS guided this approach through a realignment of existing programs into five new Bureaus, including: The Bureau of Family Assistance (which combines the Division of Client Services and Division of Family Assistance); The Bureau of Child Support Services; The Bureau of Housing Supports; The Bureau of Child Development and Head Start Collaboration (CDHSC); and The Bureau of Employment Supports. The shift was implemented in June 2018. All new bureaus in the DEHS physically remain at their current location, and CDHSC continues to enjoy its collaborative relationship and co-location with DCYF.

Over the next five years, the Bureau of Child Development and Head Start Collaboration looks forward to potentially partnering with DCYF on the following activities.

- Generate and implement strategies to jointly support families with child protective cases who need/receive child care services (e.g., invite birth and foster families to participate in BCDHSC training opportunities designed to enhance families' skills and knowledge relative to parenting, child development, advocacy, etc.).
- Identify and offer collaborative training/TA/support opportunities for DCYF staff and early childhood program providers (e.g., trauma, positive behavior supports/Pyramid Model).
- Review BCDHSC contracts to identify opportunities to increase support for providers to care for children with Protective cases (e.g., PTAN, CCA of NH, New Hampshire Afterschool Network).
- Leverage professional development resources (e.g., identify DCYF content that can be offered online through the BCDHSC's contract with ProSolutions).
- Partner on teen parent programs.
- Partner on developmental screening and referral through the Watch Me Grow system.

Collaboration Oversight Panels

DHHS Advisory Board on Children and Families (aka: DCYF Advisory Board) and Citizen's Review Panel

The Division for Children, Youth and Families supports the functions of a variety of oversight panels including the former Citizen's Review Panel, which is now part of the DHHS Advisory Board on Children and Families. In combination, these groups meet the requirements of the Child Abuse Prevention and Treatment Act and Title IV-B, in addition to New Hampshire statutory requirements.

DHHS Advisory Board on Children and Families (also known as: DCYF Advisory Board)

The Division for Children, Youth and Families supports the functions of the DHHS Advisory Board on Children and Families (also known as: DCYF Advisory Board). The Board meets the requirements of Child Abuse Prevention and Treatment Act and Title IV-B, in addition to New Hampshire statutory requirements.

The DHHS Advisory Board on Children and Families is a requirement of the New Hampshire Legislature, RSA 170-G:6-a. The Board actively meets on a monthly basis and serves as a function of the Citizen's Review Panel.

Topics presented to and discussed by the Board in Calendar Year 2018 have included:

- Child Protection, Juvenile Justice, and Sununu Youth Services Center data and needs by the DCYF Director;
- Discussion with DCYF/DHHS Administration on the implementation of the recommendations from the Center for the Support of Families (CSF) independent evaluation;
- Discussion with DCYF/DHHS Administration on the outcomes of the Child and Family Services Review held in April 2018 and areas that will be included in the *Program Improvement Plan*; and
- DCYF legislative updates.

After the presentations, the Board determines how they will proceed with that particular issue in their ongoing advising and assisting in improving Division for Children, Youth and Families practice. Actions could include stakeholder support and/or legislative advocacy.

In the upcoming year, the Board will address the following topics:

- Child Protective Service Worker training;
- Continued monthly review of the DCYF Workforce Capacity report to understand and advise the Division on improving workforce capacity;
- Review, advise and advocate for changes to the DCYF Service Array; and
- Monitor the Division's implementation of the Families First federal legislation.

Child Fatality Review Committee

The New Hampshire 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 recommendations and the Division's responses to those recommendations in a report.

The most recent report (revised December 2018) of the Child Fatality Review Committee is located at: <https://www.doj.nh.gov/criminal/victim-assistance/documents/child-fatality-report-2017.pdf>

Please see: [Section 4: Efforts to Track and Prevent Child Maltreatment](#) for additional information.

Youth Action Pool

Please see [Section 6 Chafee Foster Care Program](#)

Youth Advisory Board

Please see [Section 6 Chafee Foster Care Program](#)

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Child and Family Outcomes

During 2018, rather than conducting New Hampshire quality assurance reviews in the form of *Case Practice Reviews*; the Division participated in a traditional *Child and Family Services Review* led by the Administration of Children and Families. For that review, three district offices were selected: the Conway, Manchester, and Seacoast District Offices. Sixty-five cases were selected between the sites and stratified to include child protection and juvenile justice placement and in-home cases as well as child protection assessments (considered in-home cases).

SITE LOCATION	FOSTER CARE CASES	TRADITIONAL IN-HOME CASES	ASSESSMENT IN-HOME CASES	TOTAL CASES
Conway	10	4	3	17
Manchester	20	7	4	31
Seacoast	10	5	2	17
TOTAL	40	16	9	65
CPS	28	7	9	44
JJS	12	9	NA	21

Combined ratings on the outcomes are as follows:

SUBSTANTIALLY ACHIEVED CASE RATINGS			
	CPS and JJS	CPS	JJS
OUTCOME S1: Children are first and foremost protected from abuse and neglect	52%	55%	43%
OUTCOME S2: Children are safely maintained in their homes whenever possible and appropriate	46%	50%	38%
OUTCOME P1: Children have permanency and stability in their living situations	30%	29%	33%
OUTCOME P2: The continuity of family relationships and connections is preserved for children	69%	59%	92%
OUTCOME WB1: Families have enhanced capacity to provide for their children's needs	29%	30%	29%
OUTCOME WB2: Children receive appropriate services to meet their educational needs	87%	82%	94%

OUTCOME WB3: Children receive adequate services to meet their physical and mental health needs	62%	56%	71%
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Safety Outcomes 1 and 2

Current Functioning of Safety Outcomes 1 and 2

SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

During the *Period Under Review*, April 2017-April 2018, New Hampshire was found not in substantial conformity with Safety Outcome 1 and received a rating of *Area Needing Improvement*, as fifty-two percent (52%) of the twenty-nine applicable cases reviewed received a *Strength* rating. Although *Timeliness Of Assessments* (Item 1) ratings for juvenile justice cases scored lower than in child protection cases, it is typically identified as the responsibility of child protection to commence assessments and interview victims. This indicates a continued need to improve collaboration between child protection and juvenile justice workers. The documentation shows that in-home cases rated worse than placement cases for Item 1.

Further analysis of these results finds that in just over half of child protection assessments the assessment was initiated and victims were seen or attempted to be seen in a timely manner. There are two main factors leading to this rating. The largest factor leading to *Area Needing Improvement* Ratings was seeing victims within timeframes. The rate for seeing victims within timeframes using the total number of timeframes that needed to be met has decreased annually since 2014, while during the same time the number of assessments has increased significantly. Considering both new assessments and new allegations added to existing assessments through new reports, there were over 1,500 more timeframes needing to have been met in 2016 alone compared to those from 2014. Also, there has been an increase of overdue assessments since 2014, and although this number has decreased in 2018, it has remained a concern. These have led to workload issues that negatively affect this and other Items. The Division has advocated for more staff with the New Hampshire Governor’s office and Legislature and has been authorized an additional fifty-seven Child Protective Service Worker Positions over the next two state fiscal years. In addition to workload issues, there are others factors determined to play a part in the Division’s struggle to ensure victims are seen timely. This includes the differential skill levels of supervisors in maintaining focus on timeframes and managing by data. Decreasing the number of overdue assessments and increasing the skill of supervisors to manage by data are goals within the Division’s 2019 *Program Improvement Plan*.

Additional data on timeliness, thoroughness and disposition of child protection assessments is available from *Assessment Reviews* conducted by BOLQI. See related section for results.

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR OWN HOMES WHENEVER POSSIBLE AND APPROPRIATE.

New Hampshire is not in substantial conformity with Safety Outcome 2. The outcome was *Substantially Achieved* in forty-six percent (46%) of all cases, sixty-five percent (65%) of foster care cases and sixteen percent (16%) of in-home cases (including assessments). This shows a need to make improvements in both areas, but that specific focus is needed on the in-home cases (including assessments).

A rating of *Area Needing Improvement* was received for Item 2, *Services to Protect Children In-Home and Prevent Removal or Re-entry Into Foster Care* as forty-one percent (41%) of the applicable cases reviewed received a *Strength* rating. Of the small number of applicable cases for this Item, forty-seven percent (47%) of the child protection cases rated as strengths and these were all assessments. Of the two applicable juvenile justice in-home cases, zero percent rated as strengths. Although the Division needs to ensure safety related services for all families, a specific focus needs to be on in-home cases for both areas of practice and specifically for assessments. Further exploration of the results showed that specific attention is needed to providing services for in-home cases and placement cases for children/youth who have been reunified as well as for all other children in the home. It was found that the provision of services (especially in-home services) provided by the Division in both child protection and juvenile justice cases had a positive impact on the ratings for these Items. Services were found to be effective in helping to assure safety for children and minimize risk of both initial placement and re-entry into care for reunified youth.

All cases were applicable for Item 3 *Risk and Safety Assessment and Management*, which forty-eight percent (48%) of cases reviewed, received a *Strength* rating. Child protection cases scored a little higher at a fifty-two percent (52%) strength rating compared to juvenile justice cases, which rated at thirty-eight percent (38%) strengths. Again, of specific concern were in-home cases including assessments, of which all nine of them rated as an *Area Needing Improvement*. In evaluating performance across district offices, it appears they all require significant improvement on Safety Outcome 2. Only the Seacoast District Office scored above forty-eight percent (48%) in safety assessment and management, but still rated as an *Area Needing Improvement*. This same office scored zero percent on safety planning. Both Manchester and Conway scored below thirty percent (30%) strengths on Item 3. Specific attention is needed to ensure assessment of all children in the family. For cases where effective use of services was identified, these services also facilitated ongoing and frequent assessments for safety and risk to children in their homes.

ASSESSMENT REVIEWS

Date: **Jan thru December 2018** Review: **All Offices Reviewed**

273	Assessments were reviewed						
79	Assessments were all Strengths or NA						
110	Assessments were all strengths or Yes for Section A -	40%					
55	Assessments were all strengths or Yes for Section B -	51%					
112	Assessments were all strengths or Yes for Section C -	55%					
		% of Applicable cases	# of Applicable Cases	% Strengths or YESs of Applicables	# of Strengths or YESs	% Needing Improvements or NOs of Applicables	# Of Needing Improvements or NOs
Section A: GENERAL ASSESSMENT PRACTICE		100%	273	40%	110	60%	163
1	Thorough Assessment completed?	100%	273	47%	127	53%	146
2	All dangers accurately assessed?	100%	273	55%	151	45%	122
Section B: SAFETY PLANNING		40%	108	51%	55	49%	53
1	Removal happened and necessary?	3%	9	44%	4	56%	5
2	Safety plan sufficient?	39%	107	67%	72	33%	35
3	Sufficient monitoring of the safety plan(s) ?	30%	82	65%	53	35%	29
Section C: DISPOSITION		75%	204	55%	112	45%	92
1	Overall finding supported?	75%	204	88%	180	12%	24
2	Risk accurately assessed?	74%	203	71%	145	29%	58
3	Closure decision consistent with the NHIA matrix?	74%	203	76%	155	24%	48

Additionally, New Hampshire has implemented a separate review process focused on child protective assessments, or investigations. This process is described in detail in the Section 2: *Systemic Factor: Quality Assurance System* section of this report; however, review results are reported here as they inform the Division’s Assessment of Performance on safety outcomes.

273 assessments were reviewed between all twelve district offices during 2018 and results have varied between the offices. Forty percent of assessments (110) rated as strengths or not applicable for all sections and had no *Areas Needing Improvement*.

All Assessments were applicable for the section on *General Assessment Practice*. Forty percent (40%) of all assessments reviewed scored as *Strengths* for this section meaning they were answered yes for both Items within the section. *Thoroughness of Assessments* rated as *Strengths* forty-seven percent (47%) of the time indicating improvement is still necessary. Factors leading to this rating include:

- Assuring all allegations are assessed,
- Interviewing all victims in a manner that considers all allegations and dangers,
- Evaluating all appropriate household members, and

- Considering the safety of both parents' homes, when applicable.

Statewide, *Assessing All Dangers* scored as *Strength* fifty-seven percent (57%) of the time. These results are consistent with the results of the *Child and Family Services Review* and indicate improvement is needed in these areas.

Forty percent (40%) of all assessments reviewed were applicable for the section on *Safety Planning*, meaning danger was identified and action was necessary to ensure safety. Of the small number of children determined in need of placement outside of their home, children were removed appropriately from their homes in forty-four percent (44%) of these cases. Safety plans were needed in 107 Assessments and the plans (both written and verbal) were sufficient in sixty-seven percent (67%) of them. Sixty-five percent (65%) of the time, safety plans had sufficient monitoring to assure child safety. As safety of children is imperative, there is still need for improvement in this area. Again, these results are consistent with the results of the *Child and Family Services Review* and the agency's subsequent efforts through the Division's *Program Improvement Plan*.

The final section is regarding the *Disposition* of the assessment and was only applicable if the assessment was closed. Seventy-five percent (75%) of assessments reviewed were applicable for this Item, which is consistent with *Child and Family Services Review* results that overdue assessments played a role in overall ratings. This section received an overall *Strength* rating of fifty-five percent (55%) of assessments. The strongest area of assessment practice was that the overall finding was supported as this section rated *Strength* in eighty-eight percent (88%) of applicable assessments. In seventy-one percent (71%) of applicable assessments, risk was fully evaluated. There is an opportunity for improvement in this area and this affected the overall rating regarding the thoroughness of the assessment in the first section. Seventy-six percent (76%) of the time, the closing of the assessment supported the *New Hampshire Integrated Assessment Model* decisions matrix meaning that cases were opened and both facilitated and non-facilitated referrals were made consistently with the risk level. There is a common belief of staff (field staff, supervisors and Child Protective Services administrators) that this may be more coincidental as the tools tend to be completed in order to close assessments rather than to guide decision-making. The *Quality Assurance Review of the Division for Children, Youth and Families* (2016) pointed out that the Division has the lowest substantiation rate in the country for assessments and recommended taking a look at how findings are determined and recommended the legal definitions and interpretations of the laws regarding neglect be evaluated. As mentioned previously this is an important part of the ongoing work of the *Child Welfare Systems Transformation* related workgroups (i.e. Intake and Assessment).

Progress to Achieve Substantial Conformity

In April 2019, DCYF held their state conference, which highlighted various workshops relevant to New Hampshire's need to improve engagement. Among the workshops included were: *Preparing for and Managing Difficult Interactions* (138 registrants), *Basic De-escalation Skills* (fifty-four registrants), *Domestic Abusers as Fathers and How to Engage Them* (113 registrants), *Nurturing Fathers* (thirty-one registrants), and *Time Management in DCYF Practice* (33 registrants), which highlighted among other great practice, Rochester District Office's daily triage model after which PIP Goal 2: Permanency, Strategy 2 is modelled. In February 2019, the Rochester District Office presented their daily triage model to the Intake and Assessment workgroup, which is comprised of representatives from each district office in assessment practice and central intake. The group shared great feedback and energy about the model.

Four full-time case aides are currently completing closing tasks on overdue assessments within the following district offices: Southern, Concord, Laconia and Manchester. In addition, two part-time case aides, who were former child protective employees, complete closing tasks on overdue assessments from the remaining district offices and the Special Investigations Unit.

DCYF has been receiving implementation assistance from the *National Council on Crime and Delinquency* (NCCD) over the past year in support of redesigning *Structured Decision Making* (SDM) tools. To date, work has focused on revising referral screen-in criteria and response priority tools at Central Intake. Draft tools have been provided to the Division as of early June of 2019. However, there continue to be a number of outstanding decision points and testing of the tool prior to it being considered final.

Rapid Safety Feedback completed initial implementation in the final district offices in January 2019, and DCYF celebrated one year since the program's initial implementation in the first offices, in May of 2019. To date around five percent of assessments are identified as most likely to experience a child fatality or significant physical injury and receive *Rapid Safety Feedback* intervention and coaching.

Assessment Practice Reviews are conducted monthly, reviewing assessment practice in each district office annually. One continued area of focus has been a review of safety planning practice, and subsequent development of program improvement initiatives with each district office to address *Areas Needing Improvement*.

Finally, in a signing ceremony, Governor Chris Sununu signed into law Senate Bill 6, which funds fifty-seven (57) front line Child Protective Service Workers (twenty-seven in SFY20 and thirty in SFY21) and twenty supervisors (nine in SYF20, and eleven in SFY21). These additional front line staff will be critical to all aspects of the work, including timely thorough responses to the

needs of children, youth and families, ongoing assessments of risk and safety, and attention to closing overdue assessments.

Activities for Improvement

DCYF addresses Safety Outcomes 1 and 2 in the Round 3 *Program Improvement Plan*, Goal 1: Safety as follows:

PIP Goal 1: Safety Strategy 1: DCYF addresses timely responses to reports of maltreatment through the utilization of a daily data driven, teaming approach to planning assessment timeframes within every district office. This will support staff learning how to utilize data to prioritize timeframes and decision making, and developing office cultures of teamwork. It is expected that although this should be accomplished during the two years for the *Program Improvement Plan*, that it will likely continue over the next five years.

PIP Goal 1: Safety Strategy 2: DCYF addresses safety and risk management through a focus on both closing overdue assessments, and creating a new system where the Division's resources are focused on families where there is the highest risk to children. In the *Program Improvement Plan*, it was identified that four contracted case aides and two contracted staff would be utilized to assist in closing assessments. As the legislature recently has funded the addition of fourteen case aides staff for the Division over the next year, the Division will be able to move from limited contracted positions to permanent positions in all offices. Another way to focus the system on families where there is the highest risk to children includes better identifying these families during the Intake process and assuring those are the families who are moved onto assessment. Also, creating different "off ramps" for closing assessments based on risk level, will ensure staff time and other resources are best uses to serve higher risks children. Work has begun through the *Program Improvement Plan* to use data to redefine the categories of abuse and neglect and reset thresholds for reports accepted for assessments through work with the National Council on Crime and Delinquency. The work includes updating the *Structured Decision Making* tools at intake (Screen In Criteria and Response Priority). There is also a strong focus on identifying different ways these assessments can be closed so that low and moderate risk families are moved out of the system more quickly and more attention is provided to high and very high risk families. It is expected more opportunities to refer families to services before they come in for assessment and during the assessment period will be available as the Division teams with the larger child welfare system in NH to develop more prevention and voluntary services.

PIP Goal 1: Safety Strategy 3: Another strategy utilizes the *Rapid Safety Feedback* program to support role modelling and coaching of staff and supervisions in critical-decision making and to identify action items that can immediately influence the safety of the children involved. This

strategy is included in the Division's *Program Improvement Plan* and is expected to continue throughout the time period of the *Division's Child and Family Services Plan*.

PIP Goal 1: Safety Strategy 4: Updating policy to clarify expectations for both child protection and juvenile justice staff relative to assessing for safety, creating safety plans, monitoring these plans and offering interventions to all family members is another identified strategy in the *Program Improvement Plan*. Again, it is expected that the policy will be done and training on the policy completed over the next two years, the practice will continue throughout the next five years including annual specialized safety assessment and management trainings being provided for staff.

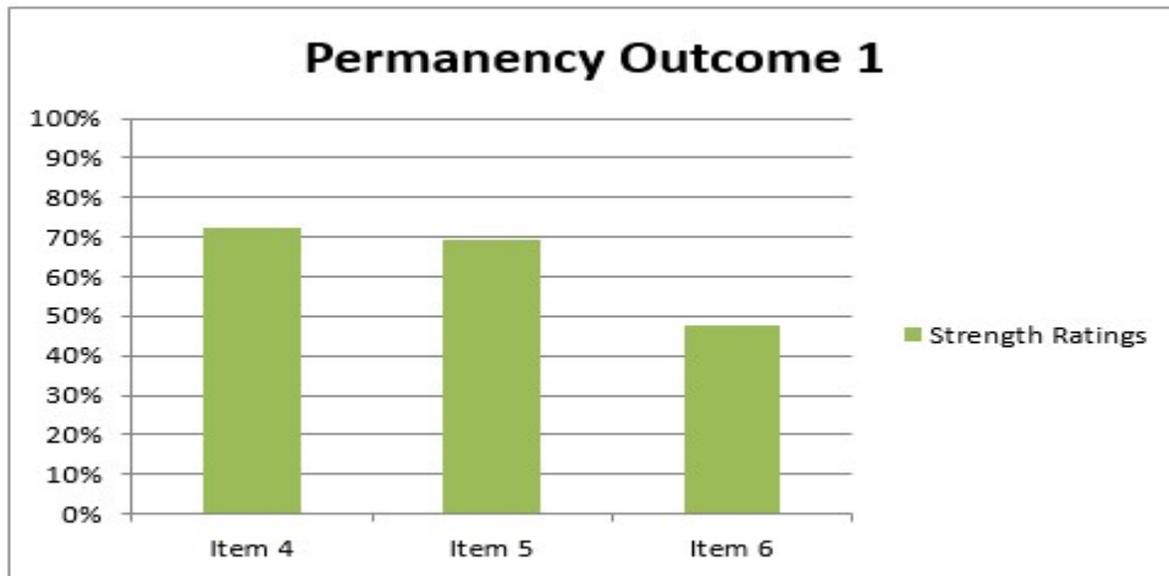
In addition to work being done through the *Program Improvement Plan*, assessment of safety and risk will be a focus of the *Child and Family Services Plan*. New Hampshire will identify, implement, and utilize actuarial safety and/or risk assessment tools for both child protection and juvenile justice. Specifically, the Division has identified that *Structured Decision Making* (SDM) tools for child protection will be utilized. As previously stated, work has already begun as part of the *Program Improvement Plan* to update and implement these tools for Intake. It is expected that in 2019 and 2020 the assessment *Structured Decision Making* tools will likely be updated and implemented and that by 2021 the family service tools will be updated and implemented. The National Council on Crime and Delinquency is being contracted with to assist in this process. Juvenile justice services currently utilizes the *Structured Assessment of Violence Risk in Youth* (SAVRY) tool. Moving forward, an evaluation of other tools will be made and a decision made about which tool to utilize moving forward. Then an implementation plan will be developed and the tool adopted. This should be complete by 2022. For both sets of tools, the implementation process will include updating policy such that the use of the tools is mandated for decision-making, training all staff, and focusing on coaching for supervisors so that the tools are used when making decisions. Please see [Section 3: Plan for Enacting the State's Vision](#)

Permanency Outcomes 1 and 2

According to the State Performance Summary for FFY 2013, the Division did not meet the federal permanency performance standard for achieving permanency in twelve months, for children entering care in twelve months. It is noted that a 0.3 percent improvement is needed to meet this standard. For permanency in twelve months, for children entering care twelve to thirteen months and children entering care over twenty-four months, the Division had no difference as compared to the federal performance standard. For the federal permanency performance standards of re-entry in twelve months and placement stability, the Division also had no difference compared to the federal standards.

Current Functioning of Permanency Outcomes 1 and 2

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS



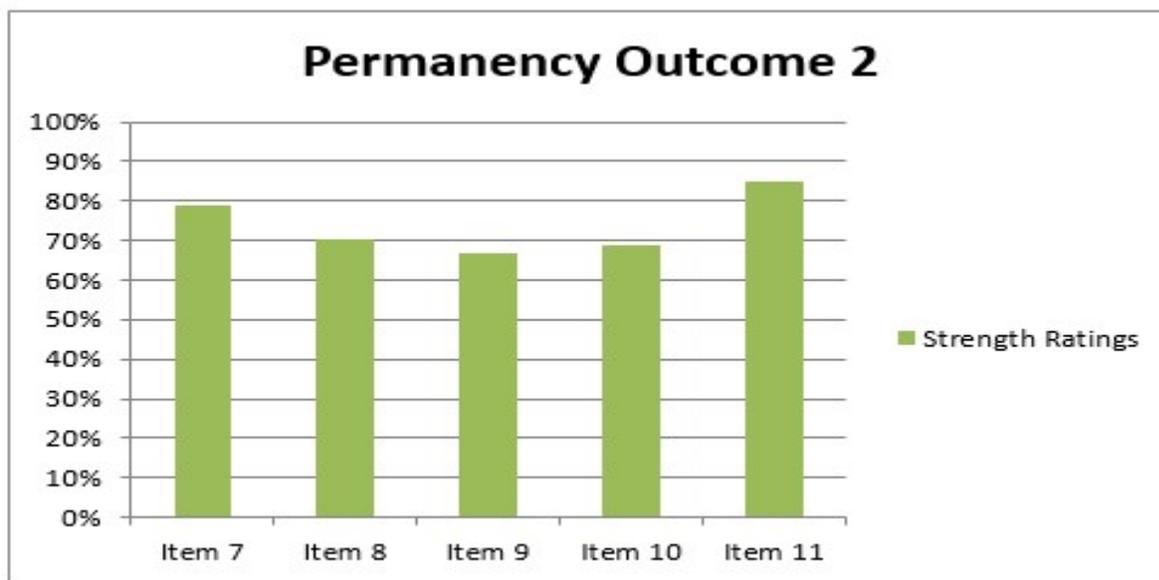
According to the results of the 2018 *Child and Family Services Review, Period Under Review*, April 2017-April 2018, this outcome was thirty percent (30%) *Substantially Achieved*. Juvenile justice services had a slightly higher rating of *Substantially Achieved* ratings compared to child protective services. Child protective services rated as twenty-nine percent (29%) *Substantially Achieved* and juvenile justice services rated thirty-three percent (33%) *Substantially Achieved*.

Combined statewide practice of child protective services and juvenile justice services for Item 4 *Stability of Placement* led to ratings of *Strength* in seventy-three percent (73%). Combined results showed, placements proved to be typically stable for youth in residential programs that were matched to meet the youth's special needs. The challenge of managing youth behaviors that cause disruption in placements led to lower scores in juvenile justice cases, as these youth required placement moves. In addition, the use of shelter care and the Comprehensive Assessment and Short-Term Treatment (CAST program) in juvenile justice services determined to be temporary placements by the Children's Bureau were found to be a system-level challenge that resulted in lower scores on this Item. According to *Results Oriented Management*, the New Hampshire Division for Children, Youth and Families has consistently scored under or equal to the national standard (of 4.1 moves per 1,000 days in care of all children who entered foster care in twelve-month target period) over the last two years with the exception of one month. The lowest rate during the past two years was 3.54 and the highest was 4.38 compared to the national standard of 4.12. Ratings on this measure for child protective services for the same two year time period

(January 2016 - December 2017) range from 2.95 to 3.6. juvenile justice service's ratings are higher than this and for the same time period range from 5.02 to 6.58; they peaked in February of 2017 and have demonstrated a downward trend since that time.

The Division's result for Item 5 *Permanency Goal for the Child* is sixty-nine percent (67%) *Strength* in the 2018 *Child and Family Services Review*. This indicates improvement is needed in this area, but results also indicate *Achieving Permanency Goals* (Item 6) is an even larger struggle for the Division. The *Strength* rating for Item 6 in the 2018 *Child and Family Services Review* is forty-eight percent (48%). In cases where these Items remained a challenge, there were difficulties in working concurrent plans immediately and ongoing, holding Permanency Hearings timely, filing *Termination of Parental Rights Petitions* timely and engaging all parents (especially fathers).

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS IS PRESERVED FOR CHILDREN.



According to the results of the 2018 *Child and Family Services Review, Period Under Review, April 2017-April 2018*, this Outcome was seventy percent (70%) *Substantially Achieved*, twenty percent (20%) *Partially Achieved* and ten percent (10%) *Not Achieved* across both child protective and juvenile justice Services. Juvenile justice services rated stronger at ninety-two percent (92%) *Strength* compared to the fifty-nine percent (59%) rating for child protective services.

According to the 2018 *Child and Family Services Review*, Item 7 *Placement with Siblings*, scored seventy-nine percent (59%) *Strength*. According to *Results Oriented Management*, there were 522 children with siblings also in placement during 2016, of those eighty-two percent (82%) were placed with siblings and seven percent of them were placed in residential care. Also according to

Results Oriented Management, there were 704 children with siblings also in placement during 2017, and of those seventy-six percent (76%) were placed with siblings and seven percent (7%) of them were placed in residential care. Although these results indicate not all siblings are placed together in New Hampshire, it does not take into account the subjective review of if the separation of siblings is reasonable and based on the needs of the child(ren)/youth as is considered in Item 7 of the *On-Site Review Instrument*. It is possible that in a number of the situations where siblings are not placed together, the separate placements may be reasonable or warranted, such as when youth require residential level care. Qualitative data based on the results of the *Case Practice Reviews* demonstrated that concerted efforts were made to place children together and most often, these efforts are successful in finding foster homes and relative providers that could manage sibling groups. Although the lack of foster homes in New Hampshire has been a challenge when placing children and has affected the permanency for children, the reasons for not placing siblings together has primarily been due to other circumstances. There is a large Division-wide effort to recruit and license new foster homes in order to be able to adequately meet the Division's current need for placement of sibling groups in the future.

The Division has had a strong focus on maintaining a relationship between parents and their children through both visitation and other means (including being invited to medical appointments, included in extra-curricular activities, and encouraged to maintain contact such as phone calls and email). This has proven effective as ratings for both Item 8 *Visiting with Parents and Siblings in Placement* and Item 11 *Relationship with Parents* on the *Onsite Review Instrument* are strong. For Item 8, seventy percent (70%) of cases in the *Child and Family Services Review* were rated *Strength* in these areas for child protective and juvenile justice services combined. For Item 11, eighty-five percent (85%) of cases rated a *Strength*. Through a qualitative analysis of these results, it was determined that frequent visitation was encouraged and parents invited to participate in formal activities for their children (meetings and appointments) as well as informal activities (calls, Skype, extra-curricular activities). Placement providers, especially relative placements, and other service providers were utilized to support parents and assure safety for children during visits as necessary. To further improve in these Items, sustained attention needs to be made to include absent and/or non-custodial parents in these efforts, especially fathers. Qualitative analysis has also demonstrated that a lack of providers for supervised visitation, transportation, and other supportive services, especially in more rural areas, also plays a role in these ratings.

In the *Child and Family Services Review*, Item 9 *Preserving Connections* was rated a *Strength* with a score of sixty-seven percent (67%). Concentrated efforts were made to preserve connections for youth to their extended families and community, including maintaining contact with grandparents and other relatives, and continued involvement in school and extra-curricular activities, but will likely be improved by engaging fathers and their families more frequently.

According to *Results Oriented Management*, during the 2016 and 2017 calendar years 1807 youth came into placement in New Hampshire and, of those, thirty percent (30%) were initially placed with relatives (please note these may include numbers of youth who came into care more than once in that two year period of time). In regard to relative placements, this remains the area with the lowest scores in this Permanency Outcome. Sixty-nine percent (69%) of combined child protective and juvenile justice cases in the *Child and Family Services Review* were a *Strength* in this area. Due to the behavioral and other needs of youth in the juvenile justice system, a majority of these cases were not applicable for this Item, but this was documented in the case. Qualitative analysis of the results also found that a number of cases had strong efforts to identify relative placements, but that a significant improvement is still needed. Increased exploration of relatives of fathers and non-custodial parents is needed both initially and continued over the life of the case.

Progress to Achieve Substantial Conformity

DCYF and CIP have begun to gather data to evaluate the *2018 Termination of Parental Rights, Voluntary Mediated Agreement, Surrender and Adoption Protocols*. In November 2018, CIP accessed technical assistance from the Capacity Building Center for Courts to develop a tool from which they would conduct case reads of adoption cases in three courts. In June 2019 the Model Court team which is comprised of DCYF, CIP, Judges, the Judicial Council, CASA and GAL's will review aggregate data from the first data points in the identified evaluation plan. The Court Improvement Project team will continue to follow this universe of cases through adoption to gather additional data on timeliness to permanency.

Since December 2018, the Model Court team has been meeting to develop new protocols to address identification, location, and engagement of missing parents.

In April 2019, a team comprised from Model Court members attended the State Team Planning Meeting in Washington DC, and co-developed a new *Permanency Strategy* to address the need for a high quality legal representation program for parents post-petition, led by the Judicial Council.

Also in April 2019 DCYF held their state conference, which highlighted various workshops including: *Preparing for and Managing Difficult Interactions* (138 registrants), *Domestic Abusers as Fathers and How to Engage Them* (113 registrants), *Nurturing Fathers* (thirty-one registrants) as well as *Concurrent Planning* (forty-five registrants).

Activities for Improvement

DCYF addresses Permanency Outcomes 1 and 2 in the Round 3 *Program Improvement Plan*, Goal 2 as follows:

PIP Strategy 1: DCYF addresses the movement of children to adoption as goal through the implementation and evaluation of the *2018 Termination of Parental Rights, Voluntary Mediated Agreements, Surrender and Adoption Protocols* (TPR Chapter). Specifically, it is believed that through the joint implementation of these protocols, the timeliness of the Division of filing petitions of *Termination of Parental Rights* will improve and the timeframes for finalizing adoptions will decrease. These practices shall continue throughout the next five years.

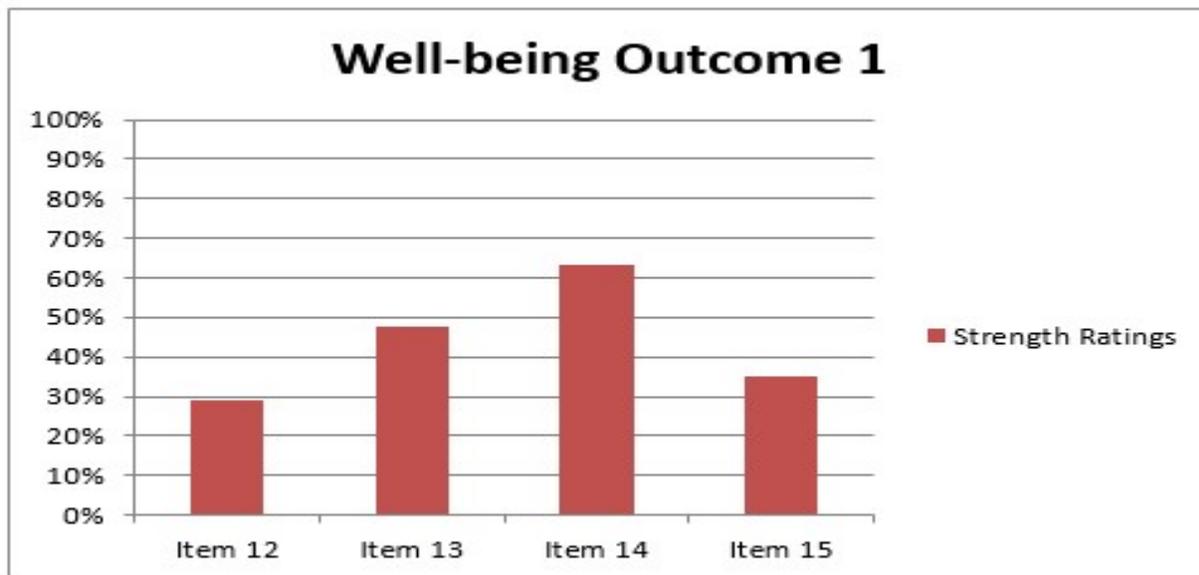
PIP Strategy 2: Efforts to move children to permanency more quickly will be made by focusing on concurrent planning practice. In the concurrent planning strategy, DCYF will work collaboratively with the Court Improvement Project/Model Court Program to develop protocols to address practice expectations for concurrent planning. In addition, DCYF will develop policy for both child protection and juvenile justice practice for identification of an appropriate concurrent plan, as well as steps to take to ensure concurrent planning is addressed concurrently, not consecutively. Through the work with the Model Court Project there will be training provided to both DCYF staff, Judges, court staff, CASAs, GALs, and attorneys on new expectations for concurrent planning. Although initial implementation will occur during the PIP period, sustaining these practices will be continued throughout the Child and Family Services plan time period.

PIP Strategy 3: DCYF will address case planning timeframes through improvements in identifying, locating and engaging missing parents. Specifically, DCYF will work collaboratively with the Court Improvement Project/Model Court Program to develop protocols to address practice expectations for identifying, locating and engaging the missing parent. With increased training and coaching, staff and judges will develop more skill and confidence in building rapport with families and facilitating these conversations. The development of court protocols will create a common understanding and expectation for what happens once a missing parent is identified and located. This further creates a level of accountability for compliance with expectations for all parties. With this common expectation, Judges will have clarity around their role in monitoring DCYF's efforts to identify and locate missing parents, DCYF's role in engaging those parents in case planning and the court's role in engaging those parents in subsequent court proceedings. Through the work with the Model Court Project there will be training provided to both DCYF staff, Judges, court staff, CASAs, GALs, and attorneys on new expectations for identifying, locating and engaging missing parents. These collective actions will result in staff and Judges inquiring about missing parents, earlier identification of missing parents, and quality engagement in court proceedings and connection to services for both parents. This will also result in timely permanency hearings and/or improvement in reunification within twelve months and/or improvement in adoption within twenty-four months. Although the practice will occur during the next two years, it is expected the outcomes will be seen to a high degree after that time as new cases move through the system.

Well-being Outcomes 1, 2 and 3

Current Functioning of Well-being Outcomes 1, 2 and 3

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS



According to the results of the 2018 *Child and Family Services Review, Period Under Review*, April 2017-April 2018, the Division obtained a rating of twenty-nine percent (29%) *Substantially Achieved* for Well-Being 1. Both juvenile justice and child protective services also both rated the same or within one percentage point. This remains an *Area In Need Of Improvement*. The highest performance areas in this Outcome had to do with *Caseworker Visits With Children*, Item 14 and the lowest were relative to *Assessing and Meeting the Needs of Children, Parents, and Foster and [Relative Caregivers]*, Item 12.

Item 12 is an area of ongoing attention for the Division over the last five years, and primary areas where improvement has been identified as a need is in involving all children and parents in the family. This trend remains true as evidenced by ratings in the 2018 *Child and Family Services Review*. Specifically, the Division rated strongest in assessing and meeting the needs of foster/relative providers; specifically the ratings were seventy-nine (79%) and sixty-four percent (64%) respectively. In sixty-eight percent (68%) of cases/assessments rated in 2018, the Division assessed the needs of children and in fifty-eight of them service provision was adequate. When children’s needs were not assessed and/or met, it was typically due to a lack of considering all children in the home. Areas demonstrating the largest struggle remain assessing and meeting the

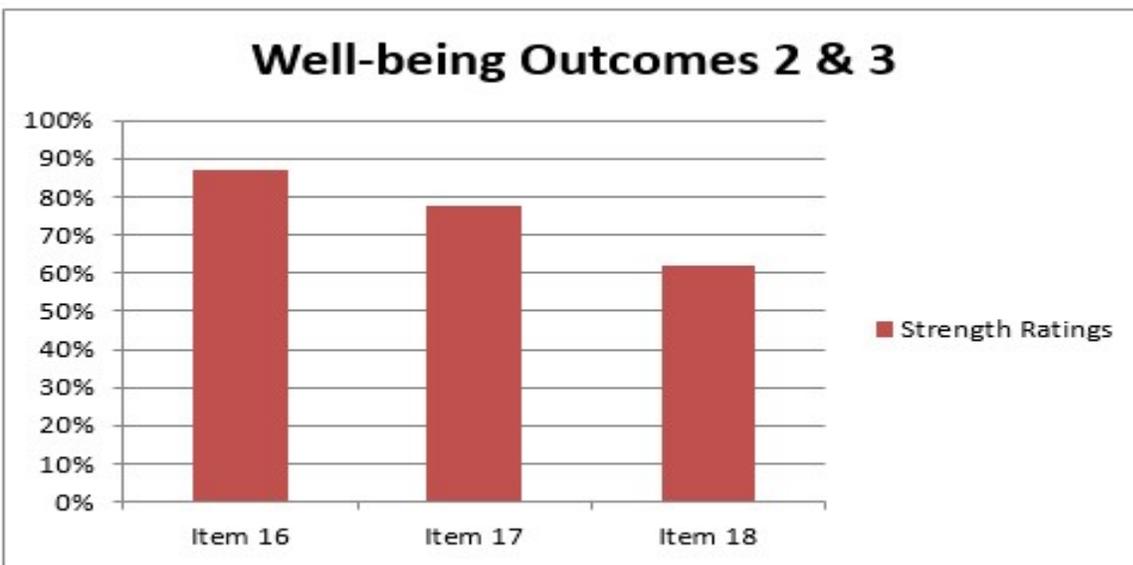
needs of all parents, especially fathers. In fifty percent (58%) of cases, the assessment of mothers' needs rated a *Strength* while thirty-seven percent (37%) of the time the assessment of fathers' needs rated a *Strength*. It should be noted that among all Items except for Item 6, juvenile justice cases rated slightly more positively than did child protection cases.

Item 13 *Child and Family Involvement in Case Planning* had a rating of just under fifty percent (50%) a *Strength*. Overall results indicate the Division does best in engaging youth in case planning, although a more family system's approach is needed to ensure this is consistent for all children in the family. Consistent with the results for Item 12, *Lack Of Parental Engagement*, especially of fathers, was a primary factor when cases rated as *Areas Needing Improvement* for this Item.

Based on these results indicating the Division works well with child(ren)/youth, it is not surprising that Item 14 *Caseworker Visits with Child* received the highest rating of all Items in this Outcome. Performance of both child protection and juvenile justice cases rated equally for Item 14 and both frequency and quality visits were seen.

The ratings for Item 15 *Caseworker Visits with Parents* demonstrated a similar pattern of lack of engagement of parents, especially fathers. Specifically, approximately only thirty-three percent (33%) of cases received a *Strength* rating. Fifty percent (50%) of placement cases and only twelve percent (12%) of in-home cases rated a *Strength*. It should be noted that no assessments in the in-home case sample scored a *Strength* for this Item. Almost twice as many cases scored a *Strength* for *Caseworker Visits With Mothers* (fifty-eight percent for frequency) compared to those that scored a *Strength* for *Caseworker Visits With Fathers* (thirty-three percent for frequency). Overall quality visits scored more positively across both mothers and fathers compared to frequency of visits. This indicates that although improvement is needed in assuring quality of face-to-face contacts, improvement would be seen by simply increasing the number of times workers participate in such contacts.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS



According to the results of the 2018 *Child and Family Services Review, Period Under Review*, April 2017-April 2018, Well-being Outcome 2 was *Substantially Achieved* in eighty-seven percent (87%) of cases. Eighty-two percent (82%) of child protection cases and ninety-four percent (94%) of juvenile justice cases rated a *Strength*. This is an area of strength for the Division overall and demonstrates the Division both assesses and advocates for services for the educational needs of children.

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

According to the 2018 *Child and Family Services Review* results, Well-being Outcome 3 was *Substantially Achieved* in sixty-two percent (62%) of cases. Child protective services ratings are lower (at fifty-six percent (56%) *Substantially Achieved*) compared to ratings for juvenile justice services (seventy-one percent (71%) *Substantially Achieved*).

The significant majority of the children and youth that were involved with either juvenile justice or child protective services had their *physical health needs addressed and met* as is indicated by a score of seventy-seven percent (77%) *Strength* rating for Item 17 for the *Child and Family Services Review* in 2018. Seventy-five percent (75%) of children had their *mental health needs* (Per Item 18) met although in some cases these services were not as a result of an accurate assessment of *mental health needs* for the child (as only sixty-two percent had these needs adequately assessed). As the Systemic Factor for service array has identified, there are a lack of qualified providers (dental, trauma-informed therapists, mental health practitioners, other) in New Hampshire and this does impact provision of services.

STAKEHOLDER SURVEY RESULTS

Although in past years, the Division utilized a Stakeholder Survey during every *Case Practice Review*, surveys were not utilized in 2018 when the Division participated in a traditional *Child and Family Services Review*. Instead, stakeholder focus groups were held by the Administration for Children and Families. These confirmed concerns for workload, training for staff and foster parents, service array, and foster parent recruitment and retention.

Progress to Achieve Substantial Conformity

Through data analysis and root cause exploration during development of the *Program Improvement Plan*, it was learned a lack of engagement with families, particularly fathers specifically impacts DCYF's ability to conduct initial and ongoing quality risk and safety assessments for all children in the home primarily in juvenile justice, but also present in child protective cases. It also impacted ongoing case planning and delivery, and timely achievement of permanency for youth in care.

In December 2018, the Department of Health and Human Services developed a Fatherhood Integration Team, which is comprised of members from various Divisions within the Department, including DCYF, and strives to enhance collaboration and partnerships in an effort to support greater access to resources and supports for fathers served by the Department.

To begin to address training needs around parent engagement and challenging conversations the DCYF Annual Conference planning committee approved a number of related workshops. DCYF held their annual state conference in April 2019 which highlighted various workshops relevant to New Hampshire's need to improve engagement including: *Preparing for and Managing Difficult Interactions* (138 registrants), *Basic De-escalation Skills* (fifty-four registrants), *Domestic Abusers as Fathers and How to Engage Them* (113 registrants), *Restorative Practices* (25 registrants) and *Nurturing Fathers* (thirty-one registrants).

The Parent Partner Program organized and facilitated fourteen *Better Together Workshops* bringing together fathers, mothers, DCYF staff, and community partners to participate in an intensive two- day workshop. The goals of these workshops is to leverage the parents as training partners by having them share their experiences and be a voice for families helping train DCYF staff and community partners in the art of engaging families in Child Welfare. "*Drawing On Father's Strength*" is a module within these workshops. This module engages participants in a group activity aimed at identifying the barriers for father engagement, and identifying tools and strategies to support increasing the positive engagement of fathers. Over eighty newly hired DCYF staff engaged in this learning experience, gaining knowledge and skills on how to identify, engage, and positively work with fathers.

With the further development of programs lead by birth parents including *Better Together with Birth Parents*, and *Strength to Succeed*, there has been a greater emphasis on empowering fathers to become stronger leaders within the Division as well. DCYF hopes to bring a strong father onboard to co-lead the statewide *Father Engagement Action Team*.

In January 2019, representatives from DCYF management and the field came to consensus on the need to shift practice toward a family centered preventative approach to working with families involved with juvenile justice. From this, policy development has begun, and activities to support practice shifts including practice discussions and training revision will be forthcoming.

Activities for Improvement

DCYF addresses Well-Being Outcomes 1, 2 and 3 in the Round 3 Program Improvement Plan, Goal 3 as follows:

PIP Strategy 1: *Engagement*. Develop a culture of practice where JPPOs and CPSWs recognize and acknowledge in their work how engagement and evaluation of all parents and all DCYF addresses engagement of all children and all parents, particularly fathers in both child protection and juvenile justice through creating expectations around the frequency and quality of contact with all children and all parents. This strategy focuses on a practice shift from engaging the primary parent and the petitioned children and youth, to engaging all parents and all children. This shift will help child protection and juvenile justice staff to fully assess and provide services to meet the needs of the entire family. It is believed that this proactive approach to engaging the entire family will also serve as a preventative and protective factor for the family. To date, meetings with DCYF Administration and juvenile justice staff have been held and shared expectations around the minimum contacts with all family members have been developed. Next steps are to update policy around this. These concrete steps are identified in the *Program Improvement Plan*. However, there is an understanding that the Division has to address the general culture of the agency, especially in juvenile justice, around the importance of engaging all family members. This will be addressed through the CFSP by expanding this strategy and focusing on conversations within the agency that move this belief and breaking down the barriers (both real and perceived) to doing so. These include the Courts focus on the child/juvenile brought in on the petition and custodial parent. It also includes the use of the Structured Assessment of Violence Risk in Youth (SAVRY) that indicates different frequencies for seeing youth and parents than is expected in the On-Site Review Instrument. This risk tool will be updated, as will the related policies. It will be important to engage the courts around the importance of engaging all family members in both juvenile justice and child protection cases as a means to change the overall culture as well. See *Section 3: Enacting the State's Vision*.

PIP Strategy 2: *Father Engagement*: This strategy focuses on the development of a statewide Father Engagement Action Team, which will be modelled after a successful local pilot team in 2012, which yielded very positive results for the engagement and empowerment of fathers. Although this will be developed during the PIP period, it is expected to be sustained over the next five years.

Systemic Factors

Item 19: Information System

Overview of Information System

STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM

Bridges is the Division for Children, Youth and Families' (DCYF) Statewide Automated Child Welfare Information System of record. All required information is recorded in this application. Bridges can identify the status, demographic characteristics, case plan goals, and location of every child in foster care, including the actual address as well as the placement agency. Additionally, Bridges captures the date of the placement and the date of the "exit" from the placement.

The system is actively used by all case carrying staff and their supervisors, as well as administrative staff. New Hampshire understands that Bridges is the principle tool to aid management in monitoring practice and is therefore crucial to improving service delivery and practice. Thus, the Division Management uses data from this automated system to augment case management, workload management, planning, budgeting, and resource management.

Since New Hampshire received a letter, dated November 13, 2008, from the Administration for Children and Families that indicated the Bridges Statewide Automated Child Welfare Information System was fully compliant with federal SACWIS requirements the Division has managed Bridges through a Continuous Quality Improvement lens to monitor integrity and identify improvements. The data entered into Bridges is verified a number of ways including case reviews and multiple reporting methods. During Case Practice Reviews, data errors may be discovered on the case face sheets that are completed by Child Protective Service Workers (Child Protective Service Worker) or Juvenile Probation and Parole Officers (Juvenile Probation and Parole Officer). For example, at the Manchester review a Juvenile Probation and Parole Officer had the date of birth (DOB) for a youth on the case face sheet that was different from what was reflected in Bridges. The case practice reviewers brought this to the attention of the Quality Assurance (QA) staff and it was reconciled in the record. While still an informal system for monitoring data integrity it has proved effective on approximately six to eight cases (out of 69, 12%) in the past three Case Practice

Reviews in 2017. Bureau of Organizational Learning and Quality Improvement (BOLQI) plans to add a few questions to a case practice tool that will note an error, document the frequency, and monitor the process of reconciliation as a formal quality control measure for data and process. Updates to the QA process will be planned to follow the Child and Family Services Review in April 2018.

Additionally, there are a number of monthly reports that are utilized by supervisors to verify the data that the workers entered into the Bridges application. The management reports are run on a weekly or monthly schedule depending on the report. These reports monitor a variety of subjects to include, face-to-face contacts, assessment, family service and fiscal reports. DCYF data analysts also create Ad-Hoc data reports on an “as needed” basis for the Division. Data anomalies or errors are reported by the business functional area to the Quality Improvement team or the Bridges team. Depending on the issue, one of the two teams will take corrective action. After the corrective action has been completed, the data is verified with the business functional area that reported the issue. The following list of reports is a sample of management reports and the reporting periods.

REPORT DESCRIPTION	APPROXIMATE RUN PERIOD OR WORKING DAY OF THE MONTH
Weekly Child Care Manifest Report	Weekly
Title IV-E New Heights Eligibility Compared To NH Bridges Eligibility Report	1st
Cps Fiscal Report	1st
JJSR Fiscal Report	1st
State Fiscal Year Fiscal Reports	SFY
Quarterly Fiscal Report To The Legislature	Quarterly
Quarterly Fiscal Reports	Quarterly
Monthly Fiscal Reports	1st
Authorizations with No Court Order Date	Quarterly
CHINS In-House Fiscal Report	1st
Compare Bridges Authorizations to Medicaid Eligibility	Quarterly
Managed Care Report	5th and 20th
CHINS Legislative Report	1st
CHINs Monitoring Report	10th
DCYF Calculations of Eligibility for Federal Programs (Excluding Adoption) (a.k.a. HMMR470A)	Quarterly

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DCYF Calculations of Eligibility for Federal Programs (Adoption Only) (a.k.a. HMMR470B)	Quarterly
ICPC Report-All Referrals	3rd
ICPC Fed Stats Report	3rd and 15th
Biological Father Contact Report	Upon Request
Adolescent NYTD Work Report	1 st
Adolescent Work Supervisory Report (AWSR)	1 st
Assessment Supervisory Report (ASR)	4 th
Report Description	Approximate Run Period or Working Day of the Month
Central Intake Report	15 th
Family Services Supervisory Report (FSSR)	1 st
Juvenile Justice Supervisory Reports (JJSR)	5 th
JJ Admin Cases in Placement	2 nd Monday
FAIR Report	1 st
Permanency Planning Team Monitoring Report (PPTMR)	1 st
Permanency Report	1 st
Recruitment Report	1 st
Emergency Placement Report	30 th or on request
Residential Placement Report	1 st
Authorized Services Report	Quarterly
Foster Care Health Report	15 th
New Removals Report	Last day of month.
Commissioner Placement Report	1 st
Guardianship Report	Last day of month.
Adopted Youth Turning 18 During the previous Quarter	Quarterly
Post Adoption Services Report	Quarterly
Adolescent NYTD Follow-up Report	3 rd
Relative Notice Relative Home Report	1 st
ACF Face-to-face Monitoring Report	Quarterly
ACF Face-to-face Monitoring Report - AFCARS	FFY-November
Trauma Assessment Report	1 st

Special Investigations Unit Supervisory Report (SIUSR)	Quarterly
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An example of one of the reports is the Family Services Supervisory Report noted here.

FAMILY SERVICE SUPERVISORY REPORT																										
DO	Face-to-Face Contacts																									
	# Children in Placement with NO face-to-face in last month						# Children in Placement with NO face-to-face in last month in their residence						# Children in home with NO face-to-face in last month						# Children in home with NO face-to-face in last month in their residence							
	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC		
Berlin																										
Carrington																										
Concord																										
Conway																										
Independent Living																										
Keene																										
Lacota																										
Littleton																										
Manchester																										
Rochester																										
Seacoast																										
Southern																										
Southern Telework																										
State Office																										
Statewide Totals																										

DO	TOTAL # OPEN CASES						TOTAL # CHILDREN						Current Case Plan Permanency Goals																	
	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	No Case Plan Goal Documented						APPLA											
	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC	JUL	AUG	SEP	OCT	NOV	DEC
Berlin																														
Carrington																														
Concord																														
Conway																														
Independent Living																														
Keene																														
Lacota																														
Littleton																														
Manchester																														
Rochester																														
Seacoast																														
Southern																														
Southern Telework																														
State Office																														
Statewide Totals																														

COURTSTREAM

CourtStream is a web-based information system with many capabilities that are very well suited for the needs of a facility such as the Sununu Youth Services Center (SYSC). The system has the capacity to track a number of critical functions for a variety of individual client and facility needs. For example, the Clients area contains the list of all youth currently in care at Sununu Youth Services Center, and can be edited by the user to show all youth separated by housing unit, by last name etc. This section also shows the current level and status of all youth at the facility. Additionally, staff are able to capture each individual youth's progress in treatment and any behavioral or safety incidents.

