



Child and Family Services Reviews

Statewide Assessment Instrument

February 7, 2018

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with Title IV-B and Title IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFRS Statewide Assessment

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and require a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: New Hampshire Department of Health and Human Services'
Division for Children, Youth and Families

CFSR Review Period

CFSR Sample Period: 4/1/2017 to 9/30/2017 for Foster Care Cases and
4/1/2017 to 11/14/2017 for In-Home Cases

Period of AFCARS Data: 17B

Period of NCANDS Data: 17B

Case Review Period Under Review (PUR): 4/1/2017 to 4/1/2018

State Agency Contact Person for the Statewide Assessment

Name: Kimberly Crowe

Title: Bureau Chief for the Bureau of Organizational Learning and Quality Improvement

Address: 129 Pleasant Street, Thayer Building, Concord NH 03301

Phone: (603) 271-4693

Fax: (603) 271-4729

E-mail: Kimberly.Crowe@dhhs.nh.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

STATE RESPONSE:

The following individuals all participated through their involvement in the Division's Interagency Team.

<u>Name</u>	<u>Affiliation</u>
Senator John Reagan	DCYF Advisory Board
Mike Adamkowski	DCYF Advisory Board (Chair)
Dolly McPhaul	DCYF Advisory Board
Dr. Lawrence Shulman	DCYF Advisory Board
Sandra McGonagle	School System
Jeanne Agri	Southern NH Services, Inc. (Early Child-Hood)
Maria Gagnon	NH Child & Family Services (Senior Vice President)
Lenielle Howe	DCYF Child Protective Services (CPSW IV)
Andrea Kumpf	DCYF Child Protective Services (Assistant Supervisor)
Kimberly Crowe	DCYF Bureau of Organizational Learning and Quality Improvement (Bureau Chief)
Susan Drown	Department of Health and Human Services (Administrator IV)
Marcia Sink	CASA NH (President & CEO)
Keryn Kriegel	New Hampshire Children's Trust
Joy Barrett	Executive Director Granite State Children's Alliance
Lyn Schollett, J.D	Coalition Against Domestic & Sexual Violence (Executive Director)
Christine Tappan	Department of Health and Human Services (Associate Commissioner)

Joseph E. Ribsam Jr.	Division for Children, Youth and Families (Director)
Robert Boisvert	Division for Children, Youth and Families (Deputy Director)
Judge Edwin Kelly	New Hampshire Judicial Branch
Sarah Hennessy	New Hampshire State Police (Detective)
James Sartell	Hollis Police Department (Chief)
Wade Goulet	Berlin Police Department (Detective)
Dr. Wendy Gladstone	Dartmouth Hitchcock Medical Center
Rebecca Ross, Esq.	New Hampshire Attorney General's Office
Tim Soucy	Manchester Public Health (Director)
Deb Bradley	DCYF Foster Parent Consultant
Darcy Tuoti	Foster/Adoptive parent
Paula Carrier	Birth Parent & DCYF Parent Consultant
Becky Thompson	Youth

INTRODUCTION

New Hampshire is a state located within the New England Region of the United States. New Hampshire is a diverse state well known for beautiful scenery, making tourism a significant source of revenue and employment opportunities. The population density of New Hampshire increases from the “North Country” downward and then east to the southeastern most part of the State that borders Massachusetts and the Atlantic Ocean. The state consists of 236 incorporated areas, with the Office of Energy and Planning classifying only thirteen as cities. There are ten counties, thirteen cities and 221 towns that comprise the “Granite state”.



The majority of New Hampshire residents are considered to live in rural areas. The agricultural outputs are dairy products, nursery stock, cattle, apples and eggs. New Hampshire’s industrial outputs are machinery, electric equipment, rubber and plastic products, and tourism. Concord is the State’s capital; Manchester is the most populated city, with 109,565 residents reported by the 2010 census.

In New Hampshire, the Department of Health and Human Services (DHHS) is the umbrella organization that encompasses child protection and juvenile justice services which share statutory and practice responsibility for the safety, permanency and well-being of the State’s children and youth.