CourtStream also allows staff to keep a real time running log of all activities and events occurring in the facility through use of the Daily Log. This log gives the Division the ability to know exactly where all youth in the facility are located on and off grounds for safety and security reasons and court appointments etc. at any given time.

One of the most valuable functions of this system is the ability to send alerts with any of the above-mentioned reports. Alerts can be sent to any registered CourtStream user in the State with a single click, so that staff throughout the facility involved in various aspects of the youth's programming can be kept immediately apprised of any progress or issues. Additionally, Juvenile Probation and Parole Officers in the field were given read-only access to the system in 2013 and trained in its usage, and Child Protective Service Workers were given access in 2014. Due to Juvenile Probation and Parole Officers and Child Protective Service Workers being registered CourtStream users, they are now alerted via email within minutes of the report being generated each time a youth on their caseload makes progress, has a minor setback, or a major incident. This communication capability allows for increased communication between facility and field staff in that it makes it nearly effortless.

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire also received an overall rating of Area Needing Improvement for the systemic factor: Statewide Information System (Bridges), based on information from the statewide assessment and stakeholder interviews. It was determined that there is no oversight of the accuracy of data entered in the statewide information system. Stakeholder interviews indicated staff do not rely on Bridges for accurate locations of children in foster care, and instead maintain systems outside of Bridges to know where children in placement are located, and that data entry around placement is not timely.

STRENGTHS OF THE STATEWIDE INFORMATION SYSTEM

New Hampshire Bridges provides a series of screens, which guide Intake Workers and Supervisors through the process of collecting basic information about reporters, subject families, and allegations, as well as recording contacts with collateral parties. The system guides staff through the process of accepting a referral for further assessment or recording the reasons a referral is not accepted. Finally, the Central Intake Supervisor uses the system to transfer the referral to a local district office for further assessment. The system keeps a log of all contacts and transfers, as well as providing a utility for freezing the information recorded in the system at the point that crucial decisions are made. All children under care are recorded and tracked in the New Hampshire Statewide Automated Child Welfare Information System application. Since New Hampshire Bridges is fully compliant with Administration for Children and Families as a Statewide Automated Child Welfare Information System, it is the system of record and there are no other alternative systems for tracking children. For example, children in different geographical regions throughout the State or for different groups in out-of-home care are recorded and tracked through the same system.

New Hampshire Bridges provides for a case planning process, including a family services planner. In addition, there is a separate placement planning process to specify the placement plans for children placed out of their homes. This process begins with an assessment of needs and strengths of the child and the family, and proceeds through setting goals and determining services needed to reach goals. The planning process then feeds into a service authorization process, which allows the worker to match the child to needed services (based on child and service provider characteristics). Supervisory approvals are required at various points along the way. Should legal action be required as part of the case plan, New Hampshire Bridges provides for tracking that process as well. The projects noted are examples of recent enhancements to the New Hampshire Statewide Automated Child Welfare Information System.

Comprehensive Child Welfare Information System (CCWIS):

The Comprehensive Child Welfare Information System (CCWIS) final federal rule addresses the required changes, and provides agencies with increased flexibility to build smaller systems that more closely mirrors their practice models. A Comprehensive Child Welfare Information System is a case management information system that states and tribes may develop to support their child welfare program needs. The system must be designed to support social workers automation needs to organize and record quality case information about the children and families receiving child welfare services. New Hampshire has been in the research and analysis phase for this project during FFY 2017. New Hampshire is officially declaring that it will be moving to a Comprehensive Child Welfare Information System model. As part of a two-phased approach the current New Hampshire State Automated Child Welfare Information System (SACWIS), Bridges,

will be modified minimally to meet the new CCWIS federal requirements. Reference the attached [New Hampshire CCWIS “automated functional checklist”](#).

In phase II the State CCWIS will be redesigned to take advantage of newer technology using iterative, overlapping releases to migrate business functionality to incrementally modernize Bridges for DCYF clients, providers, and the families and children of New Hampshire. The Division will collaborate with other DHHS agencies to design the modernization effort to support the business objectives – improve operational efficiency, transparency, accessibility, security, and interoperability – in a modular and iterative fashion, consistent with the enterprise methodology to support the direction of the division.

This supported a low-risk, high-quality incremental migration of business functionality from PowerBuilder legacy systems to a custom-built web designed solution that integrated with various best-of-breed Commercial-Off-The-Shelf (COTS) products on a modern technology platform. Each release will be designed and built using Agile concepts and deployed to production frequently. The Bureau of Information Technology will thoughtfully architect the content and order of each release to maximize business value while minimizing disruption to how workers performed daily tasks. The Bureau will work with DCYF staff to incrementally upgrade components of earlier releases and iterations to ensure they stayed current with continuously evolving technologies. The advantage of an incremental modernization approach is that you can continually adjust requirements based on changing business priorities.

The use of modern technology for the DCYF staff to leverage web portals for mobility, paperless document imaging/workflows, master client index, centralized identity management, text messaging, email reminders, and a range of technology-enabled innovations has transformed operations through Outcome-centric service delivery. These modernizations increase operational efficiency and improve staff worker satisfaction while reducing the overall cost of service delivery. This approach will help the Division successfully follow a systematic, iterative approach to modernize business and technical services.

In addition to the mission-critical nature and a desire to use an incremental, modular approach to modernization while managing risks in project delivery. The Division will need to maintain the current business functionality for DCYF day-to-day operations. The Bridges system provides DCYF with a child welfare management system that meets the federal SACWIS, Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition (NYTD) requirements. The system also incorporates the NH Department of Health and Human Services (DHHS) legacy Children's Information System (CIS) functionality and interfaces with other State systems, including the New HEIGHTS eligibility management system, NH First, the State's Enterprise

Resource Planning (ERP), and Financial application by Infor and the NH Department of Education Special Education Information System (NHESIS), the New Hampshire education information System. The Bridges application also processes claims for DCYF and DFA clients and vendors. Additionally, Bridges processes the claims for the Child Care Development Fund (CCDF) and tracks the quality and enrollment of the Child Care Providers. Bridges provides functionality for the following business areas:

- Central Child Protective Services Intake
- Child Protective Services Assessment
- Case Management
- Juvenile Justice
- Finance
- Service Provider Management
- Staff Training
- Federal and State Reporting
- Foster Care, Permanency and Adoption
- DCYF and Juvenile Justice Services Policy
- Interstate Compacts
- Provider Management

Human Trafficking:

On September 29, 2014, President Obama signed the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L. 113-183)¹ into law. The law amends the Title IV-E foster care program to address sex trafficking of children in Title IV-E placements, and requires that information about sex trafficking victims be reported in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and in the National Child Abuse and Neglect Data System (NCANDS) reports each year. Federal reporting requirements include whether a child was a victim of sex trafficking, whether the trafficking occurred before or during a placement episode, and when the Division notified law enforcement. In addition to federal reporting, there will be reporting requirements at the State level and data needs for internal quality improvement at the

¹ <https://www.congress.gov/113/plaws/publ183/PLAW-113publ183.pdf>

Division level. This project supports the federal mandated data collection and reporting on both sex trafficking and labor trafficking.

Incident-Threat Alert CPS:

This project adds a Security Alert function to Bridges. It allows a “security alert administrator” to add information to a Bridges client’s record regarding incidents in which the client’s actions were deemed a security threat to DHHS staff or property. When the client is involved in any DCYF referral, assessment, case or other workload case, a security alert banner displays on the worker’s workload screen and within the referral/assessment/case itself. The worker is able to view the details of the security alert within client demographics/information screens and within search results.

Document Imaging

The goal of this project to implement a imaging solution for the Division of Children, Youth, and Families (DCYF). Through this initiative, the following high-level objectives will be addressed:

- Enhanced productivity of DCYF workers through process efficiencies, including:
 - Scanning and uploading of DCYF documents by DCYF staff
 - Centralized indexing of DCYF multiple-document batches by the Central Scanning Unit (CSU)
 - Alerts and notifications to inform workers of the presence of case file updates as well as the potential of pending tasks
 - Electronic case files for historical reference, audits, etc.
- Enhanced supervisory and management capabilities through greater transparency and ease of document retrieval
- Reduced physical real estate requirements resulting from elimination of paper case files

Adoption Foster Care Analysis Reporting System (AFCARS):

The AFCARS program was completely rewritten to produce a more accurate file in FFY 2014. This project will modify the AFCARS file to include AFCARS improvements according to the AFCARS Improvement Plan (AIP). Make corrections to the file needed outside of AIP, and make Bridges changes as requested by Administration for Children and Families (ACF) and accepted by New Hampshire. This data is input for many of New Hampshire’s Federal and State reports, reviews and audits. One example is the federal Child and Family Service Review. Analysis for future AIP enhancements was ongoing throughout the FFY 2018 and development was completed in FFY 2019. Additionally, NH DCYF has responded to the AFCARS Notice of Proposed

Rulemaking (NPRM) and will be doing research in FFY 2019 since this will be a new AFCARS (2.0) project. The FFY 2018 New Hampshire submissions were successful and met the federal standards.

Child Care Development Fund (CCDF) Rule Change:

Federal regulations regarding childcare reimbursement have been in effect since 1998. The Federal Administration for Children and Families, Office of Child Care has proposed significant changes to the rules governing the Child Care and Development Fund (CCDF). Simultaneously, Congress has developed a reauthorization bill for the Child Care Development Block Grant², the law governing CCDF, which has passed in the House of Representatives and for which there is a vote scheduled in the Senate in November. Phase two will bring the CCDF processing in-line with the new federal regulation the analysis was started in 2018 and final implementation was completed in FFY 2020.

Bridges Financial Fund Code Realignment:

Bridges pays multiple services, with different sources of funds, from the same fund codes. There are also multiple fund codes being paid from the same Class in the State Human Resource system, Lawson. The results in Bridges appearing to have a certain amount of funds/dollars in a class, object and organization code but Lawson shows a significant lesser amount. This makes it difficult to know if the correct source of funds is available to pay for services. This also results in the Office of Finance Administrators having to find funds in other Divisions and take money from those accounts to fund the DCYF warrant, usually at the end of the State Fiscal Year (SFY). The second phase of this project was completed in FFY 2018 to add new fund codes to support Preventative and Protection (P & P) child care.

Federal Child Care Development Report – AFC801:

New changes associated with the reauthorization of the Child Care and Development Act of 2014 (Public Law 113-186) impact the federal data reporting requirements. This brief guide is intended to provide guidance to support grantees as they begin the planning process for incorporating the changes into their ACF801 reports. The proposed changes have been approved by the Office of Management and Budget (OMB) and are now final. The Office of Child Care (OCC), however, understands the need for grantees to have adequate time for planning, and this draft guidance is being made available now to support that planning. Additionally, the current code behind the report was written in 1999. A complete rewrite of the logic will be required to bring the ACF801 extract program in line with the current State standards. This enhancement will also make the logic more

² <https://www.acf.hhs.gov/occ/ccdf-reauthorization>

efficient. The design requirements for the complete re-write for the New Hampshire ACF801 will be completed in FFY 2019 and implemented in FFY 2020.

Bridges and New Hampshire First Interface (State Financial System):

The Bridges checks are produced in a system known as CheckWriter by staff at the Administrative Service Data Center (ASDC). CheckWriter is used to create the bi-weekly financial cycle and is written in Power Builder 8, which is no longer supported. The current agency standard is Power Builder 12. Additionally, CheckWriter cannot support direct deposits to pre-paid debit/credit cards that are becoming more frequently used by the NH Bridges providers. The NH First Interface will support pre-paid debit/credit cards. The NH Bridges interface with NH First will be reducing the number of checks it produces, at an estimated cost of \$17.50 per paper check. This project will eliminate the antiquated software, Check Writer and save the State over a million dollars a year in check processing fees. The analysis phase will started in FFY 2019 and will continue through FFY 2020.

National Child Abuse and Neglect Data System (NCANDS):

Changes will be required to further reduce validation errors for Investigation Start Date and Time, as well as to accommodate new federal rules for reporting of sex trafficking victims and safe-care plans for drug-exposed infants. Analysis will be started in FFY 2018 and implementation will be in FFY 2019. The FFY 17 New Hampshire submission was successful and met the federal standards

Unfounded but with Reasonable Concerns:

In July 2017, New Hampshire Legislature enacted Law, adding a new Assessment Finding to the Child Protection Statutes. The new finding type, “Unfounded, but with Reasonable Concern,” means a report of child abuse and/or neglect where DCYF has determined that there is probable cause to believe that the child/youth were abuse or neglected, but for which there is insufficient evidence to establish by a preponderance of the evidence that the child/youth was abused or neglected. The implementation of this project was completed in FFY 2018.

In 2018, the Bureaus of Organizational Learning and Quality Improvement and Field Services through Assessment Reviews conducted a targeted analysis to determine if this new disposition was being used consistently across the State, and if facilitated referrals were being made to support families with a URC disposition. Although it was found the Division is consistent about how assessment dispositions are made across the State, it was determined it would be more useful data to review all disposition types rather than continuing to review dispositions of “Unfounded but with Reasonable Concerns” in isolation. The data from these reviews is used to drive program improvement initiatives to enhance assessment practice.

Progress to Achieve Substantial Conformity

DATA CONSIDERATIONS AND QUALITY ASSURANCE

Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Reviews are conducted in order to verify the State information system's capability to collect, extract, and transmit AFCARS data accurately in accordance with "The Federal Regulations and Administration for Children and Families' Policies." The submission of this data is also a requirement of the Statewide Automated Child Welfare Information System (SACWIS) compliance. AFCARS regulations are found at 45 CFR 1355.40 and provide the guidelines for collection of uniform and reliable information on children who are under the placement and care responsibility of the State's Title IV-B and Title IV-E agency and children adopted under the auspices of the State public Child Welfare Agency. States failing to meet the standards detailed in 45 CFR 1355.40(a-d) are considered out of compliance with Statewide Automated Child Welfare Information System requirements. The AFCARS extract program has been rewritten to ensure an updated criterion is incorporated due to system changes throughout the past few years. Along with that, some changes and enhancements were made in accordance to an AFCARS Improvement Plan (AIP). New Hampshire has completed the revamping of the AFCARS Improvement Plan (1.0) and has implemented the changes and enhancements as directed by the revamped AIP. Some changes to the Bridges system will include trial home visit application changes that will enable staff to better indicate the trial home visit data. Another change will better define relative relations and retrieve the relative demographics.

New Hampshire passes the AFCARS compliance checks. Below are the child demographics compliance percentages for AFCARS Elements six through seventeen for the latest submission at this time of October 1, 2018 through March 31, 2019:

Date of Birth (*Element 6*): 100 percent compliant

Sex (*Element 7*): 100 percent compliant

Race (*Element 8*): 3.0 percent Missing Data

Hispanic Ethnicity (*Element 9*): 100 percent compliant

Diagnosed with Disability (*Element 10*): 93.8 percent compliant

Disability Types (*Elements 11-15*): 93.8 percent compliant

Has Child Been Adopted (*Element 16*): .06 percent Internal Consistency Error

If Yes, How Old (*Element 17*): .06 percent Internal Consistency Error

In Calendar Year 2016, Statewide Automated Child Welfare Information System reported more than 36,000 clients were served by the Division for Children, Youth and Families. There were 3,072 open for Juvenile Justice Service cases and 2,464 open Child Protective cases.

Consistency errors are managed in two ways depending on the issue. Data entry errors are managed by the Quality Improvement team or the Bridges team. Depending on the issue, one of the two teams will take corrective action. After the corrective action has been completed, the data is verified through the AFCARS report. If there is a Bridges application or AFCARS file extract program issue then the corrective technical change is added to the AFCARS Improvement Plan (AIP) to be tracked and prioritized.

The federal reports Adoption and Foster Care Automated Reporting System (AFCARS) and the National Abuse and Neglect Data System (NCANDS) have validation tools to identify data outliers that are reviewed with the worker.

National Child Abuse and Neglect Data System (NCANDS) is a national data collection and analysis system created in response to the requirements of the Child Abuse Prevention and Treatment Act (Public Law 93-247) as amended. This data is input for the Child and Family Service Review.

In addition, the State is developing other techniques for monitoring the accuracy and timeliness of data entry. It plans to continue to enhance monitoring analysis by utilizing a variety of queries to interrogate the data for quality improvement opportunities. These queries are utilized as part of the ongoing federal reporting analysis and testing. When data quality improvement opportunities arise they are managed by the Quality Improvement team or the Bridges team. If the data in question was found in a report and does not align with what staff have tracked manually or with the expected outcome, the teams will look into what is causing the inconsistency and how to ensure the correct data is in the reports. Past sources of inconsistencies have been due to data entry issues, timing of databased on “data current through” dates, or the data not being pulled correctly due to a change/addition of tables or updates. In all instances, one of the teams responds to whoever provided the data integrity concern with how this can be fixed or how it was corrected.

DHHS Master Client Index:

As part of a larger Department of Health and Human Service (DHHS) project the New Hampshire SACWIS (Bridges) team implemented a client demographic project to enumerate clients across DHHS systems to allow for holistic case management in September 2017. This project supports the establishment of a *Master Client Index*, which is essential for the holistic case management

across the DHHS service continuum. Every DHHS system will have an interface for demographic clearance when adding any new clients as well as at the time of conversion to “prime” the master client index. This is entirely based on demographic information across the enterprise to give workers access to the latest updates for clients. This will provide a more accurate 360-degree view of the Division’s clients and will help the field staff obtain more concise demographic information. Currently, there are three major DHHS systems that are providing the central demographic information for this enterprise view. The three systems are the Division for Children, Youth and Families’ Bridges, the Bureau of Family Assistance’s eligibility system New HEIGHTS, and the Bureau of Child Support Services’ system NECSES. In the future the Medicaid Management Information System, MMIS, will also be part of this demographic data pool. DHHS is moving into phase two of this project to build a 360 view of a client in the department Enterprise Data Warehouse (EDW). This view will provide senior management the ability to trend data across the department and to perform cost analysis across divisions.

Results Oriented Management System

Another example of monitoring data for accuracy is through the *Result Oriented Management* (ROM) system. A vital component of *Result Oriented Management* is the data reports developed for DCYF. The Division for Children, Youth and Families worked with the University of Kansas to develop new case practice reports in the *Result Oriented Management* (ROM) system. ROM is an easy to use web-based reporting application used by child welfare agencies across the country. ROM reports are designed to provide access to current data on *Child and Family Services Review* federal outcomes and a wide range of other important performance measures and indicators.

NH DCYF is working with University of Kansas to develop new case practice reports in the *Result Oriented Management* (ROM) system. ROM is an easy to use web-based reporting application that is being offered to child welfare agencies across the country. The software provides a simple and inexpensive way to access data – a vital component of ROM. Four new “Juvenile Justice” reports were added to ROM in FFY 2017.

ROM reports are critical to data quality because the demographic and case management information is reviewed by field staff during the work day and updates to the SACWIS can happen quickly by the worker. The Bureau of Organizational Learning and Quality Improvement have training available to all staff on how to access and use ROM. ROM is not required to be used by staff, however through monitoring user activity reports, the Division has been able to identify that between twenty and thirty supervisors and administrators will access ROM each month. To support the availability of the data to these staff, DCYF has moved to a 24 hour support model and the ROM reports are available to all staff at any time during off hour shifts.

ROM supports the data quality of the child welfare system in two ways. First, the ROM system is loaded from *Bridges* on a weekly basis. If there is a data error in the ROM data load process the *Bridges* team will research the anomaly and if there is an issue in *Bridges* corrective action is taken. Second, the field staff supervisors review the ROM reports by their respective district office. The reports directly reflect the work they are doing and if there are anomalies the supervisors will take action. If there is a data entry issue they work directly with their staff. Data anomalies and errors are reported by the district office to the Quality Improvement team or the *Bridges* team. Depending on the issue one of the two teams will take corrective action. After the corrective action has been completed the data is verified with the field staff that reported the issue.

Activities for Improvement

DATA CONSIDERATIONS AND QUALITY ASSURANCE

The State plans to use both the Data Quality Utility and the Frequency Utility in efforts to ensure better AFCARS file integrity. With the new Apex application, the AFCARS file can be run from either October or April for up to six months, which provides the opportunity to check the file on a continual six-month basis until submission for that selected report period.

In addition, the State is developing other techniques for monitoring the accuracy and timeliness of data entry. It plans to continue to enhance monitoring analysis by utilizing a variety of queries to interrogate the data for quality improvement opportunities.

An example of ongoing monitoring techniques is the isolation and correction of data entry errors improving the data integrity. Other future enhancement opportunities have been identified in the Statewide Automated Child Welfare Information System through AFCARS data analysis to include improved tracking of “Relative Placements” and “Trial Home Visits”.

In the Round 3 *Program Improvement Plan*, Goal 4: Workforce Development, DCYF will develop and deliver a training to all staff which outlines the importance of documentation of accurate and timely data and will include opportunities for practical application with documentation of data within the SACWIS/CCWIS system. This strategy also references the need to update training with the role out of the new CCWIS modules to ensure that staff are being trained on where data should be entered to ensure data accuracy, and less duplication.

Item 20: Written Case Plan

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent. Further it was determined that termination of parental rights petitions were usually filed later than the federal guidelines.

The district offices involved in the CFSR 2018 were Seacoast, Conway and Manchester

CRITERIA	COUNT	APPLICABLE CASES	%
Total Cases	65		
Concerted Efforts to Actively Involve Child	31	46	67%
Concerted Efforts to Actively Involve Mother	37	59	63%
Concerted Efforts to Actively Involve Father	24	51	47%
Achieved Strength Rating	31	65	48%

Data Source: Child and Family Services Review Portal, OMS-OSRI

There was a thirteen percent decrease in the number of new child protection cases that opened in SFY 2018 over SFY 2017 with a three percent increase of cases having at least one documented case plan in Bridges. However, there was a six percent decrease of case plans created/documentated within 60 days of the case opening.

CASE PLAN DOCUMENTATION FOR SFY 2018	
Child Protection cases opened in SFY 2018	471
Case with at least one case plan documented	389
Total number of documented case plans	513
Average case plans per new case	1.3; range of 1 to 4 per case

Percent of new child protection cases in SFY 2017 having at least one case plan in Bridges	83%
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LENGTH OF TIME FOR CASE PLAN DOCUMENTATION	
First case plan documented in Bridges within 30 days of case opening	46
First case plan documented between 31 and 60 days	206
First case plan documented greater than 60 days	138
Case plan was not documented	81
Percent of cases with a documented case plan that was documented within 60 days of case opening	65%

Data Source: NH Statewide Automated Child Welfare Information System (Bridges)

Progress to Achieve Substantial Conformity

Written case plans are to be developed within sixty days of the date a child is removed from the home. In Child Protective cases, these plans are developed jointly with the parents and are to be updated every six months. The case plan is signed by the parents and child/youth when age appropriate. For Juvenile Justice cases, the Community Supervision or Placement Plan are also developed in collaboration with the youth and the parent. For Child Protective and Juvenile Justice cases, the supervisor reviews and signs off on the completed plan. It is expected these plans are reviewed regularly with the family and updated every six months. Field staff are expected to document that the case planning process includes ongoing conversations with the family regarding the sequence of events that led to the Division’s involvement with the family and identification of Individual and Family Level Objectives that can improve family functioning and ultimately assure child safety.

Through the development of the Round 3 *Program Improvement Plan*, data analysis indicated problems with delayed achievement of permanency due to lack of engagement with parents, or missing parents not being identified, and engaged early and ongoing. CPSWs, JPPOs and judicial stakeholders admittedly struggle with facilitating conversations with the primary parent about identifying, and engaging the missing parent in case planning. DCYF begins efforts to identify, locate and engage parents prior to the court becoming involved. The underlying root cause of a lack of engagement with parents is staff skill and comfort with facilitating difficult conversations (as referenced in Round 3 *Program Improvement Plan*, Goal 3: Engagement), particularly with a primary parent or youth when trying to identify and engage a non-custodial parent. DCYF has begun offering different training opportunities for staff to engage in a variety of difficult conversations with families, discussed in Round 3 *Program Improvement Plan*, Goal 4: Workforce Development Strategy 2.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses case planning through improvements in concurrent planning practice and identifying, locating and engaging missing parents. In the concurrent planning strategy, DCYF will work collaboratively with the Court Improvement Project/Model Court Program to develop protocols to address practice expectations for concurrent planning. In addition, DCYF will develop policy for both child protection and juvenile justice practice for identification of an appropriate concurrent plan, as well as steps to take to ensure concurrent planning is addressed concurrently, not consecutively.

In the PIP strategy that addresses identification, location and engagement of missing parents, DCYF will work collaboratively with the Court Improvement Project/Model Court Program to develop protocols to address practice expectations for identifying, locating and engaging the missing parent. With increased training and coaching staff and judges will develop more skill and confidence in building rapport with families and facilitating these conversations. The development of court protocols will create a common understanding and expectation for what happens once a missing parent is identified and located. This further creates a level of accountability for compliance with expectations for all parties. With this common expectation, Judges will have clarity around their role in monitoring DCYF's efforts to identify and locate missing parents, DCYF's role in engaging those parents in case planning and the court's role in engaging those parents in subsequent court proceedings. These collective actions will result in staff and Judges inquiring about missing parents, earlier identification of missing parents, and quality engagement in court proceedings and connection to services for both parents. This will also result in timely permanency hearings and/or improvement in reunification within twelve months and/or improvement in adoption within twenty-four months.

Through the work with the Model Court Project there will be training provided to both DCYF staff, Judges, court staff, CASAs, GALs, and attorneys on new expectations for both concurrent planning and identifying, locating and engaging missing parents.

Item 21: Periodic Reviews

New Hampshire incorporates an administrative case review process for placement cases that is specifically aimed at assuring the question "can this child/youth be safely returned home" is at the forefront of every meeting. Family Assessment Inclusive Reunification (FAIR) Meetings include a review of the status of the case, the case plan, the child and/or youth's safety, well-being, and plans for permanency. These meetings are held within specific time frames and are facilitated by an objective party whose primary role is to create a forum for family engagement, where families are active participants and have a voice in their case planning, permanency planning, and case progress.

700	Children/youth in care six months having a FAIR review between March 1, 2018 and June30, 2018
37	Children/youth who left care within six months of the FAIR review held between March 1, 2018 and June 30, 2018
391	Children/youth had a subsequent FAIR review within six months of the FAIR hearing held between March 1, 2018 and June 30, 2018
785	Children/Youth in care greater than six months had a hearing between March 1, 2018 and June 30, 2018 that would meet the criteria of Administrative Review
84	Children/youth who left care within six months of the hearing held between March 1, 2018 and June 30, 2018
685	Children/youth had a subsequent hearing that would meet the criteria of Administrative Review within six months of the hearing held between March 1, 2018 and June 30, 2018
956	Children/youth in care greater than six months had a FAIR hearing or hearing between March 1, 2018 and June 30, 2018
108	Children/youth who left care within six months of the FAIR or hearing held between March 1, 2018 and June 30, 2018
812	Children/youth had a subsequent FAIR or hearing within six months of the FAIR held between March 1, 2018 and June 30, 2018
96% of the children/youth in care six months who had a FAIR or hearing that would meet the criteria of Administrative Review between March 1, 2018 and June 30, 2018 had a subsequent periodic review within six months.	

Data Source: ROM Length of Stay report (extracted on 3/6/2019) and Bridges

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. It was found that timeliness of administrative review meetings were inconsistent.

The vast majority of the children in out-of-home placement have received a FAIR meeting (administrative care review), a court review hearing, or both as a means to ensure appropriate permanency planning and review of their case (*Results Oriented Management (ROM)* and Bridges, March 2019). Over this past year, 96 percent of children/youth in care for six months had a FAIR meeting or review hearing and a subsequent periodic review within six months. This amount has increased since the reporting period last year, which was at 73 percent.

Progress to Achieve Substantial Conformity

The Division had hired an additional part-time FAIR facilitator as well increased one part-time position to full (from 30 hours to now 40 hours per week). This may have contributed to the higher percentage over this most recent reporting period.

FAIR facilitators during regular staff meetings have been reviewing data around documentation of FAIR meetings in both CPS and JJS cases, as well as having practice discussions pertaining to the CFSR findings to support more consistent practice statewide. FAIR facilitators have expressed interest in additional training, and as a result the Permanency and Adoption Manager has worked with the *Child Welfare Education Partnership* to identify specific trainings that will enhance and support growth in skills FAIR facilitators will need to promote strong engagement and achievement of permanency for families.

Also in April, 2019 DCYF held their state conference, which highlighted various workshops including: *Preparing for and Managing Difficult Interactions* (138 registrants), *Domestic Abusers as Fathers and How to Engage Them* (113 registrants), *Nurturing Fathers* (thirty-one registrants) as well as *Concurrent Planning* (forty-five registrants).

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses timely achievement of permanency through improvements in concurrent planning practice and identifying, locating and engaging missing parents. In the concurrent planning strategy, DCYF will work collaboratively with the Court Improvement Project to develop new protocols and policies specific to concurrent planning practice. Additionally, DCYF will improve the service delivery and family engagement relative to Family Assessment Inclusive Reunification (FAIR) to ensure a facilitated conversation specific to safety, permanency, concurrent planning, and well-being are being held with families at all meetings. In support of this, there will be clarification around roles and responsibilities before and during the meetings, as well as clarifying discussions to be held during meetings, and identifying training opportunities for FAIR facilitators. Finally, the Child Welfare Education Partnership is developing a new training for DCYF staff on concurrent planning practice.

DCYF has re-designed a permanency position to focus on reunification. The Reunification Specialist attends office FAIR and Permanency Planning Team meetings in an effort to support ongoing reunification efforts. The intention is that enhanced attention on reunification will result in increased reunifications, and less children finding permanency outside of their home.

Item 22: Permanency Hearings

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent.

Child Protective cases that are court involved have regularly scheduled court review hearings that occur at the three, six and nine months following the Dispositional hearing with a Permanency hearing held at twelve months. Subsequent to the twelve-month Permanency hearing, periodic reviews are held every three months thereafter pending the final achievement of permanency for the child or youth. Juvenile Justice cases are heard at least every six months unless there is cause to bring forward a review hearing prior to that. It has been discovered that Juvenile Justice cases are not consistently being scheduled for a Permanency hearing at twelve months.

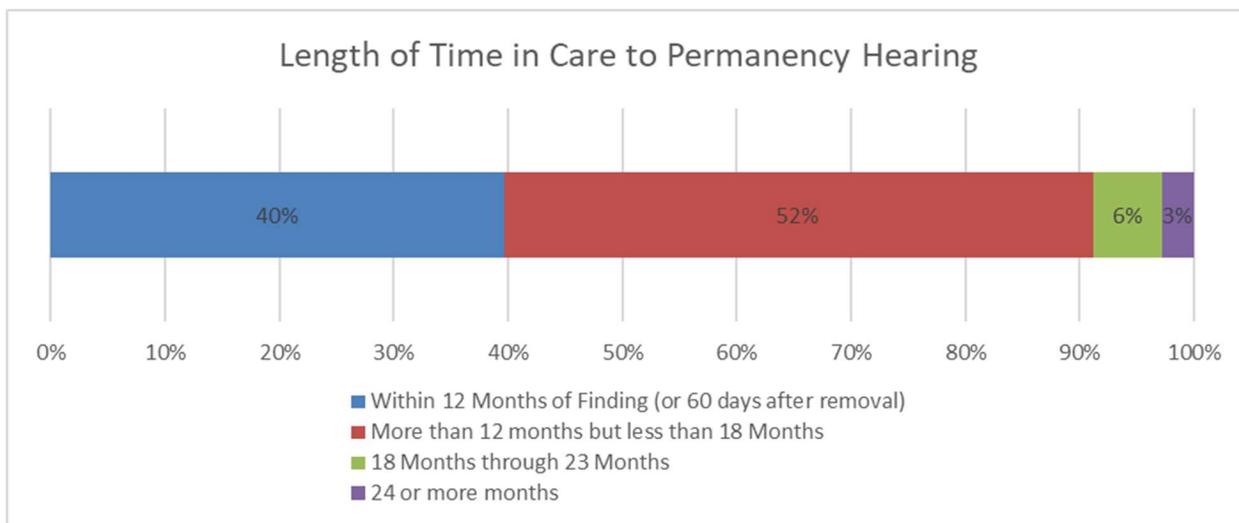
Permanency Hearing Documentation	
590	Children/youth involved with Child Protective Services had been in out-of-home care a minimum of 12 months as of December 31, 2018
462	Of those in out-of-home care a minimum of 12 months who had a permanency hearing documented
78%	Of the children/youth in care a minimum of 12 months as of December 31, 2018 had a permanency hearing documented in NH Bridges
183	Of those children/youth in out-of-home care at least 12 months had a permanency hearing within 12 months of the finding of abuse/neglect or 60 days after removal
410	Children/youth remained in out-of-home care over 24 months

396

Of the children/youth who remained in care more than 24 months, had a review or permanency hearing documented within 12 months of the first permanency hearing

Data Source: ROM Length of Stay report (extracted on 5/2/2019) and Bridges

The figure above illustrates the time frames of Permanency Hearings held for children and youth who were in out-of-home placement a minimum of twelve months through Child Protective Services as of December 31, 2018



The figure above indicates that the vast majority (52%) of permanency hearings occur more than twelve months and less than eighteen months of the finding, (or 60 days after removal), while only forty percent occur within twelve months of the finding. It shall be noted that in the Division's last report, the vast majority (67%) of permanency hearings occurred thirteen to fifteen months after the child had been removed, while only seventeen percent occur within twelve months. This shows an improvement in this area during recent times in comparison to the last reporting period.

Progress to Achieve Substantial Conformity

In January 2108, the State implemented new court protocols, which was to help improve in the area of timely permanency. The Division also implemented a new way to document permanency hearings so that each district office was inputting information in a uniform manner, thus providing more accurate data.

Over the last year, the Division has streamlined the Permanency Planning Team (PPT) meetings and has standardized the flow of questions and areas, which are addressed during these internal meetings. Through this streamlined process, the Division is also using tasks that were created

through the Family Assessment Inclusive Reunification (FAIR) to support in moving permanency forward for all placement cases.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses improvements in identifying, locating and engaging missing parents. It is believed that children and youth will achieve more timely permanency, if both parents are identified and engaged. Historically, DCYF has identified delays in timely permanency, including extensions for permanency hearings when one parent has been located and engaged later in the case than the other. In the PIP strategy that addresses identification, location and engagement of missing parents, DCYF will work collaboratively with the Court Improvement Project/Model Court Program to develop protocols to address practice expectations for identifying, locating and engaging the missing parent. With increased training and coaching staff and judges will develop more skill and confidence in building rapport with families and facilitating these conversations. The development of court protocols will create a common understanding and expectation for what happens once a missing parent is identified and located. This further creates a level of accountability for compliance with expectations for all parties. With this common expectation, Judges will have clarity around their role in monitoring DCYF's efforts to identify and locate missing parents, DCYF's role in engaging those parents in case planning and the court's role in engaging those parents in subsequent court proceedings. These collective actions will result in staff and Judges inquiring about missing parents, earlier identification of missing parents, and quality engagement in court proceedings and connection to services for both parents. This will also result in timely permanency hearings and/or improvement in reunification within twelve months and/or improvement in adoption within twenty-four months.

Through the work with the Model Court Project there will be training provided to both DCYF staff, Judges, court staff, CASAs, GALs, and attorneys on new expectations for identifying, locating and engaging missing parents.

Item 23: Termination of Parental Rights

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor *Case Review System* (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and

the Court were not holding the initial permanency hearing within twelve months of a child coming into care and termination of parental rights petitions were usually filed later than the federal guidelines.

In January 2108, the State implemented new court protocols, which was to help improve in the area of timely permanency. The Division also implemented a new way to document permanency hearings so that each district office was inputting information in a uniform manner, thus providing data that is more accurate.

When Adoption is the recommended goal at the Permanency Hearing it is expected that Child Protective Services will file the required Termination of Parental Rights packet timely. The 2018 Permanency protocols developed by the Court Improvement Project were rolled out as of January 2018. The expected practice per the new protocols is as follows: If the Division is recommending the case plan change to Adoption/TPR, the Division will come to court at the Permanency Hearing ready to file the Termination of Parental Rights Packet. Shall the Judge make a ruling from the bench at the Permanency Hearing that the case plan goal change, the Division will file the paperwork that day. If the judge takes the recommendation of the Division under advisement, the court the court will have five (5) business days to issue an order. If, subsequently, the court identifies adoption as the new permanency plan, the Division will file the TPR packet within two (2) business days of receiving the courts permanency order.

In efforts to schedule timely Termination hearings, per the 2018 protocols, the court should schedule the TPR preliminary hearing to be held and completed within sixty (60) calendar days of the RSA 169-C Permanency Hearing. This date is scheduled during the nine-month 169-C review hearing, as a 60-day Post-Permanency Hearing, which will become the Initial TPR hearing shall the goal change to adoption. New Hampshire Statute allows for Voluntary Mediated Adoption (VMA's). The protocols provide guidance on when this option should be explored and scheduled not later than the termination hearing. This should make a significant impact on permanency time frames. Over the last year, the use of VMA's as a resolution to permanency has increased.

Progress to Achieve Substantial Conformity

DCYF and the Court Improvement Project have begun to gather data to evaluate the *2018 Termination of Parental Rights, Voluntary Mediated Agreement, Surrender and Adoption Protocols*. In November 2018, the Court Improvement Project accessed technical assistance from the [Capacity Building Center for Courts](#) to develop a tool from which they would conduct case reads of adoption cases in three courts. In June 2019, the Model Court team, which is comprised of DCYF, CIP, Judges, the Judicial Council, CASA and GAL's, have begun to review aggregate data from the first data points in the identified evaluation plan. The Court Improvement Project

team will continue to follow this universe of cases through adoption to gather additional data on timeliness to permanency.

Since the release of the 2018 protocols, DCYF has used Permanency Planning Team meetings to address certain areas of these Protocols. At the six-month Permanency Planning Team meeting, Permanency Workers are addressing the topic of Voluntary Mediation in efforts to support concurrent planning. The six-month Permanency Planning Team can be used to assess if mediation may potentially be a viable option in supporting the concurrent plan should the court order adoption at the permanency hearing. During this meeting, the Division is also addressing if the current placement could be part of the concurrent plan, or if the Division would need to start efforts for internal recruitment. At the eleven-month six-month Permanency Planning Team meeting, if the Permanency Team is recommending the case plan change to Adoption at the Permanency hearing, the team is supporting the CPSW with ensuring that all needed TPR paperwork is gathered in efforts to have the needed documents ready to file at the permanency hearing (per the new protocols).

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses improvements in timely permanency through evaluation of the *2018 Termination of Parental Rights, Voluntary Mediated Agreement, Surrender and Adoption Protocols*. A set evaluation plan was developed, and specific data points will be reviewed to determine the effectiveness of the protocols at each step. In the event, trends in practice arise that are problematic, data will be explored to determine where the root cause of the problem lies, and the team will identify solutions for improvement. By working collaboratively, CIP and DCYF can look at practice from a systems lens and more effectively support timely achievement of permanency for children and youth.

Item 24: Notice of Hearings and Reviews to Caregivers

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor: Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent. Further it was

determined that *Termination Of Parental Rights* petitions were usually filed later than the federal guidelines.

To assure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in any review or hearing held with respect to a child or youth in their care, in 2012 the Division established guidelines for staff on how this was to occur. A written *Notification of Hearing* letter is to be sent to these caregivers and it is expected that staff will document in Bridges that this has been done.

NOTICES OF HEARINGS AND REVIEWS TO CAREGIVERS	
Placement Cases With At Least One Child In Care Greater Than Six Months And Remained In Care As Of September 30, 2018	856
Cases With Child In Foster Or Relative Placement	583

FAIR MEETING NOTICE SENT	
Cases With A Fair Meeting Notice Sent During Calendar Year 2018	284
Total Number Of Documented Sent Fair Notices	446
Average Number Of Fair Notices Sent Per Case (Unique By Date)	1.6 Meeting Notices Range from one to four FAIR notices sent per case
Total Percent Of Cases With A Child In Foster Or Relative Care That Had A Documented Fair Notice Sent	49%

HEARING NOTICE SENT	
Cases With a Hearing Notice Sent During Calendar Year 2018	293
Total Count of Documented Sent Hearing Notices	705
Average Number of Hearing Notices Sent Per Case (Unique By Date)	2.4 Hearing Notices Range from one to twelve Hearing Notices per case
Total Percent of Cases With a Child in Foster or Relative Care That Had a Documented Hearing Notice Sent	50%

COMBINED NOTICES SENT	
Number of Cases With Either a FAIR and/or Hearing Notice Sent to Notify The Foster or Relative Care Provider of The Review	408
Total Count of Documented Sent Notices (Unique By Date of Notice)	1108
Percent of Placement Cases With a Child In Relative or Foster Care With a Review Notice Sent	70%

Progress to Achieve Substantial Conformity

The Division has continued to focus attention on ensuring caregivers are provided written notice to administrative (FAIR) and court reviews. Total percent of cases with a child in foster or relative care that had a documented FAIR notice sent is currently at forty-nine percent while the total percent of cases with a child in foster or relative care that had a documented hearing notice sent is currently at fifty percent.

Activities for Improvement

The Division recognizes there is room for improvement. As such, the Division is currently working with the Court to review and revise the *Hearing Notice* form that the Division is currently sending to caregivers with a future goal that the responsibility is shifted to the Court to send *Hearing Notices*.

Item 25: Quality Assurance System

Case Practice Reviews

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017 through April 2018, New Hampshire received an overall strengths for Item 25 *Quality Assurance System* based on information from the Statewide Assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI system. New Hampshire has a Case Practice Review system that mirrors the CFSR process in conducting quality case practice reviews throughout the entire state and using CPR data to inform district office's practice improvement initiatives. DCYF also conducts targeted reviews to ensure fidelity to the case practice model.

New Hampshire was approved to conduct a state led CFSR in February 2017, and received technical assistance and quality assurance oversight by the Children's Bureau leading up to the April 2018 CFSR. Unfortunately, due to workforce capacity restraints and other system challenges, New Hampshire withdrew their request for a state conducted review in September 2017. The Children's Bureau has continued to oversee and support New Hampshire in meeting eligibility to hold a state conducted review.

In response to workforce capacity and other system challenges, New Hampshire will continue to model the Case Practice Review system after the CFSR. In order to maintain a high quality system, DCYF has developed a more efficient and cost effective method of monitoring Division practice and systemic factors during the *Program Improvement Plan* reporting period. These changes are detailed in the *Program Improvement Plan*, Measurement Plan.

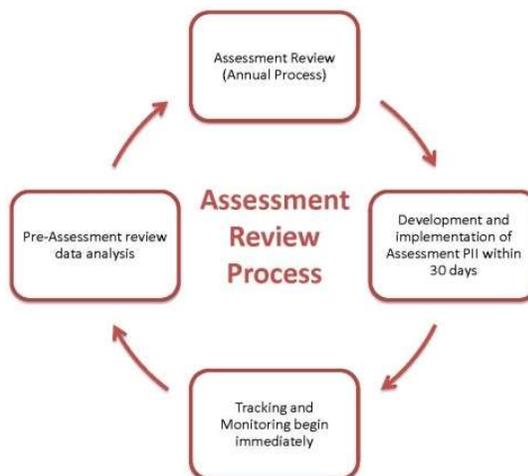
Assessment Practice Reviews

OVERVIEW

The Bureau of Organizational Learning and Quality Improvement in partnership with the Field, developed a Continuous Quality Improvement process focused on Child Protective Assessments and began monthly reviews in early 2016. The goals of the Quality Assurance Review process were to monitor and support consistency in Assessment practice across different offices and regions; provide state level feedback toward systemic change; and inform implementation and sustainability planning of Division Practice Model strategies and goals, specifically as they relate to child safety.

ASSESSMENT REVIEW STAFF AND TRAINING

Reviewers are recruited based on recommendations from their field administrators and supervisors, and must have relevant experience in assessment practice. QA staff lead training for reviewers on-site the morning of the review on how to conduct the review, where to locate information, quality assurance, and the administrative flag process. Reviewers are equipped with a frequently asked questions manual, QA manual, relevant policy, the case file and review tool.



There are currently four quality assurance staff trained, who participate in assessment reviews. Two quality assurance staff participate in each review, and provide level one quality assurance on half the assessments, and level two quality assurance over each other's' reviews. When a third level of quality assurance is needed, one of the remaining two QA staff provide this oversight and consultation.

QA and new reviewers co-review and complete the tool for their first assessments. This helps to support the reviewer in practicing what they've learned from the training in a supportive setting, as well as providing them the opportunity to access guidance in locating information and answering questions they may have about the process.

Reviewers and QA staff sit among each other in a "fish bowl" style, which allows for the entire group to learn from each other as questions, practice celebrations or challenges arise. An "Administrative Flag" process similar to the "Red Flag" process used during Case Practice Reviews is used to immediately address any danger concerns identified by review teams.

CASE SELECTION

The Assessment sample is random and consists of screened in Assessments received within six months and up until two months prior to the review date. This sampling period ensures that the review focuses on recent practice while also ensuring that enough time has passed since the receipt of the Assessment for sufficient work to have been completed for evaluation. The *Period Under Review* (PUR) is the life of the Assessment up to the review date or the Assessment closure in SACWIS. Each district office sample is comprised of twenty-five Assessments. The random sample has three stratification categories: sexual abuse, physical abuse and neglect. Five alternate Assessments are included in the sample, in the event that some Assessments in the sample require elimination.

ASSESSMENT REVIEW TOOL

A targeted Assessment Review tool is utilized along with a Quality Assurance Guide. The tool is brief and focuses on the most critical parts of Assessment practice. This design was essential to ensure that a reasonable sample size could be reviewed during a one-day review, allowing for the sustainability of these reviews within existing resources. The three sections of the tool include: 1) *General Assessment Practice* (thoroughness), 2) *Safety Planning*, and 3) *Disposition*.

General Assessment Practice

In this section, the assessment is rated based on thoroughness of the investigation including whether or not quality interviews (or sufficient attempts) were made with all alleged victims, parents/caregivers, and all children in the home. Additionally, the assessment is rated on whether or not collateral contacts were sufficient to assess danger, risk and the needs of the household. Policy adherence is evaluated. Finally, a determination of whether all dangers were accurately assessed including: if the child was accurately assessed for suffering serious harm or imminent danger of serious harm; if the child's basic needs and medical or mental health care was assessed; the living situation was assessed for physical hazards and/or immediate threats to the health and safety of the child; the caregiver's ability to protect the child from actual or threats for serious harm; and the caregiver's ability to provide necessary and appropriate supervision to protect the child.

Safety Planning

In this section overall safety, and safety management is assessed. It is evaluated if a safety plan was completed and/or needed. It evaluates if a safety plan was developed, did it sufficiently address all dangers in the initial referral, subsequent referrals and any other dangers identified during the court of the assessment. It also evaluates how others are engaged in the development and monitoring of developed safety plans. Lastly, it evaluates if there was sufficient monitoring of the safety plan as long as danger remained.

Disposition

This section assesses whether the disposition is supported by case information. It also assesses if the risk level was appropriately and accurately assessed. Finally, it assesses if the closure decision and subsequent referrals were consistent with the New Hampshire Integrated Assessment Decision Guidelines Matrix.

DEBRIEF AND DATA SHARING

Preliminary Assessment Review results are provided electronically to the district office on the same day of the review and discussed during a conference call, which includes district office supervisors, reviewers and Quality Assurance staff. Following the meeting, final data is provided to the district office, including copies of completed tools.

PRACTICE IMPROVEMENT

The Bureau of Organizational Learning and Quality Improvement assist the district office staff with the development of Practice Improvement Initiatives in each office that has had an Assessment Review. The Quality Improvement Program Specialist reviews final data, reviewer themes collected during the on-site review, and additional data analysis of Items identified as an *Area Needing Improvement*, and schedules a meeting with district office staff to develop their practice improvement initiative. Typically, offices identify one-two areas they want to improve upon over the following year.

EVALUATION OF THE PROCESS

The currently functioning on the Assessment Reviews is continuously evaluated by a consistent quality assurance team. Following reviews, the QA staff meet to debrief the review. When themes and trends arise, the QA staff meet along with district office Supervisors and staff to identify and implement solutions.

Over the next five year, BOLQI envisions Assessment Reviews process will continue to grow in terms of how reviews are conducted, what data is collected (i.e. comparing results of assessments flagged for Rapid Safety Feedback with general assessments), and how data collected is utilized to inform practice decisions, and improve field practice.

Foundational Administrative Structure

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall strengths for Item 25 *Quality Assurance System* based on information from the statewide assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI

system. New Hampshire has an administrative foundational structure that oversees all CQI activities.

Quality Data Collection

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall strengths for Item 25 *Quality Assurance System* based on information from the statewide assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI system.

The CQI process collects and analyzes data. One area that was noted as a possible area that could be strengthened is how the data that are disseminated to the stakeholders are organized. Specifically, stakeholders noted in CFSR focus groups, that various data streams- ROM, Bridges, and Case Practice Reviews- are inconsistent and that makes it hard for them to ascertain what data points to use to improve practice. Over the next five years, the data team will strive to more clearly articulate what the data is reporting because what appears to be inconsistencies are not always that but rather a lack of understanding the complexities of the reports. Further, emphasis will be placed on the importance of consistent, timely and quality data entry for accurate reporting output. Quality data entry will be addressed through the PIP.

Case Review Data and Process

An integral component of performance measurement and accountability in New Hampshire is the Case Practice Reviews and Assessment Reviews. The Administration for Children and Families' (ACF) CFSR framework and Online Monitoring System (OMS), and the Division for Children, Youth and Families' Assessment Review tool are fundamental instruments of reviewing New Hampshire child welfare practice and continuous quality improvement.

New Hampshire has utilized the Case Practice Review process to evaluate performance outcomes for safety, permanency and well-being for both Child Protective Services' and Juvenile Justice Services' cases. Specifically, New Hampshire has continued to mirror the federal CFSR by using the federal OMS on a case selection drawn similarly to the CFSR.

Starting in 2019, reviews will be conducted three times a year. All of the reviews will include cases statewide. The inclusion of all district offices will ensure a full representation of the State's demographic population. New Hampshire will use a rolling twelve-month measurement period using the OMS to complete the On-Site Review Instrument (OSRI). Sixty percent of the cases will be foster care and forty percent will be in-home service cases. During the Case Practice Review process, data is also obtained through stakeholder surveys, which are collected

electronically. Stakeholder names will be provided by the offices and include persons representing a range of agencies, including courts, local school districts, Court Appointed Special Advocates, community mental health centers, domestic violence crisis centers, police departments, child health services, and the Division's service providers.

Cases will be reviewed by teams consisting of BOLQI staff, DCYF state office staff, stakeholders and/or peer reviewers trained by BOLQI staff using the OSRI and documented in the OMS. It is critical to obtain information from a variety of sources to get a full understanding of what occurred that affected the child and family outcomes in each of the cases; therefore, case reviews will include a review of electronic (SACWIS-NH Bridges) and paper case file(s) and interviews with key case participants. Interviews with key individuals involved in the case must be conducted unless they are unavailable or unwilling to participate. It is critical to have family voice represented during interviews including school age child(ren) and parents. Other key individuals include caregivers, foster parents, residential/group home staff, CPSW and/or JPPO. On a case by case basis other individuals who may have relevant information about the case and family may be interviewed including the Court Appointed Special Advocate, guardian ad litem, parent aide/other service providers or other family members. Once the reviewers have completed the tool, first and second level quality assurance will be completed by staff trained in quality assurance including field supervisors, DCYF administration and BOLQI staff.

A simple random sample design will be used. The samples will be selected from a random-ordered sample frame comprised of the population of cases. The cases in the sample frame that are not selected for review may serve as substitutes to replace any selected cases that are eliminated before or during the review. A uniform sampling process is used and begins with a random draw of placement cases from the entire state AFCARS universe file during the sample period. Placement cases are a sample of cases open at least 24 hours during the sample period of six months established by parameters of a Bridges (SACWIS) query and validated during the case selection process.

In-home cases are randomly selected from a sample of cases that were opened for services for at least 45 consecutive days during the sampling period or began a 45-day consecutive period during the sample period as established by parameters of the Bridges query and validated during the case selection. The latter would allow for in-home services cases to complete the 45-day period after the sample period ends within the *Period Under Review*. In-home cases are defined as cases in which no child in the family was in foster care at any time during the *Period Under Review*. As part of the in-home case selection, thirty percent of the cases will be investigations (assessments) open more than 45 days requiring a safety plan (case type –AS) during the sample period as established by parameters in a separate Bridges query and validated during the case selection.

The total cases will be distributed between Child Protection and Juvenile Justice, because the child welfare practice and expectations in New Hampshire are reflective of one another. In order to ensure there is not an overrepresentation of one field service over the other, there will be no fewer than forty percent and no greater than sixty percent child protection or juvenile justice cases in either the foster care or in-home case samples. This would guarantee a minimum of forty percent of each field service represented in the total sample reviewed.

Random sampling provides each case to have the same probability of being selected from the population allowing each district office the potential to be represented in random samples as the cases are distributed across the State. In an effort to ensure the metropolitan area of Manchester is sufficiently represented in the case selection, the percentage of cases from the Manchester District Office reviewed for the baseline period will be maintained each measurement period within five percentage points. Cases must be selected in the order as they appear on the random sample for each review; there are circumstances where cases may be substituted or eliminated but all eliminations must meet the guidelines as specified within the PIP measurement plan.

Although DCYF had a traditional CFSR in Round 3, this was a last minute decision made after New Hampshire had begun the process to be approved for a state conducted CFSR. DCYF determined there were limited resources to be able to conduct the CFSR on its own and therefore requested the Children's Bureau to conduct a traditional review. If New Hampshire continues with their case practice review process in the manner outlined above, it is anticipated DCYF would be able have a state conducted review in the next round.

Analysis and Dissemination of Quality Data

DCYF runs and analyzes data on a consistent basis. Currently there are approximately twenty-three reports run monthly and placed in a network folder where supervisors and administration have access. Further, there are more than eighty reports available on Result Oriented Management (ROM), a web-based reporting application, in which anyone in DCYF can gain access through a username and password upon request. All supervisors and field administration are provided with accounts automatically in order to monitor progress and outcomes of practice in their offices as well as statewide. ROM provides current data on federal outcomes, data indicators and other important performance measures and indicators. ROM reports are critical to data quality because the demographic and case management information is reviewed by staff during the workday and updates to the SACWIS/CCWIS can happen quickly by the worker. Over the last year and a half, a requirement to one of the CORE academy modules is learning to gaining access and learning to access ROM to provide early knowledge of the importance of data in child welfare.

Over the next several years, there will be increased ability to have more accurate, consistent and quality data through the design, formation and implementation of the Comprehensive Child Welfare Information System (CCWIS). The new system can be designed to be more conducive to practice changes as well as monitor standards, provide process checks, credibility, accessibility, completeness, readability, objectivity and verify other data characteristics. Accuracy and timeliness of data, will assist in the success of all CQI activities. Over the next five years, BOLQI will look to develop a regular quality assurance process to ensure data integrity, beyond the *Case Practice* and *Assessment Review* processes.

Further, the adoption of Tableau by the Department of Health and Human Services has also provided for improvement of data quality. With the use of Tableau, the creation of dashboards are strongly encouraged and through this process, it is imperative to have the data and system functionality validated and vetted for production deployment. JIRA and Harvest Tools will support this process. JIRA is the project management tracking tool used to implement, track, report and manage many of the significant processes. Harvest is a tool to maintain a release or multiple release of code. Harvest enforces governance policies and manages development teams for the enterprise business intelligence (EBI) or Data Analysis Platform (DAP).

Currently there are statewide dashboards being created for reporting commonly requested data as well as PIP goal measurements. These dashboards will be accessible through the network drive. Similar dashboards will be made available for office specific data to the individual offices to enhance their ability use data in practice.

Feedback and Adjustment Process

The Division for Children, Youth and Families gathers qualitative and quantitative data as a critical component to driving change within the organization and improving outcomes for children and families. The feedback received from quality assurance activities and data analysis fuels the Division's processes to adjust supportive systems, policies, and trainings to meet the changing needs of staff. The Division honors every instance as a teachable moment that results in opportunity to move practice forward.

The policies and procedures of the Division undergo consistent internal and external reviews to identify their role in promoting high efficacy and sustainable systems. Feedback received has been used to revise the process for disseminating policies, procedures, and other ancillary supporting documents. The Division is currently reviewing the value to staff of the documents in effect, as they are formatted and presented to staff. The Division has identified that a well-functioning system for the communication of policy, and articulate presentation of information, will support

fidelity in implementation of the practices supported therein, and ultimately achieve optimal influence on staff and intended outcomes.

Data itself undergoes continuous quality improvement. Currently staff regularly report concerns that arise in ROM through the senior data manager or the ROM helpdesk. These concerns are each addressed either through the data team directly or through the engagement of the University of Kansas staff who produce the ROM reports. Whether the concern is data entry, query design, misunderstanding of the report or misfeed of data it is addressed promptly and the result is conveyed to the staff who brought it up. If it is not easily resolved, this is also conveyed to the staff and then once rectified, the staff is again contacted to provide the result of the concern. This will continue to be the method to request feedback and adjust processes as necessary. Further, there will be a button attached to the dashboards that will provide a direct email from the dashboards for any questions or concerns that arise from the data.

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factor staff and provider training (ongoing staff training). At the time, there were different annual training requirements for Child Protective Service Workers and Juvenile Probation and Parole Officers within the Division, and at the time of the 2018 CFSR, DCYF, through the former training contractor, was unable to track compliance accurately with the staff annual training standards. Additionally, it was determined that there was not relevant training available for supervisors.

Items 26 Initial Staff Training

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire was found to be in substantial conformity with the systemic factor initial staff training.

The Division for Children, Youth and Families' (DCYF), Bureau of Organizational Learning and Quality Improvement has continued to utilize an array of internal and external partnerships to deliver trainings to staff to prepare them for their role in delivering services. Evaluation and revision of pre-service and ongoing trainings to incorporate current research, integration points across audiences, and best practices, is ongoing.

CORE ACADEMY

The initial Core Academy occurs quarterly and is delivered in one term for all DCYF staff. Evaluations and revisions of the series include current research, best practices, and revisions of DCYF policy/practice are ongoing. . Additionally, the delivery of this series is sequenced with the flow of work in each area of practice, and utilizes a consistent case example for continuity. Streamlining the flow of training and practical application of learning is a critical component to preparing the workforce to meet the unique needs of the families DCYF serves. With this new format, staff will receive a more concentrated delivery of the training series, which will lead to a higher-level approach to monitoring staff progress toward graduation and independent work. Additionally, it will also be important to have collaboration between the contractor for the newly formed Child Welfare Education Partnership, DCYF Supervisors and Field Administrators throughout new staff's progression into independent work.

MENTORING

In addition to attending trainings, the new employee's supervisor matches new staff with a seasoned staff member who serves as a Field Practice Advisor (mentor). The Field Practice Advisor and the new staff's supervisor work collaboratively to promote a positive field training experience. All new Field Practice Advisors must have successfully completed the *Art of Mentoring* training, be experienced in field practice, and have worked for DCYF for at least two years. Exceptions for the approval of Field Practice Advisor appointment may be approved by an administrator. Along with this assignment, the Mentoring Log continues to serve as a critical component of learning for newly hired staff. It structures for newly hired staff the orientation to their work location, the day-to-day skill set to do the job, and the start of the demonstration of the new staff's ability to perform some of the evidenced-based practices utilized. Through mentoring, the new staff shadows seasoned staff conducting job tasks outlined on the Mentor Log, and provides opportunities to practice the work with support and oversight from their Field Practice Advisor. The Mentoring Log is reviewed and approved when complete by the new employee; their Field Practice Advisor; Supervisor and the Bureau of Organizational Learning and Quality Improvement. It is also included in the new employee's training record. This coming year there will be a focus on revising the specific advanced targeted training for Field Practice Advisors to enhance and build their skills in field training new staff.

CORE ACADEMY CAPSTONE

In 2018, ninety-four staff graduated from Core Academy. Eighty Child Protective Service Workers, Eight Juvenile Probation and Parole Officers, and Six Youth Counselors have now participated in the Core Academy Capstone and Graduation experiences. The Capstone session held just prior to the Graduation ceremony, gives graduates the opportunity to share and demonstrate their level of learning in one area of the Core Academy series in a group setting,

including the DCYF Director and each area of practice's Administrator, along with their fellow Core Academy graduates. Presentations can be individual or within a small group (3-5 graduates). Graduates choose from Core Academy courses to identify a topic to present. Presentations demonstrate:

- Staff's knowledge and understanding of the Practice Model;
- Family engagement, and
- How assessment of a child and/or youth's safety and needs affects and informs planning for cases.

Through their presentations, staff also articulate how their learning has affected their self-awareness as it relates to communicating and interacting with:

- Families from diverse cultures and environments;
- Colleagues;
- Community stakeholders; and
- Their supervisors and administrators.

Staff present on what they have learned; how they will apply it in daily practice; and connect it to their readiness for independent work. This year's graduates shared content in the areas of self-care, using honesty in communications, as well as process and practice effectiveness and efficiencies. DCYF and the Child Welfare Education Partnership will develop an evaluation of the Capstone experience.

Illustrated below is the current training system with required trainings for each practice area.

New Hampshire's 2020-2024 Child and Family Services Plan

Track			CORE ACADEMY MATRIX View online calendar dates at : http://localendar.com/public/GSC-ETP		
CPS	JPP	SYSC	Course Title	Hours	ID #
•	•	✓	Aggression Management and Defensive Tactics	6	2543
•	•	✓	Art of Mentoring <i>It is strongly encouraged that mentees attend this training with their mentors.</i>	3	2239
•	•	✓	Assessment in Juvenile Probation & Parole (SAVRY)	3	2264
•	•	✓	A Trauma-Informed Approach to Assessing the Mental Health Needs of Families	6	2235
•	•		Basic Bridges for CPS	6	2224
•	•		Basic Bridges for JPP	3	2270
•	•	✓	Better Together with Birth Parents <i>To register: paula.carrier@granite.edu / 603-833-5148. Limit of 12 staff per session.</i>	12	2219
@			Case Planning REQUIRED Pre-Course Assignment	3	3056
•			Case Planning in Solution-Based Child Protection	12	2213
@			Central Registry <i>Online class in State Moodle - register in Bridges</i>	3	3024
•	•	✓	Child and Adolescent Mental Health	3	3017
•	•		Child Passenger Safety Training	3	1938
@	@	✓	Communicable & Infectious Diseases <i>Online class in State Moodle - register in Bridges</i>	6	2294
•	•		Community-Based Supervision	3	2268
•	•	✓	Core Academy Capstone for Graduates <i>This training (& your presentation) is held the day of Core Academy Graduation. You are enrolled when you are invited to graduate.</i>	3	2506
•	•		Courtstream for JJ	3	2666
		✓	Courtstream for SYSC	3	3019
•	•	✓	CPR/AED/First Aid	6	2408
•	•	✓	Cultural Competency	6	2228
•	•	✓	DCYF Orientation: Our Practice Model <i>Currently face to face. Will be an hybrid/online class - More information to come</i>	3	2253
•	•	✓	Effective Engagement and Communication	6	2936
@			Effects of Abuse and Neglect <i>Online class in State Moodle - register in Bridges</i>	12	2999
•	•	✓	Gang Knowledge	3	2273
@	@	@	History of Child Welfare and Mandatory Reporting	3	3003
•	•	✓	Human Trafficking: Foundation Training	3	2828
•	•		ICJ (Interstate Compact on Juveniles)	3	2281
•	•		ICPC (Interstate Compact on the Placement of Children)	3	2231
•	•	✓	Impact of Domestic Violence	6	2234
•	•		Introduction to Predispositions	3	2267
•	•		Intro to Solution Based Child Protection and Juvenile Probation & Parole	12	2209
•	•		Investigations and Assessment in Solution-Based Child Protection	24	2216
•	•		JDAI (Juvenile Detention Alternative Initiative)	3	2547
•	•		Legal Aspects of Family-Centered Child Protection	12	2214
	•	Day 2	Legal Aspects of Juvenile Probation & Parole (includes motions/violations)	12	2257
•	•	✓	Med Pass	0.5	
•	•		Mental Health Screening Tool (MHST)	3	2862
•	•		Oleoresin Capsicum (OC) Spray	3	2548
•	•	✓	Ombudsman Program	1	1007
•	•	✓	Permanency	6	2974
•	•	✓	Procedures for Parole	2	
•	•	✓	Proper Use of Handcuffs	3	2546
•	•	✓	Report Writing	6	2211
•	•	✓	Restorative Practices	3	1759
•	•		Revenue Enhancement - Includes RMS (Random Moment Sample)	6	2293
		✓	Safe Driver Program <i>Training is offered by DHHS ODTS - either classroom or online.</i>	3	268
	•	✓	Searches	3	2266
	•	✓	Select Populations	2	2278
@	•		Separation, Placement and Reunification <i>Online class in State Moodle - register in Bridges</i>	12	3000
		@	Sexual Harassment and Assault Awareness	2	2094
•	•		Special Education in Child Protection and Juvenile Probation & Parole	6	2227
•	•	✓	Staying Safe During Home and Office Visits	6	2223
•	•	✓	Substance Abuse (The Impact of Addiction & Drug Abuse)	6	2277
@	@	@	Supporting Adolescents in Child Welfare Part I	9	3014
•	•	✓	Supporting Adolescents in Child Welfare Part II	3	3015
		✓	SYSC Fire Safety	1	2409
		✓	SYSC Guide to Behavioral Learning, Expectations and Related Practices	3	2667
		✓	SYSC Programming	2	1006
		✓	SYSC Safety and Security	4	1889
		✓	Therapeutic Crisis Intervention (TCI)	18	2430
•	•	✓	Working with Families Coping with Mental Health Issues	12	2237
		✓	Youth Suicide Prevention	6	2684
			Educational Hours Total:	332.5	

ENROLLMENT KEY:

•	Enroll via the Bridges training module (On the Workshop Search screen, select "DCYF" in the "Department" field before searching)
@	Online class - Enroll in Bridges
✓	SYSC Staff, enroll in trainings by contacting Tony Torino (anthony.torino@granite.edu) or 271-0505

These courses are continuously reevaluated to ensure audience integration, curriculum updates, and formatting changes for skill building opportunities.

Progress to Maintain Substantial Conformity

Initial training was not an area identified as not in substantial conformity in the Child and Family Services Review. In order to sustain substantial conformity, DCYF and the Child Welfare Education Partnership (CWEP) are reviewing and updating Core Academy curriculum to include current research and evidenced best practice as well as adding skill building activities to courses, which also includes simulations. Additionally, all courses are reviewed to ensure inclusion of current policy and practical application with documentation of activities in SACWIS/CCWIS.

Item 27: Ongoing Staff Training

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor ongoing staff training. Information from the CFSR indicated New Hampshire struggles with tracking requirements for staff training, and trainings did not meet the needs of staff both in terms of the modality of trainings offered, as well as relevance to their job description.

ONGOING STAFF TRAINING

Each year, staff are required to meet an annual number of hours of training. DCYF policy showed discrepancy in the number of hours that child protective services (CPS) and juvenile justice services (JJS) staff were required to have. Plans are underway to bridge this gap by finalizing the policy this year to require all full-time direct practice staff complete thirty hours of ongoing training each year. An annual staff-training calendar is developed to meet the ongoing and advanced training needs of the Division's seasoned staff in the coming years, in partnership with the CWEP. This year, DCYF supported staff in the completion of numerous trainings internally and externally to meet these needs. Completion of these trainings are tracked through the employee's individual training record housed in the SACWIS/CCWIS system and is monitored by the Child Welfare Education Partnership. CWEP staff inputs all training attendance/completion data into the SACWIS/CCWIS training module after each training session is completed based on attendee signatures on each training roster (indicating attendance). Training hours and completion information is available to workers and CWEP staff on each worker's Training Activity screen in the SACWIS/CCWIS Training module. Training requirements are reviewed with staff by

supervisors. If a staff does not complete their annual training hours it can effect advancement and receipt of their next pay increment (increase) through personnel requirements.

DCYF and training partners will enhance ongoing training and staff retention of skills for CPSW, JPPOs and Supervisors by building opportunities for staff to participate in relevant training based on their needs, in order to sustain core academy competencies and advanced skill development. For example, Forensic Interviewing training will be coordinated and delivered to staff to enhance and build CPSW interviewing skills in research-based model that includes immersion in skill building of the techniques. Additionally, targeted Training around documentation of data is referenced in Systemic Factor 19 (Information Systems)

SUPERVISOR CORE ACADEMY

Supervisors within DCYF have access to opportunities for initial and ongoing supervisor training. DCYF's parent agency, the New Hampshire Department of Health and Human Services (DHHS), runs specific supervisor training programs, which all new supervisors are required to attend. Additionally, DHHS provides a Supervisor Certificate Program that many staff and supervisors have attended. These activities are currently funded through non-Title IV-E state and federal sources. The supervisor training delivered by DHHS showed both quantitative and qualitative evaluation data. As of May 10, 2019, twenty-two staff completed the end of year survey. Staff shared how trainings positively benefited them and their workplace with comments such as: "It has given me skills to be a better leader and a better understanding of what being a supervisor is"; and "As a supervisor/leader, [this] allows me to have better knowledge of my responsibilities expectations [better skilled to resolve/prevent] problems...to address workplace challenges."

DCYF and CWEP worked with the American Public Human Services Association (APSHA) this past year to gather focus group information from DCYF's supervisor pool to learn more about the needs of supervisors in the field. This feedback, along with research from best practices in Child Welfare across the country, as well as state required content, is compiled and blended to become the newly developed Supervisor Core Academy, whose first Module was delivered in April 2019. This training is specific to supervision in a child welfare setting, and will prepare supervisors with the management, clinical and case practice knowledge needed to guide their staff to consistently support the Vision, Mission, and goals of DCYF through best practices.

EXTERNAL COLLABORATION AND TRAINING DELIVERY

As policies or protocols shift or are newly created, staff are provided with detailed training to ensure competency in procedural application. For example, the New Hampshire Court Improvement Project finalized updates to protocols for improved court processes in overall permanency to improve timeliness in the achievement of permanency for children and youth in

care. The Bureau of Organizational Learning and Quality Improvement supported the sustained delivery of a statewide training on these protocols coordinated throughout the State for staff by incorporating the videos of these trainings into an online course in the State's learning management system, Moodle, for staff to have continued access to this learning opportunity.

In 2018, a training completion documentation was received by CWEP from staff for 182 distinct specialized/ongoing trainings/conferences; some of these were offered multiple times and some were online trainings taken at each worker's convenience. Evaluation information is not available for ongoing trainings and conferences that staff attend/complete through other external organizations or contractors (including the Bureau of Drug and Alcohol Services, the Department of Health and Human Services' Organization Development and Training Services, the Attorney General's Office, etc.). With the addition of the Child Welfare Education Partnership this year, Granite State College will be required to meet specific standards regarding overall training satisfaction ratings and the percentage of attendees who completed training evaluations for ongoing training. Ongoing and Advanced training is being planned for the 2019 year, including the delivery of the upcoming biennial DCYF Conference.

The New Hampshire Attorney General's Office has always included DCYF in targeted multidisciplinary training and sixty-one DCYF staff attended its annual 2018 *Partnering for a Future without Violence* conference held September 5-6, 2018. This two-day professional, multidisciplinary conference highlighted topics targeted at child abuse and neglect, domestic and sexual violence, and human trafficking. One specific workshop, *DCYF – Child Welfare Systems Transformation- Where are we Now?* outlined DCYF's progress toward systems transformation. Other workshops outlined specific presentations on physical and sexual abuse symptoms and assessment skills. In addition to the larger conference, a specific Child Protective Services Summit was held on September 4, 2018 with eighty-two participants. This one-day targeted summit was held in response to requests for advanced training to bolster professional development activities for staff after the cancellation of the 2017 DCYF conference. This summit focused on recognizing and responding to trauma and the symptoms of burnout, as well as learning about safety culture and DCYF's plans toward becoming a "healthy, reliable organization" (Safety Collaborative, Michael Cull). In addition to this, nationally recognized webinars for staff are being offered, and other training opportunities to address local district office needs have been delivered such as ongoing training on human trafficking, restorative practices, and safety related refreshers such as aggression management and defensive tactics.

On October 31, 2017, a pilot training on Human Trafficking was delivered to DCYF's Central Intake staff. Each district office received a delivery of this in a face-to-face format over the course of 2018. This course has been added to DCYF's Core Academy series where newly hired staff will receive this critical curriculum.

Staff are able to obtain training credit for a variety of training experiences. If staff attend CWEP-sponsored workshops, their attendance is shown by signing a training roster. If staff complete “outside” ongoing trainings (either in the classroom or online), proof of their attendance is provided to CWEP via a copy of the certificate of attendance they receive after they complete the training. For non-traditional training experiences, as described above, staff receive training credit based on reasonable duration of time it took to complete the learning.

Additionally, CWEP is cultivating non-traditional training opportunities for credit toward annual training hours, such as: viewing leadership videos and talks, or reading professional books and sharing their learning with staff. This next year will target the development of evaluation components with CWEP.

LONG-TERM STAFF TRAINING

Through DCYF's Education Tuition Partnership Program (ETP), and partnerships with the Departments of Social Work at two University System of New Hampshire Schools: Plymouth State University and University of New Hampshire; DCYF continued to support up to eight current and/or potential employees annually to obtain a Bachelor of Social Work Degree or a Master's Degree in Social Work for one to two years of their college education. Staff who participate in these programs are able to count thirty to forty-five training hours toward their ongoing training requirements for each three to four credit graduate course, after CWEP receives a copy of the staff's course transcript. These long-term staff training programs each produces annual evaluation data as part of their contracts.

Plymouth State University

The Plymouth State University program reported the respondent's overall level of satisfaction with their experience with various program components on scales of one to five, for academic year 2017-2018.

STUDENTS reported an overall level of satisfaction with Plymouth State University's Program Components of the *Child Welfare (Title IV-E) Educational Tuition Partnership* of four (4.3). There are normally three students participating in this partnership at any given year, either in their junior or senior year of undergraduate work. Students also rated their self-assessed level of preparedness to enter the field practicum and work within the child welfare field upon completion of the practicum. Student rated themselves with an average of 3.7 for preparedness to enter the practicum and a 4.7 for preparedness to enter the field of child welfare

FIELD INSTRUCTORS reported an overall level of satisfaction with Plymouth State University's Program Components of the *Child Welfare (Title IV-E) Educational Tuition Partnership* of five (5). This is consistent with last year's rating of four point six (4.6).

PROGRAM COORDINATOR reported an overall level of satisfaction with Plymouth State University's Program Components of the *Child Welfare (Title IV-E) Educational Tuition Partnership* of five (5). This is consistent with last year's rating of five.

University of New Hampshire

The University of New Hampshire program also reported the student's overall level of satisfaction with their experience with various program components on scales of one to five, for academic year 2017-2018. All students were satisfied or very satisfied with the program's application process and the selection of candidates. In terms of satisfaction with courses and electives, all students were satisfied or better with the Diversity/Race, Culture, and Oppression course, all students were neutral or better on the SW 705/805 Child Welfare course and the elective chosen by each student. The evaluation noted specific strengths for this year of the communication between DCYF and UNH, a streamlined application process, and a quality experience from the students' perspective. This report also suggests areas for potential improvement. These include clarifying the tuition stipend process for students and improving communication on expectations for students with the contract/agreement and provisions of the contract.

For this survey, the respondents included both recent graduates and long-term DCYF employees. Over eighty percent of respondents stated that they plan to stay at DCYF after their Title IV-E agreements ended. Qualitative comments suggest that the Title IV-E "Traineeship" prepared staff for work. Respondents shared suggestions for improvement, more specifically around the process for employment following the internship. Staff were asked about the challenging and positive aspects of their jobs and shared positive features such as working with families and difficulties such as high caseloads.

Progress to Achieve Substantial Conformity

In support of creating a Supervisor Core Academy, DCYF and the Child Welfare Education Partnership worked alongside staff from APHSA during the summer of 2018. Focus groups were conducted with supervisors; content for the curriculum was created including incorporating New Hampshire Supervisory Standards. In January and February 2019, the DCYF Workforce Development Committee met to review and approve the content of the modules and to review and incorporate content from other DHHS supervisory training series. Three modules of the five module series of Supervisor Core Academy were successfully held in April, May and June 2019.

In April 2019, DCYF held their state conference which highlighted various topics relevant to New Hampshire's need to provide all staff access to relevant training specific to their job duties. Among the workshops included were: *Solving Problems Collaboratively and Proactively*; *Safety Culture*; *Time Management in DCYF Practice*, *Preparing for and Managing Difficult Interactions*, *Basic*

De-escalation Skills, Domestic Abusers as Fathers and How to Engage Them, Restorative Practices; Current Drug Trends; Weapons ID and Safety While on the Job; Gang Awareness; and Nurturing Fathers. Additionally there were several workshops on self-care, and DCYF's vision for the work in upcoming years. In total, there were 467 individuals registered consisting of over 200 DCYF staff, and external stakeholders.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 4: Workforce Development, DCYF addresses staff ongoing training. In this strategy, DCYF strives to collaborate with stakeholders and providers, DCYF and CWEP will ensure opportunities for ongoing training for all staff, which includes topics relevant to their job, and communicate these opportunities to staff. CWEP instructor coaches will conduct informal assessments of staff in their assigned offices in order to identify training needs. This will support the development of new trainings or if appropriate, the instructor coaches will support staff to locate and access the relevant training requested. DCYF and the Child Welfare Education Partnership will promote opportunities for relevant ongoing training throughout the year for all staff. In addition, DCYF will update policy in an effort to ensure equality in standards for field staff, as well as inform all staff of annual training requirements. Because of these activities, staff will participate in relevant trainings which will support them in doing their jobs more efficiently, and these transferable skills will improve interactions and relationships with families overall.

Staff Training Evaluation

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor ongoing staff training. Information from the CFSR indicated New Hampshire struggles with tracking requirements for staff training, and trainings did not meet the needs of staff both in terms of the modality of trainings offered, as well as relevance to their job description.

MONITORING TRAINING REQUIREMENTS

The Division for Children, Youth and Families tracks completion of the Core Academy series, and is always looking to improve its system of follow-up when trainings are missed. The Child Welfare Education Partnership has designated instructor/coaches, who meet with staff regarding their completion of Core Academy as well as ongoing professional development needs. Tracking

mechanisms are being developed through DCYF's SACWIS/CCWIS system and will be formally utilized in the coming year.

TRAINING EVALUATION

There were 211 Core Academy courses delivered in 2018. Everyone attending these Core Academy courses receives a workshop evaluation form that evaluates attendees' experiences with material as the trainer has presented the information, satisfaction with the overall workshop, as well as how the workshop informed the attendee's practice. The number of total completed training evaluations submitted by attendees at each Core Academy training session fell from 1,502 last year (from 1,346 total duplicated attendees at 2017 Core Academy training sessions) to 1,097 this year (from 1,851 total duplicated attendees at 2018 Core Academy training sessions). Respondents agreed that they would use what they learned from these sessions in their job and that the information increased their practice knowledge at ratings of 4.68 and 4.55 respectively on a five-point scale.

Staff are receiving all training needed to perform their jobs at this time. In 2019, enhancements are being made to the professional development activities and Core Academy training modalities. This allows DCYF's staff the ability to evaluate the effectiveness of the Core Academy through transfer of learning tools. Many improvements have been made to upgrade the quality of training including skill-building activities inclusive of simulated learning labs.

Progress to Achieve Substantial Conformity

DCYF's training partner has been working diligently over the last year to become current with tracking of staff training. They have been working to enter the data into the SACWIS training module, and creating reports to display completion rates for staff in Core Academy and ongoing training hours. This also has helped to drive communication between instructor coaches, staff and their supervisors. In their regular visitation to district offices, instructor coaches are continually having conversations with staff around their professional development needs. This is inclusive of field staff, facility staff, their supervisors and state office staff.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 4: Workforce Development, DCYF addresses tracking and monitoring of training requirements. In this strategy, CWEP instructor coaches will track ongoing training for their regions, provide reports and meet with district office supervisors and staff to assess their ongoing training needs, compliance with ongoing training and requirements during regularly scheduled visits to offices bimonthly.

Item 28: Foster and Adoptive Parent Training

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factors related to foster and adoptive parent training (Item 28) and foster and adoptive parenting licensing, recruitment and retention (Items 33-36).

Initial Provider Training

Current Functioning of the Systemic Factor

Since 2006, the Education and Training Partnership has delivered [Foster and Adoptive Care Essentials](#) (FACES) to individuals interested in providing foster and/or adoptive care. This training series consists of twenty-one hours of training that promotes a better understanding of working with children, families and child placing agencies connected with DCYF. This training assists in preparing individuals to be skilled caregivers and professional team members. Foster and adoptive parents who have been recruited and trained as instructors with Granite State College primarily instruct courses. This series of seven three-hour modules is delivered statewide and fulfills New Hampshire state training licensing requirements. These courses have been run as a series of the full seven modules twenty-two times in SFY 2018. After the implementation of pre and post-tests across all modules, evaluation data combined from the full series of the Foster and Adoptive Care Essentials trainings, yielded a pre-test score of 85.5 and a post-test score of 92.9, thus highlighting the increased awareness and acquisition of knowledge that participants obtain throughout the series. At the option of the relative care provider, they have the opportunity to take this series should they wish to become licensed; however, they may opt to take some of these courses along with Relatively Speaking courses (described later in this Item), related specifically to them.

RESIDENTIAL PROVIDER TRAINING

Residential Counselor Core Training (RCCT) is offered to residential care staff to support their work with children and youth in care and their families in any of New Hampshire's residential facilities. A thirty-hour competency-based training series, RCCT provides generalized training that addresses the basic knowledge, skills and abilities essential to the position of residential counselor, regardless of the facility in which they are employed and has been run as a series of the full five modules thirteen times over the last five years. Due to the declining number of residential providers in New Hampshire, the number of offerings specific to the residential provider audience has significantly decreased, thus prompting more targeted needs assessment efforts to meet this changing field. Two series of RCCT ran in SFY18 with twenty-two residential staff participating. Evaluation data from SFY18 shows that on a five point scale, foster parents rated 4.95 that they

would both “use what I learned this course in my current role” and that the course “increased my knowledge of the subject matter”.

Additionally, DCYF continues to offer Cornell University’s evidenced-based de-escalation techniques from Therapeutic Crisis Intervention to New Hampshire residential staff (both residential facility staff along with Sununu Youth Services Center staff and Juvenile Justice staff). By doing so in collaboration with agencies including and outside the State’s Sununu Youth Services Center, the curriculum brings consistency and best practice in the collective interaction with youth using this model (the current trainings are described in the separate [training grids](#)). Over 450 residential staff members, including staff from Sununu Youth Services Center, were trained. Built into the training is a qualifying test that each participant must pass to practice this intervention in direct care. Trust Based Relational Intervention (TBRI[®]) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children of any age. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI[®] is connection. This training teaches caregivers and those who work with children from hard places to understand and use Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. In SFY 2019, 109 staff were afforded the opportunity to participate in this innovative skill based model. Evaluation data from SFY19 shows that on a five point scale, staff rated 4.69 and 4.64 that they would “use what I learned this course in my current role” and that the course “increased my knowledge of the subject matter”.

RELATIVE CAREGIVER TRAINING

The Relatively Speaking training series continues to be delivered to relatives caring for children and youth in their homes. The full series of three modules was delivered four times in State Fiscal Year 2018. The series is offered with a rolling open enrollment throughout each term. This past year has resulted in the participation rate of relative caregivers to be the highest in the last six years with 93 participating in SFY 2018. Evaluation data from SFY18 shows that on a five-point scale, relative caregivers rated four point sixty-four (4.64) that the course “met their needs as a relative caregiver or supportive caregiver” and four point sixty-six (4.66) that they “will implement at least one concept/skill that they learned”. A write up of the course descriptions is outlined below.

About The Birth Parent Module introduces some of the issues, strengths, and emotions that parents of the child in relative care may experience. Topics include the effects of substance abuse, domestic violence, mental illness, sexual abuse, and incarceration. The course explores various potential circumstances that affect the family system and the family’s process of grief and loss. The course also explores techniques for shared parenting and engaging fathers in their children’s lives. This module provides information and activities, which give a better understanding of the

needs of the parents, the impact on the relative caregiver, and how ties with the child's parents may be strengthened.

About You Module explores the roles, relationships, and feelings that come with parenting a relative's child. The stages of family development and relationships are identified and explained. Skills will be introduced to foster positive communication with birth family members. The importance of shared parenting, managing visits with family members, and setting boundaries will be introduced and explained.

About The Child Module provides an explanation for relative caregivers about the various benefits and challenges for a child in your care. It discusses the importance of developing a trusting relationship as a way to provide the child with a healthy emotional attachment to an adult. This can be healing and help the child develop in healthy ways. This module also explores the challenges children have when they have conflicted loyalties. Strategies are identified for managing challenging behaviors that may result from traumatic experiences, grief and loss, and/or transitions from living with more than one family. Skills to promote positive communication between family members are reviewed.

Progress to Achieve Substantial Conformity

DCYF has not yet begun to enhance initial ongoing caregiver training, however DCYF is working to providing additional support to foster parent through redesigning of the role of the resource worker as a case manager for their foster parent. This role will include more frequent communication, visits to the foster home, support with current placements, resource connection, and assistance with assessing foster parent needs, and identifying and locating training based on current needs.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses initial provider training. In this strategy, DCYF will collaborate with Child Welfare Education Partnership to enhance initial caregiver training for foster parents by updating FACEs training to include a greater emphasis on working with birth parents, trauma-informed care, utilizing team teaching, utilizing the birth/youth training coordinator to recruit additional birth parent and youth participation in FACEs training, and utilization of satisfaction surveys to determine improvements needed for scheduling and delivery methods for training.

Ongoing Provider Training

Current Functioning of the Systemic Factor

Initiated in 1996, the Caregiver Ongoing Training (COT) is a program of competency-based courses designed in collaboration with DCYF staff, resource parents, and residential childcare staff. Resource parents are required to have nine hours of ongoing training per year. Approximately 206 training courses have been delivered statewide in local communities each year (specific trainings are described in the separate [training grids](#)).

Evaluation data in SFY 2019 shows that in Caregiver Ongoing Training (COT) pre-tests participants scored eighty-five percent and ninety-four percent in post-tests. This is for all COT courses, which is a specific program separate from the initial licensing training, FACEs and Relatively Speaking for relative caregivers.

Two series (ten courses) ran in SFY18 with twenty-two residential staff participating. Evaluation data from SFY18 shows that on a five point scale, foster parents rated 4.95 that they would both “use what I learned this course in my current role” and that the course “increased my knowledge of the subject matter”.

An example of the COT classroom evaluation is noted here.

OIC Evaluation: Separation and Loss ~ Winter 2018 (FY18)						
Instructor: _____						
Thank you for letting us know your opinion regarding this online training with the Education and Training Partnership at Granite State College.						
Name (optional): _____						
The purpose of this course and the learning outcomes were clear to me						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The time allotted to the completion of weekly assignments was appropriate						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The course activities and readings enhanced my learning of the topic/subject						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The amount of technical support and guidance provided was sufficient						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The instructor responded to my questions and provided feedback in a timely manner						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The instructor was sufficiently prepared and knowledgeable about the subject matter						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The instructions on how to get started and work through this training were easy to follow						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
The discussion groups enhanced my understanding of the course material						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
This course increased my knowledge in this subject matter						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
Please explain:						
I will apply what I learned from this course with kids in care.						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	Absolutely (5)				
Please explain:						
Is there any other information you would like to share about your online experience?						

From these completed evaluations, the Child Welfare Education Partnership is able to draw data relative to participants’ satisfaction with training content, technical support and knowledge acquisition. It should be noted that due to the number of courses being delivered online, fewer classroom evaluation data is noted in the chart below. The following table describes trainee evaluation ratings for major programs offered to provider groups by the CWEP during state fiscal year 2019.

QUESTION	TOTAL NUMBER RESPONSES	AVG. RATING
This course increased my knowledge in this subject matter	852	4.57
I will use what I learned from this course	852	4.76

RELATIVELY SPEAKING

QUESTION	TOTAL NUMBER RESPONSES	AVG. RATING
As a result of the training, I have developed new skills.49	59	4.31
I will implement at least one concept/skill that I learned.	59	4.66

Ongoing needs assessment is a significant part of Continuous Quality Improvement for the Education and Training Partnership in meeting the training needs of their various constituencies, and is continuously pursued through a variety of formal and informal activities. In State Fiscal Year 2018, training needs assessments were accomplished using the following methods:

- Information and feedback provided by New Hampshire Foster and Adoptive Parent Association members and Education and Training Partnership staff visits with local foster/adoptive parent support groups;
- Various meetings and conversations with Division for Children, Youth and Families’ resource workers, Individual Service Option resource workers, and Foster/Adoptive Parent support groups, as well as independent requests from all of the above;
- Information and requests for trainings provided on Caregiver Ongoing Training evaluation forms;
- Direct inquiries sent to each Division for Children, Youth and Families’ district office by the Education and Training Partnership;
- Outreach to residential facility Directors and Program Coordinators in each region to solicit specific training needs; and
- Education and Training Partnership staff working closely with the Division for Children, Youth and Families’ resource workers and child placement agency staff to determine the need and scheduling of Foster and Adoptive Care Essentials trainings.
- Child Welfare Education Partnership staff meeting with Clinical Coordinators and Instructors and Program Managers of residential programs to determine their pre-service training needs

An important aspect of the support to NH’s foster parents is the annual Foster and Adoptive Parent statewide conference. This conference is a joint effort between members of the NHFAPA, the Child Welfare Education Partnership, and DCYF. This year’s 2018 conference highlighted several workshops on advocacy for foster parents to learn more about ways this can occur in the Child Welfare system, in schools, courts, and legislative advocacy. The last workshop was a panel of representatives from the DCYF Administration (DCYF Director and Bureau Chief of Field Services), the courts, Court Appointed Special Advocates, and the Office of the Child Advocate. One of participants commented that it was “encouraging to hear the panel say they are all learning and growing. We really are on the same team. Thank you for today.” Evaluation data from this conference is highlighted below. Evaluation data from the 2018 conference follows:

CONFERENCE ATTENDEES	
Foster and Foster/Adoptive Parents	58
Adoptive Parents	20
DCYF	11
Relative provider (non-licensed)	2
Community Provider	9
Parent Partners	5
TOTAL Conference Attendees	134*

Total Evaluations Returned	85
Conference Evaluation Response Rate	76%

ONE TO FIVE LIKERT SCALE, WITH ONE BEING NOT AT ALL AND FIVE BEING ABSOLUTELY:	
Were you inspired by the morning workshop speaker?	4.91
Were you inspired by the afternoon workshop speaker?	4.88
Were you satisfied with the networking and skill building opportunities?	4.42
Were the workshops informative and useful?	4.90
Were you satisfied with the conference facility?	4.77
Would you say the conference enhanced your ability to provide quality care for the children?	4.88

Progress to Achieve Substantial Conformity

CWEP staff were trained to enter provider training data into the SACWIS provider training module, including accessing training data from Granite State College, who provides initial and ongoing training.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses ongoing provider training. In this strategy, DCYF will collaborate with Child Welfare Education Partnership to enhance ongoing caregiver training for foster parents by a balance of training modalities including face to face and online, as well as utilization of satisfaction surveys to determine improvements needed for scheduling and delivery methods for training.

COURT AND CASA PARTNERSHIPS

The New Hampshire Court Improvement Project (CIP) has focused much of its efforts in the past several years on the development of protocols and court tools to improve permanency outcomes for children in out-of-home placements. CIP trainings specifically focus on providing training to judges, masters, court staff, DCYF Attorneys, attorneys who represent parents and other system stakeholders such as CASA and DCYF staff. DCYF and CIP collaborate on trainings in several ways, including funding for training, coordinating the logistics of training opportunities and planning with other system trainers for multidisciplinary training events.

As policies or protocols shift or are newly created, staff are provided with detailed training to ensure competency in procedural application. Currently, CIP and DCYF are working collaboratively on the development of revised RSA 169-C abuse and neglect protocols. Through implementation of these protocols, there will be another opportunity for partnership between CIP and the Child Welfare Education Partnership when delivering the initial training on protocols, and through integrating this information in to initial and ongoing staff training.

In relation to the new categories of short-term training authorized under P.L. 110-351 amended section 474 (a)(3)(B), DCYF has established a contractual relationship with New Hampshire CASA, the statewide agency for Court Appointed Special Advocates. Through the CASA Training Partnership, Title IV-E training funds have been used to support both Pre-Service and In-Service training of court-appointed volunteers and staff.

New CASA volunteers receive forty hours of Pre-service training prior to being assigned a case and at least twelve hours annually of ongoing training. In-service training may be provided at the central CASA Office, regional offices or online through the National CASA Association. These include two full-day trainings each year, fall and spring, monthly one-hour In-service trainings on

specialized topics, attendance at DCYF and other related workshops or conferences (i.e. DCYF Biennial Conference, Attorney General's Conferences and Court Improvement Project sponsored trainings). Finally, volunteers can participate in no cost e-Learning modules through the National CASA Association. (Specific trainings are described in the separate [training grids](#)).

CASA of New Hampshire's Professional Development Standards guide all training requirements and are intended to further strengthen the CASA program's assistance to ensuring safety, permanency and well-being for abused and neglected children.

All curriculums are delivered by qualified and trained CASA of New Hampshire staff, as well as professionals/trainers who practice in various areas of the Juvenile Court and Child Protection Systems, such as judges, attorneys, foster parents, and CPSWs.

Item 29-30: Array of Services and Resource Development

Structured Assessment of Violence and Risk for Youth (SAVRY)

Overview

The Structured Assessment of Violence Risk in Youth (SAVRY) is an evidenced-based risk assessment instrument designed to structure appraisals of violence risk and risk management plans for adolescents. The SAVRY is composed of six items defining protective factors and twenty-four items defining risk factors. Juvenile probation offices gather reliable and available information from multiple sources, including an interview with the youth; review of case records (i.e. police reports, treatment reports). Risk items are divided into three categories: historical, individual, and social/contextual, and each is rated low, moderate, or high. Additionally, the tool identifies if there are protective factors present or absent. In accordance with policy, the SAVRY is to be completed within 30 days of adjudication or summary disposition. In practice, the SAVRY helps the JPPO to identify the current risk level of the youth and policy sets a supervision standard for that level of risk. The SAVRY also assists the JPPO in identifying need areas in several domains to allow for the administration of individualized services to mitigate the identified needs. This tool is also used for referring families for individualized services.

Current Functioning of the Systemic Factor

Juvenile Justice Services has utilized the SAVRY since 2013 for all adjudicated youth. In 2018, 1,084 SAVRYs were completed on Juvenile Justice Youth. In a majority of cases the systemic issues: lack of court time, prosecutor's resistance to have a trial, and the youth's attorney not wanting a blind plea limits the effectiveness of the SAVRY. This often results in these cases

having a disposition ordered before the SAVRY or any other assessment can be completed, thus not allowing for informed individualized plans. However, when a violation is filed or an assented-to motion is filed, the court can modify dispositional orders to provide alternative services to the youth, allowing formal assessments, such as SAVRY to be utilized. Alternatively, when a dispositional investigation is ordered, this allows the SAVRY to be completed and utilized to its fullest. The information gathered from the SAVRY is then incorporated into the recommendations to the court allowing for an individualized plan for the youth based on the identified needs areas, and services to be provided earlier in the case.

The Adequacy and Enhancement Assessment (2018) and Child and Family Services Review (2018) had similar findings. The Assessment pointed to multiple challenges in identifying and providing individualized services. SAVRY focuses only on risk, and is usually done post adjudication.

Overall, the JPPO's are utilizing the added information from the risk/needs tool however due to systemic barriers, are not always able to use it to its fullest intent.

Progress to Achieve Substantial Conformity

The SAVRY is embedded in the Division's current SACWIS system which allows supervisors to track the completion of the assessments. There is the ability to set up ticklers in regards to the completion of the initial assessment and then subsequent six-month re-assessment's. There have been meetings with the court to try to adjust the timing of completing the tools as a majority are completed 30 days post-disposition, which does not allow the information to be utilized for immediate recommendations for appropriate service intervention. The Division continues to try to work through the barriers in being able to complete this assessment prior to any recommendations being provided to the court.

Activities for Improvement

The Division is assessing whether the SAVRY is the appropriate risk/needs tool. There have been internal meetings to discuss how best to implement a risk/need tool to draw down the necessary information for the field to make informed recommendations to the court. This allows for discussion around how the requirements for Family First will blend with whichever tool is identified for Juvenile justice.

Continued discussions will occur with the Court to try to eliminate both the barriers and perceived barriers around timeframes for completing the identified assessment. One possible solution could result in training for JPPOs, Judges, prosecutors, and defense counsel on the benefits to appropriate assessment for families and youth.

Child Advocacy Centers

Overview

At present, there is a Child Advocacy Center in every county throughout New Hampshire, with each providing coordinated services to child victims of crime and their families. The centers are part of the State chapter of the National Children's Alliance and represent all Child Advocacy Center in their mission to:

- Hold offenders accountable;
- Empower parents to protect and support their children;
- Provide support for services to meet needs of children and families; and
- Reduce the effects of trauma.

The Division collaborates with the Child Advocacy Centers and other partners such as law enforcement and medical providers to update the Attorney General's Task force on Child Abuse and Neglect Protocols. These protocols provide guidance and procedures, based on best practice standards to ensure a multidisciplinary approach to abuse and neglect investigations. The Division's collaboration with the Child Advocacy Centers is a focus of the protocols.

The Granite State Children's Alliance, which encompasses four of the Child Advocacy Centers has promoted a public awareness campaign known as "Know and Tell" to educate the community regarding the importance of reporting any suspicion of abuse or neglect to the Division for Children, Youth and Families and that all citizens in New Hampshire are mandated reporters. In 2018, DCYF collaborated with the Granite State Children's Alliance to sponsor and develop a public service announcement (PSA) on "Know and Tell". This PSA is shown at schools throughout NH, shared with providers and other child Advocates at their conferences and other trainings. The most recent numbers available are from 2018, when 2,100 New Hampshire children were served by Child Advocacy Centers.

Project First Step (MLADC)

Overview

Project First Step offers direct services to individuals involved with DCYF with a goal maintaining children safely in their home environment and reducing the number of repeat referrals to DCYF. Direct services include completing substance use disorder evaluations, providing short and long-

term co-occurring mental health and substance use disorder treatment, assisting clients with referrals to community resources and offering family support services. In order to reduce barriers to treatment, direct services are provided in the community, a client's home, and/or in the local district offices. Assertive community case management skills are utilized to provide clients with a "warm handoff" to community providers by taking clients to appointments, joining them for DCYF team meetings, and offering to participate in court hearings. Crisis management services are offered to clients during a mental health crisis, child protection removals, and following difficult news from DCYF. The services of the Project First Step program do not require an active case with DCYF. This allows consultants to provide services to pregnant women and expectant fathers to prevent their involvement with DCYF and offer aftercare services to clients to help with the transition when DCYF involvement ends. Some of the evidenced-based practices utilized include, but are not limited to; trauma focused cognitive behavioral therapy, dialectical behavioral therapy, acceptance and commitment therapy and the trans-theoretical model of behavior change. Some of the evidenced-based curriculums that are utilized include, but are not limited to, illness management and recovery, family education and support, wellness recovery action plans, and seeking safety.

Project First Step also offers consultation services to DCYF field and administrative staff with a goal of increasing staff competency and improving Division practice related to working with individuals and families impacted by substance use disorders. The MLADC's are co-located with DCYF staff in the district offices. Consultation services include providing direct feedback and insight about specific cases, offering trainings to staff and community providers, and participating in local, statewide, and interagency meetings. At times, MLADC's accompany field staff on home and placement visits to offer on-site training by modeling engagement and communication with clients and providing education, insight and feedback to staff following the visits. MLADC's provide education to staff and community providers by offering statewide trainings and in service presentations during district office staff meetings. In order to provide the most timely and relevant educational information, trainings are developed utilizing information collected in a statewide database from DCYF assessment reports. MLADC's also participate in community meetings with other substance use disorder treatment providers. By participating in these meetings the MLADC's act as DCYF liaisons to improve community collaboration and develop direct connections to improve referrals for clients.

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor, Service Array and Resource Development (Items 29, 30). It was determined

that even when needs and services are appropriately identified, children and families are often unable to access those services due to a diminished service array.

It was also identified an *Area Needing Improvement* in New Hampshire, both child protection and juvenile justice, was providing safety services (Item 2) specifically to address parental substance abuse. Currently five district offices have Master Licensed Drug and Alcohol Counselors (MLADC).

Progress to Achieve Substantial Conformity

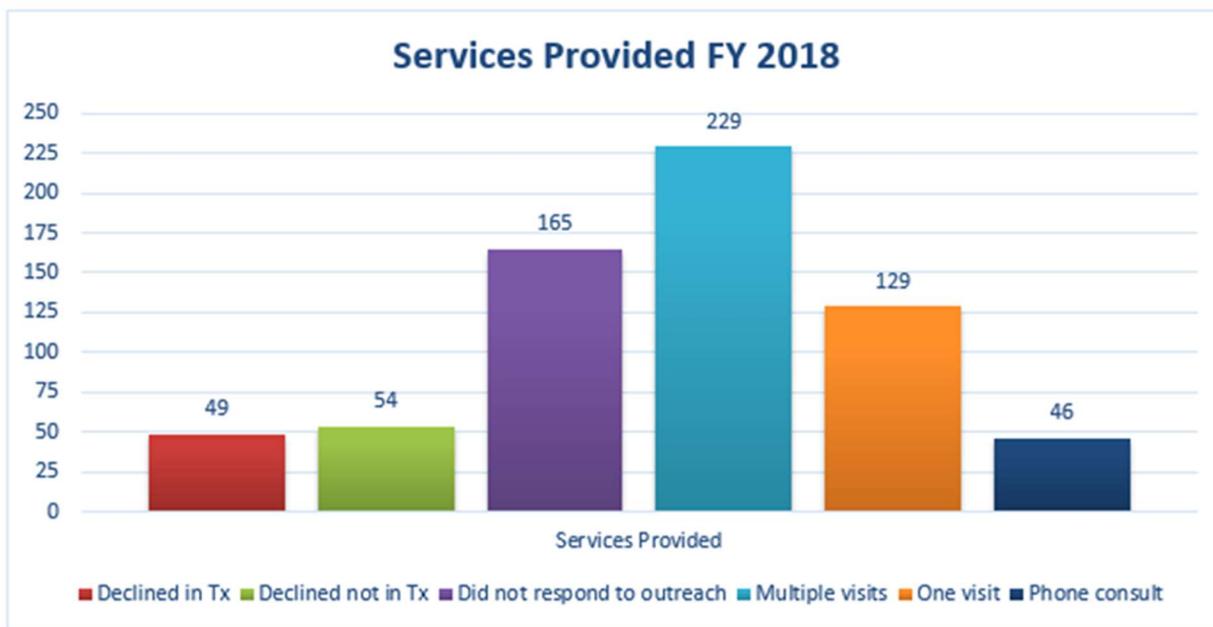
In the Round 3 Child and Family Services Review, Safety Outcome 2 Children are safely maintained in their own homes whenever possible and appropriate, and Systemic Factor 29 and 30 Array of Services and Individualizing Services were all found to be not in substantial conformity in that it was found there were gaps in safety services available and/or long wait lists to access treatment services. In the Round 3 *Program Improvement Plan* there is an emphasis on expansion of access to both DCYF contracted, and community-based safety services.

Project First Step (MLADC) consultants are co-located in various district offices in order to provide quick access to services for both clients and DCYF staff. Manchester, Southern, Berlin, Claremont, Rochester and Concord currently have co-located MLADC's in each of the district offices. Vacancies exist for three additional MLADCs to fill positions in the Laconia, Keene, Manchester/Southern telework and Seacoast offices by June 2019. The request for application was posted in January 2019. Unfortunately, only one contract is in process, for the Manchester/Southern telework position. The consultant for this office will start in July 2019. Recruitment continues for the other two positions.

In FY 2018, there were MLADC's in (7) of the district offices including Manchester, Berlin, Claremont, Laconia, Southern, Concord and Rochester. The consultants in the Southern and Concord offices were hired six months of the fiscal year and consultant in the Rochester office was hired at the end of the fiscal year. In FY2018, Project First Step provided approximately 2,800 hours of direct co-occurring mental health and substance use disorder treatment services to individuals and families. This means that the consultants spent 31 percent of their time providing direct services to clients. In FY 2019 (to date), Project First Step provided approximately 3,500 hours of direct services to clients. This means that the consultants spent 36 percent of their time providing direct services to clients. The FY2020 contracts include an expectation that consultants spend at least 40 percent of their time in direct services to clients.

In FY 2018, Project First Step referred 672 families for direct services. Of these families, 560 were involved in assessment cases, 92 were involved in open court cases, 13 were involved with juvenile justice services and (7) were aftercare or prevention cases. Sixty percent of the cases that

were referred to Project First Step were provided with direct co-occurring mental health and substance use disorder treatment services including face to evaluations, short and long-term counseling and phone consultation/support. The figures for FY 2019 will be available in September 2019. The figures for FY2020 will be monitored monthly and shared with DCYF administrators to improve service delivery of the Project First Step Program.



Activities for Improvement

Round 3 PIP Goal 5 Service Array, Strategy 3 strives to improve utilization of risk and safety related services available in the office or as available within their community to improve outcomes for families through less removals of children and repeat referrals of families with substance use disorders.

Project First Step changed the organizational structure of the program to improve recruitment efforts and increase consistency of services statewide. This will be achieved by hiring a Clinical Supervisor for the program, effective July 2019. The responsibilities of the clinical supervisor will include assisting DCYF with the expansion of Project First Step and adding additional structure and consistency to the program statewide. By having a clinical supervisor, individuals with a master's degree, who are license eligible, can be hired and supervised until they complete the requirements for licensure. This will expand the pool of applicants for the positions and allow for specialized training for license eligible consultants to meet the specific needs of the Project First Step program.

The MLADC consultants currently maintain records related to the various services that are provided in the Project First Step Program. This allows for increased accountability of the consultants, guidance for program expansion and information about the type of services requested by DCYF. In FY 2020, outcome data will be measured for the first time for Project First Step. Outcomes will be measured to determine if Project First step has demonstrated its goal of reducing removals of children and the number of repeat referrals of families with substance use disorders.

The ultimate goal is to show that families that engage in the Project First Step program have improved outcomes as evidenced by fewer removals and a decrease in repeat referrals to DCYF. Additional outcomes to consider include an increase in family engagement during DCYF involvement, longer periods of sobriety and shorter lengths of stay in foster care for those children of the families engaged in the program. The clinical supervisor will work with DCYF staff to determine sample size and methods to collect the data.

Strength to Succeed

Overview

The Strength to succeed is a project of the Division in partnership with two community partners, Granite Pathways and the Gorham Family Resource Center. This program recognizes the challenges faced by families impacted by substance related disorders and involved with the child welfare system. The project has several components including peer support, facilitated access to treatment, and support for relative caregivers.

The project matches Parent Partners (*See Section 2: Division Responsiveness to Community- NH Parent Partner Program*) trained as recovery coaches with parents currently involved with DCYF. Parent Partners serve as recovery coaches and mentors providing peer support and helping parents navigate the child welfare system. The goal is to help parents overcome the initial fears of the Division, access and engage in recovery services, so they more timely overcome their difficulties, create changes for themselves and families, and achieve permanency for their children.

The other core component of the project is in-home family supports for relative caregivers. Family Peer Support Specialist (developing in accordance with Oregon's model on family support) provide in-home supports for relatives and reunified families needing post reunification supports. Staff doing the home visiting are trained in the Nurturing Families and *Parenting a Second Time Around* (PASTA) curricula, so they can provide one on one supports, educate relatives, and run family support groups.

Current Functioning of the Systemic Factor

During the first year of the program, the Division worked closely with the two agencies that were awarded the contracts to achieve the following strategic goals:

- Stand up the services in all district offices by hiring, training and deploying Parent Partners and Family Peer Support Specialists to serve families in all the district offices; eleven Parent Partners and four Family Support Specialist have been hired, trained and deployed to provide services. Services through *Strength to Succeed* are now available to families in all of the district offices.
- To date about 500 individuals have received services through Strength to Succeed. 162 parents, 263 children, and 54 relatives.
- Early data is showing parents responding and timelier engaging in services. This is creating the opportunities for more timely permanency.