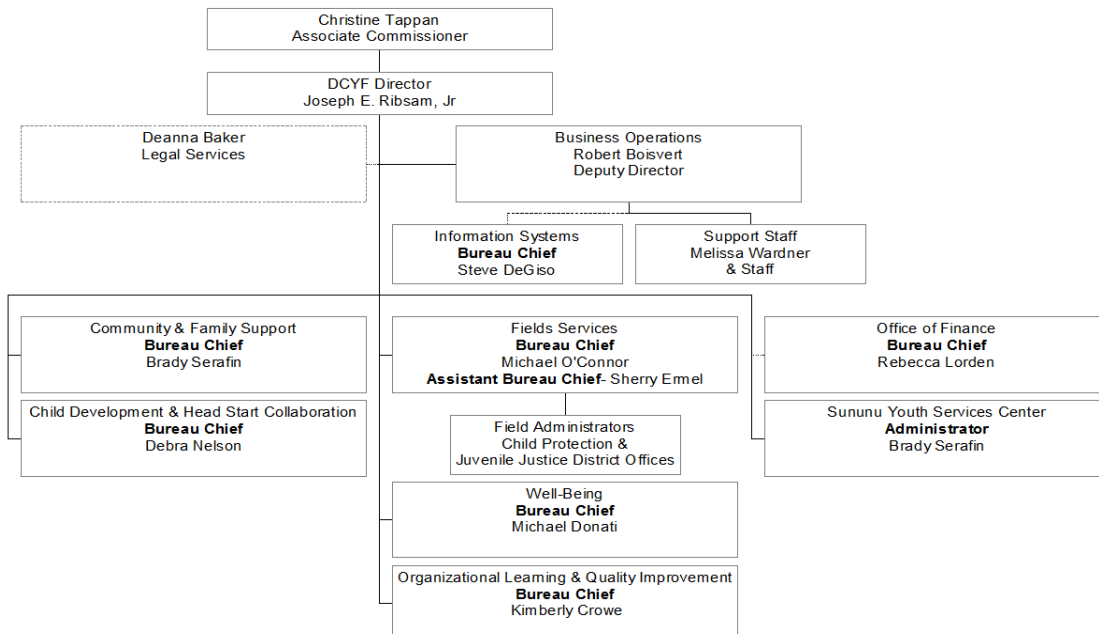
Agency Structure

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

- **The Bureau of Field Services:** that has the authority and responsibility to provide direct services for children, youth, and families to address child abuse and neglect, delinquency, and Children in Need of Services (CHINS);
- **The Bureau of Community and Family Support Services:** that has the authority and responsibility to manage programs for children, youth, and families that facilitate foster care, adoption, and prevention, and community services;
- **The Bureau of Well-Being:** that has the authority and responsibility to manage programs specific to safety, permanency supports, the Interstate Compact on the Placement of Children, adolescent services, parent engagement, and healthcare services for children in placement;

- **The Bureau of Organizational Learning and Quality Improvement:** that has the authority and responsibility to manage programs for the training, quality assurance, quality improvement, data management, and policy and administrative rules of the Division;
- **The Bureau of Child Development and Head Start Collaboration:** that has the authority and responsibility to oversee programs for children and families to provide head start, child care, and child development;
- **The Bureau of Information Systems:** that has the authority and responsibility to oversee and enhance the Statewide Automated Child Welfare Information System used by the Division;
- **The Bureau of Administrative Operations:** that has the authority and responsibility to determine the eligibility of children, youth and families for certain federally funded programs, certify providers of services authorized by the Bureau of Field Services' staff, and manage the funds received by the Division and paid to certified providers;
- **Legal Services:** that has the authority and responsibility to assign attorneys to each District Office for representing DCYF staff in child protective court cases and provide supervision and guidance through the State's Attorney General's Office to the assigned attorneys; 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.

**NH DHHS Office of Human Services -
Division for Children, Youth & Families**



The DCYF management philosophy is to operate as “Bureaus without Borders” promoting collaborative program design, oversight, and quality improvement. The intent is to encourage cross team collaboration to maximize service delivery and facilitate improvement. All bureaus of the Division work in collaboration to support the staff who work directly with the children, youth, and families. 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.

DCYF’s Bureau of Field Services completes the majority of the direct work with children, youth, and families. The bureau is comprised of two functions: Child Protective Services and Juvenile Justice Services. Child Protective Services is mandated to respond to concerns for child maltreatment while Juvenile Justice Services is mandated to respond to children in need of services (CHINS) and youth adjudicated delinquent. The level of partnership within the Bureau of Field Services is unique both within New Hampshire and across the country.

This collaboration amongst the two sects of field staff has set the stage for enhanced collaboration between Juvenile Probation and Parole Officers and Child Protective Services Workers, and subsequently stronger partnerships on the local level. The Bureau of Field Services maintains a shared vision to assist families in the safety, permanency, and well-being of their children and the communities in which they live. Operating under one administrative structure, the field services share practice initiatives such as: Solution Based Casework; the New Hampshire Practice Model; a Case Practice Review process; and use the same case management information system, and share service array providing for consistency for families involved with both systems. The driving force behind the vision is that this will be best accomplished by working collaboratively with families, providers, and stakeholders across New Hampshire to assure timely, appropriate, and quality interventions.

Leadership views the upcoming Child and Family Services Review (CFSR) process as an opportunity to highlight the strengths of DCYF as well as be transparent about the challenges the Division has faced since Round-Two in 2010. This Statewide Assessment will highlight several vital internal and cross-system initiatives, which have enhanced performance in CFSR Items. There will also be an overview of the workforce challenges, legislative and fiscal impacts on the field, and systemic factors.

Mission Statement

In 2016, the Division for Children, Youth and Families (DCYF) assigned the Practice Model Design Team with the task of reviewing and revising the Division’s mission and vision statements to make sure they accurately represented the current organizational structure and mission of DCYF.