Activities for Improvement

Over the next year, the program will focus on the following:

- Consolidating standing up these services and draw on lessons learned to scale the most effective strategies;
- Evaluate capacity and develop a plan to expand services to include families involved with the Division in the assessment phase.

Family Violence Prevention Services

Overview

Since 1997, New Hampshire has benefited from having co-located Family Violence Prevention Specialists (FVPS) in each DCYF district office. This program is funded through Violence Against Women Act (VAWA) funds, the Family Violence Prevention and Services Act (FVPSA) as well as Title IV-B funds.

The FVPS program is an ongoing partnership with the [New Hampshire Coalition Against Domestic and Sexual Violence](#) (NHCADSV) who provide staff from local crisis centers to work in the DCYF district offices providing case consultation, direct services and referrals for families experiencing the co-occurrence of domestic violence and child maltreatment.

Currently when domestic violence is either indicated in a new referral to the agency, or when assessed as a need, DCYF utilizes an indicator sheet provided by the NHCADSV, which

determines if a referral or a consultation is needed. If a referral is needed, DCYF will make a referral on behalf of the victim and family. If a consultation is needed, DCYF will consult with the family violence prevention specialist to obtain resources and supports for the family, and/or to determine if there is additional information, which warrants a referral at that time.

Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor: *Array of Services* and *Individualizing Services* (Items 29, 30). It was determined that even when needs and services are appropriately identified, children and families are often unable to access those services due to a diminished service array.

It was also identified an *Area Needing Improvement* in New Hampshire, both child protection and juvenile justice, was providing safety services (Safety Outcome 2) specifically to address domestic violence. Currently there are thirteen domestic violence crisis centers in NH. Each district office is connected with a domestic violence crisis center, and at least one family violence prevention specialist (FVPS).

DCYF in partnership with the NHCADSV has started to examine this issue along with the tracking of aggregate outcomes of FVPS service utilization. NHCADSV does provide referral data to DCYF; however, DCYF has identified a need to expand that, to measure actual service usage and outcomes. Further refining this information would allow data to be used by each individual district office specifically to ensure optimal use of the services. Data sharing and analysis between the Family Violence Prevention Coalition and DCYF to improve consultations and referrals for families experiencing violence to help reduce their risk and mitigate danger.

FAMILY-VIOLENCE-PREVENTION-SPECIALIST				
	SFY-2016	SFY-2017	SFY-2018	TOTAL
DCYF-REFERRALS	1,100	1,026	1,320	3,446
DCYF-CONSULTS	2,199	1,900	1,899	5,998

Data Source: Coalition on Domestic Violence

Data Source: Coalition on Domestic Violence

Statewide the number of referrals to FVPS have increased while the number of consultations with staff have decreased

Progress to Achieve Substantial Conformity

A major external focus of the past year has been NH DCYF connecting with other government agencies so that a more collaborative approach can be taken in addressing the issue of domestic violence in New Hampshire. In February, the NH DCYF FVPSA administrator met with the administrators for the NH VOCA (Victims of Crime Act) and VAWA (Violence Against Women Act) grants. The VOWA administrator shared the S.T.O.P. Violence Against Women Formula Grant Program FFY 2017-2020 Implementation Plan that was reviewed and integrated into the 2019 annual FVPSA grant application.

In March, the FVPSA Administrator joined the NH Attorney General's Crime Victims Fund Steering Committee, which includes the NH VOCA and VAWA administrators, Coalition members, NH state legislators, law enforcement, prosecutors, and representatives of culturally specific organizations, including representatives of tribal communities and the LGBTQ community. Going forward members will share the needs of the agencies and populations they represent and there will be strategic discussions regarding outreach, training and alignment of practices and procedures. Participation in this committee will lead to more frequent and regular communication and a closer collaboration between the administrators of FVPSA, VOCA and VAWA.

Membership in the Crime Victims committee also affords DCYF the opportunity to interact with organizations that represent underserved populations, which is now a major focus of the FVPSA grant. A representative of Seacoast Outright, the foremost advocacy agency in the State has joined the committee along with a representative of NH's Native American population. A leader in the refugee and immigrant population is expected to join and will attend at the next meeting. Outreach efforts will continue to be made to include more leaders of culturally specific organizations.

Activities for Improvement

In the Round 3 *Program Improvement Plan* there is an emphasis on expansion of access to both DCYF contracted, and community-based safety services. In PIP Goal 5 Service Array, Strategy 3 strives to improve utilization of risk and safety related services available in the office. Strategy 3 outlines that family violence prevention specialists and district office supervisors will meet quarterly to review referral data and discuss family violence issues. Specific data points will be tracked by the NHCADSV, and shared with DCYF, and this information will be utilized to inform practices to better serve families experiencing family violence.

Comprehensive Family Support Services

Comprehensive Family Support Services (CFSS) are delivered as a contractual service, through a network of Family Resources Centers throughout New Hampshire. Services are flexible, integrated, comprehensive and are provided along a continuum, with short and long-term outcomes. The contracted services are provided along a continuum of three preventive stages: Prevention, Early Intervention, and Crisis services.

The array of services include: home visiting, medical and health education, early childhood education, literacy education, family mentoring and advocacy, life and independent living skills training, and trauma-informed services. Participation in these programs is voluntary for families with children ages zero to eighteen years, living in the home.

The program is designed to empower and strengthen families by the development of an individualized family services plan, including preventive childcare and coordination of community-based services and supportive services that aid in strengthening families.

DCYF received Kinship Navigator grant funds in 2018 in order to support relative caregivers in NH. These funds were built into the new Facilitating Organization (FO) contract and the FRC's will hire and train Kinship Navigator staff statewide. DCYF also helped in establishing a Family Resource Center of Quality Specialist (FRC-Q), who will provide technical assistance through the FO to all FRC's who are designated as quality and those who wish to complete designation. In early 2019, the CFSS contracts were moved out of DCYF to the Division of Economic Housing and Stability, as a more upstream, preventative approach. Below is some of the "Class of 2018" outcome data for the CFSS program:

Total Families Served = 1,098

Total Family Members Served = 3,204 (1,843 are children)

51 percent of Families Served have a Single Caregiver

54 percent of Families Served have Mental Health Issues

36 percent of Families Served have Chronic Health Issues

88 percent of Children Served have Child Medicaid Insurance

13 percent of Adults without any Health Insurance

Community-Based In-Home Services

The Division certifies community-based in-home providers throughout New Hampshire in order for them to provide supports and services to the families who are case involved with DCYF.

Current Functioning of the Systemic Factor

Currently, there are twenty-five different certified providers who provide an array of services. The community-based in-home services include the following six categories: Child Health Support Services, Therapeutic Day Treatment Services, Individual Service Option (ISO) In-home Services, Adolescent Community Therapeutic Services, Home-based Therapeutic Services and Transportation Services. In order to improve collaboration and improve consistency across services and providers, DCYF began holding quarterly provider meetings in early 2018. One successful outcome of this meeting was the creation of a centralized referral form that made the process of referring to services easier on the field and also improved the quality of the referrals received by the provider. Anticipated outcomes of this referral also includes more timely, focused responses, as well as more individualized services for families. Another task that has been worked on over the last year, is improving the data outcomes reported by the providers, as a way to look at more quantifiable data and use that data to provide feedback to providers and ultimately improve services.

Category Service Descriptions:

- **Child Health Support Services:** Parent Education to reduce the issues that are causing the parent to be unable to parent appropriately. This program is more of a rehabilitative service versus clinical service.
- **Therapeutic Day Treatment Services:** Intense therapeutic and functional supports for the child(ren) and families in the family's own home or in a program setting. This includes intense clinical supports, therapy and rehabilitative services.
- **Individual Service Option In-home Services:** Provides an array of intensive therapeutic and functional supports for the child(ren) and their family in the family's own home. This service can also be provided to foster and adoptive homes in an effort to maintain the child(ren)'s placement or adoption.
- **Adolescent Community Therapeutic Services:** Adolescent community therapies and support counseling offers individual counseling support, family counseling, health and safety screenings including drug/alcohol testing if necessary.
- **Home-Based Therapeutic Services:** In-home therapy and supports for children and families. This program can be provided individually and as a group to best meet the needs of the family and the case situation.

- **Transportation Services:** Transportation for children that require someone to stay with the child during appointment. This is not a clinical or rehabilitative service.

Each of the categories of service is accessible statewide and the programs are operating with no waitlists. In the State Fiscal Year (SFY) 2018, five hundred and one (501) children initiated services with Child Health Support Services. During SFY 2018, the Division was also able to provide four hundred ninety-two (492) children with Individual Service Option (ISO) In-home Services and three hundred and eighty-eight (388) children with Home based Therapeutic Services.

DCYF facilitates compliance reviews of its certified Community-Based In-home programs. The review process runs in a five-year cycle, which allows all community-based in-home programs to be reviewed in that cycle, unless compliance concerns are present. If compliance concerns are present then a review would be conducted immediately. During the reviews, the Review Team reviews program files, policies and program protocols, best practices, forms, staff training, and organizational professional development plans. These reviews are centered on ensuring that certified providers are maintaining compliance within the Administrative Rule (He-C 6339) and the requirements of Medicaid compliance, as well as meeting practice standards that align and support the Practice Model. After reviews are conducted a final report is developed within thirty (30) days. The final report details for the provider:

- The review process that was conducted;
- Outcomes related to their compliance within the administrative rule;
- Compliance with Medicaid documentation; and
- Identifies the agencies areas of strength and *Area Needing Improvement* within their practices.

Once the final report is received the certified programs have thirty days to provide DCYF with a corrective action plan to address the *Areas Needing Improvement* to be worked on. DCYF provides technical assistance throughout the year in order to monitor the activities of the corrective action plans to ensure programs maintain all requirements of their program.

Activities for Improvement

Due to ongoing challenges with this review process, DCYF has planned to align provider reviews with the internal case practice reviews. The Community and Family Support Specialist with assistance from internal staff, will review in-home service provider files of those cases being reviewed in the *Case Practice Review*. This will provide more quality, useable data with the outcomes of those case reviews.

Family Assessment and Inclusive Reunification (FAIR) Program

By utilizing Title IV-B Subpart 1 and Subpart 2 funds, the Division for Children, Youth and Families has sustained the Family Assessment Inclusive Reunification program through contracts with six independent Family Assessment Inclusive Reunification Facilitators. The Division for Children, Youth and Families has maintained supervisory responsibility of the Family Assessment Inclusive Reunification program. Having six independent contractors and supervision of the program in the Division for Children, Youth and Families has afforded the Division increased financial flexibility and improved programmatic oversight to sustain the Family Assessment Inclusive Reunification program for the foreseeable future.

Current data pertaining to the Family Assessment Inclusive Reunification Program can be found in *Section 2: Case Review System*.

Foster Care Program

The foster family care rates are reviewed periodically by DCYF, at least once every budget cycle and are proposed based on a comparison with the USDA cost of living for the previous year and comparable rates for other states within the region. The proposed rates are presented to DCYF Administration for consideration and inclusion in the Division's budget requests. Foster family care rates are set through the NH Legislative process and are dependent on available funds.

GENERAL CARE

General Care is provided to children in foster care who are placed with foster parents who meet the general requirements outlined in the Foster Family Care Licensing Requirements. The customary care of foster children in licensed homes includes providing food, shelter, daily supervision, school supplies, and a child's personal incidentals. General Care foster parents must maintain eight (8) hours of training per year or sixteen (16) hours of training by time of renewal of their license in two (2) years.

SPECIALIZED CARE

Specialized Care is provided to children in foster care who meet specialized care requirements. Children who enter a Specialized Foster Home have demonstrated that their needs are greater than those who are placed in a General Foster Home. Specialized foster parents are experienced care providers who have participated in a series of specialized trainings offered through Granite State College and continue to improve their skills by maintaining sixteen (16) hours of training per year or thirty-two (32) hours by time of renewal of the license. These foster parents are entitled to the specialized rate only for a child needing specialized care.

EMERGENCY CARE

Emergency Care is provided to children who are experiencing an unplanned placement. It occurs when little information about the child is available (no evaluation or assessment has been made), or a General, Specialized, or residential facility provider is not available at the time of placement. Emergency care providers must participate in a 6-hour core training prior to delivering this service. Payment is limited to a maximum of ten (10) days. If a child remains with the emergency care provider beyond the ten (10) day limit, the rate must be changed to either the General or Specialized rate.

CRISIS CARE

Crisis care is provided to children whose placements are arranged through local police departments and the emergency on-call system. Crisis care is provided to children when the New Hampshire Department of Health and Human Service district offices are closed on weekends, after-hours and holidays. Providers of crisis care must have already taken the six- hour Emergency Training class and notify their resource worker that they wish to provide this type of care.

INDIVIDUAL SERVICE OPTION (ISO) FOSTER CARE

ISO Foster Care is a service provided by a certified private child-placing agency. "Individual Service Options" means foster family care in which a variety of intensive therapeutic, social, and community-based services are provided or coordinated to meet the individual needs of a child and his or her family. The private agency recruits foster parents who can provide an intensive level of child supervision and is part of the treatment team. At least one foster parent must always be available to the child at all times. Ideally, only one foster child is allowed in the home unless siblings are placed with the child. Daily telephone and weekly in-person contacts are made by the agency. Additional training is required of the foster parents.

Foster Care Recruitment and Retention

Please see [*Section 2: Division Response to Community, Items 31 and 32*](#); [*Section 2:Foster and Adoptive Parent Licensing, Recruitment, and Retention*](#); and [*Foster and Adoptive Parent Diligent Recruitment Plan*](#)

Adoption and Post-Adoption Services

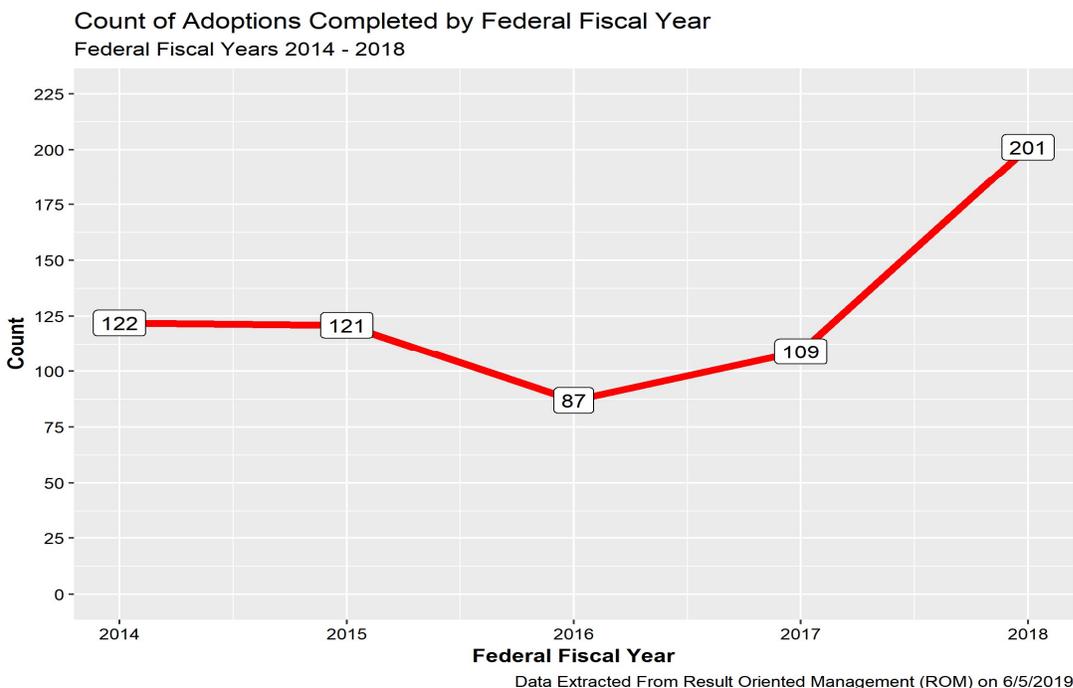
Overview

The adoption program is overseen by a newly re-designed Permanency/Adoption Unit that is located at State Office in Concord. There are eleven Permanency Workers throughout the State.

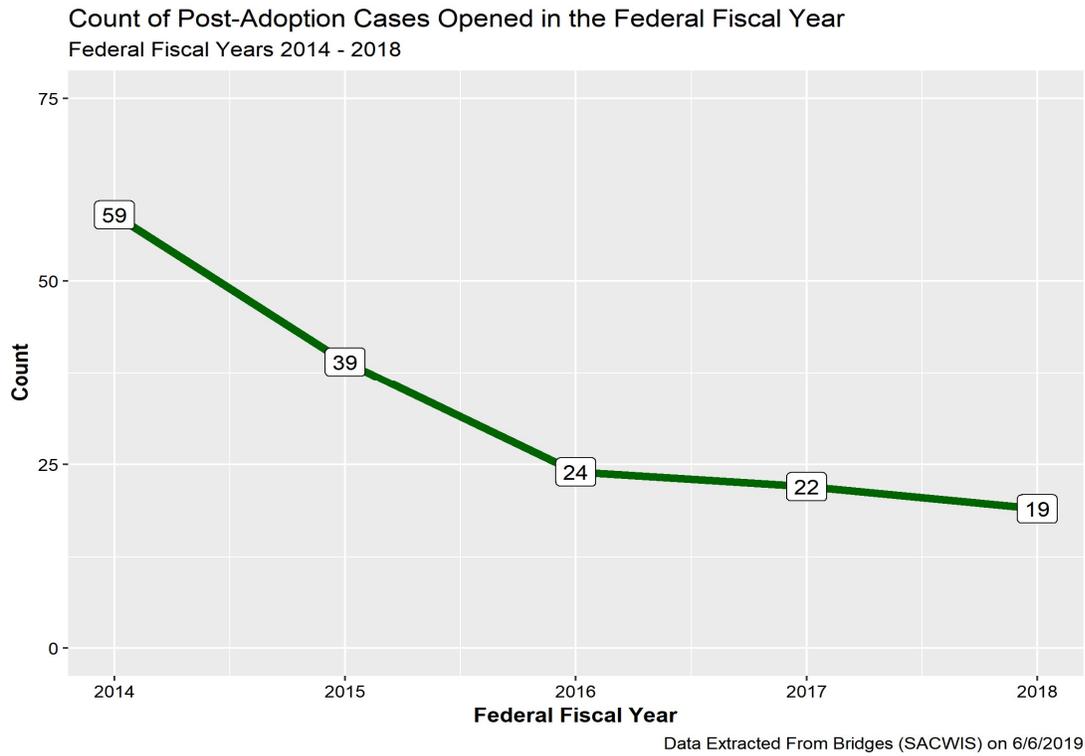
The Southern District Office has two Permanency Workers and the most Northern offices, Berlin and Littleton-Telework, share one Permanency Worker, while the rest of the district offices have one assigned Permanency Worker each. One aspect of the Permanency Workers role is to track and support any cases that may be moving forward with the case plan goal of adoption. The Permanency workers are to work with families and children to prepare them for adoption. The adoption and post adoption unit previously focused on providing post-adoption services to families, however over the last year the focus has been more on a preventative approach by identifying families pre-adoption who need additional supports, and providing those supports before the adoption is finalized in an effort to reduce the number of disrupted adoptions.

Current Functioning of the Systemic Factor

Adoption and Post-Adopt Workers each have a small caseload of Post-adopt cases, where they provide home based services and respite to assist in preserving those families and to prevent any disruptions. The Permanency/Adoption Program Specialist supervises six staff, some of whom are supported by Title IV-B funds, who provide pre-adoption consultation to families and staff and post-adoption services, including search services, in-home services, case management, advocacy, and information and referral statewide. These services can be accessed by calling the unit directly or by being referred by the local district office or community referrals.

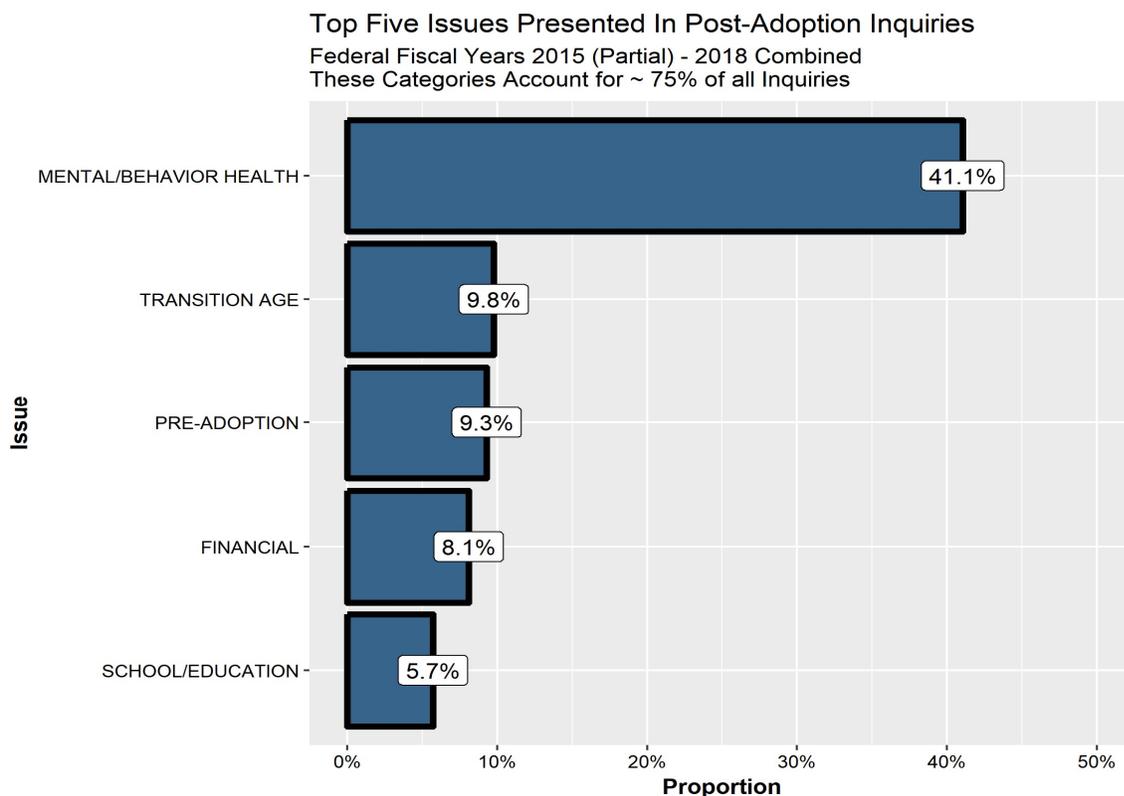


Above are the total amount of Finalized DCYF adoptions during the Federal fiscal year. There has been an increase in the amount of adoptions during 2017 and 2018.



Above are the total amount of Post-Adoption cases that had been opened during the Federal Fiscal Year. It should be noted, that these were cases where direct paid services had been provided. This does not include any cases where searches, referrals, or case consultations were being provided.

Below please find the top five issues or needs when the Unit is called for Post-Adopt services.



Progress to Achieve Substantial Conformity

Over the last year, the Permanency/Adoption unit has been able to focus more on a preventative approach by identifying families pre-adoption who need additional supports, and providing those supports before the adoption is finalized in an effort to reduce the number of disrupted adoptions.

Activities for Improvement

Over the next five years, DCYF will seek streamline the way the Permanency/Adoption unit is collecting data for adoption and post adopt services. Most of the information that is collected is done so manually with a spreadsheet. Over the next five years, DCYF will improve their use of technology, documenting services provided information in the SACWIS/CCWIS system.

Community and Faith Based Initiative (CFBI)

Please see Section 2: [Division Response to Community](#), Items 31 and 32

Residential Treatment Reform

Overview

The Division for Children, Youth and Families certifies residential treatment programs that represent a continuum of community-based residential treatment programs. The residential treatment programs are not state-run and have applied for and been certified to provide residential care for children and youth through Child Protective and Juvenile Justice Services. There are currently two programs, which are both certified and contracted. Staff make every effort to ensure that each child or youth is matched to the treatment providers based upon need; with proper regard to treatment, permanency planning, educational needs, independent living needs, family systems, and community connections. There are currently seven categories of residential treatment programs that provide different services to meet varied needs of child and youth.

The Division continues to work in collaboration with the Bureau of Children's Behavioral Health (BCBH) in order to enact the recommendations found in the *Adequacy and Enhancement Assessment* of 2017. Through this work, Bureau of Children's Behavioral Health has assumed the responsibility of Certifying Residential Treatment programs and has been working to support the Residential Treatment Programs in their efforts to become Quality Residential Treatment Programs in an effort to comply with the Families First Perseveration Services Act of 2018.

The categories of residential treatment include:

- Assessment treatment program;
- Intensive treatment program;
- Intermediate treatment program;
- Nursing home;
- Rehabilitation program;
- Shelter care program (contract for one certified program); and
- Substance abuse treatment program.

Current Functioning of the Systemic Factor

Within the Intensive Treatment Program category, there is one current contract with a residential treatment provider, which provides enhanced residential services to males, and one request for proposal (RFP) which is in the final stages of negotiation, which will provide similar targeted

services to females. The Enhanced Program Contracts were designed for youth who will no longer be eligible for detention and commitment at the Sununu Youth Services Center. However, it has been determined after a review of the needs and the data regarding the program the new contracts will also include the Children in Need of Services (CHINS), Abuse and Neglect and Children’s Behavioral Health population in the future.

Category	# Certified Programs
Assessment Treatment Programs	2 Programs
Intermediate Treatment Programs	4 Programs
Intensive Treatment Programs	17 Programs
Shelter Treatment Program	1 Program
Nursing and Rehab Program	1 Program

**This information is based on Facility Census Report dated May 2019*

As discussed above, The Division is working toward the second Enhanced program, which will be specifically for females. This program will meet the needs of six females who are involved due to delinquency, CHINS, Abuse and Neglect, and Children’s Behavioral Health. This RFP was released in early 2019 and is currently in negotiation. This program will ideally meet the needs of these complex girls and address many of the treatment needs, which are currently being met out of the State.

Progress to Achieve Substantial Conformity

Over the last year, the Shelter Care contract was finalized and the award was given to Becket Family of Services, Seacoast Stabilization and Treatment Shelter at Hampton. Since that time, the Shelter Care program has provided service and treatment to over 165 youth. The program provides individual and group clinical services as well as milieu activities, which are promoted through a trauma-informed treatment model. The contract for boys Enhanced Residential Treatment was also finalized which has served over 43 youth and is expected to serve more over the next year. This contract is in the process of being amended to include the capacity for four more children and as discussed above will have the capacity to serve more than only youth who are identified as delinquents.

The Division monitors these residential treatment programs through site reviews to ensure they are meeting the needs for the children and families. Site reviews of Residential Treatment programs are conducted every two years and technical assistance visits are provided on the alternating year. Residential treatment program site reviews include surveys to parents, surveys

to youth, surveys to Juvenile Probation and Parole Officers and Child Protective Service Workers as the referral source, surveys to the treatment program staff and then an on-site evaluation. The on-site review includes an entrance meeting to assess the changes, which have occurred in the program over the past year, which are in line with the applicable laws, rules and contracts as well as the Division's practice model. Then the program provides a tour of the facility, and interviews are conducted with youth, staff, clinical teams and other specialty staff. There are also occasions when families or guardians are also interviewed for the on-site review. The following day there is a collaborative file review with the DCYF/BCBH team and the clinical team of the residential treatment program to assure compliance and best practices. At the end of the site review, an exit meeting is provided to the facility. The exit meeting provides the administration at the program the preliminary findings of the review including the data points that were collected are electronically provided to the program for immediate corrective action items. Subsequently the residential treatment program is provided a site review report, which includes the information, which was provided at the exit meeting.

Activities for Improvement

Although, DCYF offers a vast array of services to children, youth, and families there continues to be limitations as to the availability of the services and who can receive them. The Division and Bureau of Children's Behavioral Health continues to assess the levels of care, which could be added to the continuum of care within New Hampshire. Additionally, the Division will be assessing the distances from current treatment programs to the district offices in order to support and inform decisions about current areas of need and expansion of services. The Division has begun to catalogue and review the treatment/trauma models and Evidence-Based Practices (EBP) that programs are currently using and what EBPs the Division would want to encourage residential treatment programs to explore.

The Division is currently working with the Department and advocating with the legislature to continue to challenge the notion that only youth coming through DCYF should have access to services. The future state that is envisioned supports having all youth, regardless of court involvement, have access to the services, which would meet their needs, including but not limited to residential treatment. While these efforts are being made, there is also a concurrent effort to identify where there are service gaps and what programs, best practice, and evidence-based services would best meet the needs of that population. This conversation includes the assessment of the current levels of services and discussions of adding levels of care and establishing clearer requirements for the various levels and matching youth based on a common assessment and need to the new levels.

Item 31-32: Division Responsiveness to Community

Engagement with Incarcerated Parents

DCYF has sustained the commitment to assuring incarcerated parents; particularly incarcerated mothers are engaged and actively involved in planning for the care, supervision and permanency planning for their children. During the last 12 months, DCYF and the Department of Corrections (DOC) have engaged in a dialogue to develop supportive and educational protocols for staff. This will provide both DOC and DCYF staff with the knowledge and understanding of one another's system and facilitate better communication and more timely visits.

DOC was a presenter at the DCYF Conference in April 2019. In May 2019, DCYF Field Administration completed a tour of NH State Prison and the Family Connection Center. Since this tour both Department have engaged in conversation in sharing data. DOC has agreed to share inmate data keeping DCYF staff up-to-date on the status of parents incarcerated.

NH Parent Partner Program (Better Together with Birth Parents)

DCYF has been successfully implementing the Parent Partner Program as a powerful family engagement strategy since 2011. Over the course of the last eight years, the Program has expanded from a pilot initiative into a strategic program that has been scaled statewide. The Program now integrates various well-tested components and strategic partnerships. The Division is committed to sustaining and expanding the Parent Partner Program during this next five years. The Program leadership has met and reaffirmed the Program foundations and strategic priorities as follows:

PROGRAM VISION

The vision of this program is that fathers, mothers, and other adults in parenting roles are included and valued as partners in the Division's day-to-day work with families in New Hampshire. That parent leaders are visibly present serving as a resource to other parents and to staff supporting the mission of the Division.

PROGRAM MISSION

In partnership - the Parent Partner Program plans, designs, creates, manages, and sustains programs and strategies to bring the voices of fathers, mothers, and other adults in parenting roles to create positive changes in child welfare practices and policies to improve the lives of children and youth, increase reunifications, support and strengthen New Hampshire's families.

PROGRAM CORE BELIEFS AND PRINCIPLES

The Parent Partner Program shares the Beliefs and Principles of the Division for Children, Youth and Families.

Given its mission and strategic goals, the Program has the following as Core Values:

- Partnerships For Safety
- Parent Leadership
- Positively Engaging Fathers

PROGRAM STRATEGIC GOALS:

- Build Agency Capacity To Partner With Families;
- Build Parent Capacity To Partner With The Division;
- Systematically Infuse Family Voice In The Work Of The Division;
- Improve Child Welfare Outcomes.

CORE PARTNERSHIPS

The Program will nurture and fortify the following core partnerships to achieve program goals and objectives in the following five years:

- Partner with the DCYF field staff and other program areas within the Division;
- Partner with The Child Welfare Education Partnership (Granite State College);
- Partner with the providers contracted to implementing *Strength to Succeed*, a new and innovative service model that provides peer support for parents new to the system.

CORE PROGRAM ACTIVITIES:

- **Better Together Workshops:** Continue to coordinate and facilitate well-planned Better Together Workshops. These workshops include parents with prior DCYF experience, foster parents, DCYF staff and community partners as participants and facilitators. Parents with prior child welfare experience are welcomed and recognized as subject matter experts. They are afforded a safe space to share their experiences and insights to help staff gain a greater understanding of the realities faced by families and to develop skills to engage with and partner with families from the very beginning. There are 14 workshops planned for each year, including 4 workshops that are part of the Core Academy for newly hired DCYF staff. The Better Together workshops that are a part of the Core academy have become a

strategic staff development instrument by ensuring that staff meet families and get to hear directly from parents how to authentically partner with families.

- **Local Better Together Teams:** The local Better Together Teams are the basic and most fundamental program cell. This is where parents and field staff meet monthly to work together on how to improve practice at a particular regional office. The Program leadership will continue efforts to outreach, engage the field to revitalize and strengthen local Better Together Teams. The administrator will continue to work with field Supervisors to define a practice area that the team wants to work on with the goal of helping the field office improve family engagement.
- **Continue To Build The Pool Of Parent Leaders:** Parents who attend the Better Together workshops are encouraged to join a local Better Together Team, and utilize their voice to impact changes. The Division is committed to increasing the pool of parent leaders by 45 each year. To that end, the program leadership will continue outreach and engagement with the field to strengthen the local Better Together Teams and engage parents in the various program activities.
- **Family Voice Panels at the District Offices:** Continue to provide opportunities for the field to hear directly from families by organizing and coordinating families voice panels in each district office;
- **Practice Discussions:** Continue to coordinate and manage the inclusion of parent leaders in practice discussion at the district offices with the goal of promoting positive practice changes;
- **Parents As Training Partners:** Continue to collaborate with the Child Welfare Education Partnership to integrate parent leaders as training partners in the Core Academy and other trainings, including the trainings of foster parents (FACES).

CAPTA funds will be utilized to provide stipends for parent leaders involved in all of these program activities.

Foster Care Health Program

Since June 1999, the Division for Children, Youth and Families Foster Care Health Program has been, and continues to be, responsible for ensuring the medical, dental, and behavioral health needs are met for every child in relative or foster placement. Foster Care Health Nurses work jointly with each DCYF district office for any family involved with the Division, including child protection assessment/family service, and juvenile justice cases. The Foster Care Health Nurses act as healthcare coordinators and consultants for children by comprehensively coordinating their health care needs and collaborating with Department and community providers to ensure positive health outcomes are achieved. Initially, this is accomplished by ensuring each child receives a

comprehensive health and developmental assessment within 30 days of placement and by following provider recommendations for care.

Current Functioning of the Systemic Factor

This past year, Foster Care Health Nurses have been vital partners in the development of Practice Improvement Initiatives when a district office Case Practice Review identified medical or dental service needs. Anticipating the addition of fifteen nursing staff positions to the Foster Care Health Program, health care coordination services for children in placement will be greatly enhanced. Nurse Coordinators will be located in each DCYF district office and will become an integral member of the DCYF team.

Activities for Improvement

Psychotropic medication oversight and monitoring will be improved through the newly established services of a contracted psychiatric consultant. DCYF will have access to consultation and review of behavioral health medications for children in placement and when needed, the psychiatric consultant will provide peer-to-peer consultation with prescribers to help ensure the appropriate utilization of medications.

Please also see attached Health Care Oversight and Coordination Plan

ISO Recruitment Meetings

Individual Service Option (ISO) Foster Care recruitment meetings occur on a monthly basis and were designed to take a deeper review of the children who needed recruitment for ISO level families so that they could step down from residential care into a lesser restrictive setting. The meeting has grown to include presentations from the staff regarding children or sibling groups when there has been difficulty in finding an appropriate foster or adoptive family as a match and more recently for emergency placements. These meetings give workers the opportunity to provide additional information about the child's likes, interests, unique challenges and needs to the ISO Foster Care Agencies and resource workers to facilitate the recruitment for both bridge homes and permanent families. CASA and residential staff often attend to advocate for the child. These meetings tend to give a more accurate and personalized picture of the child who is in need of a family. In past years, youth were encouraged to come and present themselves and express their desire for a family. This practice has been stopped as it was shown to cause increased stress and disappointment to the youth when they were not matched quickly with a family. There has been an increased focus on including presentation of youth involved in the Juvenile Justice System in ISO meetings in order to expand recruitment efforts and look at establishing permanent connections for all children involved with the Division for Children, Youth and Families.

The availability of ISO Foster Care families is extremely limited at the present time. Much like DCYF, the ISO Foster Care Agencies are having difficulty recruiting new families who are willing and able to serve children with significant trauma and intense needs. The daily stipends to the foster family is seen as adequate but the overall daily rate is not enough to allow the agencies to hire the staffing needed to support the child and families with the required intensive services and supervision. Historically, ISO Foster Care served “older” youth and children with longer-term treatment needs and permanency plans of APPLA. There has been a shift in the past several years and now many of these higher-level homes are serving a much younger population. This has added to the challenge of finding families for older youth.

Moving forward, the Division plans to put forth more concerted effort in recruiting families with the ISO Foster Care agencies. This will increase the available foster families for children in a family setting that can best meet their individual needs. A review of the current expectations and responsibilities of ISO Foster Care in comparison to the original guidelines and set daily rates will occur. Revisions will be suggested to ensure that the agencies can continue to offer quality programs and that the Division is making the best use of this service. Further exploration will be conducted with the agencies to restore Therapeutic Foster Care as a placement option for children and youth.

Foster and Adoptive Parent Association (FAPA)

The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of foster or adoptive families. The Division has historically had a strong collaborative partnership with the New Hampshire Foster and Adoptive Parent Association (NHFAPA) and values the hard work and commitment of the parents actively involved with this Association. NHFAPA and the many local level associations offer peer support to fellow families and work hard to recruit new families to serve children in need. NHFAPA was the “voice” for foster and adoptive parents, along with the children, in the legislative arena.

In years past, the association benefitted from a support and technical assistance contract that was awarded to and managed by an outside contractor. These funds allowed the association to cover their basic operating costs, contribute to their fall training conference and support a part-time staff. The funding for this contract was diverted to other projects. NHFAPA initially had difficulties in maintaining leadership and fundraising efforts until the association was connected with an alternative source of financial support. Wendy's Restaurants offered to help support the production of “Home At Last,” the Division's child-specific recruitment partnership with “New Hampshire Chronicle.” The founder of Wendy's, Dave Thomas, was adopted when he was just six-weeks old. In 1992, he established the Dave Thomas Foundation for Adoption (DTFA). The DTFA is Wendy's charity of choice and foster care adoption is the brand's signature cause. Upon

learning of the Association's needs and recruitment efforts, the franchise owners committed to a coupon drive to raise enough funds to restore a part-time director to the non-profit. The changing leadership and a lack of clear communication led to many misperceptions in the foster parent community about the purpose of these funds. The misinformation has caused a divide in the foster parent community.

The Division is supporting the efforts of NHFAPA to return to a strong and viable resource for the foster and adoptive families in New Hampshire. Using the funding resources available to them through Wendy's, NHFAPA hired a part-time Executive Director in January of 2018. It is hoped that this position will restore the lines of communication with all foster parents and keep the organization on task. In addition to working with NHFAPA, the Division has made concerted efforts to meet with many of the local support groups across the State. Moving forward, the Division plans to create a forum to bring the leadership of all the local support groups and associations together with NHFAPA to discuss common concerns and common goals. From this larger group, a smaller coalition or oversight group will be selected to work with the Division on recruitment and retention plans and initiatives.

NHFAPA, [Child Welfare Educational Partnership](#) (CWEP) and the Division work together each year to provide New Hampshire's foster and adoptive families with a relaxing and high-quality learning and networking experience. This past fall event offers an opportunity for advanced training from expert speakers on current topics along with networking between the parents. The most recent conference in October 2018 offered training on "*Advocating Effectively For Yourself And Your Children*". This included training on special education, court report writing, and legislative action. There were one hundred and thirty-four attendees including foster, relative, and adoptive parents, and Division staff. The foster, relative, and adoptive parents that participated felt that this was very informative training. It was the second time that the conference was sold out. The focus of the 2019 Conference will be about collaborative parenting between foster parents, birth parents, and relative caregivers with a focus on reunification work and lifelong connections for children.

The Foster Care Manager, along with Granite State College, worked closely with the Association and others over several years to create a [Foster Parent Bill of Rights](#) in New Hampshire. NHFAPA felt strongly that it was time for New Hampshire foster parents to develop their own bill of rights to affirm the dignity of foster parents and incorporate the *Reasonable and Prudent Parent Standards* into these rights to act as guidance for all involved with child welfare. A foster parent bill of rights was proposed and submitted by a representative in the seacoast area. On June 25, 2018, the *Foster Parent Bill of Rights* was added to NH statute:

170-E:51 Collaboration Between the Department of Health and Human Services and Foster Parents. The general court finds that foster parents providing care for children who are in the custody of the department of health and human services play an integral, indispensable, and vital role in the department's effort to care for dependent children displaced from their homes. The general court further finds that it is in the best interest of the department of health and human services to acknowledge foster parents as active and participating members of this system and to support them through the following foster parent rights, as primary caregivers for children in the care and custody of the State of New Hampshire.

170-E:52 Foster Parents. When a child is placed in a foster home pursuant to a juvenile court order:

- I. The foster parent shall be treated with consideration and respect.
- II. The department of health and human services shall consult with the foster parent prior to the release of the foster parent's address, phone number, or other personally identifying information to the child's parent or guardian.
- III. The department of health and human services shall make a representative of the department available 24 hours a day, seven days a week, for the purpose of aiding the foster parent in caring for the acute needs of the foster child.
- IV. The foster parent shall be given timely notice of scheduled meetings and appointments involving the foster child. The foster parent shall:
 - a. Be provided with a written copy of information pertinent to the care of the child.
 - b. Receive reasonable notice of any changes to the case plan as related to the child.
 - c. Be apprised of the number of times the child has moved from one foster home to another and, as appropriate, the reasons therefor, as related to the child.
 - d. Have the ability to request a team meeting to address concerns specific to the child.
- V. The foster parent shall be given reasonable notice of any plan to remove a child from the foster home. The notice shall include the reason for the change or termination in placement, provided there is no concern for the safety and welfare of the child.
- VI. Pursuant to RSA 169-C:14, the foster parent shall receive notice of all court proceedings, may submit written reports, and, at the court's discretion, may attend such hearings and provide oral reports of the child's behavior, progress, and developmental, educational, and healthcare needs.

Foster parents saw this act as a huge milestone for foster care transformation in New Hampshire. Information about the Foster Parent Bill of Rights will be embedded in training for both staff and foster parents.

Coordination with Tribes

Please see [Section 5: Consultation and Coordination Between States and Tribes](#)

Residential Treatment Reform

Please see Section 2: [Array of Services and Resource Development](#), Items 29 and 30

Youth Advisory Board

Please see [Section 6: Chafee Foster Care](#)

Youth Action Pool

Please see [Section 6: Chafee Foster Care](#)

Tuition Waiver for Foster and Adopted Children Program

Please see [Section 6: Chafee Foster Care, Tuition Waiver Program](#)

Community-Based Comprehensive Family Support Services

Please see Section 2: [Array of Services and Resource Development](#), Items 29 and 30

NH Children's Trust

Please see Section 1: [Collaboration, NH Children's Trust \(NHCT\)](#)

Family Violence Prevention Specialist Program

Please see [Section 2: Array of Services and Resource Development](#), Items 29 and 30

Bureau of Child Development and Head Start Collaboration

Please see Section 1: [Collaboration, Bureau of Child Development and Head Start Collaboration](#)

Item 33-35: Foster and Adoptive Parent Licensing, Recruitment, and Retention (45 CFR 1355.34 (c)(7))

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factors related to foster and adoptive parent training (Item 28) and

foster and adoptive parenting licensing, recruitment and retention (Items 33-36). The CFSR found there were situations in which placements did not conform to the home's license standards (i.e. number of children exceeded the license capacity, or children were placed who did not meet the age ranges specified on the license). It found that the requirements to foster, adopt and/or become approved for relative placement is inconsistent. The CFSR found consistent recruitment was not occurring and there was no centrally organized recruitment plan for the State. Finally, it found New Hampshire does not have the ability to complete home studies on Interstate Compact on the Placement of Children (ICPC) cases within the 60-day timeline.

Item 33: Standards Applies Equally

Overview

Licensing requirements for all New Hampshire resource homes are based in the New Hampshire Statute RSA 170-E and governed by Administrative Rule He-C 6446. These standards ensure that children being removed from their families are placed in a safe and nurturing family setting until they can be reunified or find permanency through adoption, guardianship or another planned permanent living arrangement. The following basic requirements apply for licensing foster, relative and adoptive homes:

- Applicants must complete 21 hours of pre-service training and submit references, medical statements and financial information;
- An applicant must be at least age 21, possess a high school diploma or equivalent and must be able to communicate in English;
- Personal Information gathered through questionnaires must be submitted along with copies of birth certificates, and a marriage certificate, if applicable;
- The applicant must participate in a minimum of two face-to-face interviews with the licensing worker in their home;
- The agency must complete criminal background checks to include fingerprinting and local police checks on the applicant and all adult household members;
- The agency must complete a Central Registry and a state registry check on the applicant and all household members; and
- The home must be deemed safe and pass both a local health and fire inspection.

All individuals in New Hampshire applying to foster or adopt from foster care follow the same licensing regulations whether they are licensed by the Division or by one of the nine Child Placing

Agencies who are certified to provide a higher level of foster care known as either ISO (Individual Service Option) or Therapeutic Foster Care. Pre-service training through the *Foster and Adoptive Care Essentials* curriculum is required of all applicants and the second module of the training, *Regulations* is dedicated to ensuring potential foster families understand the requirements of the Licensing Rule and the expectations of foster and pre-adoptive families.

Because New Hampshire is a dual-licensed state, only one home study is necessary for the purposes of fostering and adopting a child. The Division strives to decide whether to grant a license within 120 days of the date of the completed application as this is a requirement in He-C 6448, which governs all Child Placing Agencies licensing foster homes. Once issued, a foster care license is valid for no more than two years beyond the expiration of the earliest required safety check. The renewal process includes a minimum of one home visit by the licensor, an updated home study, an updated criminal records check to include a local police check, DCYF Central Registry check, and fire inspection. Foster parents must submit a list of trainings that they have attended to meet the training requirement of the license and any additional certification they have requested.

On occasion, a permit can be issued to a new applicant who has been identified as the most appropriate and available family resource for a child. This can be requested with approval from a Field Administrator when it is necessary to place the child before the family can finish all the requirements for licensing. Permits are allowed by statute, [RSA 170-E: 31](#) and can be issued for a maximum of six months. All safety requirements, including fingerprinting, must be completed prior to a permit being issued. Permits are entered into Bridges and tracked the same way as a license. No Title IV-E funding can be utilized for a child when they are placed in a permitted home.

New Hampshire does not currently require a relative caregiver to become a licensed foster family to accept placement of a relative child although it is highly encouraged. A relative, within the definition of the Bureau of Family Assistance is considered to include a father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece (including relatives of half-blood, relatives of preceding generations as denoted by the prefixes of grand, great, or great-great, adoptive parents and their relatives to the same degree as blood relatives, and spouses of the above relatives even after the marriage is terminated by death or divorce) who provides care and parental control to a dependent child. Relatives can apply to be supported through funds available to Temporary and Needy Families (TANF). The current requirements for unpaid relative care include an immediate Central Registry check, an immediate local police check and a walk through of the home for safety. The relative is required to sign a *Relative Care Agreement* (form 1601), permission for a [New Hampshire State Criminal Record check](#) (not fingerprint based) and agreement to participate in a

Relative Care Study. Relatives beyond the fourth degree of relationship are required to become licensed foster family providers. Following the guidance of Fostering Connections³, DCYF will allow for non-safety licensing waivers if they are found to create a barrier to the relative becoming licensed. The most frequently requested waiver is for pre-licensing training

Current Functioning of the Systemic Factor

New Hampshire ensures that licensing standards are applied equally statewide and to all licensed foster family homes whether the Division or a Child Placing Agency manages the license. Licensing requirements for all New Hampshire resource homes are based in the New Hampshire Statute RSA 170-E and governed by Administrative Rule He-C 6446. These standards ensure that children being removed from their families are placed in a safe and nurturing family setting until they can be reunified or find permanency through adoption, guardianship, or another planned permanent living arrangement.

Child Placing Agencies also follow the licensing requirements of [He-C 6448](#), which includes that any home they request a license for follows the requirements of [He-C 6446](#). Those agencies providing ISO (Individual Service Option) or Therapeutic Foster Care are additionally following He-C 6355, the Certification for the Payment of Foster Care Programs that includes the same requirement of ensuring that the homes they manage follow He-C 6446. All licensing requests are reviewed by the State Office Home Study Unit for completion of the required elements prior to a license being issued or renewed.

STREAMLINING THE LICENSING PROCESS

New Hampshire utilizes the Structured *Analysis Family Evaluation* Home Study (SAFE Home Study) as the standard to be used by the Division and all Child Placing Agencies licensing foster homes. Training and certification for all persons licensing foster homes and their supervisors is provided with funds through the New Hampshire Adoption Preparation and Preservation grant (NHAPP). The SAFE Home Study is used on all new applicants with the goal that it will also be used for Interstate Compact on the Placement of Children (ICPC) licensing requests and all relative care providers in the future. While the tool increased the amount of time required to complete a licensing study, it produced a higher quality assessment of the family.

In December 2016, DCYF created a Home Study Unit within the Bureau of Community Family and Program Support to address both the foster care shortage and to ensure that the SAFE Home Study was being completed consistently and with integrity to the model. The Home Study Unit

³ Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

has been focused on getting families through the home study process expediently so that they can be licensed. This unit has expanded to eight and one half full-time employees and now provides statewide coverage for all applicants looking to become licensed through the Division. A smaller unit of three practitioners was also created to focus exclusively on ICPC home study and licensing requests. The Division also made changes to the Central Inquiry Unit for fostering, creating one position to support new foster parents through the process of completing required paperwork and training in an effort to streamline the process.

WAIVERS

The Administrative Rule allows for waivers of the licensing requirements that are not directly related to safety items. This process has been utilized frequently when licensing relative caregivers who faced barriers to meeting the requirements. A common waiver request is to exceed the maximum number of children allowed in a family (currently set at six for a two parent home) in order to keep a sibling group together. DCYF has determined that all criminal record checks including a fingerprint based check, the DCYF Central Registry check and the fire and health inspections of the home are crucial to ensuring the safety of children and will not waive these items. Waivers are requested by the field and reviewed by the Field Administrator and Foster Care Manager. The Director has final approval and signs the waiver for the file. Waivers are tracked by the Foster Care Manager. DCYF does not accept waiver requests for non-relative, non-child specific homes. Twenty-eight waivers were completed for non-relative foster families in 2018. All but one were related to allowing the family to exceed six children in the home so that the family could serve a sibling group. One was to accept alternative training for a NH non-relative family to be licensed and to allow an out of state child to remain in the home. The family had been licensed in the other state before moving to NH with the child and was the identified pre-adoptive family. Fourteen waivers were granted to relatives that allowed them to obtain a foster care license prior to completing all of the initial foster parent training. The relatives were allowed to substitute the *Relatively Speaking* Curriculum designed specifically for relative care issues. One of the fourteen was an instate relative while all the other families were involved with ICPC requests to serve an out of state relative child.

Progress to Achieve Substantial Conformity

LICENSE CAPACITY

KPMG is an auditing firm for the Department. In a review of foster care licensing and placements in both 2016 and 2017, a finding was made that children were placed in-homes outside of the documented age range on the license. The age ranges on the physical license was originally intended to capture the age of the child that the applicant desired to serve or adopt in combination with the age range that the home study writer recommended for the family. All foster homes are

eligible to care for children from birth to age 21. The child's age is a searchable feature in the current SACWIS system and was used to find appropriate homes when there were more foster families than there were children needing foster family care. Following this finding, all licenses were to be documented with the age range of 0 to 21 years old. Due to the severe shortage of foster families available for new placements over the last several years, it has been necessary to contact foster parents with placement requests outside their preferred age range. The Division hopes to return to adding this element when there are ample families to meet the State's placement needs. Families work closely with their Resource or Licensing Workers to ensure that placements made are in line with their skill, ability and comfort level and families have the right to decline any placement request.

FIRE INSPECTIONS

New Hampshire considers the fire inspection of an applicant's home as a critical safety item and will not waive this requirement for licensing. Current New Hampshire statute requires that the fire inspection be completed by the local fire inspector and according to both state and local ordinance. The Division created a template for this inspection to act as a guide for the applicant and inspector however, it is becoming increasingly apparent that this standard was not applied equally across the State. The template itself, had language that was outdated and confusing. Each town or city can set its own fee schedule for this inspection and can require additional and more stringent requirements.

A 2018 legislative bill, HB-343, supported by the State Fire Marshall and DCYF proposed that all foster family applicants follow one fire safety inspection for licensing and be exempt from additional municipal codes. If approved, it is expected that this new standard could be in place sometime this summer. The State Fire Marshall's Office was instrumental at drafting new fire inspection templates and accompanying guides for both foster care applicants and local inspectors. The Division will work with the State Fire Marshall's Office to develop a plan to disseminate the new information across the State.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses improvements to the foster care by implementing the home study unit to streamline, centralize, and standardize the licensing and unlicensed placement processes in order to ensure standards are applied equally for foster, adoptive and relative caregivers. Strategy one will focus on standardizing licensing requirements for foster and adoptive parents, and introducing new, consistent expectations for assessing unlicensed relative caregivers to ensure the safety of the children placed in those homes.

The recent expansion of the Home Study Unit along with the redesign of the Central Inquiry Unit will streamline and standardize the process for new foster care applicants working with the Division. A home study practitioner will be assigned to a prospective foster family once they have completed the required safety checks (criminal background checks, health and fire inspections) through Central Inquiry. This will allow practitioners to support and encourage foster parents through the process of becoming licensed. In addition, the centralized ICPC Home Study Unit will ensure that home studies are completed within the 60-day timeline for New Hampshire residents applying to serve a specific out-of-state child. Further details on these improvements can be found in PIP Goal 5 Service Array, Strategy 4 addresses: Central Inquiry and Central Home Study Unit.

The roles of the local district office resource workers is in the process of being re-focused, allowing them to prioritize case management of their foster homes and recruitment. This will ensure that foster parents are supported and that licenses are renewed according to regulations and in a timely fashion.

Item 34: Requirement for Criminal Background Checks

Overview

The New Hampshire “Foster Family Care Licensing Requirements” includes the need to complete local and statewide criminal background checks, a national fingerprint based check and a DCYF Central Registry check for any history of abuse and neglect. In addition to NH checks, criminal background and central registry checks are completed in every state where the applicant has resided in the prior five years. These are considered safety checks and there are no exemptions or waivers allowed for these requirements for a permit or license. All individuals seeking to adopt a child in the State of New Hampshire follow the same rules. FBI Fingerprint checks are only completed at initial licensing and do not need to be repeated unless there is a break in service. Criminal record and DCYF Central Registry checks are only valid for a maximum of two years. A foster care license expires prior to reaching the two-year mark. Criminal Record and DCYF Central Registry checks must be completed again in order to renew a foster care license.

He-C 6446, the Administrative Rule for licensing foster homes is very clear as to the types of felonies and crimes committed that would prevent the issuing of a foster care license. The license of any current foster parent committing a felony level offense as defined by the Rule, would be revoked without the benefit of an Order to Comply

Current Functioning of the Systemic Factor

Item 34 *Requirement for Criminal Background Checks* was rated as an *Area Needing Improvement* in the CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that, although the State requires criminal background clearances for foster and adoptive families prior to placement and requires fingerprint-based clearances prior to licensure, the process is not consistent for relative caregivers. Stakeholders also said that the Live Scan Fingerprinting System, which is newly administered, is not easily available to prospective foster parents consistently throughout the State. This can result in licensing delays as prospective foster parents attempt to obtain the required background checks.”

FBI FINGERPRINTING

FBI fingerprint based record checks began in 2007 for all applicants seeking a foster home license as NH complied with the Adam Walsh Act. Foster parents who were originally licensed prior to July 1, 2007 and have continuously maintained their licenses do not need to be fingerprinted unless they are proceeding to adopt a child in their care. He-C 6446 requires that applicants and any other adult over twenty-one residing in the home undergo Live Scan fingerprinting with the New Hampshire Department of Safety for an initial license. There is a proposed rule change to reduce the requirement age to eighteen years old. RSA 170-E: 29 requires that the NH State Police complete all fingerprint based record checks for foster and adoptive applicants and that all requests must come through the Department.

Live Scan fingerprinting as opposed to inked fingerprint cards is not new for NH Foster Care applicants and has been in place since 2009. In May of 2017, the NHSP found it necessary to streamline their process for everyone using their services due to the volume of requests they receive on a daily basis. They would no longer accept the Criminal Records release form and payment at the live scan locations for foster and adoptive applicants and went back to following the statute that required requests to come from the Department. They also stopped a long standing, yet unwritten practice of giving priority to requests from DCYF for foster and adoptive applicants over requests from others. When they first changed the process, there was an increased wait time for applicants to get their fingerprint appointment scheduled.

The current process includes the applicant calling a dedicated New Hampshire State Police (NHSP) telephone number make the appointment. The applicant receives a receipt from the NHSP with a tracking number for their prints. The applicant then returns the appropriate forms and fee for the fingerprinting to the Division in pre-stamped and addressed envelope. The requests are tracked and forwarded to the New Hampshire State Police Criminal Records Unit. While it is not the current practice, the Criminal Record Unit is still able to process inked fingerprint cards if there is no ability for the applicant to obtain Live Scan fingerprinting. Fingerprinting and state criminal

record check results are returned via a courier to the Department. The Central Inquiry Unit reviews and tracks all results and then releases the information to the field and private agencies. The Division securely maintains the original forms with the results for new applicants. Once the applicant is issued a license, they are reimbursed the cost of the fingerprint fee. Other adult household members are not reimbursed this cost. If applicants follow the guidelines issued, the average time frame for the results to be returned is less than two weeks. If the applicant has a criminal history in another state, this process can take a bit longer.

RELATIVE CARE PLACEMENT

New Hampshire does not require a relative caregiver to become a licensed foster family to accept placement of a relative child although it is highly encouraged. Relatives beyond the 4th degree of relationship are required to become licensed foster family providers in order to receive financial support and must follow the same safety check requirements as any other licensed foster applicant. DCYF is able, however to grant licensing waivers to relatives for non-safety related requirements if that requirement creates a barrier to licensing. The Fire and Health Inspections on a relative home are not eligible for a waiver for licensing.

The current requirements for unpaid relative care include an immediate Central Registry check, an immediate local police check and a walk through of the home for safety. The relative is required to sign a *Relative Care Agreement* (form 1601), permission for a New Hampshire State Criminal Record check (not fingerprint based) and agreement to participate in a Relative Care Study. These checks are inclusive of all adult household members. Record checks results on relatives are reviewed by the Central Inquiry Unit. The field is immediately notified if any relative check comes back with a criminal history that would result in a denial if the relative were applying for licensure. The district office would then assess if the criminal history required that the child be removed immediately from the relative's care or if a safety plan could be put in place to maintain the placement.

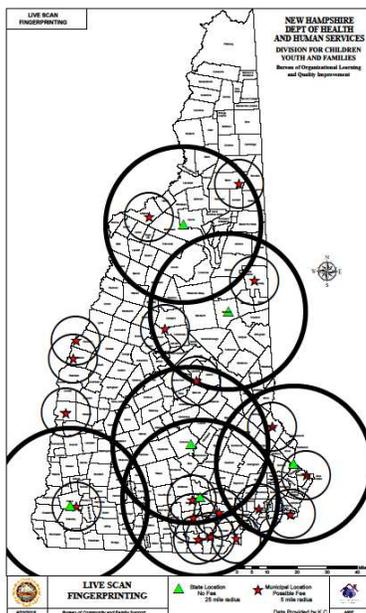
Any relative who has accepted an unpaid placement of a relative child who is later being considered as an adoption/permanency option for the child will need to complete the fingerprint based criminal record check before the adoption proceedings can move forward.

Progress to Achieve Substantial Conformity

FBI FINGERPRINTING

There are six NHSP Live Scan stations throughout the State. In addition to these sites, there are approximately fifteen towns in the State with Live Scan technology tied into the NHSP system that may assist residents with the fingerprint process. Some do charge an additional fee. There are two areas in the State, the North Country and the Upper Valley, where applicants do need to

travel a bit farther to complete the requirement of Live Scan fingerprinting. At this point in time, there is no ability for the Division to create additional sites but the ask to expand this service has been made to the NHSP Criminal Records Unit.



Federal Title IV-E Audits completed in the spring 2016 and the spring of 2019 showed that criminal background checks and reviews of child maltreatment histories were consistently completed for foster and adoptive parents.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses improvements to the foster care by implementing the home study unit to streamline, centralize, and standardize the licensing and unlicensed placement processes in order to ensure standards are applied equally for foster, adoptive and relative caregivers. Strategy one will focus on standardizing licensing requirements for foster and adoptive parents, and introducing new, consistent expectations for assessing unlicensed relative caregivers to ensure the safety of the children placed in those homes.

The Division will continue to require fingerprint based criminal record checks for all new foster care applicants and adult household members prior to issuing a foster care license.

At the present time, NH does not require a relative caregiver to become licensed as a foster care home and does not have a requirement for fingerprinting. This will need further discussion and exploration. The Division will introduce new, consistent expectations for assessing, unlicensed relative caregivers to ensure the safety of children placed in those homes. Specific policies and

tools will be developed for field workers to utilize to initially screen relatives for immediate placement and respond to safety issues if concerns arise during the home study process.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Overview

New Hampshire believes that selecting the most appropriate family for a child who cannot safely return home can reduce the trauma of separation and loss for the child. It can also increase the probability of a successful placement and ideally, can create a lifelong connection or permanent home for the child, if needed. While Relative Care is always considered as the first option, efforts are made to recruit foster and adoptive parents, who reflect not only the ethnic and racial diversity of the children in care, but families who are naturally linked to the neighborhood and communities where children reside. Matching the child with a resource home considers the foster or pre-adoptive parent's ability to meet the unique needs of the child and family. The Division for Children, Youth and Families (DCYF) does not delay the selection of a family or placement for the purpose of finding a racial or ethnic match. DCYF staff as well as providers and caregivers participate in ongoing training to promote cultural competency. Through training and ongoing support, the Division makes efforts to ensure that resource families are culturally responsive to children's needs regardless of whether they have different backgrounds.

Partnering with the community and families is a fundamental philosophy of the Division. 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. The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of current foster or adoptive families. Development of the plan by local recruitment and retention teams in each district office makes operational 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.

Foster Family Care Licensing in New Hampshire is governed by both statute; RSA 170-E and Administrative Rule; He-C 6446. There are no fees to become a licensed foster care provider and no costs associated with adopting from foster care.

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Current Functioning of the Systemic Factor

Item 35 *Diligent Recruitment of Foster and Adoptive Homes* was rated as an *Area Needing Improvement* in the CFSR. Information in the statewide assessment showed that consistent recruitment is not occurring and that recruitment is generally left to the local districts. There is no centrally organized recruitment plan for the State. Stakeholders said that there is a problem with retention due to a lack of support for foster parents.

RECRUITMENT EFFORTS

The Foster Care Program provides licensed foster homes and a family experience for children who cannot be safely cared for in their own homes. The district office resource worker recruits and trains foster families, matches children in need of out-of-home care with an appropriate family and supports the foster, relative and adoptive parents in their catchment area. The Home Study Unit works with the applicant through the licensing process. The Bureau of Community, Family and Program Support is responsible for developing statewide media campaigns, assisting the district offices for general, targeted, and child specific recruitment and for supporting retention activities. There are nine NH Child Placing Agencies who are certified to provide foster care programs that

also recruit study and maintain licensed foster families. Consistent efforts are made to recruit jointly with the agencies.

Recruitment and Retention responsibilities and activities of the Division have been supplemented for the past fourteen years through a small contract with [Bethany Christian Services](#). This contract for the Community and Faith-Based Initiative (CFBI) focuses more on child specific adoption recruitment, general and targeted recruitment in the faith based community, specific foster family supports, and statewide appreciation events for both foster care and adoption. The CFBI grows stronger every year and has been very successful in supporting foster and adoptive families and increasing retention. As part of their recruitment efforts, CFBI staff forge connections with faith-based communities around the State and then presents to congregations about the increasing need for foster and adoptive families. CFBI has successfully maintained a grant to have a Wendy's Wonderful Kids recruiter amongst their staff. While the recruiter does not necessarily recruit new families, she has been an asset in case mining and matching children with suitable families for adoption. She also monitors the transition of the child into the family and supports them with adoption preparation information. The contract with Bethany has the option of renewal this December for an additional two years.

The Division has an amazing partnership with WMUR, the statewide television channel, for the specialized segment on New Hampshire Chronicle called "Home At Last." Spearheaded by the Administrator for the Bureau of Community and Family Support, this show is designed to find adoptive families for those children who have been waiting too long. Since its inception in 2014, 40 children have been presented on the show. Of these children, more than half have been adopted or are moving towards permanency with their new families. The show has proven to be a great way to educate the public about the need for foster and adoptive parents for children in need while recruiting for the specific child. Additional families who have called in after viewing the show have been licensed to provide foster care in their home communities and have been matched with other Waiting Children needing adoption. In 2018, 34 families called in as a direct result of watching the Home At Last presentation on a child.

In November of 2018, [AdoptNH](#), an adoption exchange for NH Waiting Children was launched. The Division helps fund the exchange through a contract with a local private adoption. This site has been well received by the public and by the existing licensed families. They are able to review profiles of the children most in need of permanency through Adoption. In the first four months (11/15/18 – 2/15/19) the site had 3000 page visits by 480 unduplicated visitors. Eighty families have inquired about children they have seen on the site. At least three families were matched with Waiting Children just in this first quarter.

RECRUITMENT DATA CONSIDERATIONS

The overall number of licensed foster homes in the State is starting to show some recovery. 2018 was the second year that there were more new homes added than number of homes closed. This is a hopeful sign and evidence that the development of the Home Study Unit and adjustments to the Central Inquiry process are working.

LICENSED FOSTER FAMILIES	2011	2012	2013	2014	2015	2016	2017	2018
TOTAL HOMES	779	716	663	627	608	593	735	761
NEW HOMES	136	150	123	121	137	161	234	214
CLOSED HOMES	265	226	214	179	136	179	134	158
NEW DCYF INQUIRIES	673	512	668	641	635	690	892	1136

There has been a significant increase in the inquiries coming in from potential applicants looking to learn more about foster care and adoption. A tool to assist with foster and adoptive inquiries was built in 2018. [DeLoitte Consulting](#), a contractor for the greater Department created an online inquiry application that allows potential applicants to submit their initial inquiry packet electronically. The platform was made live on December 19, 2017 and over 1100 records have been created. It is known that some of the records are from duplicated applicants. While there have been a few glitches along the way, this platform has already allowed the initial inquiry process to be more efficient. <https://nheasy.nh.gov/#/>.

The Division has had a Centralized Inquiry system for a number of years. This allowed consistent and timely information to people wanting to learn and/or start the licensing process and a better understanding of the expectations before working with a local resource worker. Over the years, data showed that a greater percentage of applicants followed through with their initial inquiry and became licensed. In 2018, the Division tracked 1136 inquiries. Of that number, 474 had access to the initial inquiry packet either online or by mail. 277 were assigned to the Home Study Unit or sent a Welcome packet to begin the home study process, 90 of the tracked inquiries have become licensed in 2018. Prior to the Home Study Unit starting, the licensing process for new applicants was taking six to nine months or more. It was quite often that an applicant starting the process in one year would not be licensed until the next. The new process has cut that time down to an average of four to five months.

Foster Care closing data has shown that the typical foster home of today has a shorter “lifespan” than foster homes who started a decade or more ago. Many foster parents are referred to the Division by private adoption agencies and become licensed with the intention of adopting from foster care. Others inquire because they know of a foster parent who has adopted and want to grow their family through adoption. Once they have had a successful adoption or two, they close because their family feels complete. They are not remaining open to serve other children in need of short-term care. The number of licensed homes who are child specific has also increased due to the attention on locating relatives and “kin.”

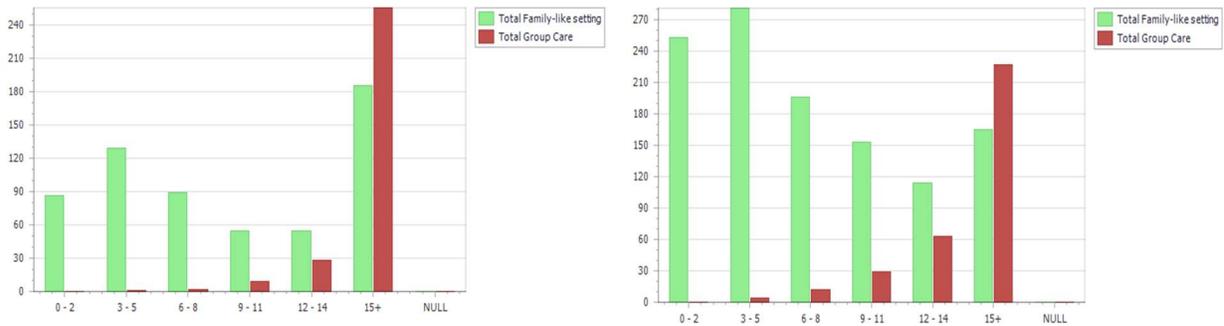
Consistent messaging is given to all new potential foster care applicants about the Mission, Beliefs, and Principles of the Division and the expectation that the Division and the foster family will work towards reunification together. Some foster homes have closed because they are in disagreement with this practice and the expectations to engage with and support the birth family and/or maintain connections with the extended birth family. Some families licensed to adopt only close out prior to serving a child because they have not been flexible with the children that they desire. Others have shared that they have closed due to the lack of communication and support given to them by the worker of the child placed in their home. The Child Placing Agencies who manage Individual Service Option (ISO) Foster Care families have had a similar experience with the slow rate of recruitment and quicker closing of resource homes.

Of the 158 homes closed in 2018, 10 were licensed and closed for ICPC placement, 57 closed in two-years or less; some without ever having had a placement. Twenty-five homes closed after ten or more years of service. One home that closed after twenty-seven years had served over 160 children. Closing numbers are significantly less than eight years ago.

The ages of children in care have also shifted during this period as more children entered because of parental substance abuse. This shift required even more family based care. In September of 2018, there were 240 infants and toddlers in care. In April of 2019, of the 498 children under the age of five, only five were in group home care due to significant medical or treatment needs. The rest were with either a relative or a foster family. The use of relative care, both unpaid and licensed has grown substantially over the years. New Hampshire continues to experience a critical shortage of foster homes available for immediate foster placement for children of all ages.

**AGES OF CHILDREN IN CARE SEPTEMBER
2014**

**AGES OF CHILDREN IN CARE SEPTEMBER
2018**



Race and Ethnicity

The 2010 U.S. census report found that 93.9 percent of New Hampshire residents were reported to be White. New Hampshire continues to have more cultural diversity in the larger, more metropolitan areas of the State. The Northern, more rural areas of New Hampshire have not yet experienced that type of growth or population change. The United States Census actually showed an overall decline in the population in this area.

CHILDREN IN CARE ON 4/30/19 (ROM)

Race of children	# In Family Care
Asian	4
AIAN	1
Black/AA	30
Multi-race	50
NH/PI	0
Other	60
White	700
Hispanic	69
No data	31

A 2013 review of licensed resource homes in the State showed that over eleven percent of the resource families are documented as being multi-racial or of a minority background. Less than seven percent of New Hampshire foster families stated that they were Hispanic in 2010. This data has not been updated.

Progress to Achieve Substantial Conformity

As part of this *Child and Family Services Plan*, New Hampshire has developed a new Diligent Recruitment Plan. Local district offices continue to hold regional recruitment events. Additionally, district office resource workers' roles have recently been re-designed allowing for them to focus their efforts on localized recruitment, and providing more direct support to their licensed foster parents. This support, will assist with retention of foster parents, and is hoped to also positively affect recruitment through positive experiences shared by currently licensed foster parents.

Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses improvement of retention of foster parents and placements through responsive communication and providing opportunities for enhanced training based on foster parent needs. In strategy two, DCYF implements a plan to re-focus the role of the local resource worker as the primary source of support for local foster families, with a role on building and sustaining strong relationship and responsive communication. Additionally, through collaboration with the Child Welfare Education Partnership, DCYF will enhance initial and ongoing caregiver training for foster parents. These updates will include updating FACEs curriculum to include a greater emphasis on working with birth parents and trauma-informed care. Additionally, resource workers will support their families in co-developing their individual training plan based on needs identified during their placements, and supporting them in navigating available training opportunities to meet these needs.

Diligent Recruitment of Foster and Adoptive Homes is an area that continues to need focus and attention to ensure that the State has a sufficient number of families available to meet the need of the field. While progress has been made to be in better compliance with licensing through the creation of the Home Study Unit and the adoption of using the SAFE Home Study, more work needs to be done to find the families who have the ability and desire to meet the needs of the children the Division is placing for both foster care and adoption.

The district office resource workers will be supported in their efforts to recruit new families by allowing them the time and resources to connect with their communities. Development of local plans by recruitment and retention teams in each district office makes operational 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. The Division also plans to put forth more effort in recruiting families jointly with the ISO Foster Care agencies. This will increase the available foster families for children in a family setting that can best meet their individual needs.

The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of current foster or adoptive families. The Division plans to create a forum to bring the leadership of all the local support groups and associations together with NHFAPA to discuss common concerns and common goals. From this larger group, a smaller coalition or oversight group will be selected to work with the Division on recruitment and retention plans and initiatives.

The Division will explore more support for the Foster Care program to meet its responsibilities for developing statewide media campaigns, assisting the district offices for general, targeted and child specific recruitment and for supporting retention activities.

See [Section 7- Targeted Plans -Foster and Adoptive Parent Diligent Recruitment Plan](#)

Item 36: State use of Cross-Jurisdictional Resources for Permanent Placements

The Interstate Compact on Placement of Children (ICPC) Administrator is responsible for ensuring protection and services to children who are placed across state lines for foster care, adoption, parental, relative and residential placements. The Interstate Compact is a uniform law that has been enacted by all fifty states, the District of Columbia, Guam and the U.S Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing a child.

Current Functioning of the Systemic Factor

The Safe and Timely Interstate Placement of Foster Children Act of 2006 included an amendment to encourage timely home studies. A home study is considered timely if “within sixty days after the State receives from another State a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, the State shall, directly or by contract:

- Conduct and complete the study ; and

- Return to the other state a report on the results of the study, which shall address the extent to which placement in the home would meet the needs of the child.”

In response to this legislation, DCYF revised policies and procedures to outline:

- How to effectively evaluate families who are referred by another state for an ICPC home study; and
- What is required by the CPSW for supervision of this home, if a placement is made?

DCYF created a monthly tracking sheet that provides data on ICPC referrals received into New Hampshire. This report allows the ICPC Administrator to track the timeliness of these home studies and to send reminders when studies are due, as well as follow up when studies have not been completed within timeframes. DCYF has also created a tracking sheet for all out of state requests that are made in order to follow up with other states when studies are not received within the 60-day timeframe.

Reporting period FFY 16 (10/01/17) to 9/30/18)

449 referrals were received and reviewed by the ICPC Deputy Compact Administrator.

New Hampshire Receiving:

- 280 ICPC Referrals were received from other states;

Of the 280 referrals received:

- 115 were completed within 30 days;
- 47 were completed within 31-60 days;
- 30 were completed within 61-75 days;
- 44 were completed in over 75 days; and
- 44 were not completed by end of reporting period.

New Hampshire Sending:

- 169 ICPC Referrals were sent to other states

Of the 169 referrals received:

- 99 were completed within 30 days;

- 12 were completed within 31-60 days;
- 3 were completed within 61-75 days;
- 16 were completed in over 75 days; and
- 39 were not completed within the reporting time frame.

New Hampshire Sending/Receiving:

- 31 Private adoptions were completed

The following circumstances continue to impact the timely completion of home studies within sixty days:

- Child was already living with the foster/relative family under Regulation 1 of the Interstate Compact at the time the request was received and the caregiver delayed submission of requested paperwork for a New Hampshire Foster Care License to be issued;
- The family is not responsive initially, and is not timely in completing necessary paperwork and requirements for foster care licensure;
- Significant information was not received at time the request for home study was received from the sending state; e. g., criminal record history of proposed caregiver, certain evaluations, information regarding the type of study needed, etc.;
- The assigned social worker finds during the home study process that significant information is needed in order to make a recommendation for approval or denial of the home study. The necessary follow up with collaterals such as therapists, physicians or law enforcement can delay timely completion;
- DCYF requested a mental health and/or substance abuse evaluation be completed to assess parental capacity to care for the child and was awaiting the outcome and recommendations prior to approving the home study;
- During the majority of this reporting period, incoming requests were still being completed by district offices, who were not able to manage the high volume and increase of requests in addition to other office and job responsibilities;
- The number of incoming request has drastically increased and the ICPC unit is receiving more than double the amount of requests then what was projected based on previous years.

Progress to Achieve Substantial Conformity

Over the last year, DCYF expanded its Home Study Unit to include a specific ICPC Unit, which is made up of three Home Study Practitioners that are solely dedicated to completing all incoming ICPC requests. The ICPC Unit covers the entire State and completes all incoming Foster, Relative, Parent and Adoption Home Studies. The only incoming ICPC requests that are still being assigned to local district offices are Adoption Home Study requests for children that are already placed here in NH and that local office is providing the supervision of that ICPC placement.

The ICPC Administrator has expanded the role of the ICPC Administrator's responsibilities to include greater oversight of staff compliance with the ICPC rules and regulations. The ICPC Administrator schedules regular visits to the local offices, which has allowed staff and supervisors direct access to the ICPC Administrator for consultation and guidance regarding the issues identified above that impact timeliness of completed studies. The ICPC Administrator has also begun to track the timely submission of quarterly reports to the sending state, and has begun to send reminder emails at the beginning of each month to remind staff that a quarterly report is due to be submitted that month. The implementation of this has already shown an improvement in submitting these reports on time. A similar tracking sheet for children placed out of New Hampshire has been created so that the ICPC Administrator can ensure NH is receiving timely quarterly reports for children they have placed in other States.

Activities for Improvement

The new addition of the ICPC unit, as well as the tracking mechanisms that have been put in place have set DCYF to be successful over the next five years in achieving a success rate of 90 to 95 percent timeliness for completing in-coming ICPC requests.

DCYF continues to take the following action in an effort to assure timely completion of home studies:

- Requests for home studies that are lacking all necessary information will not be assigned to the ICPC Unit until the ICPC Administrator has received the missing information;
- There is direct oversight of the ICPC Unit by the ICPC Administrator and regular communication and status updates are received;
- Constant review of tracking sheets that track timeframes for pending home studies and communication with the district offices and/or ICPC Unit regarding completion dates;
- Monthly ICPC Unit Staff Meetings to discuss improvements in the process in order to improve timeframes, as well as to come up with consistent ways of handling situations when families are not responsive and not timely with completing necessary paperwork.

In addition, the ICPC Administrator will work closely with the district offices to educate them on requesting home studies from other states timely and ensuring that the request packet is complete with all necessary information included. This will alleviate the ICPC Administrator going back and forth with an office when a request is made to obtain the correct documentation and information.

- Attending office staff meetings, Family Service Unit meetings and/or Permanency Planning Team meetings to discuss timeframes around when to initiate a request so that permanency is not delayed and to avoid unnecessary placement changes while waiting for an ICPC to be completed.
- Creating a template for workers to write their ICPC cover letters on that will include bullet points on specific information that needs to be included regarding the current situation, the child(ren)'s needs/behaviors, as well as information on the proposed resource and any specific information DCYF wants the receiving state to explore.
- Ensuring the *ICPC Request Checklist* is up-to-date and ensuring all of the offices have the checklist that outlines what documents are needed for the ICPC packet.
- Utilizing the tracking sheet that shows when an ICPC request is sent to another state in order to follow up with the receiving state when the home study is due and to send consistent requests for status updates when a request is overdue.

SECTION 3: PLAN FOR ENACTING THE STATE'S VISION

GOAL 1:

ENSURE SAFETY AND RISK ARE PARAMOUNT TO EVERY DECISION MADE TO MITIGATE RISK OF HARM, THREATS OF DANGER, MALTREATMENT, AND RECIDIVISM

Strategy 1:

Create and utilize a mechanism to refer families not accepted for assessment to services from the intake level.

ACTIVITY 1:

1. Utilize the Intake Data Workgroup to identify factors in screened out referrals where families are most likely to be reported again for maltreatment within year one.
2. Utilize the Intake Data Workgroup to identify key preventative services for these factors. These services should be identified as those provided by NH Department of Health and Human Services (the Department) and those provided in the community within year one.
3. Consult with Division legal staff about the authority to make service recommendations to/for families in screened out referrals where high risk factors have been identified. This discussion should break down how confidentiality will be managed for both the Department and community services. This will occur within year one.
4. Utilize the Intake Data Workgroup in collaboration with identified service providers to develop a process/policy for Intake staff to make referrals to families in screened out referrals where high risk factors have been identified within year two.
5. Implement this process at Intake once other major change initiatives are complete (ex. new Structured Decision Making tools and new Comprehensive Child Welfare Information System). It is estimated this will begin in year two and be complete by the end of year three.
6. The Bureau of Organizational Learning and Quality Improvement to track data and provide feedback to Intake staff relative to their identification of screened out referrals where families are identified as having these higher risk factors and the provision of service referrals to these families. This data should be made available to intake staff quarterly beginning year three and ongoing.

Data Considerations

Please see Round 3 *Program Improvement Plan*, Goal 1: Safety, and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress:

1. Creation of a policy for referring screened out families to referrals.
2. Evaluate the implementation of the policy by:
 - a. Tracking the number and percentage of screened out assessments where families are identified with these high risk factors.
 - b. Identifying a baseline measurement for how many of these families are subject to repeat reports of maltreatment.
 - c. Tracking the number and percentage of these identified assessments that receive referrals to services.
 - d. If possible, in conjunction with service providers, track the number and percentage of families referred by intake who accept and successfully complete services.
 - e. Starting six months after this policy has been implemented, identify bi-annually the number and percent of families meeting this criteria who are subject to repeat reports of maltreatment.

Staff Training, Technical Assistance and Evaluation

No specific technical assistance or training will be necessary. The Division, through the Bureau of Organizational Learning and Quality Improvement staff, will be responsible for evaluation.

Implementation Supports

Administration and staff time will be needed. The Division will need to team with other Department and community providers to develop a system for making referrals for families with whom the Division is not involved. Policy will be required.

Strategy 2

Utilize evidence-informed objective tools to inform important case decisions (e.g. Voluntary services, safety planning, child removal, court action, etc.)

ACTIVITY 1:

- 1.** Update and Implement Structured Decision Making (SDM) tools for families involved in Child Protective Services to assist with decision-making in Assessments and Family Service Abuse/Neglect cases. Specifically the tools will guide decisions relative to safety assessment and planning, level of Division assessment, placement, and assessment and case closure.
 - a.** The Division will collaborate with the National Council on Crime and Delinquency to formalize a contract to update the Structured Decision Making tools in Assessment and Family Services early in year one.
 - b.** The Division will collaborate with the National Council on Crime and Delinquency as they conduct an evaluation of current Division practice relative to completing both Assessment (24 hour Safety Assessment, Safety Review, and Risk Assessment) and Family Services tools (In-home Risk Review and Reunification Risk Review). This will include reviewing policy, looking at data, and conducting a risk assessment validation study. To be completed the end of year one.
 - c.** Create a Structured Decision Making Assessment workgroup early in year one.
 - d.** The Structured Decision Making Assessment workgroup will collaborate with the National Council on Crime and Delinquency to customize the Assessment tools by year two. This will include the initial creation of the tools, inter-rater reliability testing, and field testing prior to finalization of the tool.
 - e.** The Structured Decision Making Assessment workgroup and the Division and Department Information Technology systems will collaborate with the National Council on Crime and Delinquency to build the updated Structured Decision Making Tools into the new Comprehensive Child Welfare Information System by year two.
 - f.** Training of Assessment staff on the new tools will be conducted in year two prior to the roll out of the new tools. The Division will coordinate with the National Council on Crime and Delinquency to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff.
 - g.** Create a Structured Decision Making Family Service workgroup in year two.
 - h.** The Structured Decision Making Family Service workgroup will collaborate with the National Council on Crime and Delinquency to customize the Family Service tools (In-home Risk Review and Reunification Risk Review) by year three. This will include the initial creation of the tools, inter-rater reliability testing, and field testing prior to finalization of the tool.
 - i.** The Structured Decision Making Assessment workgroup and the Division and Department Information Technology systems will collaborate with the National Council on Crime and Delinquency to build the updated Structured Decision

Making Tools into the new Comprehensive Child Welfare Information System by year three.

- j.** Training of Assessment staff on the new Family Services tools will be conducted in year three prior to the roll out of the new tools. The Division will coordinate with the National Council on Crime and Delinquency to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff.
- k.** The Division will specifically address the adaptive challenges to prior implementation of Structured Decision Making tools in two ways. These will be ongoing beginning in year two and completed by year five.

 - Results from the tools will be discussed at all levels of the agency when making decisions relative to Assessments and Cases. This will begin upon implementation of the new tools.
 - Staff from the National Council on Crime and Delinquency will provide coaching to supervisors relative to using the tools in supervision.
 - Policy/practice changes will be implemented that indicate how the tool results are to be utilized in practice and changes to practice will be made. One example of this is that “off-ramps” to closing assessments with differing levels of work will be created for low and moderate risk families. Another will be the use of technology to improve timeliness of tools (ex. workers having access to the safety assessment through their phones/other devices while in the field).

ACTIVITY 2:

- 1.** Identify and Implement the use of an evidenced-based tool for youth involved in Juvenile Justice Services to assist with decision-making around supervision levels, placement, and service provision to mitigate safety and risk concerns.

 - a.** Utilize existing DCYF Administrative team to research the [Child and Adolescent Needs and Strengths Assessment](#) (CANS) and compare to the Structured Assessment of Violence in Youth Assessment in order to determine the domains covered by each assessment and determine if the CANS alone can meet the Division’s need for assessing safety and risk in Juvenile Justice Services. A decision will be made within the next two quarters (6 months) regarding which tool will be utilized.
 - b.** Create a workgroup including DCYF Administration and Juvenile Justice field staff to work on the tools that will be utilized for safety and risk assessment. This should be done within one year of the tool being identified (18 months).

- c.** The workgroup will create a plan to roll out the tool and decide if it is done statewide or incrementally.
- d.** Train staff on the utilization of the new SAVRY tool and implement the roll out of the tool. This plan should include:

 - Decide when/where/how the tool is used and developing initial implementation plan by year two.
 - Engage stakeholders (Public Defenders, Courts and Court Diversion Programs) in assuring the tool is utilized for decision during the Court process within year three.
 - Training for staff and implementation of the tool(s) within year four.
- e.** Utilize the formal evidence-based tools to guide decision making around keeping youth at home and in their communities as needed. Identifying risk factors and providing services to mitigate the risk factors.
- f.** Evaluate usage of the tools:

 - First six months post implementation, general data around the usage of the tool will be gathered and results shared with the offices.
 - Following that the fidelity to the tool and outcomes will be evaluated.
- g.** Upon the Juvenile Justice module in CCWIS being developed, the tools will be integrated into the electronic data management system.
- h.** The Division will specifically address the adaptive challenges to prior implementation of the current juvenile justice tool (the Structured Assessment of Violence in Youth) in two ways. These will be ongoing beginning in year two and completed by year five.

 - Results from the tools will be discussed at all levels of the agency when making decisions relative to cases. This will begin upon implementation of the new tools.
 - Coaching of supervisors relative to using the tools in supervision will be conducted.
 - Policy/practice changes will be implemented that indicate how the tool results are to be utilized in practice and changes to practice will be made. One example of this is that the tool will be utilized to assess risk for the youth and determine if placement is needed and, if so, the appropriate level of placement. Secondly, providers will be encouraged to utilize the same tool for consistency in language and treatment goals throughout the case.

Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 1: Safety*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress

ACTIVITY 1:

1. Completed evaluations (including Risk Validation Study) of current Assessment and Family Services practice with recommendations for changes moving forward.
2. Finalization of the Assessment Structured Decision Making Tools.
3. Certification by National Council on Crime and Delinquency of the Structured Decision Making Assessment Tools with the Comprehensive Child Welfare Information System.
4. Roll out of the Assessment Structured Decision Making Tools.
5. Finalization of the Family Services Structured Decision Making Tools.
6. Certification by National Council on Crime and Delinquency of the Structured Decision Making Family Service Tools with the Comprehensive Child Welfare Information System.
7. Roll out of the Family Services Structured Decision Making Tools.
8. Number/percentage of Assessments having Structured Decision Making tools completed timely.
9. Number/percentage of assessments with low/moderate risk that are closed using “off ramps” or alternative practices.
10. Number/percentage of Family Services cases having Structured Decision Making tools completed timely.
11. CPR data on OSRI Item 3: *Risk and Safety Assessment and Management* relative to child protection cases.

ACTIVITY 2:

1. Identification of a tool.
2. Finalization of assessment tools.
3. Development of the implementation plan.
4. Statewide implementation of the tool.
5. Evaluation the training/implementation/usage of the tool including:

- a. How many tools done.
 - b. Percentage of cases having the tool completed.
 - c. How many tools are completed timely.
 - d. Percentage of cases having the tool completed timely.
6. Evaluation the Division's fidelity to the tool using a Fidelity Evaluation tool ongoing after the first six months of tool usage.
7. CPR data on OSRI Item 3: *Risk and Safety Assessment and Management* relative to juvenile justice cases.

Staff Training, Technical Assistance and Evaluation

ACTIVITY 1:

The Division will received technical assistance from the National Council on Crime and Delinquency, Children's Research Center. This will include assistance with initial evaluation of the tool, creation of new tools, training, certifying the tools on the Division's information technology system, and ongoing coaching of supervisors. The Child Welfare Education Partnership staff participate in training by the National Council on Crime and Delinquency and be responsible for training all field staff for this roll out and ongoing. The Bureau of Organizational Learning and Quality Improvement will be responsible for evaluating the usage of the tools ongoing post roll out.

ACTIVITY 2:

The Division will continue to collaborate with the Center for Excellence in Tennessee and may work with Chapin Hall during the development and implementation of the Child and Adolescent Needs and Strengths tool. Training assistance will be provided through the Child Welfare Education Partnership (CWEP).

Implementation Supports

ACTIVITY 1:

Implementation supports include administration and staff time, Department Contract Unit assistance, funding through DCYF budget, policy changes, training, and collaboration with Information Technology will all be needed implementation supports.

ACTIVITY 2:

Implementation supports include administration and staff time, training, policy changes, and collaboration with Information Technology will all be needed implementation supports.

Strategy 3

Enhanced Safety and Risk mitigation strategies to improve practice

ACTIVITY 1:

1. Ensuring consistent assessment of safety and risk throughout the life of Juvenile Justice cases.
 - a. Create by year five a Juvenile Justice System within and beyond the Division that focuses on the assessment and management of:
 - Safety and risk of the family and community.
 - Safety and risk of the youth and siblings in the home.
 - b. Engage with the Courts around Juvenile Justice Protocols (see Round 3 Program Improvement, Goal 2 Permanency Strategy 2-Activity 8; also will be addressed in CFSP Goal 4: Partnership Strategy 2) by year two.
2. Team with partners and stakeholders in assessing and managing safety and risk of youth, families and their communities.
 - a. Discussions with the Interagency Team around creating and implementing a plan to engage schools, law enforcement, Courts, providers, and the larger communities in assessing risk and mitigating. To begin in year one and be completed by year four.
 - b. Collaborate with the NH System of Care to provide wrap around services to eligible youth and families to begin year one and be completed by year four.
 - Specifically for juvenile justice youth meeting eligibility requirements, the Juvenile Probation and Parole officer will team with System of Care staff to provide wrap-around services.
 - Juvenile Justice Service's staff will collaborate with state and local prevention services for youth in efforts to keep them out of the juvenile justice system.

ACTIVITY 2:

1. Implement Special Medical Evaluations for Abuse/Neglect cases as authorized through HB521. Specifically to establish a child abuse specialized medical evaluation program in

collaboration with existing public and private resources and services in NH that includes the following:

- a.** CPS workers shall have on-call access, 24/7, to an experienced health care professional who is trained in and can advise on the diagnosis, treatment and disposition of suspected sexual and physical abuse.
- b.** CPS workers who do screenings and assessment of reported abuse shall receive pre-service and periodic in-service training in standardized medical diagnostic methods, treatment and disposition by experienced health care providers.
- c.** Annually, a limited number of designated health care providers geographically distributed shall be trained in nationally recognized curricula to respond to initial presentations of child sexual abuse, physical abuse and neglect.
- d.** The providers in the program shall participate in periodic peer or expert review of their evaluations and get ongoing education in the medical evaluation of child abuse and neglect.
- e.** The program shall be administered by a health care provider with experience in child abuse and neglect in collaboration with private and public entities under contract with DHHS.
- f.** Reimbursement for providers in the program shall reflect the average cost to deliver such services including participation in multidisciplinary team activities and associated court proceedings (this reimbursement shall periodically be reviewed and revised as necessary).

In order to do this, the following actions will be taken:

- 2.** Convene a meeting of DCYF staff and the medical community who brought forth HB 521 legislation to discuss the vision of the bill, the services provided within year one.
- 3.** Create an ongoing workgroup to team with DCYF to create an implementation plan within year one
- 4.** DCYF with the support of the ongoing workgroup will implement the plan by year five:
 - a.** DCYF will identify the specific services desired within year one.
 - b.** Identify a provider/lead agency to provide these services by year two.
 - c.** Create a contract with the provider by year two.
 - d.** Implement the Contract over the upcoming two years (by year 4).
- 5.** Evaluate the usage of the program.

- a. Create a Baseline: (Number of DCYF referrals of sexual abuse and serious physical abuse reported annually, Current percent of children referred to a CAC who obtain a medical evaluation is less than thirteen percent (although not a perfect baseline, DCYF independently is not able to obtain a separate baseline) within the first year.
- b. Quarterly, once the program is implemented (by year four), obtain from the provider a number of medical referrals made to the program.
- c. Quarterly, obtain from the provider a number of DCYF case consultations provided.
- d. Identify a measure of effectiveness of the program and begin gathering data.

Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 1: Safety*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress

ACTIVITY 1:

1. Number of youth involved in juvenile justice who receive wrap around services (if Fast Forward/Children's Behavioral Health) can provide this data.
2. CPR data on OSRI Item 2: *Services To Family To Protect Child In The Home And Prevent Removal/Re-Entry For Juvenile Justice Cases.*

ACTIVITY 2:

1. Creation of an implementation plan.
2. Obtain a signed contract with a provider.
3. Identify number of qualified medical providers.
4. Identify a number of needed qualified medical providers for ongoing.
5. Identify quarterly the number of qualified medical providers gained.
6. Once program begins, count number of referrals to the program.
7. Item 3 in the On-Site Review Instrument: *Risk And Safety Assessment And Management Relative To Child Protection Cases.*

Staff Training, Technical Assistance and Evaluation

ACTIVITY 1:

The Division does not require technical assistance or training. The Bureau of Organizational Learning and Quality Improvement will be responsible for evaluation.

ACTIVITY 2:

The Division does not require technical assistance. Staff will be trained by the Special Medical Evaluations provider to better understand how to identify child abuse and/or neglect from medical indications and how to utilize the program. The provider will be responsible for evaluation although the Division may team with the provider.

Implementation Supports

ACTIVITY 1:

Implementation supports include Administration and juvenile justice field staff time as well as collaboration with the Courts and providers (both Department providers such as Fast Forward through Children's Behavioral Health and community providers such as school, law enforcement, and others).

ACTIVITY 2:

Implementation supports include administration and staff time, Department Contract Unit assistance, funding through DCYF budget, and policy changes. In addition, a specialized medical provider with whom to contract/collaborate must be engaged and community supports from the medical community must be collaborated with to both develop and implement the program as well as to become trained as special medical providers. Both Division staff and medical providers will require specialized training. In order to assure 24-hour on call coverage by a doctor, it will be likely special technology will be needed to share medical records and images.

GOAL 2:

STRENGTHEN DCYF'S ENGAGEMENT WITH PARENTS, FOSTER FAMILIES, RELATIVES AND LIFELONG CONNECTIONS TO ENSURE ALL CHILDREN ACHIEVE TIMELY PERMANENCY

Strategy 1

Conduct general, targeted and child specific recruitment to meet the need of children entering care to begin year one.

ACTIVITIES:

1. Create statewide and local Recruitment and Retention Plans based on data of children in care, which establish the local recruitment events, stakeholder involvement, public awareness campaigns.
 - a. Statewide Plan to be developed and submitted with CFSP by July 2019
 - b. Local Office Plans to be developed with support of State Office Foster Care Program staff, and to be completed by end of 2019
2. Begin implementation of Recruitment and Retention Plan activities by end of 2019, with support of Foster Care Program staff.
3. Sustain attention to both statewide and local Recruitment and Retention Plans through Resource Round Up meetings, including review of updated foster care data, and make revisions as determined appropriate to keep plans moving forward
4. Continue to enhance licensing process through central inquiry and home study units to be supportive and build lasting relationships with potential foster and adoptive parents (started in Round 3 *Program Improvement Plan*)

Strategy 2

Build strong relationships to promote successful placements and retention of current foster parents to begin year one.

ACTIVITIES:

1. Refocus the local resource worker role to actively support foster families (started in Round 3 *Program Improvement Plan*)

2. Identify training needs for foster parents and deliver localized training opportunities based on assessment of group need, through FAPA groups or retention events specific to need
 - a. Local resource workers will assess training needs
 - b. Coordinate training needs with FAPA groups or through retention events
3. Provide active, responsive support to foster families (started in *Round 3 Program Improvement Plan*)
 - a. Resource workers will conduct monthly home visits with foster parents who have placement;
 - b. Resource workers will initiate proactive and responsive communication with foster parents who do not have placement monthly;
 - c. Explore mentorship opportunities between new and seasoned foster parents (started in *Round 3 Program Improvement Plan*)

Data Considerations

Please see *Round 3 Program Improvement Plan*, Goal 5: Service Array, and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress:

- Please see *Round 3 Program Improvement Plan*, Goal 5: Service Array for identified measures of progress.
- There will be an appropriate number of foster homes to meet the demand for specialized populations (ie. sibling groups, teenagers, school aged children) as determined needed by data.
- Number new foster parents during a given time period; number sustained foster parents during a given time period
- Frequency and quality of contact between foster family and resource worker through foster parent feedback (ie. focus group/survey, etc).
- CPR data on OSRI Item 12C: *Needs and Services of Foster Parents*

Staff Training, Technical Assistance and Evaluation

- Please see *Round 3 Program Improvement Plan*, Goal 5: Service Array for training, technical assistance and evaluation needs.

- Possible additional training and or technical assistance to support field staff in developing localized recruitment and retention plans, as determined necessary by Foster Care Program staff.

Implementation Supports

- Please see Round 3 Program Improvement Plan, Goal 5: Service Array for implementation supports.
- Possible training and or coaching for field staff in developing localized recruitment and retention plans as determined necessary by Foster Care Program staff.

GOAL 3:

PROVIDE THE RIGHT SERVICE TO THE RIGHT CHILDREN, YOUTH AND FAMILIES AT THE RIGHT TIME.

Strategy 1

Implement a community-based family strengthening program (community-based voluntary services) to begin year one.

ACTIVITIES:

1. Develop and publish a *Request for Information* to solicit feedback from providers and stakeholders about system model and design
2. Develop and publish a *Request for Procurement* to award a contract for new community-based voluntary services program.
3. Develop communication plan and training on new model for serving children and families
4. Develop mechanism to track payments for services to allow for maximization of federal financial participation following implementation of Family First Preventative Services Act

Strategy 2

Implement a community-based service array that can meet the needs of DCYF-involved families to begin year one.

ACTIVITIES:

1. Develop and publish a *Request for Information* to solicit feedback from providers and stakeholders about service options and Evidence Based Programs
2. Develop and publish a *Request for Procurement or Qualifications* to provide new service options
3. Develop communication plan and training on new services
4. Hire additional Program Specialist to support community-based services

Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 5: Service Array, Adequacy and Enhancement Assessment* and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress:

Families will access supports/services when they are needed leading to:

- Reduction in occurrences of family involvement over x period of time.
- Reduction in a finding being made and/or;
- Reduction in the number of children/youth coming into out-of-home care.
- CPR data on OSRI Item 2: *Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care*
- CPR data on OSRI Item 3: *Risk and Safety Assessment and Management*
- CPR data on OSRI Item 12 B and C: *Needs and Services of Child and Parents*
- CPR data on OSRI Item 16: *Educational Needs of the Child*
- CPR data on OSRI Item 17: *Physical Health of Child*
- CPR data on OSRI Item 18: *Mental/Behavioral Health of the Child*

Staff Training, Technical Assistance and Evaluation

- Research on evidence-based programs available
- Staff training on new service array.
- Additional personnel to support community-based services
- Develop an evaluation plan for new service array programs/providers

Implementation Supports

- Possible contract needs if a community-based voluntary service is created through a contract with an outside agency.
- Communication plan and training on new model for serving children and families

GOAL 4:

PARTNER TO CREATE A BROADER CHILD WELFARE SYSTEM WHERE DCYF AND OTHER STATE AND COMMUNITY PARTNERS COLLABORATE AND SHARE RESPONSIBILITY FOR CHILD SAFETY AND WELL-BEING

Strategy 1

Partner with other Divisions, Departments and stakeholders to strengthen families and keep children and youth healthy and safe before DCYF intervention to begin year one.

ACTIVITIES:

1. Partner with Division of Economic and Housing Stability to support Family Resource Centers and FRC Coordination Center
2. Partner with Public Health to support Community Collaborations Grant and expansion of Parental Assistance Program
3. Partner with Public Health and Economic and Housing Stability around use of “Predict, Align, Prevent” to develop ‘place based” data sets to inform social service and prevention efforts
4. Co-lead planning with the Division of Public Health to create a Statewide Child Fatality Prevention Plan.
5. Create a collaborative relationship with other departments and community partners to expand available data to paint a more holistic view of families served by the department.

Strategy 2

Partner with the judicial branch to improve outcomes for children and families to begin year one.

ACTIVITIES:

1. Enhance partnership with courts and Judges to support youth improved outcomes for youth and families involved in juvenile justice system
2. Partner with Judicial Council and Court Improvement Project to develop a high-quality parental representation program (child protection system)

Data Considerations

Research has proven that collaboration between child welfare agencies, other state agencies and community stakeholders creates among other things, a shared sense of responsibility for the welfare of families, access to broadened service array, expanded access to data, which can be used to further enhance programming through education, advocacy and enhanced partnerships. As a

result of enhanced interagency and community partnerships families will experience improved outcomes including accessing the rights supports before the family enters a crisis situation.

Measures of Progress

- Development of a Statewide Child Fatality Prevention Plan
- Development of a high-quality parental representation program
- Children and youth involved with child protection and juvenile justice will achieve:
 - More timely permanency and/or;
 - An increase in reunifications and/or reduction in placement in out-of-home care.
- Enhanced collaborative partnerships with other DHHS bureaus and divisions, and judicial partners will result in families accessing appropriate supports and better outcomes for juvenile justice involved youth.
- Data is being used more readily to make informed decisions for families as evidenced by:
 - Development of data dashboards;
 - Frequency of use of ROM data
- Possible additional measures of progress through evaluation of initiatives (Strategy 1).
- CPR data on OSRI Item 2: *Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care*
- CPR data on OSRI Item 3: *Risk and Safety Assessment and Management*
- CRR data on OSRI Items 2-18 (Strategy 2)
- CPR data on OSRI Item 12 B and C: Needs and Services of Child and Parents
- CPR data on OSRI Item 16: *Educational Needs of the Child*
- CPR data on OSRI Item 17: *Physical Health of Child*
- CPR data on OSRI Item 18: *Mental/Behavioral Health of the Child*

Staff Training, Technical Assistance and Evaluation

- Possible staff training on available preventative resources available within communities.

- Technical assistance on the creation and evaluation of high-quality parent representation program provided to CIP/Judicial Council by the American Bar Association.
- Possible technical assistance from Children's Bureau to support Title IV-E program, in order to identify eligible children/youth and/or draw down adequate funding to support high-quality parent representation program

Implementation Supports

- Develop a method to identify the count of eligible children with their parent/s who are provided legal representation.
- Amendment to and approval of cost allocation plan to support Title IV-E draw down based on penetration rate
- Training for attorneys for high-quality parent representation program
- Possible training for staff as determined by Title IV-E needs
- Memorandum of Understanding between DCYF and Judicial Council for use of Title IV-E funds.

GOAL 5:

INVEST IN OUR ORGANIZATION TO DEVELOP AND RETAIN EXCELLENT STAFF AND BUILD OUR CAPACITY TO IMPROVE OUTCOMES FOR CHILDREN, YOUTH AND FAMILIES

Strategy 1

Improve staff well-being and retention beginning year one.

ACTIVITIES:

1. Develop a culture of safety
 - a. Continued participation in National Collaborative for Child Safety
 - b. Expansion of E.P.I.C. (Peer support)
 - c. Redesign critical incident review process to incorporate safety science principals
 - d. Consider implementation of other components of the “Safety Culture Toolkit”
2. Implement Safe Signal statewide
3. Improve communication with staff, including increased presence of leadership and state office staff in the district offices.
 - a. Establish at least one way of consistent communication between state office and the broader Division by April 15, 2020.

Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 4: Workforce Development*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress

- Reduction in turnover rate over time period
- Proportion of staff who respond to survey and report psychological safety over time period
- Proportion of staff who report psychological safety during QA Specific Review Process (ie. follow phone call, survey).
- Increase membership (by 10 members) for the peer support team model by December 31, 2019. (met/unmet)
- Time from when a position is vacated to filled

- Time staff remain in current positions

Staff Training, Technical Assistance and Evaluation

Technical assistance from Chapin Hall and Casey Family Programs

Implementation Supports

To be determined through technical assistance.

SECTION 4. SERVICES

Child and Family Services Continuum

New Hampshire has a number services included within the child and family services continuum, including but not limited to: child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements. These programs are discussed in more detail with Section 4: *Services*, Section 2: *Array of Services and Resource Development* and Section 2: *Division Responsiveness to the Community*

PREVENTION

Over the next five years, DCYF will collaborate with The Division of Public Health Services for the Community Collaborations to Strengthen Families project, focusing on a seamless prevention service array in two NH communities, Manchester and the Winnepesaukee Public Health Region.

VOLUNTARY SERVICES

See [Section 4: Populations at Greatest Risk for Maltreatment](#)

COMPREHENSIVE FAMILY SUPPORT SERVICES

See [Section 2: Array of Services and Resource Development](#)

COMMUNITY-BASED IN-HOME SERVICES

See [Section 2: Array of Services and Resource Development](#)

SERVICE ARRAY REDESIGN

Over the next five years, with the implementation of Families First Prevention Services Act (FFPSA), a service array redesign will shift all levels of service, and support implementing approved evidence-based practices that are trauma-informed and focus on strengthening families, to help support children at home, who are at risk of entry into foster care. DCYF plans to release a Request for Information in the summer of 2019 to seek feedback and interest from the provider community. DCYF will move to performance-based contracts for the service array.