Mission

The Practice Model Design Team identified that the existing mission statement did not reflect the merger with Juvenile Justice Services and the Sununu Youth Services Center. A new mission statement was developed through a collaborative effort consistent with the Design

Team’s prior endeavors. All DCYF employees, as well as youth, and parent partners engaged in the development of the new mission statement. DCYF’s mission statement was completed in August of 2016 and is as follows:

We partner with families and communities to provide resources and support that lead to the safety and healthy development of children, youth and the communities in which they live.

Vision

Through its collaboration with DCYF employees, youth, and parent partners, the Practice Model Design Team decided that the Practice Model Beliefs and expanded definitions would serve as the [Division’s vision](#). The Practice Model, through its shared Beliefs with expanded definitions and sets of Guiding Principles for Child Protective Services, Juvenile Justice Services, and Sununu Youth Services Center, defines how the Division would like to perform over time. In this way, the Practice Model acts as an inspiration and guides the Division’s practice and decision-making.

Population

At the time of the 2010 census, the State of New Hampshire had a total population of 1,316,470 people. Of those residents calling New Hampshire their primary home, 1,236,050 (94%) identified themselves as white alone with no Hispanic or Latino heritage. The 2010 census also reported 287,234 of state residents were children under the age of eighteen. New Hampshire has no federally recognized Native American Tribes.

Race/Ethnicity Distribution

The below table shows the Race/Ethnicity percentages for New Hampshire and each of the offices that will be reviewed in the 2018 CFSR:

<i>Race/Ethnicity</i>	American Indian and Alaskan Native	Asian	Black/African American	Native Hawaiian and Pacific Islander	White	Other	Multi Race	Hispanic	Not Specified
Statewide	0.2%	0.5%	4.5%	0.1%	73.9%	4.4%	2.6%	9.5%	4.5%
Conway	0.4%	1.2%	1.2%	0.0%	80.5%	9.3%	3.3%	1.2%	2.8%
Manchester	0.1%	0.4%	10.0%	0.1%	54.4%	6.8%	4.1%	18.5%	5.6%
Seacoast	0.0%	0.2%	3.3%	0.0%	80.0%	3.3%	2.6%	6.4%	4.2%

Data Source: Results Oriented Management State Involved Counts Extracted on 1/13/16

Age Distribution

The below table shows the age group percentages for New Hampshire and each of the offices that will be reviewed in the 2018 CFJR:

Age Group of Population	0 to 2	3 to 5	6 to 8	9 to 11	12 to 14	15+	Not Specified
Statewide	11.83%	8.41%	8.45%	9.64%	22.49%	38.63%	0.55%
Conway	11.38%	6.91%	10.98%	10.98%	17.07%	42.28%	0.41%
Manchester	10.94%	9.04%	10.41%	13.77%	25.97%	29.55%	0.32%
Seacoast	11.40%	7.89%	10.53%	10.75%	22.59%	36.40%	0.44%

Data Source: Results Oriented Management State Involved Counts Extracted on 1/13/16

Caseload Counts

Statewide Comparison

Combined statewide Juvenile Justice and Child Protection children and youth involved in both placement and in-home cases increased 21 percent from the first day of FFY 2016 (2,060) to the last day of FFY 2016 (2,491). The District Offices with the largest increases were Manchester (46%), Concord (44%), and Laconia (41%). There were three offices that saw a decrease in the number of children/youth they served (Berlin, Claremont and Littleton). Conway had a five percent increase while Seacoast had a 32 percent increase.

Child Protection

The State of New Hampshire received 10,164 referrals in FFY 2016 that were assigned to District Offices for investigation. Southern received the most referrals (1,916), followed by Manchester (1,451) and Concord (1,334).

On the first day of FFY 2016 for Child Protection, there were 692 children and/or youth in out-of-home care and 409 who remained in their homes. Child Protection had an increase of 27 percent children/youth involved in cases (both placement and in-home) statewide (1,403 involved children as of last day of FFY). The largest increase was seen in Manchester with 69 percent, followed by Laconia (67%), Concord (52%) and Seacoast (40%). Littleton and Claremont had a decrease in caseload. Conway had a significantly lower increase than statewide at eight percent more children/youth involved in cases.

Juvenile Justice

On the first day of FFY 2016 for Juvenile Justice, there were 271 youth in placement and 688 who remained in their home. Juvenile Justice had an overall increase of thirteen percent children/youth involved in cases (both placement and in-home) statewide (1,088 involved youth as of last day of FFY). Among the largest increases were Concord (33%), Manchester (26%), Seacoast and Keene (both 21%). Berlin had a significant decrease and Littleton had a small decrease of children/youth involved in cases. Conway had a small increase of two percent.

Background

The DCYF experienced two major external events in 2014 and 2015. The events occurred in response to the untimely deaths of two children who had involvement with the child welfare system. The first major external event was when former New Hampshire Governor Maggie Hassan signed into law Senate Bill (SB) 244 which created a Commission on Child Abuse Fatalities. This Commission was charged with reviewing state laws, rules, and policies governing child abuse and neglect to identify gaps and recommend any changes to state law and practices deemed appropriate. Over the past two years this Commission has heard testimony from law enforcement, medical professionals, community providers, and DCYF relative to the Division's policies and practices.