Service Coordination (45 CFR 1357.15(m))

New Hampshire Children's Trust

Please see [Section 1: Collaboration, New Hampshire Children's Trust \(NHCT\)](#)

Children's Justice Act (CJA)

Please see [Section 1: Collaboration, Children's Justice Act \(CJA\)](#)

Court Improvement Project (CIP)

Please see [Section 1: Collaboration, Court Improvement Project \(CIP\)](#)

Service Description (Title IV-B, Subpart 1)

Comprehensive Family Support Services

Please see [Section 2: Array of Services and Resource Development, Items 29 and 30](#)

FAIR Program

Please see [Section 2: Array of Services and Resource Development, Items 29 and 30](#)

Parent Partner Program

Please see [Section 2: Division Response to Community, Items 31 and 32](#)

Project First Step

Please see [Section 2: Array of Services and Resource Development, Items 29 and 30](#)

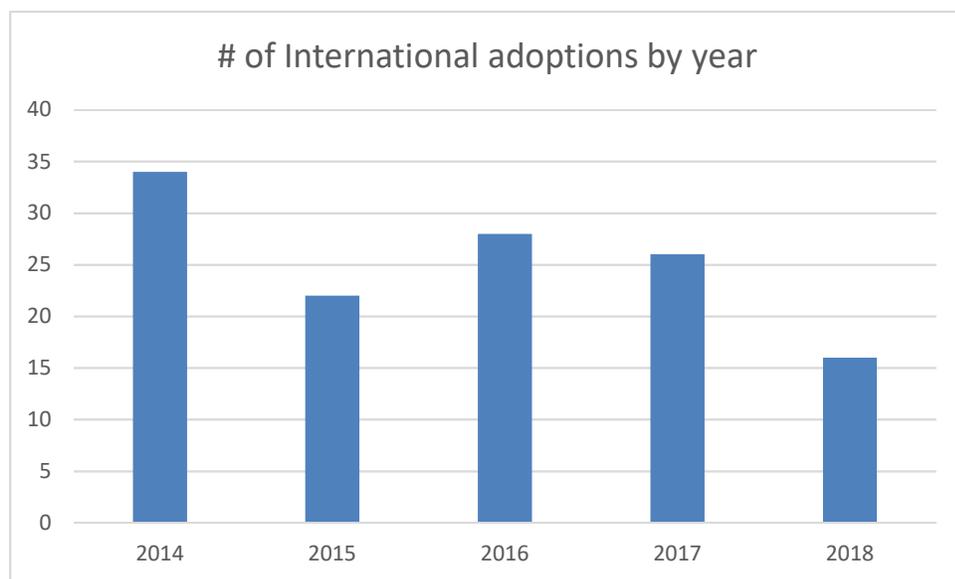
Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

The State of New Hampshire has seven licensed adoption child placing agencies available to families who have the capacity to complete inter-country adoptions. All adoption agencies must be licensed by the State of New Hampshire, 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* allow DCYF 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 Directors of the adoption child placing agencies meet every three months or quarterly. The members 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, Division policy, and best practice. The standards adopted as rules in April 2003 were revised and adopted in April 2011.

The New Hampshire Child Placing Agencies have seen a decline in the number of international adoptions in the past year while private adoptions appear to be on the rise. The decrease in international adoptions is attributed to the fact that many countries have changed their adoption policies.



Child placing agencies are focusing more on recruitment efforts, home studies and post-adoption services such as searches. New Hampshire statute addresses specific adoption requirements for inter-country adoptions. If the child is adopted from another country, the adoption petition must include documentation indicating compliance with *RSA 170-B: 28*. “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. 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 (ICPC). In addition, New Hampshire statute also addresses the legality of international adoptions. *RSA 170-B: 29* 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 outside 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.”

In the State of New Hampshire, Rule, [He-C 6488.16 \(c\)](#) for the licensing requirements of child placing agencies documents that child placing agencies must provide post-adoption services or refer families to agencies that can provide those services. For agencies in New Hampshire, this includes that traditional services including, but not limited to: individual, family or group counseling; recreational activities; opportunities to meet other adoptive families; and searches for birth parents and/or other relatives be provided to all children. New Hampshire have not provided post-adoption services through DCYF to any adoptees except those who are adopted through DCYF.

Services for Children Under the Age of Five (section 422(b)(18) of the Act)

The developmental, safety and permanency needs for children age five and younger are assessed on an ongoing basis. The Division recognizes that early detection and prevention services are crucial to meet the needs of this vulnerable population. When an Assessment commences, the worker utilizes Solution Based Casework to support the family in identifying their developmental stage based on their family structure, and the age of the children. The Division helps the family recognize and establish the everyday life events associated with each developmental stage, the areas of strength and the areas of support the family has with these life tasks that are necessary to meet the medical, emotional, and physical needs of their children. The Division utilizes this information to facilitate referrals to community or home based services. The family is engaged in the case planning process to develop outcomes that target the specific needs of the children. This process is repeated throughout the life of a case.

An enhanced response policy for children under the age of three was established to promote the safety and protection for children exposed to substances. A Solution Based approach is used to assess the family's strengths, needs, supports, and resources. The enhanced response is a

differential response that requires the Division to utilize systematic practices including increased contact with the family and providers to mitigate potential danger. The specific practice includes:

- A minimum of four face-to-face visits with children for a substance exposed infant;
- A minimum of three face-to-face visits for an infant who was born substance exposed; and
- A minimum of three face-to-face visits for any report of an infant or toddler alleged to have been abused or neglected due to a caregiver's substance use.

The Division communicates closely with community resources and service providers to facilitate services to meet the child's needs, including a referral to *Early Supports and Services* to assess, address, and provide developmental services and education as needed. Additionally, all founded assessments involving children under the age of three require the Division to make a referral to *Early Supports and Services* to assess any developmental needs. Children under the age of five may be referred to the Department of Health and Human Services, Bureau of Special Medical Services. Special Medical Services assists the family with medical and financial services for children with special health care needs. These children are those who either have or are at a higher risk for chronic developmental, physical, emotional, or behavioral conditions that necessitate health and related services above and beyond what a typical child would require. The Bureau of Special Medical Services can assist with coordination of services and provide the family support in accessing neuro-motor and developmental clinics, as well as nutritional, psychological, and physical therapy services.

At the onset of an abuse and/or neglect case, a consultation is conducted to identify the family's developmental stage, needs, strengths, supports, resources, protective factors, ecomap, and a three generational genogram to assist in developing a case plan with objectives that meet the child's developmental, physical, safety, and emotional needs and provides necessary information to guide referrals to community and/or in-home services.

In an effort to reduce the length of time young children under the age of five are in foster care without a permanent family, *Permanency Planning Team* meetings are scheduled to assess the ongoing permanency plans and any progress and/or barriers to achieving the child's permanency goal. These meetings occur at the onset of placement, the sixth month, and the eleventh month in order to review and assess the child's readiness for permanency, attachment to caregivers and move towards achieving the permanency goals. Many of the children under the age of five with significant physical and developmental disabilities remain in care longer. These children require targeted recruitment efforts and the Division works closely with child placing agencies to identify and recruit families that may be willing and able to commit to these children when reunification cannot occur. Throughout the course of a case, the Division consults with local mental health

providers to ensure the emotional and mental health needs of the child are met. Children over the age of three are referred to the local mental health center for a mental health screening and assessment to determine any trauma, impacts to the child's emotional and behavioral health and to identify needs for treatment based on the assessment. The Division conducts mental health screeners at six months, and every six months thereafter until permanency is achieved for the child. This screener is utilized to identify any mental health symptoms that the child may be experiencing and to assist in assessing the type of mental health treatment that should be considered. The Division also conducts the New Hampshire Adoption Preparation and Preservation screeners to determine the child's readiness for permanency and to assess the attachment with the foster family. In 2018, the Division was able to reinstate voluntary services to those children and families at higher risk to assist in the prevention of abuse and/or neglect and to provide community services and supports to the child and family that often include children under the age of five.

	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Total # of children who entered care	323	443	550	679	605
Total # of Children who entered care at age <=5	178	252	345	408	330
Children who entered care at age <1	62	79	115	139	119
Children who entered care at age 1-2	59	73	117	112	98
Children who entered care at age 3-5	57	100	113	157	113
% of children who entered care at age <=5	55.11%	56.88%	62.73%	60.09%	54.55%
Of the children who entered care in the specified year, the total # of children Still in Care as of 4-01 of the following year (i.e. the child entered care in CY 2014 and was still in care as of 04-01-15)	269	372	445	565	498
# of children still in care as of 04-01 of the following year, who were at age <=5 when entered care *	147	216	279	346	276
% of children still in care as of 04-01 of the following year, who were at age <=5 when entered care **	54.65%	58.06%	62.70%	61.24%	55.42%
# of children still in care as of 04-01 of the following year, who were at age <=5 on 03-31 *	137	198	255	321	256
% of children still in care as of 04-01 of the following year who were at age <=5 on 03-31 **	50.93%	53.23%	57.30%	56.81%	51.41%

Data Source: Results Oriented Management (ROM), Placement Count report for the Bureau of Child Protective Services, extracted on May 20, 2016 for CY 2012 through CY 2015, CY 2016 was extracted on May 17, 2017, CY 2017 was extracted on May 24, 2018, CY 2018 was extracted on April 10, 2019

* percent is based on number of children still in care as of 04-01 of the following year (for CY 2012 as of 04-01-13; for CY 2013 as of 04-01-14; for CY 2014 as of 04-01-2015; for CY 2015 as of 04-01-2016, for CY 2016 as of 04-01-2017; for CY 2017 as of 04-01-2018; for CY 2018 as of 04-01-19) who were at age <=5 when entered care

** Percent is based on total number of children that were Still in Care as of 04-01 (for CY 2012 as of 04-01-13; for CY 2013 as of 04-01-2014; for CY 2014 as of 04-01-2015; for CY 2015 as of 4-01-2016, for CY 2016 as of 4-01-2017; for CY 2017 as of 04/01/2018; for CY 2018 as of 04-01-2019)

Efforts to Track and Prevent Child Maltreatment Deaths

Over the last year as part of NH's broader *Child Welfare Systems Transformation* (CWST) efforts the State's approach to tracking and preventing child maltreatment deaths was closely examined. As a result, New Hampshire is embarking on two substantive changes

The first change is to improve data integrity. During Calendar Year 2018, the decision was made for all child fatalities with a reason to suspect maltreatment to be reported to the DCYF Central Intake. This changes the previous practice of depending upon Department of Justice and the NH Medical Examiner's Office to provide data about all maltreatment fatalities for inclusion in the NCANDS File.

The second change highlights an overall shift in New Hampshire to bring together the Division for Children, Youth and Families, public health, and other professionals to align prevention, planning, and surveillance efforts, and to better coordinate the review of preventable child fatalities. NH is strengthening relationships with key stakeholders to support the creation of a comprehensive plan to prevent child maltreatment deaths. As part of the CWST, an *Interagency Team* made up of crucial members of the larger child welfare system in New Hampshire, from law enforcement, public health, the courts, education, staff, parents, providers, advocates and legislators, was chartered to guide the collective vision, initiatives and commitment to reducing child maltreatment and in particular child fatalities. Leveraging the successful governance structure, roles and responsibilities identified in the charter, the *Interagency Team* will play a lead role in developing and implementing the Child Fatality Prevention Plan. The IAT's commitment to this effort is reflected in the language of the charter, "we [IAT]...are committed to an enduring legacy to ensure continuous improvement of New Hampshire's family strengthening and child well-being systems, whether in good times or bad. The IAT charter leads the *Child Welfare Systems Transformation* because child safety, well-being and strong families belong to all of us".

Fatality Reporting to NCANDS

The state of NH Fatality reporting to NCANDS follows the required federal guidance. DCYF intake initiates and completes key steps in the process for tracking, resolving, and documenting abuse and neglect data including child fatalities. After Central Intake receives a call, it is evaluated and logged into the SACWIS. In circumstances of a child fatality, DCYF Central Intake will document the report in the SACWIS system and assess any further DCYF response.

For the past several years, DCYF has deferred investigation of child fatalities to law enforcement when there was no other children to assess for risk. Therefore, the Division has relied upon the NH Medical Examiner's Office and or the Department of Justice to provide data about all maltreatment fatalities for inclusion in the NCANDS Agency File. This year (Calendar Year 2018), New Hampshire has changed this practice and is now accepting all child fatalities alleged to have resulted from child abuse and/or neglect for investigation. Therefore, details about child deaths that are reported to the Division will be included in the NCANDS child file, beginning with FFY2019. New Hampshire will continue to work with the Medical Examiner's office and the Child Fatality Committee to ensure that the circumstances of all child deaths determined to be due to maltreatment, will be reported to NCANDS.

New Hampshire Child Fatality Review

The New Hampshire Child Fatality Review Committee (CFRC) was created by Executive Order in 1991. The mission of the Committee has been to reducing 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 has been comprised of representation from the medical, law enforcement, judicial, legal, victim services, public health, mental health, and DCYF and education communities. The Committee began reviewing cases of child fatalities in January of 1996. After each review, the Committee identified risk factors related to the death and made recommendations aimed at improving systematic responses in an effort to prevent similar deaths in the future. The Committee also provided recommendations to participating agencies and asked them to take actions consistent with their own mandates. The Committee published those recommendations and the Division's responses to those recommendations in an annual report.

The most recent (14th) report of the [Child Fatality Review Committee](#) is located at:

<https://www.doj.nh.gov/criminal/victim-assistance/documents/child-fatality-report-2017.pdf>

As policies and practices for protecting identifiable data and information evolved, the Department of Health and Human Services and other State agencies faced challenges in participating in transparent conversations regarding child fatalities impacted by child maltreatment as part of Child Fatality Review Committee. These concerns resulted in the suspension of Child Fatality Review Committee meetings. To mitigate this challenge and strengthen the review process, the Department collaborated with the Child Fatality Review Committee members and sought recommendations from the New Hampshire Attorney General's Office. As a result, the Department is supporting Senate Bill 118 in the 2019 legislative session, which seeks to amend the Revised Statute Annotated Chapter 132 Protection for Maternity and Infancy to add a new section (RSA 132:40). The new section will codify the Child Fatality Review Committee as a statutorily mandated function of the Department of Health and Human Services completed in conjunction with the Office of the Medical Examiner.

Upon passage, SB 118 will establish a Child Fatality Review Committee to conduct comprehensive, multidisciplinary reviews of preventable infant, child, and youth deaths in New Hampshire for the purpose of identifying factors associated with the deaths and to make recommendations for system changes to improve services. The law will situate leadership of the Committee within the DHHS, Division of Public Health Services and set an expanded membership with twenty-seven key disciplines represented to inform the conversations, considerations, and recommendations. The membership terms, tasks, and authority for the new iteration of New Hampshire's Child Fatality Review Committee will reflect an empowered committee with a structure and access to records that better meets the intent of the program. The primary objectives will be to: Describe trends and patterns of child deaths in New Hampshire; Identify and investigate

the prevalence of risks and risk factors among the populations of deceased children; Evaluate the service and system responses for children and families and to offer recommendations for improvement of those services; Improve the sources of data collection by developing protocols for autopsies, death scene investigations, and complete recording of cause of death on all death certificates; and ultimately enable state agencies, law enforcement, health care providers, and community-based organizations to more effectively prevent and investigate child fatalities. At the time of this report, SB 118 has been approved by the NH General Court and is awaiting Governor Approval.

While the Child Fatality Review Committee was at an impasse, concurrent processes moved ahead with internal resources. Three processes have been ongoing to review child fatalities: the Division for Children Youth and Families' Quality Assurance Specific Case Reviews; the Department's Sentinel Event Reviews; and the Office of the Child Advocate's System Learning Reviews. Each of these reviews consider fundamental circumstances, systems' roles, and tracks internal data to consider trends and preventative recommendations. The Division's reviews are specialized for matters where the Division was involved at the time or within several months of the fatality, whereas the Office of the Child Advocate can review matters that have no history of involvement with the Division. The Department's scope is of the larger system, assessing circumstances where more than one departmental bureau or division was involved with the family. While each review has strengths, the importance of building capacity for safety science in these processes has been recognized. With this area for refinement, New Hampshire has sought collaborative programs in support of safety science.

New Hampshire, along with eleven other jurisdictions across the U.S., is part of the newly formed National Partnership for Child Safety (NPCS): Applying Safety Science in Child Welfare to Improve Safety and Prevent Child Maltreatment-Related Fatalities. NPCS was formed with the support of Casey Family Programs, a national operating foundation focused on safely reducing the need for foster care and building Communities of Hope. The collaboration's mission is to improve child safety and prevent serious injuries and fatalities by developing and applying strategies and activities informed by safety science. Members of the partnership will do this by sharing data, implementing a standardized platform for reviews of critical incidents utilizing the [Safe System's Improvement Tool](#) (SSIT) and reporting data, improving informed decision-making, and promoting safety innovations in child and family serving systems. New Hampshire anticipates that this tool will become common measure among the current fatality review processes and will be a means to facilitate sharing data in a transferrable format with common measures with the Child Fatality Review Committee. The interoperability of one tool across the four groups can feed into more enriched data to review in the Child Fatality Review Committee and increase the threshold for matters that can be reviewed.

Steps Taken To Develop A Statewide Plan To Prevent Child Maltreatment Fatalities

BACKGROUND

Most recently, NH DHHS/DCYF has been on a path towards not just “reforming” child welfare/protection, but transforming the entire child and family service systems in every community across the State. To accomplish this – DHHS has been aligning, integrating, and leveraging all departmental efforts that touch children and families to promote supportive communities, strengthened families and safer kids. The State has “refreshed” and modernized the Department of Health and Human Services organizational governance and structures to emphasize and support early and effective response to family and children’s needs using a lens of social and economic determinants of health as the foundation – and delivering the right service, at the right time and in the right place. It is with this lens that the positioning of the Child Fatality Review Committee as a function of the Division of Public Health was intrinsic.

Further, to guide and inform these efforts, a Child Welfare Systems Transformation Interagency Team was formed and chartered that includes staff, parents, and critical government agency partners, such as the Courts, Departments of Justice, Education, and Safety, legislators, providers, advocates, and other essential stakeholders. A series of DHHS “Integration Teams” was also created across a wide variety program and issue areas, such as early childhood, youth affected by caregiver substance use, fatherhood engagement, housing stability, and data analytics.

The Child Welfare Systems Transformation Interagency Team set forth a vision for transformation along four essential areas:

1. **Responding** to challenges identified in an independent review conducted on the child welfare system,
2. **Strengthening** staff and the connections with key stakeholders,
3. **Innovating** practice to meet the evolving needs of kids and families, and
4. **Constructing** a future for ALL of NH’s kids

by building out more robust prevention services focused on strengthening protective and resiliency factors, mitigating child, parent, and family risks to safety, and bringing greater technical excellence into the child protection and juvenile justice systems.

To accomplish this vision, the Child Welfare Systems Transformation Interagency Team set forth their efforts across three primary areas: Strategic Direction, Technical Guidance, and Advocacy. Meeting at least monthly for several hours, often times much more, they worked with and through

numerous cross-sector workgroups to span boundaries, deepen partnerships, dig deep into root causes to system challenges and generate new and innovative solutions. Significant systems transformation has occurred including substantive legislative policy and practice changes, new and expanded funding for critical issues such as staffing and services, and broadening of partnerships within DHHS, across state government, and business, philanthropy, and community organizations.

The most significant partnership that has helped make these efforts successful has been with the State's public health agency. The Division of Public Health Services is now facilitating several fundamental efforts, such as building capacity in the network of Comprehensive Family Support Centers, implementing *Plans of Safe Care* in partnership with the medical community, and coordinating the newly designed Child Fatality Review process. Additionally, they are guiding advancement of DHHS Integration teams on Early Childhood and Primary Prevention, playing an important role in building, expanding, and aligning data systems and interoperability, such as implementing [Predict Align Prevent](#), and they are leading the Community Collaborations to Strengthen and Preserve Families project. Across all efforts, the ultimate goal is to redefine safety as reducing trauma and adverse experiences - particularly related to child maltreatment - and create safe, stable, and nurturing environments where all children and youth can thrive free from harm and abuse.

ALIGNING SYSTEMS AND SUPPORTS FOR COHESIVE PLANNING

To accomplish the next step in developing a Child Fatality Prevention Plan, all the supportive processes that are occurring need to be identified and organized. New Hampshire is building a comprehensive, public health approach to preventing child maltreatment fatalities that tackles an array of issues across the social determinants of health, which often put children at risk including; parental substance use, mental illness, and domestic violence, poverty, access to healthcare and childcare, and housing instability. The intention is to hold true and constant the belief of collective responsibility for the safety and well-being of New Hampshire's children. This will weave into the fabric of all communities, organizations, and systems that touch children's lives the idea that everyone has a role to play in supporting efforts to promote protective and resiliency factors and mitigate risks in families and communities.

The Division of Public Health Services is on the cusp of completing a Statewide Health Assessment in the next year that will inform the development of the future State Health Improvement Plan. With available resources through contracted assistance, the Division of Public Health Services is set to operationalize a multi-faceted systems review of the needs and gaps in New Hampshire. This review will include:

- Community health data with key factors able to be extracted for population demographics, distribution, and needs;

- Perceived themes, strengths, and visions of the communities statewide;
- A review of the systems resources available to meet the population's needs; and
- The collaborative readiness of the systems in new hampshire whose partnership will be integral.

This Statewide Health Assessment will provide data to analyze any trends in child fatalities, and inform planning going forward on how a prevention plan can most effectively be developed.

Alignment of the DCYF Child and Family Services Plan and the DPHS State Health Improvement Plan (under development for launch in 2020), along with the State's Ten-Year Mental Health Plan, State Opioid Response Plan, Suicide Prevention Plan, Whole Families Approach to Jobs initiative, Medicaid Expansion Program, and School Safety Preparedness Plan has begun. Over the next year, these efforts will intensify and will coordinate with the efforts of several legislative committees and activities of the Office of the Child Advocate (OCA) targeted towards the safety and well-being of children, including the:

- DHHS Advisory Board on Children and Families (also known as DCYF Advisory Board)
- Wellness and Primary Prevention Council
- Commission for the Review of Child Abuse Fatalities
- New Child Fatality Review Committee (see above)
- NH Injury Prevention Council

The New Hampshire Injury Prevention Advisory Council (NH IPAC) represents diverse state agencies, non-profit partners and through them, many other coalitions and groups. The goal of the NH IPAC is to reduce injury related morbidity and mortality by providing leadership and expertise in the preparation, implementation, and periodic review of the Division of Public Health Services Injury Prevention Program and the New Hampshire Injury Prevention Plan. Child maltreatment prevention has been a part of the current NH Injury Prevention Plan and will play a significant role in the 2019-2023 plan. Homicide is among the leading causes of death in children under age one year, and the leading cause of injury death in children ages one to nine years (Source: CDC WISQARS). Injury prevention activities have efforts have been focused on improving awareness, surveillance and primary prevention among both professionals and the public, including parent education at NH birth hospitals in the Period of Purple Crying- a brief curriculum that educates families about normal newborn crying and offers strategies for soothing.

The Department is also building capacity for data specific to substance use. Through a new Comprehensive Opioid Response Business Intelligence system, data will be available by age, gender, and geographic distribution to track substance related death for children. This new system will enable tracking of trends and support detailed statistical analysis for data mining and

predictive modeling to help identify areas for greater intervention through child fatality prevention planning.

All of these plans will roll up into one statewide, State Health Improvement Plan so that the community, stakeholders, and State Agencies can use a comprehensive plan for improvement to set priorities, direct the use of resources, and develop and implement projects, programs, and policies.

DEVELOPING NH'S CHILD FATALITY PREVENTION PLAN

Building off powerful system momentum, the Child Welfare Systems Transformation Interagency Team is now poised to evolve and elevate its efforts to lead broader child and family serving systems transformation. A primary focus of this shift will be to develop, implement and monitor a Statewide Prevention Plan focused on preventing child maltreatment across NH, including fatalities. This effort will be sponsored and co-led by DHHS Associate Commissioners of Population Health and Human Services and Behavior Health, in close partnership with the Deputy Commissioner of the Department of Education who has been a member of the Child Welfare Systems Transformation Interagency Team since the beginning.

Step 1: Governance Structure Redesign

Over the next twelve months, from July 1, 2019 through June 30, 2020 leveraging the Charter, structure, roles, preparation, and learning of the Child Welfare Systems Transformation Interagency Team, DHHS Integration Teams and other statewide planning efforts a new governance structure will be launched and targeted on developing the Child Fatality Prevention Plan. This launch will integrate and align the existing child fatality reviews through DCYF, DHHS, and the Office of the Child Advocate with the new Child Fatality Review Committee to streamline collaborative opportunities and expand the potential for successful interventions.

Step 2: Conduct a Comprehensive Needs and Gaps Assessment

Through the Statewide Health Assessment (SHA) and exploration of DHHS data, DHHS will be able to complete a comprehensive review of the needs and gaps in New Hampshire. As part of a comprehensive review of information, DHHS will internally analyze programs, contracts, and practices, gathering a baseline understanding of data and reports available to examine any trends in child fatalities, and inform planning going forward on how a prevention plan can most effectively be developed. Data systems with proven validity will be a touch point in this process, including but not limited to Eckerd Rapid Safety Feedback, Structured Decision Making, Predict Align Prevent, Vital Statistics, and Medicaid.

Step 3: Enhancing the Child Fatality Review Process

The new systemic structure, once informed from the comprehensive review will be charged with taking steps through a logic model to build the enhanced Child Fatality Review Process for New Hampshire. The synchronization of efforts will be important for the coexisting processes in DCYF, DHHS and the OCA for their specific fatality reviews. This charge will include the design, implementation, and monitoring of the Child Fatality Review Process, including as it intersects and is part of the overall State Health Improvement Plan.

Step 4: Evaluate and Plan for Adjustments

Once developed, DHHS knows that every system needs to evaluate and be flexible to the changes in the populations needs. DHHS is considering a Results-Based Accountability (RBA) approach to evaluating and tracking outcomes in the Child Fatality Prevention Plan. This will allow public stakeholders and external partners to contribute system level data given a scorecard to the process. Results-Based Accountability is an outcomes and accountability process which focuses on both tracking and measurement of client population levels of services (programs, organizations, agency outcomes) and whole population accountability (Communities, Cities, Towns, State). For the NH Child Fatality Prevention Plan, various stakeholders will need to agree on the result, their activities, and then finalize their measures. DHHS is anticipating that the process to evaluate and plan for adjustments will be in place by 2021. This will support a fluidity in the plan to evolve and keep in line with the trends and preventative needs in New Hampshire.

To be viable for implementation and sustainability the Child Fatality Prevention Plan must be built within the framework of other multi-disciplinary efforts being simultaneously formed. The development of the State Health Improvement Plan is anticipated to take twelve to eighteen months starting in summer of 2020. The preliminary work has laid the foundation for the Child Fatality Prevention Plan to be a pillar of the State Health Improvement Plan and will effect greater accountability and resources across the State to effect the momentum needed to be the catalyst for change.

The Department of Health and Human Services, Child Welfare Systems Transformation Interagency Team and essential stakeholders have made great strides in these early stages of embarking on a new Child Fatality Prevention Plan. These collective efforts are pushing for the investment across systems and driving a well-informed plan that will be a critical determinant in the success going forward. Although there is much to be defined and built to stand up a systemic response to this need for New Hampshire's children and youth, it is very evident in these early collaborations that the fundamental work has begun, and will continue as the plan is solidified and comes to fruition.

Promoting Safe and Stable Families (PSSF) (Title IV-B, Subpart 2)

FAIR Program

Please see [Section 2: Array of Services and Resource Development](#), Items 29 and 30

Family Violence Prevention Services

Please see [Section 2: Array of Services and Resource Development](#), Items 29 and 30

Foster Care Recruitment and Retention

Please see [Section 2: Division Response to Community](#), Items 31 and 32

Adoption and Post Adoption Program

Please see [Section 2: Array of Services and Resource Development](#), Items 29 and 30

Service Decision-Making process for Family Support Services

The Family Support Services component of the Promoting Safe and Stable Families program represents an important source of funding to support community-based prevention efforts. Research has proven the most effective services are located in communities where families live, where they are easily accessible, and culturally responsive. New Hampshire DCYF has a number of family support services which are funded in part by Title IV-B Subpart 2 money in support of helping families to achieve reunification, and/or support helping families to remain intact within their own communities. *Please see [CFS 101 financial forms](#) for more detail into budget allocation.*

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

Voluntary Services- Child Protective Services

In 2018, NH received \$1.5 million dollars to reinstate voluntary services to families at high risk. Since July 1, 2018, DCYF has served 377 clients, through 76 voluntary service cases. Currently, in order to receive voluntary services, a family has to have an open investigation of abuse and/or neglect. Once a family is identified for voluntary services, they can receive services through an open assessment or case. The services in assessment can include monetary supports in a form of gift cards for an identified need or short-term in-home child health support that is 60 days or less.

If the family's needs will require a more long-term or intensive services, a voluntary case must be opened.

Over the next year, the goal of DCYF is to move voluntary services to a community-based service that does not require case management by DCYF. DCYF will use the voluntary services workgroup and collaboration with community partners to drive this planning. NH's Children's Trust is eager to collaborate with DCYF regarding voluntary services. In 2020, when NH is scheduled to begin with Families First Prevention Services Act, DCYF will tie these prevention services, to prevent the removal of children, into Title IV-E billing.

Voluntary CHINS Services- Juvenile Justice Services

The CHINS statute allows the Division to provide both community-based services as well in certain circumstances residential treatment to this vulnerable population. There are currently two distinct methods for providing service: Voluntary CHINS and Court adjudicated CHINS. The populations of youth that can receive services are disregarding the lawful commands of parents, Truancy, violations of the criminal code, runaways, and/or severely aggressive youth with significant mental health issues that cannot receive services through either the delinquency statute or the abuse/neglect statute.

Voluntary services are designed so families can reach out for assistance from the Division without having to go through the whole court process. A referral is made through Central Intake if the youth's behaviors meet any of the categories in the CHINS statute, the local office will be sent down a voluntary CHINS assessment. The Office supervisor will then send out a Juvenile Probation and Parole Officer (JPPO) to meet with the family to discuss the youth's behaviors and assist in identifying what community services could possibly be provided to mitigate current and future risk. In order this intervention to be successful both the parents and youth need to agree with the voluntary service agreement.

This intervention is designed to assist youth and families prior to measures that are more intrusive and are not voluntary such as a delinquency petition. The goal is to support youth before more serious school issues occur, significant family discord occurs, or running away, that could lead to a youth being caught in a trafficking situation. If the behaviors are to such a level that voluntary services cannot effectively address the situation, a CHINS petition can be filed with the court and the more formal process can be pursued.

Rapid Safety Feedback

New Hampshire is engaged in the *Rapid Safety Feedback*® program through a contract with Eckerd Connects, using predictive analytics to identify and intervene with children who are at high

risk of fatality or severe maltreatment. There are several factors used to identify these high-risk children, including number of prior assessments, frequency of assessments, type of allegation, age of the child, and household composition. Once these children have been identified, Division Quality Assurance staff who are trained in the Rapid Safety Feedback® model review the investigations involving these children to ensure that there are no gaps in practice and that safety planning is appropriate. If the Quality Assurance staff determine there is a need to complete tasks in the investigation to ensure child safety, staff will use coaching and feedback to identify those gaps and make an action plan to complete identified tasks.

The ultimate goal of using *Rapid Safety Feedback*® is to reduce child fatalities and instances of severe maltreatment. This will be measured by seeing an increase in the number of founded investigations overall, especially with these children at highest risk of maltreatment, improvement in the thoroughness of investigations, improvement in the quality of investigations, and fewer child fatalities and instances of severe child maltreatment.

Strengthening Communities Collaboration

The *Community Collaborations to Strengthen Families Grant* is providing NH an opportunity to build up prevention services across programs and systems, serving families in NH over the next five years. The communities will use upstream, evidence-based approaches that will reduce risks of trauma, prevent abuse and neglect and reduce foster care placements. This project will utilize cross-systems integration targeted towards prevention through a social determinants of health lens. It is a project lead by the Division of Public Health, with key partners including child welfare, child support, Temporary Assistance to Needy Families (TANF), housing, education, courts, childcare and other community-based child-serving programs. There will be data driven outcomes around trauma, preventing abuse and neglect, and keeping kids safe at home. DHHS has also received funding from Casey Family Programs, to incorporate the [Predict, Align, Prevent framework](#) into this grant. This will assist NH with improving data to show gaps in services and areas of need throughout the State.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker visits

Monthly Caseworker Visit Formula Grants

During Federal Fiscal Year 2018, according to the Adoption and Foster Care Analysis and Reporting System (AFCARS) the Division for Children, Youth and Families sustained an overall percentage rate of 92.82 percent of visits made on a monthly basis by caseworkers to children in foster care and 97.39 percent of visits made to children in the residence of the child.

During the 2015-2019 CFSP cycle, the Monthly Caseworker Visit Grant funds were used to purchase laptops for Child Protective and Juvenile Justice Field staff to support efficiencies across the State and help CPSWs achieve the 95 percent caseworker visit threshold. Presently, the Division is seeking ways to spend the current allotment of funds by September 30, 2019. Furthermore, the Division will develop more strategic measures for the utilization of the Monthly Caseworker Visit Grant funds during the 2020-2024 CFSP cycle. These measures will focus on addressing the root cause for why monthly caseworker visits with children do not occur in foster care, specifically.

#1 (page 4 Program Instruction)		1ST BULLET CALCULATION (page 3 Program Instruction)	
2058	aggregate number of children in the data reporting population	92.82%	percentage of visits made on a monthly basis by caseworkers to children in foster care
			(A8/A12)
#2 (page 4 Program Instruction)		2ND BULLET CALCULATION (page 3 Program Instruction)	
15095	total number of visits made during the FFY to children in report population	97.39%	percentage of visits that occurred in the residence of the child
			(A17/A8)
#3 (page 4 Program Instruction)			
16262	number of complete calendar months children in report population spent in care		
		FFY18	
		10/1/17 TO 9/30/18	
#4 (page 4 Program Instruction)			
14701	number of monthly visits that occurred in residence		
DCYF #S		CPS #S	
16262	# OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE	13502	# OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE
15095	# OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION	12430	# OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION
92.82%	# OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION	92.06%	% OF CHILDREN VISITED AT LEAST ONCE IN EVERY FULL MONTH IN PLCMNT
JJS #S			
2760	# OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE	2665	# OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION
		96.56%	% OF CHILDREN VISITED AT LEAST ONCE IN EVERY FULL MONTH IN PLCMNT

Standards for Caseworker Visits

Caseworkers are required to visit with children/youth who are in foster care a minimum of one time monthly in their residence. It is best practice for them to not only observe the child/youth interactions with their caregivers and other household members, but also spend time alone with the child/youth. Caseworkers utilize this alone time to engage the child/youth in case planning activities and conversations regarding their needs and wants, with a specific focus on their safety, permanency and well-being.

Additional Services Information

Child Welfare Waiver Demonstration Activities

New Hampshire is not responsible for any child welfare waiver demonstration activities.

Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

SERVICES FOR CHILDREN AND FAMILIES

During Federal Fiscal Years 2015-2019 the Division for Children, Youth and Families received \$62,500.00 in Adoption Incentive Funds and an additional \$21,153.00 in October of 2017. These funds were used to support and provide services to adoptive families, such as respite, home bases supports, and travel reimbursement in order for an adoption to occur in NH for children that were placed out of state. Funds have also been used to provide trauma-informed training for staff and providers who work with children who have experienced trauma.

PLAN FOR EXPENDITURE OF THE FUNDS

The Division will continue to re-assess its usage of future funds based on allotment and needs of its adoptive families over the next 36-month expenditure period.

Adoption Savings (section 473(a)(8) of the Act)

SERVICES FOR CHILDREN AND FAMILIES

A percentage of the adoption savings money is currently being utilized to fund part of a Child Protection Service Worker (CPSW) position of which is located in the Post Adoption Unit. This position provides direct post adoption services to the families of which adopted through DCYF care.

PLAN FOR EXPENDITURE OF THE FUNDS

DCYF will utilize this money to continue to fund this position in efforts to provide constant support to the families who have adopted through the DCYF system.

SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The Division for Children, Youth and Families has continued its commitment to ensure that provisions of the Indian Child Welfare Act (ICWA) are meaningfully followed. According to the 2010 United States Census, the total New Hampshire population was 1,316,470 with 0.2 percent of the population reported as American Indian/Alaskan Native. U.S. Census Quick facts⁴ from 2018 estimates that the percent could have increased to 0.3 percent.

Race and Hispanic Origin	New Hampshire
Population estimates, July 1, 2018, (V2018)	1,356,458
PEOPLE	
Race and Hispanic Origin	
White alone, percent	93.6%
Black or African American alone, percent (a)	1.6%
American Indian and Alaska Native alone, percent (a)	0.3%
Asian alone, percent (a)	2.8%
Native Hawaiian and Other Pacific Islander alone, percent (a)	∞
Two or More Races, percent	1.7%
Hispanic or Latino, percent (b)	3.7%
White alone, not Hispanic or Latino, percent	90.5%

<https://www.census.gov/quickfacts/fact/table/nh/PST045218#qf-headnote-a>

There are 573 federally recognized tribes throughout the United States but no tribe has been formally recognized in New Hampshire. While the indigenous people of New Hampshire include Abenaki and Penacook tribes, over 4,000 American Indian/Alaskan Native residents of the State reported tribal affiliations with federally recognized tribes in other states or with tribes recognized in Canada. Many of the neighboring states in New England do have recognized tribes. An introductory level connection has been made with the Council Chief and Speaker for the Cowasuck Band – Penacook/Abenaki People and the same outreach is in progress with the Speaker for the Abenaki Nation of New Hampshire.

⁴ <https://www.census.gov/quickfacts/fact/table/US/PST045218>

Current Status and Data Considerations

Since 2010, the New Hampshire legislature has continued to support the New Hampshire Commission on Native American Affairs. The purpose is to recognize the historical and cultural contributions of Native Americans to New Hampshire, to promote and strengthen their heritage, and to further address their needs through state policy and programs. The Commission is available to assist Native American groups, organizations, and individuals in New Hampshire with securing social services, education, employment opportunities, health care, housing, cultural opportunities, and census information as available at both the state and federal levels, including assistance in determining eligibility for the Indian Child Welfare Act of 1978, 25 U.S.C. section 1902 et seq.

The Foster Care Manager, whose duties include the State ICWA Management, worked with the Commission as an important stakeholder when ICWA related policies and procedures for the field have been revised in the past. It is anticipated that the Commission will be open to reviewing and providing input for any further work and accompanying documentation around ICWA provisions. The Foster Care Manager has requested but has been unable to meet with the current chair of the Commission, Kathleen Blake, to discuss other ways the Division and the Commission can collaborate to ensure the safety and well-being of children in New Hampshire with American Indian heritage.

Staff training on ICWA is incorporated into the Division's New Employee Core Training Curriculum for Cultural Competency. In addition to Core training, the Division hosted staff from NICWA to train all division attorneys and supervisors in October of 2017. The training was based on the updated ICWA Judicial Benchbook. The Benchbook and training was used to update the Division's ICWA policies and has been used further to enhance Core training.

DCYF Policy Item 1510 reinforces the use of case planning documents that are completed at the time of assessment to ensure the continued compliance with Indian Child Welfare Act. The policy outlines the steps a worker should take when a child is or maybe a member of a federally registered tribe. The Family Inquiry Tool, known as "FIT", which is used to assist in searching for relatives who might act as resources to a child and family includes asking the relative if they have any Native American heritage.

The ability to check up-to-date data on children in placement through *Results Oriented Management* (ROM) has continued to be an invaluable tool in keeping current on the numbers of children in care who are of American Indian heritage. Over the past five years, eight children have been involved with DCYF placement; five through child protection and three through Juvenile Justice cases. Of these children, half were identified as multi-race with one of the identifiers being AIAN. Of the five children in care through child protection, three have been reunified with their parents and two have been adopted. At the present time, there is one child in care through Juvenile

Justice who is reported as American Indian/Alaskan Native (AIAN) and is in placement with a relative.

Five-Year Vision and Goals

The Bureau of Indian Affairs (BIA) issued new practice guidelines in 2015 to assist states and tribes in a more accurate interpretation of the Act. The Division has used the guidelines to enhance the current policies by including a tracking procedure to ensure that appropriate steps are taken to ensure compliance with ICWA provisions. Standardized form inquiry and notification letters will be developed to ensure that communication with Tribes and/or the Bureau of Indian Affairs follows all ICWA Protocols while protecting the confidentiality of the family's involvement with the Child Welfare System.

The Division, in collaboration with its contracted training providers, has updated Core training to ensure that the curriculum is current and meaningful. All new staff will benefit from the mandatory training and refresher training will be made available to staff at district offices on an as needed basis.

The Division will continue its efforts to partner as needed with the New Hampshire Commission on Native American Affairs to gather input on training and policy and will continue to reach out to develop collaborative relationships with the Penacook and Abenaki peoples of New Hampshire

The Foster Care Manager will continue to participate in monthly conference calls with the State ICWA Managers. Through this participation, the Division can connect with other managers about ICWA topics such as programs for monitoring compliance, training models that other states have developed, accepted forms of documentation, and specific case-related issues.

New Hampshire will continue to be diligent in its efforts to identify and verify the ethnicity of all children receiving Division for Children, Youth and Families' services and to follow the mandates of ICWA.

SECTION 6: AGENCY ADMINISTERING THE JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

The Adolescent Program is overseen and administered by the New Hampshire Division for Children, Youth and Families' (DCYF) Adolescent Program Administrator. The Division is committed to best practice in meeting the needs of youth and will cooperate fully in all national evaluations of the effects of the programs in achieving the purposes of the Chafee Program. The Division for Children, Youth and Families is a state administered agency and access to Chafee Program and Education and Training Vouchers funds is universally available across the State of New Hampshire. Adolescent Workers with specialized training in adult living preparation, positive youth development, and teen services are located in each district office. They provide case management for youth in out-of-home placement, consultation to other Child Protective staff working with this population, and oversee the dissemination of Chafee Program and Education and Training Voucher (ETV) funds and services to eligible youth.

Program Design and Delivery

Meeting the Seven Chafee Program Purposes:

Current and former youth in Division for Children, Youth and Families out-of-home care from the ages of fourteen through twenty are served through the DCYF's Adolescent Program. The Adolescent Program ensures that current and former youth in care obtain the preparation, resources, and positive youth development they need to establish connections with caring adults and become healthy, self-sufficient, and successful adults. Adolescent Workers provide case management for youth in out-of-home placement, consultation to other Child Protective Services staff working with this population, and oversee the dissemination of Chafee Program and Education and Training Voucher funds to qualified youth. In addition, DCYF offers services to young adults as they leave out-of-home placement, including assistance with post-secondary expenses, housing expenses, and other self-sufficiency needs.

There are Five Main Components to the Adolescent Program:

- **The Adult Living Preparation Process** (required for youth fourteen to twenty in foster care and supported by Chafee funds provided to youth through their caregivers. **NH DCYF**

has opted to extend eligibility for Chafee funds to include youth that exited care for reunification during the period of time that their DCYF Child Abuse/Neglect/CHINS/Delinquency case remains open.

- **New Hampshire Teen Responsibility and Independent Living Skills** (NH TRAILS) (required for youth sixteen through twenty in foster care);
- **NH Youth Voices Advisory Board (YAB)** (serves youth ages fourteen to twenty in foster care and interested former youth in care from the age of eighteen and beyond);
- **Youth Summit** (serves youth ages fourteen to twenty in foster care and interested former youth in care from the age of eighteen and beyond), and
- **Aftercare Services*** (serves former youth in care from eighteen to twenty and those attending college or a career training school from eighteen to twenty-five) who aged out of care along with youth who left foster care for adoption or guardianship at the age of sixteen.) Aftercare Services includes the dissemination of Chafee and Education and Training Voucher funds to eligible youth. ***NH DCYF has opted not to expand the population eligible to receive Aftercare Services under the recently retitled the John H. Chafee Foster Care Program for Successful Transition to Adulthood from age 21-23. NH DCYF has opted to expand the eligibility for Education and Training Voucher funds to include youth until they turn 26 years of age.**

Additional services include:

- **Family Unification Program Voucher (FUP)** (started in February 2019 and serves youth that were in foster care on or after their sixteenth birthday and are less than twenty-five years of age).
- Youth Action Pool (serves youth ages fourteen to twenty in foster care and interested former youth in care from the age of eighteen and beyond);
- **Public Achievement** (serves residents of the Sununu Youth Services Center (SYSC) ages fourteen to seventeen);
- **Extended Care Services** (serves former youth in care ages eighteen to twenty).

Adolescent Program Goals and Objectives 2020-2024

Goal A.

TO ENSURE THAT ALL YOUTH IN CARE HAVE OPPORTUNITIES TO PARTICIPATE IN NORMAL AND AGE APPROPRIATE ACTIVITIES CONSISTENT WITH THEIR AGE AND DEVELOPMENTAL ABILITY AND TO ALSO HAVE A VOICE IN THEIR CARE AND TREATMENT.

OBJECTIVE 1 Increase youth voice and input into the care and treatment of youth in residential care by ensuring that each facility has an established process through which changes can be proposed.

OBJECTIVE 2: Continue to support the annual youth dance conducted by residential treatment providers and explore the creation of additional social events for youth in care.

OBJECTIVE 3: Partner with the Youth Voices Advisory Board and placement providers to determine ways that technology can be used to support visitation and contact with parents, family and other connections.

OBJECTIVE 4: Create ways for more youth in care to complete driver's education and obtain their license while in care including exploring the use of a state care to complete required driving hours and take driver's test.

Goal B.

ENSURE THAT ALL YOUTH IN CARE LEARN, PRACTICE, AND REFINE THE SKILLS NEEDED FOR ADULTHOOD

Objective 1: In collaboration with the Youth Voices Advisory Board, review the current adult living preparation process and related policies and update as needed.

Objective 2: Increase the utilization of NH TRAILS as an experientially based curriculum in which youth in foster care learn by doing.

Objective 3: Work with the DCYF training contractor to establish an online class for the NH TRAILS adult living skills curriculum.

Goal C.

ENSURE THAT ALL YOUTH IN CARE RECEIVE THE EDUCATION, TRAINING, AND SERVICES NECESSARY TO OBTAIN EMPLOYMENT AND ESTABLISH A CAREER PATH

OBJECTIVE 1: Increase utilization of NH Employment Security and related resources by DCYF staff that are assisting youth with obtaining employment.

OBJECTIVE 2: Create an expectation among DCYF involved families, staff and providers that starting at sixteen years of age youth in foster care will obtain a job, do volunteer work or an internship or participate on a sports or other school or community activity.

OBJECTIVE 3: Require that youth in foster and relative care have a career assessment as part of the Adult Living Preparation process by adding it to the NH TRAILS curriculum.

OBJECTIVE 4: Increase youth employment opportunities by collaborating with the NH Employment Program and the NH Youth Apprenticeship Program.

Goal D.

YOUTH IN CARE WILL UNDERSTAND THEIR RIGHTS AND BE AWARE OF THE ASSISTANCE AVAILABLE TO THEM THROUGH THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES ADOLESCENT PROGRAM

OBJECTIVE 1: Revise the New Hampshire Youth in Care Bill of Rights to add contact information for the Office of Child Advocate, highlight rights that are state law and explain the grievance process.

OBJECTIVE 2: Collaborate with the Youth Voices Advisory Board to create a way to provide information to youth entering foster care about the Division and the resources and opportunities available to them through the Adolescent Program.

Goal E.

IN ANTICIPATION OF THE PASSAGE OF EXTENDED FOSTER CARE ENSURE THAT A SYSTEM IS PUT IN PLACE TO OPERATIONALIZE THIS PROCESS AND INFORM ALL STAKEHOLDERS ABOUT THIS NEW OPPORTUNITY.

OBJECTIVE 1: Create a placement agreement that includes what is expected of the youth and DCYF during extended foster care.

OBJECTIVE 2: Establish a pool of foster parents willing to care for older teens in a host home model.

OBJECTIVE 3: Work with agency providers to create supports and services for additional supervised independent living arrangements for youth in extended foster care.

Goal F.

PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH AGING OUT OF FOSTER CARE THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS

OBJECTIVE 1: Connect youth in the Manchester District Office to past connections and/or mentors through the newly created mentor and case connections position.

OBJECTIVE 2: Require completion of the Foster Club Permanency Pact for all youth with a plan of APPLA within thirty days of turning sixteen years of age.

OBJECTIVE 3: Collaborate with the Court Improvement Program to improve adherence to the APPLA protocols by evaluating outcomes of APPLA youth, increasing training for DCYF staff and other stakeholders and developing recruitment materials for primary caring adults (PCA's).

Goal G.

THE EXPERIENCE, SKILLS, AND ABILITIES OF FORMER YOUTH WILL BE UTILIZED TO POSITIVELY IMPACT BOTH CURRENT YOUTH IN CARE AND DIVISION FOR CHILDREN, YOUTH AND FAMILIES PRACTICE WITH ADOLESCENTS

OBJECTIVE 1: Continue to partner with Granite State College in the managing and recruitment of youth in the Youth Action Pool and provide members with the knowledge, skills and abilities to conduct presentations for staff and stakeholders focused on improving adolescent practice.

OBJECTIVE 2: Hire a provider agency to facilitate the statewide New Hampshire Youth Voices Advisory Board and to assist in the co-facilitation of the regional boards.

Goal H.

PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN EIGHTEEN AND TWENTY-ONE YEARS OF AGE TO COMPLEMENT THEIR OWN EFFORTS TO ACHIEVE SELF-SUFFICIENCY AND TO ASSURE THAT PROGRAM PARTICIPANTS RECOGNIZE AND ACCEPT THEIR PERSONAL RESPONSIBILITY FOR PREPARING FOR AND MAKING THE TRANSITION INTO ADULTHOOD.

OBJECTIVE 1: Continue to ensure that all eligible youth are informed about DCYF Aftercare Services prior to exiting care.

OBJECTIVE 2: Continue to utilize the (FUP) Family Unification Program vouchers to assist youth between eighteen and twenty-five years of age to obtain safe and suitable housing.

OBJECTIVE 3: Continue to partner with federal and state housing and runaway and homeless youth providers in applying for state and federal grants and managing those that are awarded.

Goal I.

INCREASE THE AMOUNT OF FORMER YOUTH IN CARE THAT PARTICIPATE AND COMPLETE POST-SECONDARY EDUCATION PROGRAMS

OBJECTIVE 1: Continue to ensure that all eligible youth are informed about the Education and Training Vouchers (ETV) that are available through Aftercare Services as well as the Tuition Waiver for Foster and Adopted Children Program prior to exiting care.

OBJECTIVE 2: Continue to work in partnership with the New Hampshire Higher Education Assistance Foundation (NHHEAF) to provide ongoing training and support for youth, staff and caregivers regarding the college selection, admissions and financial aid process.

OBJECTIVE 4: Continue to work with the University System of New Hampshire and the Community College System of New Hampshire to obtain data on levels of educational achievement for youth who received the tuition waiver.

OBJECTIVE 5: Collaborate with the University System of New Hampshire and the Community College System of New Hampshire to ensure that all DCYF youth entering college are aware of and have the opportunity to connect with all available support services on campus.

Goal J.

THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES ADOLESCENT PROGRAM WILL INCREASE THE USE OF DATA TO IMPROVE ADOLESCENT PRACTICE

OBJECTIVE 1: To utilize National Youth in Transition Database data from both the served and surveyed populations to ensure equality of access to independent living skills across the State and best practice in the areas of education, employment, housing and well-being.

OBJECTIVE 2: To gather and analyze data from the current APPLA Worker position related to permanency, connections to caring adults, adult living preparation and post-care housing options to measure their impact and explore the creation of additional APPLA worker positions.

DCYF's Vision for Youth

The Division for Children, Youth and Families is committed to ensuring all agency-involved youth are safe, have well-being and achieve permanency. Every effort is made for youth to remain in their home and supported by in-home services and other resources as needed. Should alternative placement be required for a youth; remaining in their home community and living with a relative or in a foster home is the first priority. Youth requiring the treatment and care a residential treatment provider will reside there for the shortest amount of time possible. The DCYF Adolescent Program through support from Chafee and ETV funding, is dedicated to enhancing the experience of all youth in care while ensuring that they are prepared for the transition out of care

and into adulthood. This is to be accomplished by providing youth with regular and supported opportunities to:

- Experience normalcy through socialization opportunities, safe and appropriate use of technology participation in sports or music, working or volunteering, taking drivers education and obtaining their license and enrollment in post-secondary education or training programs.
- Make and maintain connections with extended family members and other caring adults, employers, coaches and mentors.
- Be engaged by staff and providers in a strength based manner and not a deficit model, having their voices heard in regards to their care and treatment and receiving financial support when needed to participate in the normalcy mentioned activities.
- Receive adult living preparation in as an experiential based manner as possible and in accordance with adolescent brain science regarding teen learning.
- Be provided with supports and services after they exit out of care to assist them with their education, employment, housing and well-being needs and goals.

Youth Involvement in the Chafee Plan

The NH DCYF Youth Voices Advisory Board was the chief stakeholder group consulted in regards to the composition of the Chafee plan. DCYF staff met with board members and the youth provided a comprehensive list of what they would like to see changed about the DCYF system. The focus of their feedback centered on providing additional normalcy opportunities and an increased say over their treatment. These requests were then formulated into goals and objectives. The youth were transported to the meeting by their caregivers and by DCYF staff and all the youth were provided with dinner at the meeting.

This administrator also met with a group of former youth in care including members of the DCYF Youth Action Pool and received their input on the plan as well. The emphasis from the former youth in care group was increasing opportunities for real life experiences for youth in care so they can be better able to handle the real life challenges of leaving care. A draft of the Chafee plan goals and objectives was sent to the former youth in care for their review and additional input. Participants received a stipend for their participation.

At the Youth Summit in August of 2019, twenty-five current youth in care participated in a root cause analysis survey focused on the CFSR process that was completed in April last year. The feedback they provided along with feedback from additional questions added to the NYTD survey were also taken into account in the Chafee Plan's creation.

Starting in September of 2019 the Chaffee Plan will be reviewed on a quarterly basis by the DCYF Youth Voices Advisory Board, Youth Action Pool members and Adolescent Program staff. There will be a discussion about progress made on each objective, brainstorming on overcoming systematic barriers and the charting of an action plan going forward.

Positive Youth Development

Positive Youth Development is in the mission statement of the DCYF Adolescent Program and it is at the core through which DCYF attempts to engage youth and assist them in their transition out of care and into adulthood. All newly hired DCYF staff receive a training on Positive Youth Development and how to use it with the youth on their caseload. It all starts with utilizing a strength's based approach, which is the first step in the Adult Living Preparation Process.

The first phase of the Adult Living Preparation Process begins with the **Needs Assessment**. The youth is interviewed about their strengths, challenges, interests, supports, and future goals. Examples of questions asked include what do you like best about yourself, what helps you to keep going when life gets tough (resiliency), is there something you would like to learn how to do for fun and what are somethings you would like to accomplish.

Following the Needs Assessment is the **Casey Life Skills Assessment**, which identifies the youth's skills and abilities in the following domains: Daily Living, Self-Care, Relationships and Communication, Housing and Money Management, Work and Study and Career and Education Planning.

The third step in the process is the **Adult Living Plan**. For each domain area indicated by the Skills Assessment, the Adult Living Plan identifies the specific transition plan for the youth. In addition, whatever action steps need to be taken by the primary caregiver, the Child Protective Service Worker/Juvenile Probation and Parole Officer or the youth as part of the youth's preparation process are indicated along with timeframes for completion. It is in this plan that details are provided as to how Chafee funds and other resources will be utilized to build on the youth's strengths and help the them achieve the five C's of PYD which include opportunities to develop Competence, Confidence, Connections, Character and Caring (Pittman, Irby, Yohalem Ferber, 2003).

For example, if the youth is lacking connections outside of the professionals in the case, the Adult Living Plan could recommend that the foster parent connect them to a community youth group or within thirty days with Chafee funds helping to pay for any related fees. If the youth is interested in pursuing music or sports his plan could include the purchase of an instrument or sports equipment.

During the Adult Living Preparation Process, youth are provided with information on housing, employment, education and other resources needed for them to achieve their goals. Residential facilities are required to administer a Career Assessment as part of this process. The assessment, which is done through the Choices Planner module in [Bridges.com](https://bridges.com) provides the youth the opportunity to answer questions about different interests and based on their responses lists careers that match their interests. This information including next steps such as helping the youth to gather more information about each career is included in the Adult Living Plan. This assessment is also available to youth in foster and relative homes.

The last component in the Adult Living Preparation Process is the **Post Care Plan** that is done within thirty days of the youth turning eighteen years old. The Post Care Plan is an opportunity for the youth to develop an anticipated budget based on where they plan to live after exiting care. Also included in the Post Care Plan are all supports and services the youth currently has and will need after exiting care.

DCYF youth who are seventeen and three-quarter's years of age have a "90-Day Youth Transition Meeting". The meeting identifies and plans for the transition needs of youth and occurs ninety days prior to the youth's eighteenth birthday and in cases of extended jurisdiction, again ninety days prior to the youth's final exit from state care.

The youth is provided the opportunity to have input regarding the "90 Day Youth Transition Meeting" including individuals they would like to invite as well as the time date, and location of the meeting. During the meeting, the Child Protective Service Worker assists the youth with the creation of a "90-Day Youth Transition Plan." This document details the specific assistance and support available to the youth during and after their transition. Specific options for housing, health insurance, and education, local opportunities for mentors and continuing support services, work force supports and employment services are indicated and are as detailed as the youth may elect. The plan is updated prior to the youth's exit from care if circumstances change.

The culmination of the "90 Day Youth Transition Meeting" process is for each youth to be provided with an FYI binder from Foster Club containing all of their educational and medical information, along with contact information for the identified individuals in their post care support network and their mental and dental health providers.

National Youth in Transition Database (NYTD)

National Youth in Transition survey data has regularly been shared with DCYF staff and external stakeholders for both informational and operational purposes. DCYF has had an ongoing partnership with the University of New Hampshire Social Work Department that has analyzed completed cohorts of 17,19 and 21 year olds. The results of that analysis has been presented to

DCYF Administrators, Supervisors, the DCYF Youth Voices Advisory Board and other stakeholders. The information was shared to help agency leaders understand areas of need based on outcomes experienced by youth that had left DCYF care. Youth homelessness in particular was cited as an area in need of additional supports and services.

DCYF utilized the homeless data obtained through National Youth in Transition as the basis of an application to the Department of Housing and Urban Development (HUD) for Family Unification Program (FUP) vouchers for DCYF involved homeless youth and families. A joint application made by DCYF, the NH Department of Health and Human Services Bureau of Housing Supports, NH Housing and Waypoint the States Family and Youth Services Bureau⁵ funded runaway and homeless youth provider, resulted in the successful obtaining of sixty-four Family Unification Program (FUP) Vouchers. At the time of this report, twenty-three youth have been referred to the program.

NYTD survey data has been shared with the NH Court Improvement Project APPLA subcommittee that includes representatives from CASA, (Court Appointed Special Advocate) and foster parents. The information shared has helped the committee to examine outcomes for APPLA youth and develop ways to evaluate and strengthen the APPLA protocols.

DCYF continues to run monthly queries recording youth that receive a NYTD service. Efforts to improve National Youth in Transition data collection are ongoing. This has included training new staff and ongoing training for existing staff, as needed, regarding recording independent living services for the served population and surveys for the baseline and follow-up populations. The Adolescent Program Administrator has provided refresher trainings and updates to DCYF Supervisors in advance of each survey period for the follow-up populations. The Adolescent Workers have provided similar presentations to staff in their district offices.

DCYF has consistently exceeded the required 60 percent NYTD survey completion requirement and this information has been repeatedly utilized to improve DCYF practice and bolster grant proposals. For the baseline and follow up population data, DCYF's focus will be further analysis of the data obtained from the added survey questions and exploring the option of adding additional questions focused on permanency.

Over the next five years, more attention will on strengthening the collection of high-quality data from the served population. This effort will include the following:

- Ensuring that new staff are trained on the importance of collecting NYTD data as well as the mechanism through which the information is entered into the SACWIS system.

⁵ <https://www.acf.hhs.gov/fysb>

- Recording the collected data reports received from the SACWIS system information into a format that is more easily understood by staff, youth and other stakeholders.
- Ensure that the SACWIS system overhaul currently occurring within DCYF results in the inclusion of screens that are easy for staff to understand and enter National Youth in Transition service information.
- Cross-referencing the collected data with the youth’s permanency plan, DCYF district office, reason for agency involvement, age, gender and their placement type. This information will be used to ensure increased equitability of service provision.
- Reminding DCYF supervisors and other agency leaders about the importance of collecting the NYTD data and entering it into the SACWIS system. Reviewing the analyzed data at DCYF Leadership meetings and discussing the implications for individual district offices and for the State as a whole.
- Promote the collection of this data at the DCYF Youth Voices Advisory Board meetings along with reviewing the analyzed date and discussing the implications for individual youth as well as statewide.
- Reviewing the analyzed data at DCYF Adolescent Program meetings with DCYF staff and with residential facilities to ensure that the data is being collected for youth in both foster and residential care and those receiving Aftercare Services.
- Cross-referencing the NYTD served population data with the NYTD follow up population data to determine if there are any statistically significant correlations between independent living services received or not received and the NYTD follow up population outcomes.

Serving Youth Across the State

DCYF is a state administered program. The DCYF Adolescent Program ensures that all eligible current and former youth in care receive Chafee services regardless of where they reside. This is based on the results of the previously mentioned Adult Living Preparation Process.

A review of National Youth in Transition services in FFY 2018 (the last completed SFY at the time of this report) shows 272 youth received independent living services spread across all ten counties in New Hampshire. The chart below indicates services received by county:

Belknap	22
Carrol	
Cheshire	38
Coos	

Grafton	15
Hillsborough	53
Merrimack	42
Rockingham	35
Strafford	40
Sullivan	9

The four most populated NH counties are Hillsborough, Rockingham, Merrimack and Strafford, which are also four out of the five counties with the most independent living services received. The three least populated counties; Coos, Sullivan and Carrol, correspond with receiving the least amount of independent living services received.

When Chafee funds spent per DCYF district office is analyzed Hillsborough, Rockingham, Merrimack and Strafford are at or near the top of funds received. However, the Berlin office which is in Coos County, the least populated county in the State, ranks fifth out of the eleven district offices in Chafee funds spent on youth. This is likely linked to the fact that there is an APPLA worker, the only position of its kind in DCYF, who does not carry a traditional caseload and is able to focus solely on providing services to youth in Berlin and the two other North Country offices she covers.

Serving Youth of Various Stages of Achieving Independence

The aforementioned Adult Living Preparation Process is utilized for youth ages fourteen to twenty-one years of age. This process can be tailored to take into account the youth’s age and developmental level. The focus with younger youth in the fourteen and fifteen-year-old range tends to be on getting to know them and learning what their strengths, needs and interests are while obtaining a baseline of their abilities using the Casey Life Skills Assessment. Their Adult Living Plan can focus on them obtaining information about a career they may be interested by using the career assessment tool as well as ensuring they have opportunities to experience the five C’s of positive youth development.

Starting at the age of sixteen youth are introduced to the NH TRAILS program, which stands for Teen Responsibility and Independent Living Skills. TRAILS is a curriculum created by NH DCYF based on feedback from division staff and other stakeholders including youth and providers. Youth are guided through the curriculum by either their foster, relative care, or residential facility care providers depending on their placement. The curriculum is divided into the following areas: Personal and Social Growth, Daily Living Skills, Money Management, Home Management, Managing Transportation and Pregnancy Prevention and Parenting. Caregivers are encouraged to

use experiential learning as the best way to have youth learn what is in the book. So rather than just cover the section on cooking they are encouraged to provide youth with opportunities to shop for and then cook a meal.

At this stage of development youth are encouraged and supported to look for employment and volunteer opportunities, participate in sports and community activities, take driver's education and obtain their driver's license if possible. Post-Secondary education and training options are discussed along with a review of support they can expect from their family and other connections. Youth are encouraged to take as active role as possible in their permanency and case planning. This should include having regular discussions with their treatment team about obtaining a non-driver ID, cell phone, dating etc. based on their needs and individual situation.

As of this writing, DCYF is pursuing extended foster care until age twenty-one in accordance with the federal guidelines and a Bill to that effect is before the NH legislature. It has not yet been determined how the addition of extended foster care will impact Chafee services. DCYF is in the process of researching how this program is offered and administered in other states and will be using that information to inform the Division's process and procedures. Input will also be sought from the NH Youth Voices Advisory Board and other youth leaders. Should the law pass and this option become realized it will most certainly allow more youth to stay in foster care from eighteen to twenty-one than ever before. NH DCYF currently only allows extended care until age twenty-one if the youth is still in high school. This expansion will result in less youth needing money for food; clothing, and shelter through Chafee funded Aftercare Services, as they will be able to receive those through the normal DCYF service provision. This will free up Chafee funds to be used in other areas.

As of this writing, the Division is not pursuing the extension of Chafee services until age twenty-three due to the current staffing levels. With the addition of new staff that may change and in that case the Division will consider a change in position.

Assessments

Both the *Needs Assessment* and [Casey Life Skills Assessment](#) are utilized during the Adult Living Preparation process to determine what are the individualized needs of the youth and what services they will receive based on their age and developmental stage. A career assessment through www.CHOICES360.com can also be incorporated to assist youth in finding career options that correspond with their interests.

Collaboration With Other Private and Public Agencies

The Adolescent Program meets quarterly with the Independent Living Contacts from the residential treatment facilities. Recent topics have included working together to maximize youth engagement at the annual DCYF Youth Summit and reviewing the event afterwards, working more effectively with managed care insurance companies that provide coverage to youth in care, and brainstorming ideas for inclusion into the DCYF Adolescent Program five-year plan.

DCYF has continued to collaborate with Waypoint, the States FYSB funded runaway and homeless youth provider formerly called CFS. This has included partnering with them and NH Housing on the administration of the recently started Family Unification Program (FUP). In May of this year DCYF and Waypoint along with the DHHS Bureau of Housing Supports collaborated on applications for two housing demonstration grants offered by the Department of Housing and Urban Development (HUD) as previously mentioned.

DCYF has continued to make referrals to Waypoint's Transitional Living Program and to the Nashua Children's Home Transitional Living Program as well. Waypoint and the Nashua TLP have again been invited to promote their programs to current youth in care and caregivers at the annual youth summit. At the Sununu Youth Services Center, in particular, Waypoint staff come in regularly to meet with interested residents who will be leaving care at eighteen years old. DCYF has participated in the Housing and Urban Development (HUD) homeless point in time count that was orchestrated by the NH Bureau of Homeless and Housing (BHHS).

DCYF continues to be a very active member of the Homeless Youth Subcommittee and now hosts the monthly meetings. The Adolescent Program Specialist now gets regular updates from the Bureau of Homeless and Housing on available units in various housing programs and passes that onto field staff via email.

DCYF has continued to partner with the Safe Families Program to provide housing to youth whose needs fall outside of the Division's typical service array. In April of 2019 that included finding a home for a sixteen-year-old mom and her baby. Mom and child continue residing there as of this report.

In November of 2018, this administrator joined an Interagency Directors Group (IDG) as part of Workforce Innovation Opportunity Act (WIOA) and focused on youth primarily in the ages of fourteen to twenty-four. Participants include members from the following state organizations; WIOA Youth, Adult Education, Career and Technical Education, Vocational Rehabilitation, NH Community College System, NH Employment Security and WIOA Adult. The focus of this team that meets monthly is on issues related to workforce development and barriers to successful completion of high school, entering college and the workforce. This includes:

- Discussing youth issues and services around the State
- Ensuring there is collaboration on projects and programs where appropriate
- Sharing information that the meeting participants will be responsible for informing direct line staff/contractors within their agencies/programs.
- Determining gaps in services and identify potential remediation within the authority of the team.

DCYF has an ongoing partnership with the New Hampshire Higher Education Assistance Foundation (NHHEAF) in order to support youth going onto college or to a career training school. New Hampshire Higher Education Assistance Foundation is a statewide agency devoted to helping parents and their aspiring college students navigate the college selection, admissions, and financial aid process. This has included the following on a yearly basis:

- **Individual Meetings:** Current and former youth in care are connected with a NHHEAF college counselor to get individualized attention regarding their college plans.
- **Interactive Website:** Through which youth can earn prizes while learning about college resources <http://www.nhheaf.org/college-bound.asp>.
- **Division for Children, Youth and Families' Youth Summit:** Each year NHHEAF provides at least one workshop at the annual summit that is focused on the college selection, admissions and financial aid process.

Since 2012, DCYF has had a partnership with the NH Bar Association through which attorneys have educated youth in care about their legal rights. Youth have been surveyed about what legal issues are of most interest to them and those topics have included getting a job, renting an apartment and the impact of juvenile delinquency on your future. Additional topics have included family law, cyber bullying, stalking and domestic violence. The NH Bar recently provided DCYF with 300 copies of the book Beyond High School: A Guide to your Rights and Responsibilities, which has been distributed to youth as an additional resource.

Currently there are two managed care organizations, NH Healthy Families and Wellsense, that provide health insurance to DCYF involved youth. The DCYF Adolescent Program has worked in partnership with each agency to ensure they are connected to youth while they are in care and remain connected after discharge. Staff from both agencies have attended individual 90 Day Youth Transition meetings for that purpose. In addition, they have each had a resource table at the annual youth summit and attended DCYF leadership and Adolescent Worker/Independent Living Contact meetings.

Determining Eligibility for Benefits and Services Used

Everyone who is eligible is provided services based on their individual needs and goals as determined by the Adult Living Preparation Process or by their Self Sufficiency Plan if receiving Aftercare Services. DCYF will continue to provide Chafee services to youth that are temporarily living out of state and to youth that have moved to a state that will not provide them with any Chafee funds or services.

Cooperation in National Evaluations

The Division is committed to best practice in meeting the needs of youth and will cooperate fully in all national evaluations of the effects of the programs in achieving the purposes of the Chafee Program.

Chafee Program Training SFYs 2020-24

In support of the goals and objectives of the Chafee Program and to help foster parents, relative guardians, adoptive parents, group home staff, and case managers understand and address issues confronting adolescents preparing for a successful transition to adulthood and making a connection with a caring adult:

- *Adult Living Preparation:* The annual DCYF NH Youth Voices Summit provides five to six workshops per year for current youth in care focused on adult living preparation and co-facilitated by former youth in care. This year's event, which will be on August 1st, will offer these workshops: Healthy Relationships, Attending College, Cooking Skills, Overview of Job Corps, Buying a Car and Life Hacks.
- *The Adolescent Toolbox:* This training for newly hired staff is facilitated by DCYF in partnership with a former youth in care and is provided at least four times a year. The training provides an overview of the youth in care experience and insight into how to engage and work with youth through a positive youth development approach and an overview of Adolescent Program resources
- *College Overview Presentation:* This training will continue to be provided by the New Hampshire Higher Education Assistance Foundation (NHHEAF) on a regular basis for youth at SYSC. Included is a review of the college selection, admissions, and financial aid process and the assistance provided by DCYF.
- *Legal Rights Training:* Presentations by the New Hampshire Bar Association to youth in care focused on the legal rights aspects of getting a job, renting an apartment, stalking, cyber bullying and the ramifications of having a juvenile delinquent record along with other legal topics.

- *Trust Based Relational Intervention (TBRI)*: An attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. This training will be provided to Adolescent Program staff. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection. TBRI® is designed for children from “hard places” such as abuse, neglect, and/or trauma. Because of their histories, it is often difficult for these children to trust the loving adults in their lives, which often results in perplexing behaviors. TBRI® offers practical tools for parents, caregivers, teachers, or anyone who works with children, to see the “whole child” in their care and help that child reach his highest potential.

Granite State College (GSC) Trainings:

Granite State College is contracted to provide training to foster parents, adoptive parents, group homes, and DCYF staff and is supported by training funds provided under the Title IV-E Foster Care Adoption and Assistance program. Granite State College conducts numerous trainings for caregivers and staff working with adolescents. The primary training regarding adult living preparation is the aforementioned New Hampshire TRAILS program. Granite State College will continue to provide other specialized trainings that focus on work with adolescents in care. They are offered on an as needed basis and include:

- *Guiding Teens Through NH Trails (Staff and Caregivers)* A twelve-hour class in which participants will learn how to use knowledge of the Adolescent Brain, Positive Youth Development and experiential learning to make the New Hampshire Trails curriculum a dynamic way to teach adult living skills.
- *Guiding Teens through NH Trails (Youth)*: This class is still being developed so its duration is yet to be determined. Youth and their caregivers will learn and practice adult living skills and increase their knowledge about resources to assist youth in the transition out of DCYF care.

Embracing Normalcy for Children and Youth in Care: A six-hour class that examines normalcy for youth in out-of-home care. Participants are exposed to innovative ways of thinking and explore ways to think creatively when providing normalcy. Participants will also learn about current technology and how to help kids in their care navigate the cyber world.

- *How the Reasonable and Prudent Parenting Standard defines Normalcy*: A three- hour class that presents participants with information regarding the legal logistics of the Reasonable and Prudent Parenting Standard and on how it impacts day-to-day decisions like getting a child’s haircut or permission for a school trip. The New Hampshire Foster Parent Bill of Rights and the Youth Bill of Rights are explained while simultaneously

reviewing examples of how New Hampshire and other states address normalcy needs and issues of kids in care.

- *Youth Safety in the Age of Technology*: A twelve-hour class that provides the knowledge and skills needed to protect children, youth, and adults from online risks when using the Internet. Participants learn how to safely access the web by using common Internet tools such as browsers, email and instant messaging.
- *Beyond Acceptance: Helping LGBTQ Youth Thrive*: A nine-hour class that provides an opportunity for learners to explore issues related to caring for youth who identify as Lesbian, Gay, Bisexual, Transgender or Questioning Youth and how to best support their needs.
- *Working with Transgender Youth in Residential Care*: six-hour training on how to work effectively with youth in congregate care who identify as transgendered.
- *Transitions in Adolescent Development*: A six-hour class that explores theories of adolescent development within the domains of emotional, physical, cognitive, social, spiritual and sexual. Influences on development such as issues of attachment, the media, communication skills, and relationships are considered.
- *Lifelong Connections*: A three-hour class that explores children's needs for lifelong connections. The importance of contacts and visitations for the child and family and the effects of multiple loyalties on the daily lives of children are examined.

Additional Training Topics for Adolescent Program Staff from 2020-24:

- Assisting Teen Victims of Dating Violence
- Connecting Youth with Employment Services through NH WORKS
- Working with Youth with Developmental Disabilities
- Sexual Education and Pregnancy Prevention
- Working with Lesbian, Gay, Bisexual, Transgender and Questioning Youth
- Resolving Youth Credit Report Issues
- Normalcy and Prudent and Parenting Standard
- National Youth in Transition Database

Education and Training (ETV) Voucher Program

DCYF has expanded the age range for youth to receive Education and Training Vouchers (ETV) under the recently retitled the John H. Chafee Foster Care Program for Successful Transition to Adulthood. The change now allows youth to receive Education and Training Vouchers up until they turn 26 years of age as long as they continue to make satisfactory academic progress and do not receive a voucher more than five cumulative state fiscal years.

Youth are informed about the ETV program during the Adult Living Preparation process. They are provided with an overview of the program and this topic is revisited at the time of the 90-Day Youth Transition Meeting. A brochure explains the program to youth and other stakeholders as well as information on the Adolescent Program web page.

Interested and eligible youth request ETV funds through an application, which requires them to apply for other scholarships along with a tuition waiver to maximize financial assistance and avoid duplication of benefits. The application is reviewed by the Adolescent Worker in their region. The review process includes an examination of the applicant's award letter and the subtracting of grants scholarships and loans from the institutions "cost of attendance." ETV is then used to fill that gap but not exceed the cost of attendance. The results of this calculation is submitted to the Adolescent Program administrator who determines the amount of ETV that the applicant is eligible to receive during the State Fiscal Year.

The Tuition Waiver for Foster and Adopted Children Program continues to supplement the Education and Training Voucher program. The Tuition Waiver program provides up to twenty tuition and fee waivers per year to New Hampshire state schools for youth formerly in out-of-home placement through DCYF. Ten waiver slots are awarded to University of System of New Hampshire schools and ten are awarded to New Hampshire Community Colleges including Granite State College. Waiver slots that become open during the year for the Community Colleges are filled with new students whenever possible. In the fall of 2018, DCYF asked both college systems if they each would be willing to provide five additional slots. Both college systems agreed and as of this writing, the change is in a bill being considered by the NH legislature. If it passes, 30 slots will be available going forward.

DCYF also asked that each system create a process in collaboration with DCYF that connects waiver recipients with existing on campus supports and resources. The rationale being that greater utilization of these supports and services could contribute to increased academic success by waiver recipients. Both systems also agreed to continue capturing educational outcomes for waiver recipients and providing that information to DCYF.

Another program helping to expand access to college for former youth in care is the Granite Guarantee program. Granite Guarantee, which started approximately two years ago in the University of System of New Hampshire schools, ensures that students attending those institutions and receiving a Pell Grant do not have to pay any additional monies towards tuition. The Pell Grant awarded is used towards the cost of tuition and the university system covers any remaining tuition costs. Since having been in foster care at any point on or after the age of 13 automatically qualifies someone for a Pell Grant all youth that age out of DCYF care and many others with past involvement, qualify for this program.

To support youth interested in learning more about the process for going to college, the New Hampshire Higher Education Assistance Foundation (NHHEAF), Center for College Planning, continues to meet individually with youth and or their caregivers as needed to help them better understand the college admissions, application and financial aid process. NHHEAF also provides trainings, videos and group presentations as requested.

Going forward the New Hampshire Division for Children, Youth and Families and the University and Community College Systems of New Hampshire will continue their collaborative work to support and maximize the Tuition for Foster and Adopted Children Program. This will include working closely with New Hampshire colleges and universities to continue to find ways to expedite the waiver notification process and to ensure that each tuition waiver applicant completes all of the required application and verification forms.

Other ongoing efforts to strengthen the postsecondary educational assistance program to achieve the purpose of the Education and Training Voucher program:

- Continuing to disseminate Aftercare Services brochures, which include Education and Training Voucher information, to youth, staff, and caregivers. This information is available on the Adolescent Program page on the DCYF website and New Hampshire Youth Voices Facebook page along with eligibility and contact information.
- Continuing to include information about Education and Training Vouchers in the Foster and Adoptive newsletter known as the Connector that is sent out quarterly to current and former foster and adoptive parents.

Consultation With Tribes

In regards to consultation with Indian Tribes, New Hampshire currently has no federally or state recognized Indian tribes. Benefits through the Education and Training Voucher program are available to Indian children on the same basis as they are available to other children in the State. The identification and verification of all children's ethnicity, including "American Indian/Alaska Native" is established, if possible, during the Division's initial family contacts in the course of the

Assessment phase. Youth with tribal connections are able to access the same level of benefits and services as those available to any and all other youth in the State.

SECTION 7: FINANCIAL INFORMATION

Payment Limitations – Title IV-B, Subpart 1

In Fiscal Year 2005, the state expended no Title IV-B Subpart 1 or non-federal funds for child care, foster care maintenance or adoption assistance payments.

Payment Limitations – Title IV-B, Subpart 2

The New Hampshire state and local share of spending in 1992 for Title IV-B, Subpart 2 programs was \$300,000. In State Fiscal Year 2017 \$254,352 was outlaid by state and local resources for the purpose of supporting Title IV-B activities. This quantity was less than the Fiscal Year 1992 base amount of \$300,000.

SECTION 8: TARGETED PLANS WITHIN THE 2020-2024 CFSP

Disaster Plan

In alignment with the requirement for a Disaster Plan in SSA Section 422(b)(16), the Division for Children, Youth and Families promulgated an updated Continuity of Operations Plan and an [Incident Response Guide](#) in 2019. These new editions of the former plans were designed and completed in collaboration with the Department of Health and Human Services' Emergency Services Unit and the New Hampshire Department of Safety's Homeland Security and Emergency Management Unit. Key principles from federal and local sources were reviewed and built into the documents to support an incident command compatible response that is scalable from a large disaster down to a localized incident, to be effective for staff who do not work in the disaster response field on a daily basis. The [Continuity of Operations \(COOP\) Plan](#) presents a management framework to sustain Mission Essential Functions and Essential Supporting Activities if normal operations are not feasible, and guides the restoration of the organization's full functions from an Administrative level. The Division for Children, Youth and Families' Incident Response Guide is a procedural counterpart to the Continuity of Operations Plan for use and implementation by staff stationed at district offices across the State.

Building a Responsive Capacity

The Division for Children, Youth and Families has not had cause in recent years to implement the disaster response documents. In 2020-2024, the Division intends to build responsive capacity through a series of efforts outlined below. These efforts will better prepare staff in the event that an incident occurs to respond with reduced impact to the personnel, resources, and services of the Division.

A key factor in staff's responsive capacity is their knowledge of the plans and how to implement them. The Bureau of Organizational Learning and Quality Improvement in collaboration with the Division's Safety Specialist, and the Department's Emergency Services Unit will plan and initiate training exercises and tabletops with staff around the State, meeting with each district office's supervisory staff by the end of the 2020-2024 CFSP period. Emergency preparedness exercises may range from discussions during meetings and trainings, to real-time problem solving to explore the procedures, as they would be used in an incident. The implementation of an exercise plan will provide an opportunity for continuous assessment and quality improvement of the disaster response documents.

Through localized training exercises, the Division intends to engage local services and programs that work with the Division, and Emergency Management Directors to support informed conversations. Residential Treatment Programs and schools have had support through the Department of Safety's Homeland Security and Emergency Management unit develop their program specific emergency preparedness plans. Foster Parents and other community-based service providers also maintain their own emergency plans. By breaking down the silos, these conversations will bring to light where service interruptions and challenges in parallel response practices may become a barrier in effective community engagement during and after an incident.

To support staff well-being and ability to be responsive in light incidental or cumulative critical incident stress, the Division for Children, Youth and Families has maintained a peer support program. This program, known as E.P.I.C. (Encourage Peers. Inspire Change), is a voluntary support to staff, available for mobilization in the event of a disaster. Division staff serving as members of the peer support program, receive training and consultation in providing confidential staff assistance via education, support, and referral services. The Division for Children, Youth and Families anticipates the program will contribute to the long-term emotional health of its staff.

The Department of Health and Human Services has maintained capacity for staff to have remote access through the distribution of state-issued iPhones and laptops to all Child Protective Service Workers and Juvenile Probation and Parole Officers. The assignment of the iPhones and laptops to field staff increased accessibility to the Department of Health and Human Services network, the Statewide Automated Child Welfare Information System, and Microsoft Outlook, the email and calendar program utilized by the Department of Health and Human Services. This accessibility has supported staff ability to access and respond to case management needs while in the community or from their homes when a weather event has initiated the implementation of the Department of Health and Human Services' Liberal Leave policy.

Please also see attached companion documents: [Incident Response Guide](#); and [Continuity of Operations Plan](#)

Division for Children, Youth and Families (DCYF) Health Care Services Plan

Introduction

New Hampshire's oversight and coordination of health care services for foster children begins when children first enter foster care. Through coordination efforts by their DCYF case worker each child receives a comprehensive health and developmental assessment within thirty days of placement. Foster Care Health Nurses, funded by Medicaid, act as Healthcare Consultants to

ensure every child in placement has their medical, behavioral, and oral health needs met through statewide oversight and monitoring. Tools that have been developed to assist in the statewide oversight of health care are:

- The Foster Care Health Program monthly report: This tracks the basic medical and dental care as well as the initial health and behavioral health care assessments; and
- The New Removal Report: This report identifies all new removals for a two-week period of time, to assist in scheduling of the initial health and behavioral health assessment.

The schedules for initial and follow-up screenings that meet recommended standards of health care practice

BEHAVIORAL HEALTH SERVICES

The Division for Children, Youth and Families is committed to implementing universal mental health screening and trauma-informed practice for all Division-involved children. Within the framework of Solution Based Casework, valid and reliable mental health screening instruments are used for both initial assessment and follow-up, to inform case planning and decision-making, guide referrals for additional services when appropriate, measure progress with symptom reduction, and improve children's overall well-being. In addition, within thirty days of placement, the child must receive a mental health assessment, in accordance with New Hampshire Medicaid requirements and the certification payment standards for community-based behavioral health service providers. This assessment is performed by the Community Mental Health Centers through an agreement between DCYF and the Bureau of Behavioral Health and is waived if the child is already established with ongoing behavioral health services. The Referral for Behavioral Health Services Form is used to document 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. The mental health assessment performed by the Community Mental Health Center may include a referral for psychiatric evaluation to identify needs for psychotropic medication.

MEDICAL SERVICES

At the time of placement, when the screening for the presence of acute health issues by the CPSW/JPO or medical provider identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within forty-eight hours.

Within forty-eight hours of placement, children under the age of two must have a comprehensive health and developmental assessment completed by a medical professional.

Within thirty days of placement, children age two and older must have a comprehensive health and developmental assessment completed by a medical professional.

Each child must receive a medical examination consistent with the [Early Periodic Screening, Diagnosis and Treatment](#) (EPSDT) schedule and the [American Academy of Pediatrics](#) (AAP) Recommendations for Preventive Pediatric Health Care.

DENTAL SERVICES

Each child must receive a dental examination six months from the time of placement or sooner as needed. After the initial examination, the child follows the schedule consistent with the EPSDT, American Dental Association (ADA), and AAP schedules.

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE

The Foster Care Health Program continues to collaborate for high-level health care planning, behavioral, medical, and dental care coordination and consultation for DCYF children in foster care by continuing to work with experts within the Department of Health and Human Services (DHHS) and community providers.

How Health Needs Identified Through Screenings Are Monitored and Treated

When the initial health screening identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within forty-eight hours. Foster Care Health Nurse Consultants monitor the needs of the child by:

- Consulting with CPSW/JPPOs to ensure medical care and health care planning is done and documented in the case plan;
- Consulting with the CPSW/JPPO on the coordination of health care visits, exams, and treatment;
- Assisting with coordination of health care including health care planning for children with complicated health care medical, dental, and behavioral needs; and
- Reviewing the Foster Care Health report to ensure each foster child's basic medical, dental and behavioral health assessments are completed and documented.

DCYF utilizes an Administrative Case Review process called Family Assessment and Inclusive Reunification (FAIR). FAIR is a form of family team meeting where all of the issues that brought a child into care are discussed as a team with the parents and their supports immediately after the child is removed from the home. During FAIR meetings, the child and family's well-being needs

are discussed and reviewed including medical and dental needs, current providers and schedules for well-child visits.

Parents must be involved, whenever possible, in the treatment of the child's identified medical needs. If the child does not have a Primary Care Provider (PCP), a Medicaid enrolled provider is identified for the child who can provide the initial and ongoing medical services needed. The goal is for a child to remain with their PCP unless distance presents a risk to the child or hardship for the placement provider.

The New Hampshire Department of Health and Human Services has transitioned the Medicaid system from a Fee for Service to a Medicaid Managed Care environment. Both Managed Care companies have liaisons and special needs coordinators designated specifically for the foster care population. Meetings with both Managed Care companies are held as needed to review system level issues including issues specific to any child who may have medical or behavioral needs requiring special attention. This relationship has strengthened DCYF's monitoring and oversight of health care needs for the foster care population, including psychotropic medication oversight.

How Medical Information Will Be Updated and Appropriately Shared

Initial efforts to obtain medical information are made with the parents by the CPSW/JPPPO when a child must be removed from his or her home. If information is provided by the parent(s), the CPSW/JPPPO makes contact with the child's medical provider(s) to obtain the child's medical records. Information is also collected at the time of the FAIR meeting. Foster parents or other providers participate in FAIR as well.

Whenever a child changes provider or returns home, updated health care information is provided to the new provider or parents and entered into the Bridges information system.

The Foster Care Health report utilizes information from the Statewide Automated Child Welfare Information System (Bridges). The Foster Care Health report is generated monthly and made available to the nurse consultants, district office supervisors, and DCYF administration. This report functions as a tool in the oversight and management of medical, dental, and initial behavioral health assessment services for children in foster care.

Through the Medicaid Managed Care Program, the two contracted Managed Care Organizations (MCO) are required to supply State of New Hampshire bureaus and divisions with encounter data for all health services provided to their network members. Children in foster care have the added benefit of care coordination by the Managed Care Organizations. This greatly enhances DCYF's ability to obtain necessary information about the child's medical and behavioral health services.

Steps To Ensure Continuity of Health Care Services

The CPSW/JPPO must assess the child's overall health and healthcare services during face-to-face contacts with the child and placement provider. This assessment includes obtaining information regarding services provided, new diagnoses, treatment recommendations and oversight of prescription medications for physical and behavioral health purposes. Assessments of a child's health, healthcare services, and oversight of prescription medications must be documented in Bridges.

Health information for children in placement is updated by CPSWs, JPPOs, and the Nurse Consultants in the New Hampshire Bridges information system. Updated health records are obtained and maintained in the child's case file. Whenever a child changes placement or there is a newly identified health care provider, current health information must be made available to the placement provider. When requested, a child's identified MCO provides pertinent historical information to DCYF field staff and the Nurse Consultants based on service billing and case management services.

The Foster Care Health Nurse Consultants may access the New Hampshire Medicaid information system to review historical billing to identify dental services rendered and dental providers. Information is communicated to CPSWs and JPPOs to ensure dental services are provided according to recommendation and for continuity of dental care. Through consultation and collaboration with the NH Medicaid Dental Unit, the Nurse Consultants ensure children with complex dental conditions are identified and receive appropriate follow-up care.

The Oversight of Prescription Medicines

A long-standing procedure has been in place for a number of years for prior authorization of prescribed behavioral health and narcotic medications for children in DCYF Guardianship or Care, Custody and Control. The process requires coordination of the request by the prescribing practitioner, DCYF Administrators, with medical power of attorney, and the DCYF Nurse Consultants.

For all other children in placement who are not in DCYF Guardianship or Care, Custody, and Control, parental consent must be obtained. Parental engagement is essential to promoting, supporting, and improving parental responsibility for their children's health care while in placement. Parental engagement remains a strong focus for DCYF with the inclusion of Solution Based Casework, FAIR meetings and the Parent Partner Program. It is DCYF's plan to continue supporting the relationship between parent and child while in placement and working with parents to improve and enhance their ability to meet their children's needs. DCYF's Psychotropic Medication Policy includes provision for distribution of educational materials and tools to assist

parents with making informed decisions for the use of psychotropic medications. When it is not possible for parents to be involved, DCYF must ensure the child's needs are met.

DCYF, the NH Medicaid program, Medicaid Managed Care organizations, continue collaborative efforts to impact the prescribing practices of psychiatric providers for children and youth in placement, including the community- accessible DCYF SafeRx webpage as part of the New Hampshire Department of Health and Human Services' website. A workgroup consisting of the New Hampshire Department of Health and Human Services Office of Quality Assurance and Improvement and DCYF developed and is finalizing a comprehensive monitoring report using pharmacy claims from the Medicaid fee-for-service Program and the Managed Care Organizations as a way to more effectively monitor psychotropic medication utilization for children in DCYF out-of-home placement.

Foundation for Monitoring Psychotropic Medication

POLICY

The DCYF policy, [Use of Psychotropic Medicines for Children and Youth in Out-of-Home Placements](#), was finalized and adopted in July 2015. The policy describes activities DCYF staff will implement to oversee and monitor psychotropic medications prescribed for children in placement. This policy outlines DCYF's preferred practice as well as red flag criteria that may prompt a review of any individual child's behavioral health medication regimen.

CONSENT

For children in DCYF Guardianship and Care, Custody, and Control: Finalization and adoption of the consent request form was achieved in July 2015. The form is currently utilized by DCYF staff in collaboration with prescribing medical providers.

For children not in DCYF Guardianship or Care, Custody, and Control: Draft Form, Authorization for Behavioral Health and Narcotic Medication Administration, was created for parental consent specific to the prescribing and administration of psychotropic medication for children in foster care. The form is in its final stages of review, revision and adoption.

REVIEW AND ONGOING MONITORING

Adoption of the DCYF policy guiding oversight of behavioral health medications and identification of individual children's cases for further review utilizes the following key indicators:

Children who are prescribed and taking:

- Four or more psychotropic medicines;

- Two or more antipsychotics;
- Two or more antidepressants;
- Two or more stimulants (ADHD);
- Three or more mood stabilizers;
- Children ages six and under who are taking any psychotropic medicines;
- Children under five who are taking psychostimulants;
- The prescribing practitioner is a primary care physician and the medication prescribed is anything other than medications for treatment of ADHD; and
- Dosing exceeds accepted child psychiatry practice standard parameters.

When a case is identified for review; Foster Care Health Program Nurse Consultants conduct a preliminary medication review. If necessary, the Nurse Consultants request a review by a pediatric psychiatrist with the assigned Medicaid Managed Care Company.

Support and Education

TRAINING:

- DCYF Nurse Consultants provided initial introduction and training for DCYF staff regarding the DCYF policy for use of behavioral health medications. The training included specific monitoring and oversight guidelines to be used by DCYF staff for children in out-of-home placement. Training for new staff and staff wanting a refresher is provided by the DCYF Nurse Consultants.
- An online training regarding the use of behavioral health medications was developed for placement providers and DCYF staff through the education partnership with Granite State College; and
- Resources specific to the use of behavioral health medications for children in placement have been organized and posted on the DCYF website, with the collaboration of the Geisel School of Medicine at Dartmouth and the New Hampshire Medicaid Pharmacy Unit. Resource materials include:
 - Consumer decision aides for parents and caregivers;
 - Behavioral health diagnosis, symptoms and interventions for children age four and older and three and under for workers, parents and caregivers;
 - Youth, Parent and Caregiver guide to emotional health treatments;

- Youth guide to psychotropic medications; and
- Psychotropic Medication utilization parameters for prescribers.

Supporting Documents or Information

A set of targeted questions was developed through the collaboration of the Geisel School of Medicine, the New Hampshire Medicaid Pharmacy Unit and DCYF for placement providers or parents to use when speaking with the prescribing practitioner, such as, starting or adjusting a psychotropic medication. Questions may include:

- What symptoms will this medication impact?
- When should parent/provider/ child or youth notice a difference in symptoms?
- What are the side effects?
- When would any side effects start to appear?
- Are there any other alternative interventions?
- Plan for discharging the medication.

Guidance to providers about psychotropic medication use included:

- Medication as a tool to assist in alleviating symptoms;
- Child/ youth is still responsible for his/her behaviors and actions;
- Medication is mainly used in concert with therapy most appropriate for child/youth's diagnosis, ideally trauma-informed therapy.

Ongoing work to ensure an improved process for monitoring Psychotropic Medications consists of:

- Adjustment of the psychotropic consent form for guardianship cases to include recommendations for a medication tapering or cessation plan, and therapies the child is receiving in addition to the medication; and
- Creation of a new release for parents to sign that targets the prescribing and administration of psychotropic medications.

Partnership for Change Grant with Dartmouth

The Geisel School of Medicine at Dartmouth developed a desk reference for staff and caregivers indicating the diagnosis, related symptoms, effective behavioral interventions and medications according to accepted standards of prescribing practice.

Medicaid Managed Care

DCYF continues to collaborate with representatives of the Medicaid Managed Care Organizations (MCOs) on integration of the Division's behavioral health medication policy and protocols into their practice and procedures. Through medication reviews and peer-to-peer consultations, the MCOs are better equipped to impact prescribing practices among their network of providers.

Oversight

Managed Care Organizations are developing systems to assist DCYF in the oversight of psychotropic medicines by:

- Conducting medication reviews when requested;
- Enhancing the system with some pharmacy claims safeguards for outliers with in the red flag criteria; and
- Providing educational materials to providers and members and their caregivers about the use and monitoring of psychotropic medicines.
- Implement stricter controls such as stopgaps at the pharmacy level.

Collaboration

Cross Department and Community Health Care Collaboration to Assess Health/Well-Being and Determine Treatment to Improve Health Outcomes for Children in Placement

DCYF developed the Foster Care Health Program in 1999 with medical experts from the Medicaid Program of New Hampshire DHHS, private providers of community-based health care, and providers recruited to identify and treat abused and neglected children at the time of initial assessment. Behavioral health providers were involved through the DHHS community mental health centers.

The Foster Care Health Nurse Consultants continue to have strong working relationships with experts within DHHS, as well as many primary care and specialists in NH and nationwide. The

Foster Care Health Program Nurse Consultants collaborate with the following entities for support, consultation, case specific treatment planning, when needed:

- Child Psychiatrist at the New Hampshire Hospital;
- DHHS Children's Behavioral Health Bureau
- Medicaid Managed Care companies consulting psychiatrists; and
- Bureau of Special Medical Services for a case specific treatment planning.
- Residential treatment facility providers
- Medicaid Managed Care staff designated to be liaisons for DCYF

DCYF and the Medicaid program are agencies in the same Department of Health and Human Services. This allows DCYF easy access to medical professionals in the Medicaid program. At the same time DCYF has adopted Medicaid health care standards for children in foster care and requires DCYF-certified providers to also be certified by Medicaid.

Community-based health and behavioral health providers participate in meetings with DCYF to identify health needs of children in placement, what works well to address the needs, and what could be done to improve health care outcomes for foster children. DCYF continues to collaborate with the New Hampshire Department of Health and Human Services Medicaid Dental Unit to discuss issues with children's dental care.

Medicaid Managed Care companies' liaisons and DCYF Nurse Consultants regularly discuss specific cases and overall processes needing attention.

Procedures and Protocols

Procedures and Protocols to ensure Children in Foster Care are not inappropriately diagnosed with mental, emotional, behavioral, medically fragile illnesses or conditions, or developmental disabilities. Include the use of the following:

- Mental Health Screening Tool
- Mental Health Assessment
- Trauma Screening Tool
- Comprehensive Health and Developmental Examination

- Ongoing Care Per The Recommendations of AAP, CDC, EPSDT, ADA

NYTD Policy Requirements

On September 21, 2010, New Hampshire DCYF released Policy Directives (PD) about youth exiting residential and foster family care at age eighteen or older. Youth are encouraged to learn more about advance directives (power of attorney and living will) to be included in their 90-Day Youth Transition Meeting and Plan. The new Advance Directives Form, prepared by the [Foundation for Healthy Communities](#), provides youth a description of advance directives available in New Hampshire. Youth will be provided with a copy of the Advanced Directives Form 1975 and the [Advance Care Planning Guide](#). This policy is based on the [Patient Protection and Affordable Care Act \(PL 111-148\) of 2010](#), which aims (in part) to help youth make a successful transition to adulthood.

New Hampshire Division for Children, Youth and Families (DCYF) Training Plan

Workforce and Professional Development

The Bureau of Organizational Learning and Quality Improvement (BOLQI) partners with an array of internal and external organizations across the State to provide a multi-pronged and integrated approach to competency-based training design, delivery, and evaluation. This system delivers a solid foundation for imparting the knowledge, skills, and techniques essential to effective child protection and juvenile justice practice inclusive of both Title IV-E and non-Title IV-E eligible audiences.

Specific components of the current training system include:

- Partnerships via performance-based contracts with higher education institutions and non-profit partners;
- Collaboration with other State entities such as the DHHS, Organization, Development and Training Services (ODTS), and the Court Improvement Project; and
- Targeted DCYF staff involved in training delivery, management, and oversight.

Beginning in November of 2017, the DCYF Professional Development Taskforce (PDTF) was developed to be broadly inclusive with representation of staff, parents, youth, caregivers, providers and training partners. The establishment of the charter of the PDTF outlines the goal, purpose, and outcomes for the taskforce:

Goal: To develop, implement, and sustain a plan to influence professional development, training, and learning across the Division for Children Youth and Families workforce.

Purpose: To position the newly formed DCYF Professional Development Taskforce to play a pivotal role in supporting the NH Child Welfare Systems transformation

Outcomes: A cooperative education and professional development and learning system that works in conjunction with the Division for Children, Youth and Families that includes:

- The application of a spectrum of learning methodologies to maximize transfer of learning for participants,
- With a primary emphasis on adult learning modalities,

- Specific skill-building opportunities such as a simulation laboratory, and flipped classroom methods, coaching outside of the classroom, micro learning opportunities, and online learning

In 2017, with the Division's Child Welfare Systems Transformation, specific work on the DCYF's training system was targeted. Dedicated instructor coaches and targeted Core Academy trainings were revised to include skill-building activities. Additionally, curriculums have been and continue to be revised to reflect updated research and best practices, and where feasible and possible, skill building activities added. The delivery of the series is sequenced with the flow of work in each area of practice, occurs quarterly, and where possible, utilizes a consistent case example for continuity. Streamlining the flow of training and practical application of learning is a critical component to preparing the workforce to meet the unique needs of the families DCYF serves.

DCYF utilizes a Training module within the New Hampshire Bridges SACWIS system for coordinating training and maintaining records in order to support compliance. All DCYF staff training is scheduled, advertised and tracked through the Bridges Information System. Staff and supervisors can access and monitor their own training records and register for internal trainings via Bridges.

Current Training System for Staff

DCYF believes that well-educated employees, caregivers and providers deliver higher quality, more efficient, effective, and proactive services to children and their families, which support the Division's mission. Through an array of contracts and targeted staffing, the BOLQI provides both long-term and short-term training options for Child Protection, Juvenile Justice, secure facility, and other Division staff, foster and adoptive parents, relative caregivers, residential and system of care providers.

The BOLQI's annual training plan supports the goals set forth in the Division's five-year *Child and Family Services Plan* and guides curriculum enhancements, training design, delivery and scheduling. In order to support cross-systems coordination and consultation, the staff, training partners, contractors, stakeholders, such as parents, foster parents, and youth, participate in a statewide training advisory council known as the DCYF Professional Development Taskforce (PDTF). One of their primary roles is to provide input into the development of the training plan to ensure content from various disciplines and knowledge bases that are relevant to child and family services policies, programs and practices. The training plan is updated annually and evaluated by the BOLQI, as well as the DCYF Director.

Training is required for both new and seasoned staff. Training opportunities increase employees' competence and morale through professional growth, development, and increased job

effectiveness to ensure the safety, permanency, and well-being of the children and families served. In addition to the regularly scheduled staff and provider trainings, a biennial conference attracts an even broader audience for skill building opportunities, networking, celebration, and recognition of peers and colleagues who have rendered outstanding service to New Hampshire children and families.

Child Protection and Juvenile Probation and Parole Officers, as well as foster/adoptive/relative/residential caregivers alongside SYSC secure facility staff continue to train together with birth parents in facilitating ongoing Better Together with Birth Parents trainings. Further, these birth parents provide ongoing support as simulation players and guest instructors in Core Academy courses and Ongoing trainings as well.

Curriculum development and revision outlined in DCYF's *Program Improvement Plan* incorporates pre-service and ongoing training enhancements for staff and providers (Please see attached [training grids](#) for information on specific trainings).

PRE-SERVICE TRAINING

New staff are required to take trainings in a wide variety of both foundational and program specific areas, and to complete these trainings within one year of employment. (Please see attached [training grids](#) for information on specific trainings).

Several supports are provided to staff during the Pre-Service training period. These include reading and skills tracking tools, collegial, supervisory and logistical support. All staff also participate in a mentoring program upon hire. The goals of mentoring are to familiarize the new employee with good case management skills, procedures, policies and best practice as well as provide exposure to the culture of the Division. The Field Practice Advisor/mentor and supervisor further support the newly hired employee's completion of tasks and field learning using a Mentoring Log. This coming year there will be a focus on revising the specific advanced targeted training for Field Practice Advisors to enhance and build their skills in field training new staff.

Staff are required to complete all identified Core Academy courses, as well as identified portions of their Mentoring Log, prior to graduating from Pre-Service (Core Academy) training and receiving independent work. The full completion of the Mentoring Log is required by the end of the one year evaluation point of employment.

- Supervised work with a reduced Child Protection or Juvenile Justice Caseload for up to six months.

This intensive training is highly concentrated and intended to significantly strengthen and increase the employee's knowledge. Given these parameters, a new staff could not participate in intensive training while maintaining a full caseload.

- Other relevant training.

During the initial six-month period of their employment, new staff may participate in advanced training (described elsewhere in this plan) that may be offered to all staff provided that such training is reasonable and necessary to developing the knowledge, skills, and abilities of new workers.

The State will maintain a current register of new staff that assures that they both receive the appropriate training immediately upon the start of their employment, as well as assuring that they transition to the “regular” workforce within six months of their employment.

SHORT-TERM TRAINING

The short-term training program for staff includes Pre-service face to face and online classroom formats as well as on-the job training/mentoring for new and existing DCYF employees, localized team and district office-based training, supervisory and management/leadership training.

IN-SERVICE TRAINING

Each year an annual staff training calendar is developed to meet the ongoing/advanced training needs of DCYF seasoned staff, based on CFSP goals or needs identified by field staff, supervisors or administrators. Bureau staff and training partners meet with individual district office teams and supervisors to ensure specific needs for ongoing/advanced training are accessible, needs based, locally delivered, and outcomes focused. Title IV-E funds are used to support many of these ongoing (in-service) training activities (Please see attached [training grids](#) for information on specific trainings). DCYF continues to collaborate with specific expert trainers for ongoing staff training and organizational consultation as needed.

Experienced staff also have access to trainings outside the Division provided by other state agencies, community and higher education partners across the State, regionally and nationally. Further, DCYF holds a biennial conference that offers a diverse array of workshops and networking opportunities. This past year's conference had over 400 staff and provider partners in attendance for workshops and information sessions.

Title IV-E funds supports the delivery of the newly developed Supervisor Core Academy training series that is specific to supervising staff in a child welfare setting. This training was developed through consultation with the [American Public Human Services Association](#), in partnership with

the Division's contracted training partner at the Child Welfare Education Partnership through Granite State College. Additionally, the Department of Health and Human Services (DHHS) runs specific supervisor training programs, which supervisors are required to attend. Some of this content has been integrated into the Division's new series. DHHS trainings are available to supervisors as well and are currently funded through non-Title IV-E State and federal sources to meet the supervisors need for knowledge, skills, and abilities to do their jobs.

LONG-TERM TRAINING

Through DCYF's Education Tuition Partnership (ETP) Program, partnerships with the Departments of Social Work at two University System of New Hampshire Schools, [Plymouth State University](#) and [University of New Hampshire](#), DCYF has supported up to eight current and/or potential employees annually to obtain a Bachelor's of Social Work degree or a Master's Degree in Social Work for one to two years of their college education. This year will increase to nine, adding one more opportunity with Plymouth State University. This monetary contribution toward education is paid back through required work commitment with DCYF. The programs have continued to produce new staff with the depth and breadth of knowledge necessary to begin a career in DCYF.

Training for foster/adoptive parent, relative caregivers, and residential care providers

PRE-SERVICE TRAINING

Since 2006 and now with the name change this past year, the Child Welfare Education Partnership (CWEP) through Granite State College has delivered Foster and Adoptive Care Essentials (FACEs) to individuals interested in providing foster/adoptive care. This training series consists of twenty-one hours of training that promotes a better understanding of working with children, families and Child Placing Agencies connected with DCYF. This training assists in preparing individuals to be skilled caregivers and professional team members. Courses are primarily instructed by foster and adoptive parents who have been recruited and trained as instructors with Granite State College. This series of seven three-hour modules is delivered statewide and fulfills New Hampshire state training licensing requirements. (Please see attached [training grids](#) for information on specific trainings.)

Residential Counselor Core Training (RCCT) has been offered to residential care staff to support their work with children, youth in care and their families in any of New Hampshire's residential facilities. A thirty-hour competency-based training series, RCCT provides generalized training that addresses the basic knowledge, skills and abilities essential to the position of residential counselor, regardless of the facility in which they are located. This series is being updated to

include Families First legislation and NH's cross system efforts in this regard (Please see attached [training grids](#) for information on specific trainings).

IN-SERVICE TRAINING

Initiated in 1996, the Caregiver Ongoing Education (COE) is a program of competency-based courses designed in collaboration with DCYF staff, foster parents and residential childcare staff. Foster parents are required to have nine hours of ongoing training per year. The COE program is the primary vehicle for foster parents to meet this requirement. Classes are open to eligible caregivers, staff and providers, including relative caregivers and are intended to provide the skills and mutual support necessary to address daily issues and the challenges of working with children in placement, and their families. (Specific trainings are described in the separate [training grids](#)).

In all CWEP programs, both formal and informal training needs assessment is performed on a regular basis. Methods for assessing needs include: surveys, focus group studies, participating at foster parent support group meetings, the Foster and Adoptive Parent Association, attending monthly DCYF Foster Care meetings and ongoing dialog with residential facilities and New Hampshire Partners in Service.

Training is delivered in traditional classrooms, and community sites (approximately forty local community sites including Granite State College (GSC) Centers, libraries, police/fire stations, hospitals, schools, community centers and residential facilities). All facilities are assessed for safety and Americans with Disabilities Act (ADA) accessibility. Distance learning is also offered for specific courses and includes, workbooks, audio and online modalities. Curriculum revisions occur on a regular basis to reflect DCYF Practice changes. CWEP is responsive to the needs of the Division with new courses and continuous updates added as practice changes present themselves.

Instructors are community practitioners qualified to teach specific courses based on their resume, curriculum vitae, a personal interview, academic credentials, expertise, years of experience in their field and philosophical compatibility with the Division. They are engaged in professional development through various venues including a newsletter publication called Partnership Press.

The CWEP has designed a system that promotes continuous quality improvement. It includes the quarterly analysis of significant quantitative and qualitative data elements and class observation reports. An annual report representing a compilation of the data is presented to stakeholders.