In an effort to improve collaboration between law enforcement and the Division four new legislative bills were proposed by the Commission and three were signed into law in mid-June 2016. In response to the community outcry for DCYF to provide extended services aimed at addressing safety for children the Division was asked to submit a proposal to the Commission to provide twenty-four hour, seven days per week coverage for the receipt of abuse and neglect reports and for after-hours response to imminent danger situations involving a child. At the time the Division's Child Protective Services were only staffed to operate Monday through Friday from 8:00 am to 4:30 pm, excluding holidays.

DCYF responded by implementing a plan to provide access to a child protection response system twenty-four hours per day seven days per week through a vendor. On February 14, 2017 the vendor began accepting abuse and neglect calls twenty-four hours a day and on weekends and holidays. Community stakeholders and law enforcement have reported that this is meeting a critical need in the child protection system. In addition to the availability of after-hours intake, DCYF implemented an On-Call response for reports of children who may be in imminent danger. This is staffed by three On-Call Child Protective Supervisors and six On-Call Child Protective Service Workers that provide statewide coverage. The supervisors receive calls from Intake that are classified as high risk or Level Ones, and work with the Child Protective Service Worker assigned to that region to respond in person in collaboration with law enforcement.

DCYF also took additional steps to create a Statewide Assessment Team (SAT) that manage an Assessment workload from 12:00 pm until 8:00 pm. The SAT was developed in direct

response to feedback from law enforcement relative to late afternoon, early evening hours identified to be the times that were of highest demand for a child protection response.

The second major event occurred on October 2, 2015 when former New Hampshire Governor Maggie Hassan issued an executive order that an independent comprehensive review of the Child Protective Services of the Division for Children, Youth and Families (DCYF) be undertaken. The Center for the Support of Families was contracted to conduct the independent review. The review was initiated in May 2016 and was released to the public on December 19, 2016. It included a comprehensive review of Assessment and case files, as well as interviews and surveys with internal staff, attorneys, administration, and external stakeholders including parents, youth, Court Appointed Special Advocates (CASA), law enforcement, the Court, and members of other groups identified by the Governor's Office as well as a review of Division policies, practices, and workforce capacity.

The report released by the Center for the Support of Families 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 assessment workforce." Other recommendations pertained to staff training (including legal staff), a restrictive child protection statute that "Sets a high bar" for determining neglect and risk of harm, and the interpretation of this statute. Also highlighted was the lack of options for staff to take to protect children in unfounded reports and the lack of an effective service array.

Direction

The Division has taken a closer look at its workforce capacity in order to achieve the goals of the Child and Family Services Plan and improve relationships with external stakeholders. The recommendations from the independent review have spurred great interest among state lawmakers and stakeholders to examine workforce needs of DCYF. There is now a shared understanding of the workforce issues that plagued DCYF and the dire need for the Division to increase staff capacity to ensure best practice and meet the service needs of the children, youth, families, and communities it serves. The independent review also emphasized the urgent need for DCYF to leverage the collaborative relationships it has with its community stakeholders in order to further enhance and sustain the Division's public response to the safety, permanency, and well-being of children. Hiring has taken place at an aggressive pace resulting in the reduction of staff vacancies and stabilization of the turnover in Child Protective Service Workers in the recent months.

The Center for the Support of Families stated in the review, "We believe the child welfare system in New Hampshire is set up to focus primarily on assessing and acting on the immediate safety of children as affected by abuse and neglect, with correspondingly less attention to the serious risks of harm to children that, unchecked, may lead to serious harm or injury to children." DCYF has embarked on many new initiatives taking on a five pronged approach to reduce the backlog of overdue Assessments, and have begun to implement Eckerd Kids, Inc.'s Rapid Safety Feedback program as a means to better assess for safety and risk.

The events of the past several years coupled with the independent review results became the impetus for transformation of the New Hampshire child welfare system.

The New Hampshire Child Welfare Systems Transformation Vision and Goals

The New Hampshire Child Welfare Systems Transformation Executive Team was formed in the spring of 2017 to look at the challenges and strengths of the child welfare system and create and guide the change to truly improve the New Hampshire child welfare system. The team crafted a vision for the Child Welfare Systems Transformation along with transformational goals. The vision states:

A safer future for our 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 our child protection system. It requires transforming the child-serving and family support systems in every community. With an unyielding sense of urgency, it's time to transform tragedy into substantive and systemic change in New Hampshire. To do this, we must collectively move upstream and energize the resources and support in every community that parents need to raise their children in the best and most challenging times in their lives.

To accomplish this, DCYF commits to:

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

(See appendix for the [New Hampshire Child Welfare Systems Transformation](#) messaging tool).

An integral part of the Child Welfare System Transformation effort is an Interagency Team (IAT), consisting of over 35 essential stakeholders with statewide representation, which has generated close collaboration with community stakeholders and the legislature. Interagency Team members have been invited to join workgroups that are tackling each and every one of the recommendations of the independent review to partner with DCYF in the transformation of the child welfare system in New Hampshire. DCYF has put the recommendations of the Independent Review in the forefront and recognize the need for changes to go beyond DCYF reform to a true systems transformation. DCYF leadership, field staff, and stakeholders believe New Hampshire is well positioned to move upstream and work together to prevent child abuse and neglect and foster healthier families and communities.

Section II: Safety and Permanency Data

State Data Profile

State data profile deleted in its entirety (pages 15-18).

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state’s most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state’s performance on the national standards in the context of the outcomes.

STATE RESPONSE:

In the last two Annual Progress and Services Report submissions, the Division has submitted Case Practice Review results by year. For the purposes of the Statewide Assessment, data for both 2016 and 2017 will be combined. Preferably data for the last reviews of all offices would be considered to demonstrate a true statewide sample. However, prior to 2016 the Division utilized an earlier version of the Onsite Review Instrument and in 2016 the Division adopted the newer version of the Onsite Review Instrument. As such, only the data for the two years the newer tool has been in use is utilized in this Statewide Assessment. Offices reviewed in 2016 include Rochester, Berlin, Manchester and Keene. Offices reviewed in 2017 include Claremont, Laconia and Manchester. Between the two years, a total of 141 cases were reviewed with 71 of those being Juvenile Justice cases and 70 Child Protective cases. One Child Protective Services case from the sample was eliminated as the youth was eighteen years old throughout the entire period under review. Of all the cases reviewed, 92 were foster care and 49 were in-home services cases.

CPRs 2016 and 2017

Site	Foster Care Cases	In-home Services Cases	Total Cases
Rochester 2016	12	8	20
Berlin 2016	12	4	16
Manchester 2016	14	10	24
Keene 2016	14	8	22
Claremont 2017	12	6	18
Laconia 2017	12	6	18
Manchester 2017	16	7	23
Total	92	49	141
JJS	46	25	71
CPR	46	24	70

Combined ratings on the outcomes are as follows:

All District Offices 2016 & 2017

CPS & JJS			
	Substantially Achieved	Partially Achieved	Not Achieved
Outcome S1	60.3%	0.0%	39.7%
Outcome S2	80.9%	2.8%	16.3%
Outcome P1	46.7%	52.2%	1.1%
Outcome P2	89.1%	8.7%	2.2%
Outcome WB1	60.3%	32.6%	7.1%
Outcome WB2	98.1%	0.9%	0.9%
Outcome WB3	74.0%	18.1%	7.9%

CPS			
	Substantially Achieved	Partially Achieved	Not Achieved
Outcome S1	70.7%	0.0%	29.3%
Outcome S2	77.1%	5.7%	17.1%
Outcome P1	58.7%	39.1%	2.2%
Outcome P2	82.6%	15.2%	2.2%
Outcome WB1	52.9%	38.6%	8.6%
Outcome WB2	100.0%	0.0%	0.0%
Outcome WB3	60.3%	28.6%	11.1%

JJS			
	Substantially Achieved	Partially Achieved	Not Achieved
Outcome S1	44.4%	0.0%	55.6%
Outcome S2	84.5%	0.0%	15.5%
Outcome P1	34.8%	65.2%	0.0%
Outcome P2	95.7%	2.2%	2.2%
Outcome WB1	67.6%	26.8%	5.6%
Outcome WB2	96.6%	1.7%	1.7%
Outcome WB3	87.5%	7.8%	4.7%

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

STATE RESPONSE:

According to the State Performance Summary for Federal Fiscal Year 2013, the Division met the federal performance standards for maltreatment in foster care and recurrence of maltreatment.

Performance Item or Outcome		Cases: 141							Applicable Cases
		Performance Item Ratings			Outcome Ratings				
		S	ANI	NA	SA	PA	NACH	NA	
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect				60.29% n=41	0% n=0	39.71% n=27	n = 73	n = 68
Item 1	Timeliness of initiating investigations of reports of child maltreatment	60.29% n=41	39.71% n=27	n=73					n = 68
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate				80.85% n=114	2.84% n= 4	16.31 % n=23	n = 0	n = 141
Item 2	Services to family to protect child(ren) in the home and prevent removal or re -entry into foster care	73.21% n=41	26.79% n=15	n=85					n = 56
Item 3	Risk and Safety Assessment and Management	81.56% n=115	18.44% n=26	n=0					n = 141

** FIGURES MAY NOT TOTAL TO 100% DUE TO ROUNDING

SAFETY OUTCOME 1

According to the results of the 2016 and 2017 Case Practice Reviews, the ratings for Safety Outcome 1 were 60 percent substantially achieved, zero percent partially achieved and 40 percent not achieved across both Child Protective and Juvenile Justice cases.