An important aspect of CWEP's support to the New Hampshire's foster and adoptive parents is the collaboration with the New Hampshire Foster and Adoptive Parent Association (NHFAPA)

Conference Committee to coordinate the annual New Hampshire Foster and Adoptive Parent, statewide conference.

Other Critical Training Activities

DCYF recognizes that ensuring functional and effective systemic partnerships, especially between the courts, court personnel, attorneys, Court Appointed Special Advocates (CASA), and DCYF staff, support best practices for children and families. With this in mind, DCYF actively participates in and supports several training related activities that strengthen systemic partnership.

Court and CASA Partnerships

The New Hampshire Court Improvement Project (CIP) has focused much of its efforts in the past several years on the development of protocols and court tools to improve permanency outcomes for children in out-of-home placements. CIP trainings specifically focus on providing training to judges, masters, court staff, DCYF Attorneys, attorneys who represent parents and other system stakeholders such as CASA and DCYF staff. DCYF and CIP collaborate on trainings in several ways, including funding for training, coordinating the logistics of training opportunities and planning with other system trainers for multidisciplinary training events.

As policies or protocols shift or are newly created, staff are provided with detailed training to ensure competency in procedural application. For example, in 2015, the New Hampshire CIP finalized protocols for improved court processes in cases with the permanency goal APPLA. The Bureau of Organizational Learning and Quality Improvement (BOLQI) supported the delivery of a statewide training on the new protocols coordinated throughout the State for staff and other critical cross-system partners to ensure full compliance with the new procedures.

In relation to the new categories of short-term training authorized under P.L. 110-351 amended section 474 (a)(3)(B), DCYF has established a contractual relationship with New Hampshire CASA, the statewide agency for Court Appointed Special Advocates. Through the CASA Training Partnership, Title IV-E training funds have been used to support both Pre-Service and In-Service training of court-appointed volunteers and staff.

New CASA volunteers receive forty hours of Pre-service training prior to being assigned a case and at least twelve hours annually of ongoing training. In-service training may be provided at the central CASA Office, regional offices or online through the National CASA Association. These include two full-day trainings each year, fall and spring, monthly one-hour In-service trainings on specialized topics, attendance at DCYF and other related workshops or conferences (i.e. DCYF Annual Conference, Attorney General's Conferences and Court Improvement Project sponsored

trainings). Finally, volunteers can participate in no cost e-Learning modules through the National CASA Association. (Please see attached [training grids](#) for information on specific trainings).

CASA of New Hampshire's Professional Development Standards guide all training requirements and are intended to further strengthen the [CASA](#) program's assistance to ensuring safety, permanency and well-being for abused and neglected children.

All curriculums are delivered by qualified and trained CASA of New Hampshire staff, as well as professionals/trainers who practice in various areas of the Juvenile Court and Child Protection Systems, such as judges, attorneys, foster parents, and CPSWs.

Training Goals and Objectives

Over the last year, DCYF has continued to work toward professional excellence in training and organizational development. The BOLQI has moved the training system toward integrating and aligning all activities in order to leverage training as a driver of cross-systems change and sustainability. This integrated system, which moves beyond competencies, is based on four core principles: Accessible, Needs Based, Outcomes Focused and Local. Further, the training system will ensure support for the Division's primary goal within the Child and Family Services Plan by providing staff and organizational development activities that are inclusive of the entire Division Workforce and Stakeholders. In addition to the partnership with CWEP providing training and professional development for staff and providers, the partnership with Court Appointed Special Advocates (CASA) around training also continues, and ensures that training for these critical partners in case practice have access to quality training that is coordinated with the Division and takes full advantage of resource sharing.

DCYF has established a continuous quality improvement framework within the training contracts to ensure regular program evaluation as well as cost benefit analysis (Return on Investment or ROI) is provided. Metrics such as attendance, trainer and training evaluation, program satisfaction and costs per training are collected.

Costs and Funding Streams

In establishing the Division's cost allocation methods, the Bureau of Organizational Learning and Quality Improvement and the DCYF Bureau of Administrative Operations examined the goals and objectives of each training program to match those goals and objectives to the various federal funding sources eligibility criteria. Criteria from Title IV-A, Title IV-B, Title IV-E, Medicaid, Social Service Block Grant and Adoption Incentive Funds were utilized to accomplish this. The audiences for various offered trainings are also carefully considered to ensure they meet eligibility criteria. In accordance with this, federal funds are not utilized to train staff from the Sununu Youth

Service Center (SYSC) specifically, however SYSC staff at times participate with other DCYF Title IV-E eligible staff in Title IV-E eligible training topics and Title IV-E funds are utilized to support those trainings.

The resulting cost allocation plan distributes the expenses between the above-mentioned Federal programs and State General Funds based upon the benefiting programs. That is, if a training contract meets the Title IV-E criteria, DCYF applies the Title IV-E penetration rate and charges Title IV-E the appropriate amount. The Division then examines other benefiting federal programs and distributes the remaining federal portion between those programs based upon how much of that training program addressed that federal funding source's criteria. If a particular training program does not meet any federal criteria those costs are allocated to 100 percent State general funds.

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Inclusive of all state and federal funds, including partner matches, the total estimated costs for training for SFY 2019 is \$3,761,995.

Please also see attached [training grids](#) for information on specific trainings.

New Hampshire DCYF Foster and Adoptive Parent Diligent Recruitment Plan

Background and Beliefs Statement

New Hampshire believes that selecting the most appropriate family for a child who cannot safely remain at home can reduce the trauma of separation and loss for the child. It can also increase the probability of a successful placement and ideally, can create a lifelong connection or permanent home for the child, if needed. While Relative Care is always considered as the first option, efforts are made to recruit foster and adoptive --parents, who reflect not only the ethnic and racial diversity of the children in the Division's care, but families who are naturally linked to the neighborhood and communities where children reside. Matching the child with a resource home considers the caregiver's ability to meet the unique needs of the child and family. The Division for Children, Youth and Families (DCYF) does not delay the selection of a family or placement for the purpose of finding a racial or ethnic match. DCYF staff as well as providers and caregivers participate in pre-service and ongoing training to promote cultural competency. Through training and ongoing support, the Division makes efforts to ensure that resource families are culturally responsive to children's needs regardless of whether they have different backgrounds or lifestyles.

Partnering with the community and families is a fundamental philosophy of the Division. 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. The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of current foster or adoptive families. Development of the plan by local recruitment and retention teams in each district office makes operational 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.

Foster Family Care Licensing in New Hampshire is governed by both statute; RSA 170-E and Administrative Rule; He-C 6446. There are no fees to become a licensed foster care provider and no costs associated with adopting from foster care. Because New Hampshire offers dual-licensure, only one home study is necessary for the purposes of fostering and adopting. The Rule allows that the agency must decide whether to grant a license within 120 days of the date of the completed application. Once issued, a foster care license is valid for no more than two years beyond the expiration of the earliest required safety check. The renewal process includes at least one home visit by the licensor, an updated criminal records check to include a local police check, DCYF Central Registry check, and fire inspection. Foster parents must submit a list of trainings that they

have attended to meet the training requirement of the license and any additional certification they have requested.

Relative Care policy and process requires that staff discuss the available placement options that will meet a child's needs when they cannot remain safely in their own home. Whenever possible and desirable, children must be placed with relatives and with their siblings (if any) as close as possible to their home and community. Relative Notification letters are sent to all known and appropriate relatives whenever a child enters out of home care. Staff continue to search for able and willing relatives throughout the life of a case for connections, placement and permanency option.

New Hampshire does not currently require a relative caregiver to become a licensed foster family to accept placement of a relative child although it is highly encouraged. Relatives within the [fourth degree of a relationship](#) can apply to be supported through funds available to Temporary and Needy Families (TANF). The current requirements for unpaid relative care include an immediate Central Registry check, an immediate local police check and a walk through of the home for safety. The relative is required to sign a *Relative Care Agreement* (form 1601), permission for a New Hampshire State Criminal Record check (not fingerprint based) and agreement to participate in a Relative Care Study. Following the guidance of [Fostering Connections](#), DCYF will allow for non-safety licensing waivers if they are found to create a barrier to the relative becoming licensed. The most frequently requested waiver is for pre-licensing training.

Current Recruitment And Retention Plan Components

The Foster Care Program within the Bureau of Community, Family and Program Support provides licensed resource homes and a family experience for children who cannot be safely cared for in their own homes. The program consists of the Foster Care Unit, Home Study Unit, and resource workers in each district office. DCYF Administration initially created the Home Study Unit as a pilot in response to the crisis with the lack of available foster home placements. The Unit has grown to eight and one-half staff that are responsible for all new foster parent licensing home studies including relative care providers. The Unit is able to be flexible with staff schedules to meet the needs of new applicants. All initial information and paperwork for interested applicants has been streamlined through the central inquiry process. A smaller specialized unit of three was created to work with families as requested through the Interstate Compact for the Placement of Children (ICPC) process. The local district office resource worker was relieved of the responsibility of licensing new homes and now focuses on recruitment, retention and renewal licensing. The local resource worker matches children in need of out-of-home care with an appropriate family and supports the foster, relative and adoptive parents in their catchment area. There are nine New Hampshire child placing agencies who are certified to provide foster care

programs that also recruit, study and maintain licensed foster families. The Foster Care Unit provides oversight for these programs.

The Foster Care Program provides leadership and technical assistance to the district offices in the development of their local plans. The program is responsible for developing statewide media campaigns and events, assisting the district offices for general, targeted, and child specific recruitment and for supporting retention activities.

Recruitment and Retention responsibilities and activities of the Division have been supplemented for the past fourteen years through a small contract with Bethany Christian Services. This contract for the Community and Faith-Based Initiative (CFBI) focuses more on child specific adoption recruitment, general and targeted recruitment in the faith based community, specific foster family and relative care supports, and statewide appreciation events for both foster care and adoption. The Community and Faith-Based Initiative grows stronger every year and has been very successful in supporting foster and adoptive families and increasing retention. Last year it helped organize a second golf tournament to raise funds specifically to help defray the costs of children in care attending summer camp. Operation Christmas Joy had its most successful year ever with over 1900 gifts provided for the children and families of New Hampshire. This year, additional churches and businesses stepped up to help with most already noting that they look forward to helping again in 2019. In addition to ensuring that all children in care received gifts over the holidays, the Community and Faith-Based Initiative worked with several district offices for their foster and adoptive family holiday celebrations. The Community and Faith-Based Initiative answered over 50 calls for assistance between July and December of 2018 when there was a foster home need for car seats, beds, furniture and other tangible items needed to properly care for a child. They have been successful in obtaining donated space in the faith communities for foster parent training, support groups and storage closets.

As part of their recruitment efforts, CFBI staff forge connections with faith-based communities around the State and then presents to congregations about the increasing need for foster and adoptive families. They organize two to three faith forums per year around the State to bring communities together to learn about foster care and adoption and the importance of having local resources for children in need. The Community and Faith-Based Initiative has successfully maintained a grant to have a Wendy's Wonderful Kids recruiter amongst their staff. While the recruiter does not necessarily recruit new families, she has been an asset in case mining and matching waiting children with suitable families for adoption. The recruiter also monitors the transition of the child into the family and supports them with adoption preparation information. The Community and Faith-Based Initiative contract with Bethany has the option of renewal this December for an additional two years.

The Division has an amazing partnership with WMUR, the statewide television channel, for the specialized segment on New Hampshire Chronicle called [“Home At Last.”](#) Spearheaded by a former Administrator for the Bureau of Community, Family and Program Support, this show is designed to find adoptive families for those children who have been waiting “too long”. Since its inception in 2014, forty children have been presented on the show. Of these children, more than half have been adopted or are moving towards permanency with their new families. The show has proven to be a great way to educate the public about the need for foster and adoptive parents for children in need while recruiting for the specific child. Additional families who have called in after viewing the show have been licensed to provide foster care in their home communities and have been matched with other Waiting Children needing adoption. In 2018, thirty-four families called in as a direct result of watching the Home At Last presentation on a child.



The Division has continued to use the Department of Health and Human Services (DHHS) Website as an informational and recruitment tool. Pictures of [Waiting Children](#) in the State are available to viewers. Links to training and other resources for both foster and adoptive families are easily found. The Department's Public Information Office further supports recruitment efforts by highlighting foster care and adoption on its front page slider in both May and November, assisting with press releases and allowing access to its social media sites with recruitment messaging. Gubernatorial Proclamations are requested annually for both May and November as part of the Division's recognition of the families already involved with foster care and adoption and as a recruitment point of interest. The front page slider is also used to highlight the children being presented on television for adoption recruitment

In November of 2018, [AdoptNH](#), an adoption exchange for NH Waiting Children was launched. The Division helps fund the exchange through a contract with a local private adoption. This site has been well received by the public and by the existing licensed families. Potential families are

able to review profiles of the children most in need of permanency through adoption. In the first four months (11/15/18 – 2/15/19) the site had 3000 page visits by 480 unduplicated visitors. Eighty families have inquired about children they have seen on the site. At least three families were matched with Waiting Children just in this first quarter. Division staff continue to utilize AdoptUSKids to post children needing a higher level of recruitment and find families interested in Waiting Children.



The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of foster or adoptive families. The Division has historically had a strong collaborative partnership with the New Hampshire Foster and Adoptive Parent Association (NHFAPA) and values the hard work and commitment of the parents actively involved with this Association. NHFAPA and the many local level associations offer peer support to fellow families and work hard to recruit new families to serve children in need. Most of the local support groups have a presence on social media to share information with their members and potential applicants for foster care and adoption. A small group of foster parents have continued a grass roots and personal recruitment campaign to help increase the number of foster families across the State. Often captured as “Foster Love”, the foster parents hosted several successful events. The teams of foster parents have started their own online support networks for these applicants and are voluntarily mentoring the families through the licensing and placement process.

Current NH Licensing Regulations include that the applicant for foster care be able to “communicate” in English. Staff has access to document translation and to translator services through the “Language Bank” to assist with any applicant who has limited English. [Language Bank](#) services can also be provided to foster families who are caring for children or communicating with parents who are not English speaking. All providers and contractors for the Division are required to offer culturally competent services and supports if a language barrier is identified.

Data Considerations

The overall number of licensed foster homes in the State is starting to show some recovery. 2018 was the second year that there were more new homes added than number of homes closed. This is a hopeful sign and evidence that the development of the Home Study Unit and adjustments to the Central Inquiry process are working.

LICENSED FOSTER FAMILIES	2011	2012	2013	2014	2015	2016	2017	2018
TOTAL HOMES	779	716	663	627	608	593	735	761
NEW HOMES	136	150	123	121	137	161	234	214
CLOSED HOMES	265	226	214	179	136	179	134	158
NEW DCYF INQUIRIES	673	512	668	641	635	690	892	1136

There has been a significant increase in the inquiries coming in from potential applicants looking to learn more about foster care and adoption. A tool to assist with foster and adoptive inquiries was built in 2018. DeLoitte Consulting, a contractor for the greater Department created an online inquiry application that allows potential applicants to submit their initial inquiry packet electronically. The platform was made live on December 19, 2017 and over 1100 records have been created. While there have been a few glitches along the way, this platform has already allowed the initial inquiry process to be more efficient. <https://nheasy.nh.gov/#/>.



Learn more about other DHHS services



Become a Foster Parent

The Division has had a Centralized Inquiry system for a number of years. This allowed consistent and timely information to people wanting to learn and/or start the licensing process and a better understanding of the expectations before working with a local resource worker or home study practitioner. Over the years, data showed that a greater percentage of applicants followed through with their initial inquiry and became licensed. In 2018, the Division tracked 1136 inquiries. Of that number, 474 had access to the initial inquiry packet either online or by mail. 277 were assigned to the Home Study Unit or sent a welcome packet to begin the home study process, ninety

of the tracked inquiries have become licensed in 2018. Prior to the Home Study Unit starting, the licensing process for new applicants was taking six to nine months or more. It was quite often that an applicant starting the process in one year would not be licensed until the next. The new process has cut that time down to an average of four to five months.

Foster Care closing data has shown that the typical foster home of today has a shorter “lifespan” than foster homes who started a decade or more ago. Many foster parents are referred to the Division by private adoption agencies and become licensed with the intention of adopting from foster care. Others inquire because they know of a foster parent who has adopted and want to grow their family through adoption. Once they have had a successful adoption or two, they close because their family feels complete. They are not remaining open to serve other children in need of short-term temporary care. The number of licensed homes who are child specific has also increased due to the attention on locating relatives and “kin.”

Consistent messaging is given to all new potential foster care applicants about the Mission, Beliefs, and Principles of the Division and the expectation that the Division and the foster family will work towards reunification together. Some foster homes have closed because they are in disagreement with this practice and the expectations to engage with and support the birth family and/or maintain connections with the extended birth family. Some families licensed to adopt only close out prior to serving a child because they have not been flexible with the children that they desire. Others have shared that they have closed due to the lack of communication and support given to them by the worker of the child placed in their home. The Child Placing Agencies who manage Individual Service Option (ISO) Foster Care families have had a similar experience with the slow rate of recruitment and quicker closing of resource homes.

Of the 158 homes closed in 2018, 10 were licensed and closed for ICPC placement, 57 closed in two years or less; some without ever having had a placement. Twenty-five homes closed after ten or more years of service. One home that closed after 27 years had served over 160 children. New Hampshire’s closing numbers are significantly less than eight years ago.

The number of children and youth in care has shown a marked increase in the past five years.

In September of 2014 there were 910 documented children in care

RELATIVE CARE	122
FOSTER CARE	323
GROUP CARE -	295

OTHER STATUS -

170 (includes trial home visit runaway and unknown)

In September of 2018 there were 1514 children in care

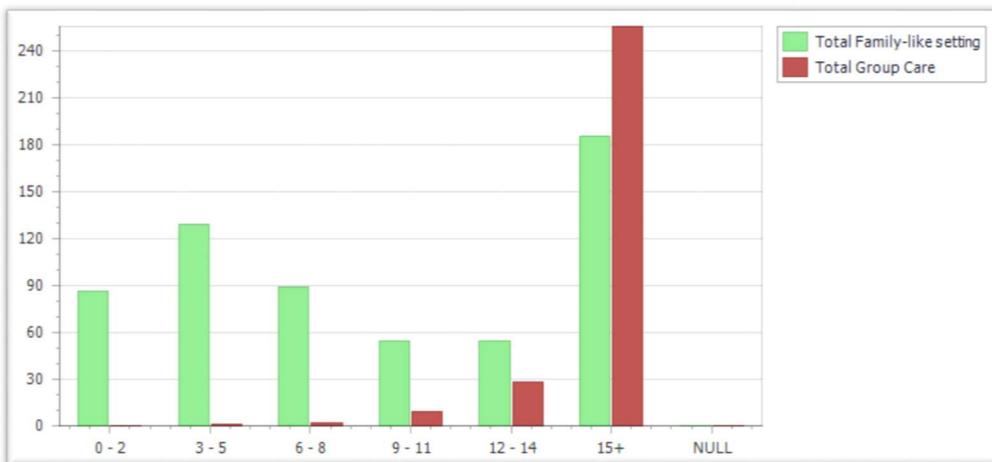
Relative Care	404
Foster Care	573
Group Care	335
Supervised IL	1
Other Status	201 (includes trial home visit runaway and unknown)

The Division has greatly increased its use of relative care as a placement option for children over the past five years and it is expected that this trend will continue. Data shows that it is more likely that the Division will be able to place a school-age child with a relative at the initial placement than it is for infants or teens.

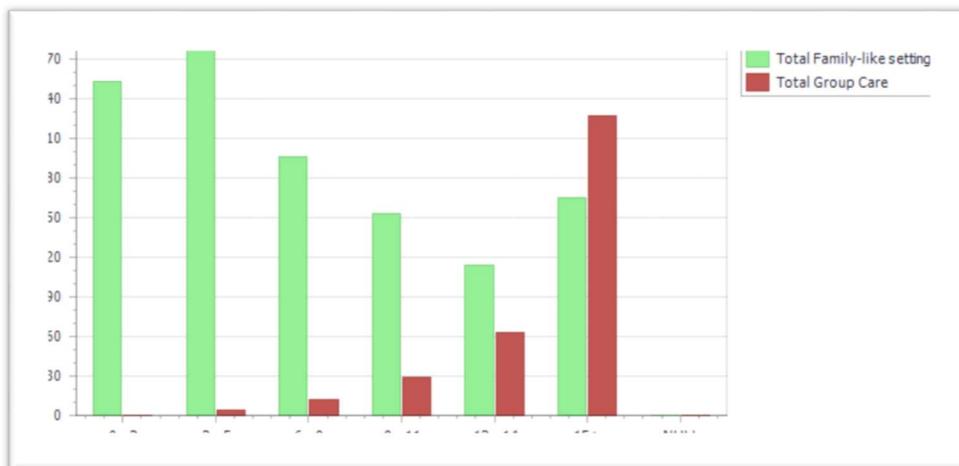
Age Group Episode End Code	0 - 2yo	3-5 yo	6-8 yo	9-11 yo	13-14 yo	15+	Total
	Count	Count	Count	Count	Count	Count	Count
Total	170	97	76	66	64	49	522
Met - first placement w/relative	56	42	36	28	12	5	179
Not Met	113	52	39	36	51	43	334
Unable to Calculate	1	3	1	2	1	1	9
Date data are based	Jul 2018 - Jun 2019						

The ages of children in care have also shifted during this period as more children entered because of parental substance abuse. This shift required even more family based care. Less than 90 infants and toddlers were in care in September of 2014 and that number increased to over 240 in September of 2018. In April of 2019, of the 498 children under the age of five, only five were in group home care due to significant medical or treatment needs. The rest were with either a relative or a foster family. The use of relative care, both unpaid and licensed has grown substantially over the years. New Hampshire continues to experience a critical shortage of foster homes available for immediate foster placement for children of all ages.

AGES OF CHILDREN IN CARE SEPTEMBER 2014



AGES OF CHILDREN IN CARE SEPTEMBER 2018



Over the past few years, it has grown common for children, especially sibling groups and older youth entering foster care to be placed far from their neighborhoods, schools, and friends, with foster families who know little about the children or their families and little about their strengths, culture, neighborhood and roots. As a result, foster and birth parents are often disconnected and do not communicate effectively which can lead to additional trauma, distrust and fear. In scenarios like this, beneficial visitation between birth parents and children is at times difficult to arrange and unsupported. There is a need to increase the Division’s local recruitment efforts to ensure that there is an adequate supply of homes to meet the needs in every area of the State.

Race and ethnicity

The 2010 U.S. Census Report⁶ found that 93.9 percent of New Hampshire residents were reported to be white. New Hampshire continues to have more cultural diversity in the larger, more metropolitan areas of the State. The Northern, more rural areas of New Hampshire have not yet experienced that type of growth or population change. The United States Census actually showed an overall decline in the population in this area.

Child Population by Race
by County, 2009-2013, 5-year estimate

	TOTAL POPULATION UNDER 18	WHITE	BLACK OR AMERICAN INDIAN	AMERICAN INDIAN + ALASKA NATIVE	ASIAN	OTHER RACE	TWO OR MORE RACES	HISPANIC OR LATINO ORIGIN	WHITE ALONE, NOT HISPANIC OR LATINO
STATE TOTAL	279,716	90.7%	1.8%	0.2%	2.7%	1.1%	3.5%	5.0%	87.2%

New Hampshire child (Under 18) population by race and Hispanic origin, U.S. Census 2010

Count of all Involved Youth In Placement at The Start of The FFY Period By Race/Ethnicity					
RACE/ETHNICITY	2014	2015	2016	2017	2018
AIAN	**	**	**	**	**
ASIAN	**	**	**	**	**
BLACK/AA	37	37	34	47	56
HISPANIC	98	79	99	114	115
MULTI-RACE	43	42	46	51	81
NHPI	**	**	**	**	**
OTHER	**	**	**	**	55
UNKNOWN	56	48	39	43	55
WHITE	747	686	763	927	1107

** are less than 5 or masked to prevent imputation

AIAN: American Indian and Alaska Native

NHPI: Native Hawaiian and Pacific Islander

⁶ <https://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf>

There has been only minor changes in the race and ethnicity of the Division’s children in care over the past five years. Placement data from April 2019 available from *Results Oriented Management* (ROM) reports the following racial-ethnic composition of New Hampshire children in family care. The *Results Oriented Management* data includes “Hispanic” as a selection of race rather than a selection of culture or ethnicity in addition to the child’s stated race. This slightly complicates the ability to evaluate the race and culture of children entering care.

CHILDREN IN FAMILY CARE ON 4/30/19 (ROM)	
RACE OF CHILDREN IN FAMILY CARE	NUMBER
Asian	4
AIAN	1
Black/AA	30
Multi-race	50
NH/PI	0
Other	60
White	700
Hispanic	69
No data	31

A 2013 review of licensed resource homes in the State showed that over eleven percent of the resource families were documented as being multi-racial or of a minority background. Less than seven percent of NH’s foster families stated that they were Hispanic in 2010. There has been little change in the ethnic make-up of the Division’s foster parent pool in the last five years. Of concern is the increase in the number captured as “unknown” and this will be addressed through data entry training

Count of Licensed Primary and Secondary Heads of Household by FFY, License Valid Anytime in FFY Period by Race/Ethnicity					
RACE/ETHNICITY	2014	2015	2016	2017	2018
AIAN	**	**	**	**	**
Asian	**	**	**	**	**
Black/AA	20	23	21	18	19
Hispanic	34	40	38	34	48
Multi-race	7	9	9	12	12

NHPI	**	**	**	**	**
Other	**	**	6	8	15
Unknown	24	30	42	44	68
White	1174	1404	1373	1436	1604

** are less than five or masked to prevent imputation

AIAN: American Indian and Alaska Native

NHPI: Native Hawaiian and Pacific Islander

Several of the Division’s private Child Placing Agency/Foster Care Program partners continue to make concerted efforts to recruit resource families in neighborhoods and communities that have a higher percentage of ethnically diverse populations. New Hampshire has a growing population of new americans who have resettled in the Manchester, Concord, and Nashua neighborhoods. Recruiters have been asked to work with the local community and cultural leaders to explain and support the Division’s efforts to maintain children in their home communities whenever possible. The goal has been to develop a number of resource families within these neighborhoods who will intimately understand the language, culture and traditions of the families and children who may become involved with the Division but more work should be done in this area. The Department’s Office of Health Equity has expressed interest in helping the Division increase the public awareness of foster care.

Five-Year Vision and Goals

When the last five-year plan was developed (2014-2019), new priorities coupled with the fiscal restraints necessitated by the State budget had diminished the overall ability to maintain proper focus, on the recruitment and retention of resource families at a Division level. The lack of time and attention to building and maintaining an adequate pool of resources coupled with the increased need to remove children due to parental neglect and substance abuse created a crisis level shortage of available foster families. Thanks to legislative oversight, new leadership and the *Round 3 Child and Family Services Review*, there is now a high level of dedicated attention to the foster care program

Many positive changes have happened in the recent past. A legislative subcommittee heard testimony from foster parents on where the system was not responding to their needs and suggestions on how to improve the system for all. A *Foster Parent Bill of Rights* was added to statute along with a *Foster Care Children’s Bill of Right’s* allowing caregivers to make sensible decisions using Reasonable and Prudent Parent Standards. The Foster Care stipends for general and specialized placements experienced the first substantial increase in over a decade. There is a renewed commitment to improve communication with and response time to the caregivers serving

the Division's children. Foster Care Licensing has benefitted from an expansion of the Home Study Unit, streamlining of the licensing process, and legislative support for a uniform foster family fire inspection.

The Division must continue to strengthen its foster care and adoption programs and increase the number and quality of resource families available to children in need of out-of-home care. The Division needs to build a network of homes who are willing and able to provide crisis care, who can provide for sibling groups, who can truly embrace shared parenting with the birth parents and help reunify families. DCYF also needs to find families open to adopting large sibling groups, older youth, and children with special needs. The overall goal is to improve safety and permanency outcomes for vulnerable children in New Hampshire by engaging in a systems change effort to strengthen diligent recruitment.

The principal objectives are to:

- Ensure a system-wide adoption of a best practice customer service model based on the guidance developed by AdoptUSKids that focuses on courtesy, respect and solution-based problem solving with all care providers;
- Develop neighborhood/community collaboration between the local DCYF district offices and its partners to increase the depth of support available to families and resource families and the availability of resource homes;
- Enhance the ability of the Division to identify, recruit, track, assess and support resource families;
- Increase the knowledge and understanding of all care providers on the effects of trauma and better prepare and equip families to provide for these children; and
- Engage in ongoing data collection and analysis of the children in need of placement and the pool and utilization of available families to better inform future recruitment and retention plans.

Action Plan for the Next Five Years

- Continue the Division's partnership with the current and any future recruitment, retention and technical assistance contractor to work towards enhancing recruitment and retention strategies, increasing media attention for resource homes, offering support for the Division's foster, relative and adoptive parents and assisting to find permanent homes for waiting children;
- Strengthen the collaboration between all state partners who are involved with the recruitment and retention of foster and adoptive families including Community and Faith-

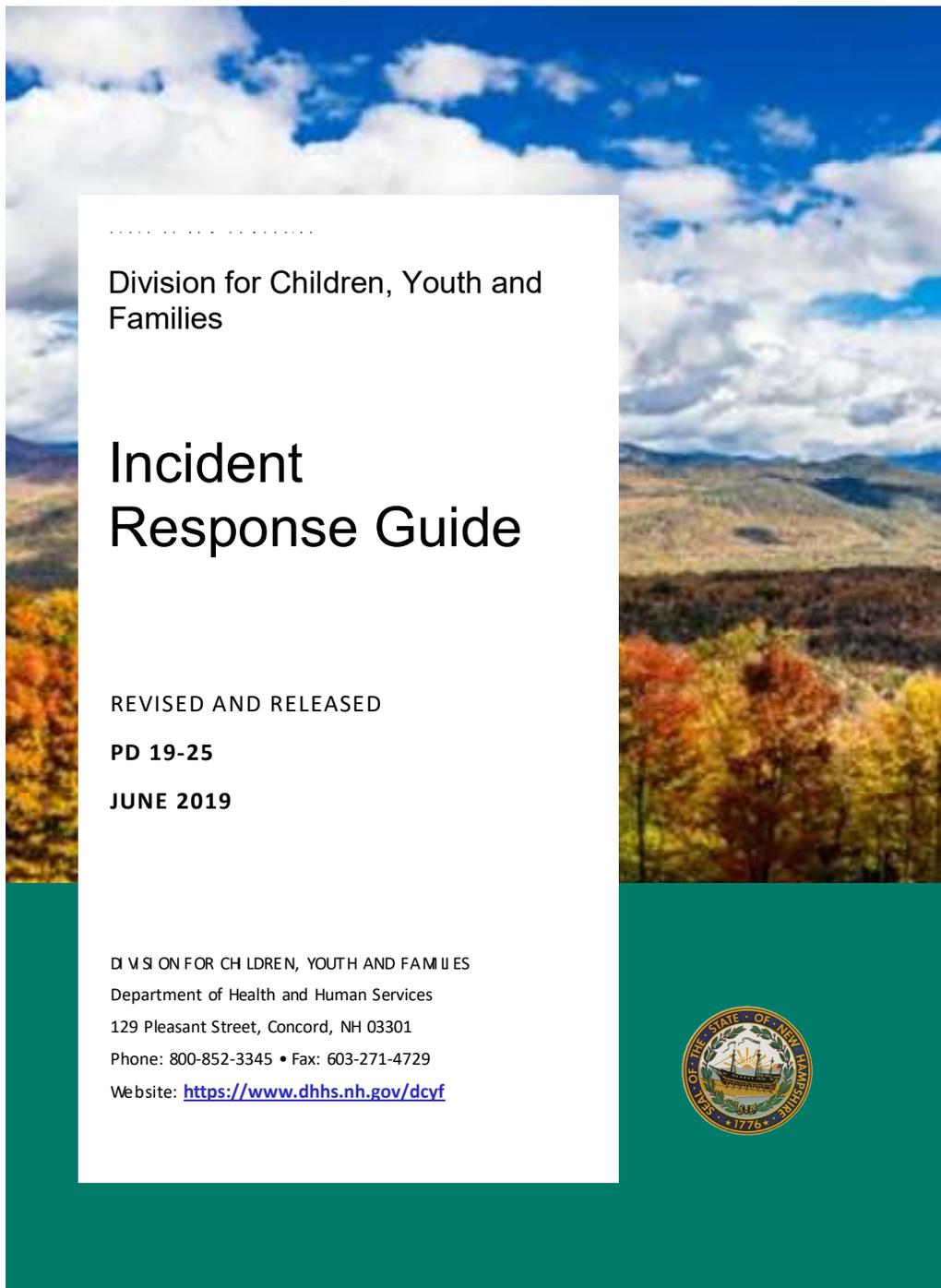
Based Partners, Wendy's Wonderful Kids, AdoptNH and all of the private Child Placing Agencies and continue to jointly host foster care information and recruitment events across the State;

- Support all resource workers for the Division and all Licensing Workers for Agencies providing Foster Care programs through specialized training for recruitment and marketing. The district offices will be given support and resources in the development of local recruitment and retention plans;
- Work closely with the Public Information Office to utilize the various news and social media outlets available to enhance public awareness of the Foster Care Program along with the Division's recruitment and retention efforts;
- Continue the child specific efforts to recruit permanent families for New Hampshire's current Waiting Children and ensure that youth exiting foster care receive the support, information, resources and life-long connections they need to reach their potential as young adults;
- Review the current expectations and responsibilities of Individual Service Option (ISO) Foster Care in comparison to the original guidelines. Revisions will be suggested to ensure that the agencies can continue to offer quality programs and that the Division is making the best use of this service.
- Further exploration and efforts will be made to restore Therapeutic Foster Care and Assessment Foster Care as placement options for children and youth.
- Continue to support relative caregivers through licensing waivers for non-safety related requirements, referrals to community-based supports and training;
- Continue to work with the State Fire Marshall to roll out a uniform fire inspection process throughout the State;
- Create a forum to bring the leadership of all the local foster and adoptive parent support groups and associations together with NHFAPA to discuss common concerns and common goals. From this larger group, a smaller coalition or oversight group will be selected to work with the Division on recruitment and retention plans and initiatives.
- Encourage local foster parent "champions" to continue their efforts to help recruit new families by offering support and resources.
- Support all foster families through individualized training plans and supervision as they engage more closely with birth parents and develop a better understanding of the importance of family connections for all children;
- Explore the creation of a formal peer-to-peer mentoring or advocacy program in the foster parent community

- Work closely with the Parent Partner Program to continue to facilitate the *Better Together with Birth and Foster Parents Workshop* training and incorporate the methodology into ongoing training to support working relationships between foster and birth parents;
- Provide additional resources and training to all families and providers to better understand the effects of trauma on children and families and to ensure the coordination of community-based care; and
- Work in partnership with the Bureau of Organizational Learning and Quality Improvement and the Bureau of Information Systems to develop efficient systems to track and analyze Division foster care and adoption data.

APPENDIX

Incident Response Guide



New Hampshire DHHS Division for Children, Youth and Families Continuity of Operations Plan



STATE OF NEW HAMPSHIRE

Department of Health and Human Services

Division for Children, Youth and Families



Continuity of Operations Plan

The seal of the State of New Hampshire is a large, faint watermark in the background. It features a ship on the stocks, with a rising sun in the background, all within a circular border containing the text "SEAL OF THE STATE OF NEW HAMPSHIRE" and the year "1776" at the bottom.

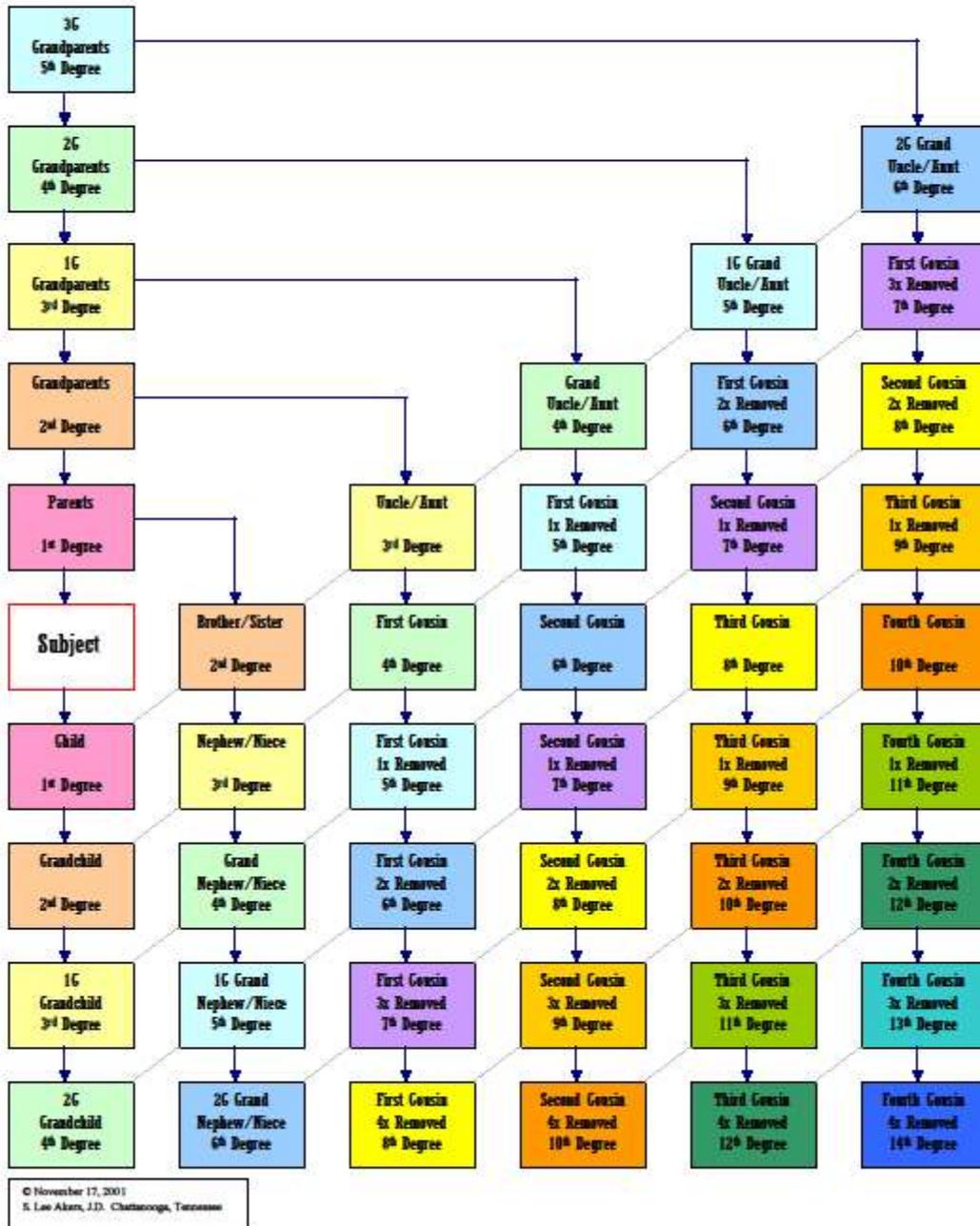
Division for Children, Youth and Families

April 15, 2019

129 Pleasant Street, Concord NH 03301

Akers Chart for Degrees of Kinship in Tennessee

AKERS CHART FOR DEGREES OF KINSHIP IN TENNESSEE



Attachment E: Annual Reporting of Education and Training Vouchers Awarded

Attachment E

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: New Hampshire

	Total ETVS Awarded	Number of New ETVS
2017-2018 School Year <i>(July 1, 2017 to June 30, 2018)</i> <i>Final Number</i>	18	11
2018-2019 School Year* <i>(July 1, 2018 to June 30, 2019)</i>	18	9

** In some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.*

Attachment C: Title IV-B Assurances

Attachment C – Title IV-B Assurances

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422(b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

Attachment C: Chafee Certification



JEFFREY A. MEYERS
COMMISSIONER

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
128 PLEASANT STREET, CONCORD, NH 03301-3867
603-271-8200 FAX: 603-271-4812 TDD ACCESS: RELAY NH 1-800-735-2984

June 6, 2019

His Excellency, Governor Christopher T. Sununu
Office of the Governor
State House
107 North Main Street
Concord, NH 03301

Dear Governor Sununu:

Every state's child welfare agency must obtain the approval and signature of the Governor to certify to the federal government that New Hampshire complies with requirements of programs under Title IV of the Social Security Act in order to continue receiving funding for these programs. Pursuant to the U.S.C. Title 42, Chapter 7- Subchapter IV, the State of New Hampshire must submit the following attached certifications for the 2020-2024 Child and Family Services Plan:

- State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood; and
- State Chief Executive Officer's Certification for the Education and Training Voucher Program (Chafee Foster Care Program for Successful Transition to Adulthood).

Please review, and if you concur, please sign where indicated and return the assurance statements by June 21, 2019. If you have any questions, please contact the DCYF CFSR Coordinator, Jessica Clark at (603) 271-1036.

Sincerely,

Jeffrey A. Meyers
Commissioner

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

Attachment C: CAPTA Assurance

Attachment C - CAPTA Assurance

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurance amended by
P.L. 115-424**

The Victims of Child Abuse Act Reauthorization Act of 2018

(This amendment to CAPTA became effective January 7, 2019)

**Governor's Assurance Statement for
The Child Abuse and Neglect State Plan**

As Governor of the State of NEW HAMPSHIRE

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of Governor:

Clith T. Lunn

Date: June 7, 2019

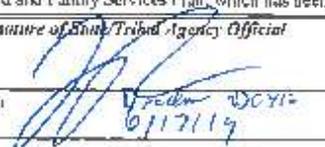
Attachment B: CFS-101, Part I, II, and III

CFS-101, Part I
 U. S. Department of Health and Human Services
 Administration for Children and Families

Attachment B
 OMB Approval #0970-0426
 Approved through January 31, 2021

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallocation for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2020; October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division: New Hampshire		3. EIN: 01-028000818-B3		
2. Address: (insert mailing address for grant award notices in the two rows below) NH Department of Health & Human Services, Division for Children, Youth and Families, 129 Pleasant Street, Concord, NH 03301		4. DUNS: 11040546		
a) Email address for grant award notices: michael.stenati@dhhs.nh.kellie.usible@dhhs.nh.gov		5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2020: Headcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		5884,816		
a) Total administrative costs (not to exceed 10% of the CWS request)		588,481		
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		20% \$122,314		
b) Family Support Services		20% \$122,314		
c) Family Reunification Services		20% \$122,314		
d) Adoption Promotion and Support Services		20% \$122,314		
e) Other Service Related Activities (e.g. planning)		18% \$110,083		
f) Administrative costs (APPLICABLE TO STATES ONLY; not to exceed 10% of the PSSF request)		2.0% \$12,234		
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY; Displays the sum of lines 7a-f.</i>		100% \$611,573		
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)		\$38,539		
a) Total administrative costs (FOR STATES ONLY; not to exceed 10% of MCV request)		\$3,853		
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grants (STATES ONLY)		\$383,876		
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		\$500,000		
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		\$35,000		
11. Requested Education and Training Voucher (ETV) funds:		\$118,771		
REALLOTMENT REQUEST(S) for FY 2019: Complete this section for adjustments to current year awarded funding levels.				
12. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribes' FY 19 allotment (this will not be utilized for the following programs):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization 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 Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title: <i>Director DCYF</i>		Title:		
Date: <i>01/17/19</i>		Date:		

2019 APSR

Training Grids

Division for Children, Youth and Families Core Academy Training Grid

New Hampshire Division for Children Youth and Families
CPSW Core Academy

Track			CORE ACADEMY						
CPS	JFF	SYSC	Course	Hours	Syllabus	IV-E Functions Addressed	Cost Allocation Methodology	Audience	RMS Code
	*	*	Aggression Management and Defensive Tactics	6	Training providing techniques based on the Mechanical Advantage Control Holds™ (M.A.C.H.), which is a highly effective tool for engaging and redirecting youth motivated by fear, anger, drugs, alcohol, medication, or lack of medication. M.A.C.H. redirects a youth's resistance.	<ul style="list-style-type: none"> Child welfare/social service topics that are not related directly to the title IV-E programs or the administration of the title IV-E State plan. 	IV-E 0%	Primary audience is DCYF staff and IV-E interns only	13
*	*	*	Art of Mentoring	3	The mentoring program is designed to provide support to new staff beyond the typical supervisory relationship. This training brings both mentors and mentees together to discuss the concept, benefits, expectations and the implementation of the Mentoring Program at NH DCYF. Mentoring is intended to assist the new CPSW in understanding the functions of their role and the environment in which they will perform their duties and is guided by the Core workbook that accompanies the eight Core Training Modules. This is a classroom-based training.	<ul style="list-style-type: none"> Job Performance enhancement skills, team building and stress management State agency policies and procedures Ethics related and unrelated to IV-E plan 	IV-E 30%	*As above	18
	*		Assessment in Juvenile Probation & Parole (SAVRV)	2	Training providing information and introduction to the use and integration into practice of SAVRV, an evidence-based risk assessment tool to help guide practice decisions in the field. The Practice Model Design Team used an inclusive process to determine that the SAVRV not only aligns very well with Solution-based Casework, but also allows for a great deal of professional judgment when making rating decisions. This classroom based training will cover the administration and scoring of the SAVRV. Additionally, participants will learn how to apply the information gathered through the risk assessment process to practice in order to make informed decisions related to risk and supervision levels.	<ul style="list-style-type: none"> Assessment of safety and risk in youth. Case Planning and management. Permanency Planning. 	IV-E 75%	*As above	17
*	*	*	A Trauma-Informed Approach to Assessing the Mental Health Needs of Families	6	This workshop will discuss various facts and myths about mental illness, its impact on families, and available services. The discussion will cover various major mental illnesses that affect both adults and children as well as how the system works to serve individuals and families. The training will cover intervention strategies and options. In addition, individuals with personal experience of the mental health system of NH will be present to share their perspectives and assist trainees to build communication skills and competency related to work with children and families affected by mental illness.	<ul style="list-style-type: none"> General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system Case planning Referrals to services 	IV-E 75%	Primary audience is DCYF staff and IV-E interns; secondary audience on a space available basis are foster parents, caregivers, and approved child welfare providers.	17
*			Basic Bridges for Child Protection	6	This classroom based training provides introductory information and education to staff utilizing "Bridges," DCYF's SACWIS data system. This training provides information on all five of the Bridges modules for staff.	<ul style="list-style-type: none"> State agency policy and procedures. Job performance enhancement skills. 	IV-E 90%	*As above	18

Title IV-E CASA Training Grid

IV-E 842 2023 879

Course	Duration	Objectives	IV-E Training Addressed	Case-Related Competency	Outcomes
48 Hour Pre-Service Training					
Introducing the CASA/CFSL Volunteer Role	3 hours	The trainee will explore the goals of CASA/CFSL volunteer training. They will learn about the history of National CASA and understand the mission of the organization. They will learn what they can expect and what is expected of them as an active participant in the training program. The participant will learn what constitutes child abuse and neglect (operational/definitional) how to recognize the indicators of child abuse and neglect. The participant will explore what is meant by "best interest" and "minimum sufficient level of care" and learn to apply to their work as a provider of care. They will be introduced to the position title and required National CASA/CFSL volunteer self-educational which skills and activities will contribute to their success as a CASA/CFSL, including professional, interpersonal competencies, and related competencies.	<ul style="list-style-type: none"> Preparation for Judicial Determination Case management and organization Child abuse and neglect issues Emergency planning 	IV-E.739	Primary outcome is over CASA Volunteers and staff
The Law, the Child Welfare System and the Courts	3 hours	Trainees will increase their understanding of child abuse and neglect issues and the development of child welfare laws. They will be introduced to the laws, the child protection system, and the court procedures that apply to their position as a CASA/CFSL volunteer. They will be introduced to the role of being a CASA/CFSL, including court testimony. They will begin to learn the story of "Baby Peter" and how that led to the formation of the Society for the Prevention of Cruelty to Children and how other volunteer looked upon children. They will learn the mission of how the laws developed here in the United States, including the Indian Child Welfare Act, and learn about other laws that may come into play for their role as a CASA/CFSL, including the Health Insurance Portability and Accountability Act of 1996. Participants will learn how laws will be applied to their discipline and the philosophy that guide child abuse and neglect laws and regulations. Participants will learn how a case enters the system by exploring the flow chart in the highlight reporting, report screening, investigation of allegations, and the intervention involved. The juvenile court process will be explored and the difference between civil and criminal cases explained. Roles in the juvenile court case will be identified along with the responsibilities of each.	<ul style="list-style-type: none"> Preparing the Judicial Determination Child abuse and neglect issues 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Cultural Awareness, Diversity and Inclusion	2 hours	Trainees will become familiar with the diverse culture of New Hampshire. They will learn individual, their own cultural influences and personal issues and will apply to increase cultural competence and sensitivity in their work as a CASA/CFSL volunteer. Trainees will be introduced to a "Culture map" that tracks work areas which will be reinforced throughout the training.	<ul style="list-style-type: none"> Cultural Competency Related to Children & Families 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Understanding Family I	2 hours	Trainees will learn a strengths-based approach to understanding the individual children. They will understand and ask questions for child abuse and neglect, and will explore how stress, mental illness, and substance abuse impact families.	<ul style="list-style-type: none"> Placement of a Child Emergency planning including using relative resources as a resource for children involved in the child welfare system Development of the Case Plan Case Planning Just what is designed to prevent, strengthen and modify the family (not related to providing treatment) Impact of abuse and neglect on children Impact of traumatic events on children 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Understanding Family II	2 hours	Trainees will increase their understanding of families and the family structure of the children encountered as CASA/CFSL volunteers by providing, consider the best of evidence use by parents/families and how the laws impact families and children.	<ul style="list-style-type: none"> Substance abuse issues Priority Issues Impact of abuse and neglect on children Childhood care Victims 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Understanding Children	2 hours	Trainees will learn about child development, attachment, separation and loss, permanency, and readiness in order to advocate effectively for a child. They will also become familiar with a range of behavioral, emotional, and psychological issues that affect children.	<ul style="list-style-type: none"> Effectiveness of separation, grief and loss Child development Victims Communication skills required to work with children and families Placement options for children 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Childing Information	2 hours	Trainees will learn about the initial stages of child investigations, CASA/CFSL's responsibility for the Case, become familiar with court forms, and practice the skills necessary to gather the information needed to be an effective advocate. They will increase their understanding of child disability and ongoing issues as they relate to building a working relationship with the children and families encountered in CASA/CFSL volunteer work.	<ul style="list-style-type: none"> Placement of a Child Emergency planning including using relative resources as a resource for children involved in the child welfare system Development of the Case Plan Case Planning Just what is designed to prevent, strengthen and modify the family (not related to providing treatment) Communication skills required to work with children and families 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Communication, Court Report Writing, and Understanding Court Orders	2 hours	Trainees will practice communication skills that will help them interact and advocate children, deal with conflicts, and work collaboratively with others on a case.	<ul style="list-style-type: none"> Case management and organization Development of the case plan Interdisciplinary communication Communication skills required to work with children and families Interpersonal competencies 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Reporting and Monitoring	2 hours	Trainees will practice the skills necessary to write an effective court report, appear in court, and monitor a case.	<ul style="list-style-type: none"> Case management and organization Witness and credibility 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Putting it all together	2 hours	Trainees will identify specific roles and responsibilities while doing CASA/CFSL volunteer work, become familiar with local office procedures, meet the requirements of training on the child's needs, and receive that personal experience of the training experience and the success of each.	<ul style="list-style-type: none"> Development of the Case Plan 	IV-E.739	Primary outcome is over CASA Volunteers and staff
Pre-Service and Advancing Competencies					
Advanced Permanency Planning	1 hour	Thinking the CASA/CFSL volunteers who are approaching a permanency hearing and need to increase their understanding of the significance of the permanency planning process, their role and reporting to the court.	<ul style="list-style-type: none"> Emergency Planning Preparing the Judicial Determination Priority court proceedings 	IV-E.739	Primary outcome is over CASA volunteers approaching a permanency hearing on their case

Title IV-E Training Grids and the Five-Year Plan - CWEP

Pre-Service Training - Foster and Adoptive Care Essentials (FACES)					
Course	Syllabus	IV-E Functions Addressed	Duration	Cost Allocation Methodology	Audience
Orientation	Introduces prospective resource parents to DCYF system, history of child welfare, and roles and expectations of resource parents. Classroom-based.	<ul style="list-style-type: none"> • Recruitment and licensing of resource homes • Placement of child • Provision of support and assistance to children in foster/adoptive/relative care. 	3 hours	IV-E 75%	Primary: Prospective Foster/Adoptive Parents, Relative Providers. Secondary: DCYF Staff.
Regulations	Introduces prospective resource parents to rules and regulations of NH foster care licensing, process of how to obtain a license, discipline policies, and developing house rules. Classroom-based.	<ul style="list-style-type: none"> • Recruitment and licensing of resource homes • Placement of child • Provision of support and assistance to children in foster/adoptive/relative care. 	3 Hours	IV-E 75%	Primary: Prospective Foster/Adoptive Parents, Relative Providers. Secondary: DCYF Staff.
The Developing Child	Explores theories of child and adolescent development including physical, emotional, cognitive, and sexual. Strategies to help children and adolescents thrive are explored. Classroom-based.	<ul style="list-style-type: none"> • Child Development • Cultural competence relating to children and families • Provision of support and assistance to children in foster/adoptive/relative care. 	3 Hours	IV-E 75%	Primary: Prospective Foster/Adoptive Parents, Relative Providers. Secondary: DCYF Staff.
Experience Grief and Loss	Focuses on the grieving process, attachment, and strategies to integrate children into a new foster/adoptive family. Stages of Grief and Loss and effects on the child and family are explored as well as theories of attachment. Methods to facilitate healthy attachments are discussed. Classroom-based.	<ul style="list-style-type: none"> • Grief and loss • Cultural competence relating to children and families • Mental health issues in children and families • Provision of support and assistance to children in foster/adoptive/relative care. 	3 Hours	IV-E 75%	Primary: Prospective Foster/Adoptive Parents, Relative Providers. Secondary: DCYF Staff.
The Effects of Childhood Trauma	Develops awareness of the trauma that children experience and common symptom in behaviors in children. Reviews trigger	<ul style="list-style-type: none"> • Impact of abuse and neglect • Separation 	3 Hours	IV-E 75%	Primary: Prospective Foster/Adoptive