Further analysis of these results finds that a majority of Child Protective Assessments were initiated and victims were seen or attempted to be seen in a timely manner. Combined results of all Case Practice Reviews from 2016 and 2017 indicate that of applicable cases for Item 1, 60 percent rated as strengths for Timeliness of Initiating Investigations of Reports of Child

Maltreatment. There are two main factors leading to this rating. The results of the Case Practice Reviews indicate that in only six cases were assessments not initiated timely. The largest factor leading to Area Needing Improvement Ratings was seeing victims within time-frames. Data regarding timeliness of seeing victims from the statewide Supervisory Reports and Results Oriented Management (ROM) data on all Assessments accepted in calendar years 2016 and 2017 demonstrates that in 67 percent of Assessments, time-frames were met for seeing victims. The Results Oriented Management data is based on a complete sample of all Assessments in the same two year time-frame so is indicative of practice in New Hampshire. Although, there remains room for improvement in this area overall, the rate for seeing victims within time-frames using the total number of time-frames that needed to be met in 2016 and 2017 is significantly higher than those from the prior years. Considering both new Assessments and new allegations added to existing Assessments through new reports, there were over 1,500 more time-frames needing to have been met in 2016 alone compared to those from 2014. Seeing victims in time-frames in order to secure immediate safety of children and youth remains a strong focus of the Division and discussions are held regularly with the Commissioner of the Department of Health and Human Services and the New Hampshire Legislature, as well as monthly at an administrative level during the DCYF Leadership Meeting, and on an individual level between supervisors and workers. 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

According to the results of the 2016 and 2017 Case Practice Reviews, the ratings for Safety Outcome 2 was 81 percent substantially achieved three percent partially achieved, and sixteen percent not achieved across both Child Protective Services and Juvenile Justice Services. Child Protective Services overall performance was slightly lower in this area (77% substantially achieved and 17% not achieved) compared to Juvenile Justice Services (85% substantially achieved and 15% not achieved). District offices rating above the State's average include Berlin (94%), Claremont (89%), Laconia (89%), and Rochester (85%). District offices rating below the State's average include Keene (68%) and Manchester (74%).

By looking at the Items leading to these outcomes, it is found that the Division rated 73 percent strengths (out of 41 applicable cases) for Item 2 (Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster care). Item 3 (Risk and Safety Assessment and Management) rated stronger at 82 percent strengths (out of 115 applicable cases). Further exploration of the results shows that the provision of services (especially in-home services) provided by the Division in both Child Protective 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. Strong collaboration between Juvenile Probation and Parole Officers and Child Protective Service Workers was seen to lead to strong ratings on this Item in joint cases. In cases where services were found insufficient to protect children in-home and prevent removal, this included a lack of safety services for all children and youth in the home before placement, for youth remaining at home after placement, and for youth after reunification. Factors leading

to the lack of services included systemic issues such as lack of providers and challenges in Juvenile Justice Services providing services to siblings, as well as case related issues such as delays in making referrals.

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. The essential mechanism for the assessment of safety and risk in cases which rated strong in this area, was the direct contact between families and both Child Protective Service Workers and Juvenile Probation and Parole Officers. Workers met monthly with youth and their families, and at times met more than once per month, and during the visits they asked about safety and made direct observations of the behaviors of family members and the home environment. The use of formal assessments (New Hampshire Integrated Assessment (NHIA) Model and Juvenile Justice Services Risk Assessments including the Structured Assessment of Violence Risk in Youth (SAVRY)) positively impacts this outcome as well. Both assessment tools include questions that address issues of family functioning, and therefore prompt staff to identify and address risk issues that may exist. For example, the SAVRY assesses family violence, parental management, and history of maltreatment in Juvenile Justice cases. When contacts did not occur with all family members (most likely siblings and non-custodial parents), ratings were lower.

When talking about ratings around the assessment and management of safety and risk in child protection cases in New Hampshire, it is important to consider there is a large focus on these topics even outside of the Case Practice Reviews. The Division receives attention from the Governor's Office, New Hampshire's legislative bodies, and the press relative to the Division's work to ensure safety of children. Per mandate of the New Hampshire Governor, the Division participated in a Quality Assurance Review of the Division for Children, Youth and Families by the Center for the Support of Families. This review focused on Assessment practice and the results of this Review were initially provided to the Governor and Commissioner and made public in December of 2016. The Center for the Support of Families stated in the review, "we believe the child welfare system in New Hampshire is set up to focus primarily on assessing and acting on the immediate safety of children as affected by abuse and neglect, with correspondingly less attention to the serious risks of harm to children that, unchecked, may lead to serious harm or injury to children." Recommendations of the report included addressing the foundational component of staff resources necessary to manage the number of assessments coming in. Other recommendations included:

- Resolving the backlog of overdue assessments in order to have a stronger focus on immediate safety,
- Holding workers accountable for expectations specific to closing assessments,
- Improving the Division's ability to assess for safety and risk through adding analytic risk assessment capabilities and/or the use of evidenced-based tools,

- Updating policies around assessing families where substance abuse concerns are an issue,
- Changing and/or clarifying state statutes specific to neglect and aligning the standards of proof necessary to identify neglect, and
- Focusing more strongly on competency based trainings for child protection staff (including attorneys).

The DHHS Commissioner and legislature have provided funding for additional Child Protective Service Worker positions and statute changes in support of implementing these recommendations. Also, over the past year, the Division has focused on implementing these recommendations through the creation of the New Hampshire Child Welfare System Transformation initiative.

Additionally, New Hampshire has implemented a separate review process focused on Child Protective Assessments, or Investigations. This process is described in detail in the Quality Assurance Systemic Factor section of this report; however review results are reported here as they inform the Division's Assessment of Performance on safety outcomes.

473 Assessments were reviewed between all twelve district offices during 2016 and 2017 and results have varied between the offices. Forty-three percent of Assessments (204) 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. 55 percent 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 strength 56 percent 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.

An area of relative strength statewide includes assessing all dangers, as it scored as strength 81 percent of the time.

Twenty-nine percent of all Assessments reviewed were applicable for the section on Safety Planning, meaning danger was identified and action was necessary to ensure safety. Children were removed from their homes in seventeen Assessments and all of these actions were appropriate. Safety plans were needed in 194 Assessments and the plans (both written and verbal) were sufficient in 64 percent of them. Eighty-four percent 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.

The final section is regarding the disposition of the Assessment and was only applicable if the Assessment was closed. Seventy-seven percent of Assessments reviewed were applicable for this Item. This section received an overall strength rating of 66 percent. The strongest area of Assessment practice was that the overall finding was supported as this section rated strength in 91 percent of applicable Assessments. In 82 percent of applicable Assessments, risk was fully evaluated. There is an opportunity for improvement in this area and this was found to impact the overall rating regarding the thoroughness of the Assessment in the first section. Eighty percent 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 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).

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

STATE RESPONSE:

According to the State Performance Summary for FFY 2013, the Division did not meet the federal permanency performance standard for permanency in twelve months, children entering care in twelve months. It is noted a 0.3 percent improvement is needed in this standard. For Permanency in twelve months, 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.

Performance Item or Outcome		Cases: 141									
		Performance Item Ratings			Outcome Ratings				Applicable Cases		
		S	ANI	NA	SA	PA	NACH	NA			
Permanency Outcome 1	Children have permanency and stability in their living situations.				46.74% n=43	52.17% n=48	1.09% n=1	n=0		n=92	
Item 4	Stability of Foster Care Placement	86.3% n=81	33.7% n=31	n=0						n=92	
Item 5	Permanency Goal for Child	86.81% n=79	13.19% n=12	n=1						n=91	
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	84.78% n=78	15.22% n=14	n=0						n=92	
Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.				89.13% n=82	8.7% n=8	2.17% n=2	n=0		n=92	
Item 7	Placement With Siblings	100% n=35	0% n=0	n=57						n=35	
Item 8	Visiting With Parents and Siblings in Foster Care	86.25% n=89	13.75% n=11	n=12						n=80	
Item 9	Preserving Connections	90% n=81	10% n=9	n=2						n=90	
Item 10	Relative Placement	81.48% n=44	18.52% n=10	n=38						n=54	
Item 11	Relationship of Child in Care With Parents	88.16% n=87	11.84% n=9	n=16						n=78	

** FIGURES MAY NOT TOTAL TO 100% DUE TO ROUNDING

PERMANENCY OUTCOME 1

According to the results of the 2016 and 2017 Case Practice Reviews, this outcome was 47 percent substantially achieved, 52 percent partially achieved, and one percent not achieved across both Child Protective Services and Juvenile Justice Services. Child Protective Services had a higher rating of substantially achieved ratings, while Juvenile Justice Services succeeded in rating zero percent in not achieved. Child Protective Services rated as 59 percent substantially achieved, 39 percent partially achieved, and two percent not achieved. Juvenile Justice Services rated 35 percent substantially achieved, 65 percent partially achieved and zero percent not achieved.

Further analysis of these results indicates that the Division tends to do well in case planning (in terms of timeliness and appropriateness of the identified goal(s) as well as working the goal). More struggles are seen in terms of placement stability. Combined statewide practice of Child Protective Services and Juvenile Justice Services for Item 4 (Stability of Placement) led to ratings of strengths in 66 percent of cases over the past two years. It is interesting to note that the lowest ratings (58% strengths in each office) were found in the Claremont and Berlin District offices. The Laconia District Office had an 83 percent strengths rating on this Item, which is the highest rating over the past two years. The two largest offices, the Manchester and Rochester District Offices, both rated close to the statewide average. For both Child Protective Services and Juvenile Justice Services, 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 been coming down since that time.

Both Child Protective Services and Juvenile Justice Services have had a sustained focus on identifying appropriate case plan goals timely (often on or immediately following the date of placement), which is seen in the rating of 87 percent strengths in the combined results on Item 5 (Permanency Goal for Child) during Case Practice Reviews held in 2016 and 2017. The Claremont District Office rated as 100 percent strengths in this area while the Keene District Office had the lowest rating at 79 percent strengths. Other offices typically had similar results to the statewide rating. In cases where this Item remained a challenge, there were difficulties in establishing goals timely, especially concurrent goals or changing goals later in a case.

Challenges were also identified in the appropriateness of goals specific to changing from reunification and ruling out more permanent options prior to considering Another Planned Permanent Living Arrangement.

The results of the Case Practice Reviews in 2016 and 2017 indicate that for Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement) Child Protective and Juvenile Justice Services jointly rated as 85 percent strengths. This was due primarily to a decline in ratings from 2017 compared to 2016 when ratings were 90 percent strengths. In two offices (the Berlin and Rochester District Offices) both Juvenile Justice and Child Protective Services scored 100 percent strengths. The Keene, Laconia, and Claremont District Offices had combined Child Protective and Juvenile Justice Services ratings over 83 percent strengths. The state's metro site, the Manchester District Office, had the largest case sample as it was reviewed twice during this time period and the rating of 73 percent strengths on this Item plays a significant part in New Hampshire's overall rating in this Item over the past two years. Qualitative data collected during the Case Practice Reviews indicated that strong efforts were made to work with parents towards reunification in most cases and to identify permanent families and connections for youth when other permanency goals were established - especially Guardianship and Another Planned Permanent Living Arrangement. Despite this, consistency in engaging all parents (non-custodial and difficult to engage) remains a trend in practice that still requires improvement.

PERMANENCY OUTCOME 2

According to the results of the 2016 and 2017 Case Practice Reviews, this outcome was 89 percent substantially achieved, nine percent partially achieved and two percent not achieved across both Child Protective and Juvenile Justice Services. There were 92 applicable cases for this outcome. Juvenile Justice Services rated stronger than Child Protective Services. For Permanency Outcome 2, Juvenile Justice Services had ratings of 96 percent substantially achieved, two percent partially achieved and two percent not achieved. Child Protective Services comparatively rated as 83 percent substantially achieved, fifteen percent partially achieved and two percent not achieved. When considering combined scores for this outcome, placement with siblings rates as a strength for practice in New Hampshire and had a definite impact on the strong scores as it the Division scored perfectly in this Item (100% strengths). The greatest opportunities for improvement were found in the Division's practice around relative placement and preserving the relationship of children in care with their parents, although these scores were also fairly strong.

According to the combined data for the Case Practice Reviews, Item 7 (Placement with Siblings) was rated as strength in 100 percent of the applicable cases. According to Results Oriented Management, there were 522 children with siblings also in placement during 2016, of those 82 percent 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 76 percent were placed with siblings and seven percent of them were placed in residential care. These do not take into account whether the separation of siblings is reasonable and appropriate based on the needs of the child(ren)/youth

as is considered in Item 7 of the Onsite 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 appropriate. This is often the case 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 success in finding foster homes and relative providers that could manage sibling groups. Although there were a number of cases where siblings required separate placements, there was documentation supporting the clinical need for the placement decision and efforts to overcome these barriers. There continues to be administrative oversight in Child Protection cases where siblings are not placed together. Although a shortage of foster homes in New Hampshire has been a challenge when placing children, its impact on these placements was not seen in the Case Practice Review results. 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, 87 percent of cases showed strengths in these areas for Child Protective and Juvenile Justice Services combined. For Item 11, 88 percent of cases rated as strengths. The Berlin and Laconia District Offices had ratings of 100 percent or close to 100 percent on these two Items. According to ratings in these two Items, the offices with the most room for improvement are the Keene and Claremont District Offices. 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 those incarcerated. 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 combined results of the Case Practice Reviews held in 2016 and 2017, Item 9 (Preserving Connections) was rated as strength with a score of 90 percent. Concentrated efforts have been 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.

According to Results Oriented Management, during the past two calendar years 1807 youth came into placement in New Hampshire and, of those, 30 percent 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). Relative placements remain the area with the lowest scores in this Permanency Outcome. Even so, this indicates an eleven percent improvement from 2014.

81 percent of combined Child Protection and Juvenile Justice cases have strengths in this area. The Rochester District Office's combined score was 100 percent strengths. Other offices were within six percentage points of the statewide average with the exception of the Claremont District office, which had a strength rating of 60 percent in this Item. Due to the behavioral health and other needs of youth in the Juvenile Justice System, a majority of Juvenile Justice 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 and that these efforts were consistently reported by reviewers as appearing stronger than in prior years. In many cases where there was no relative placement, there were documented efforts to review for the possibility of such a placement. Improvement is still needed in placing children with relatives. Increased exploration of relatives of non-custodial parents and ensuring continued efforts over the life of the case are both areas where increased efforts could have positive impacts.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-Being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the State’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

STATE RESPONSE:

Performance Item or Outcome		Cases: 141							
		Performance Item Ratings			Outcome Ratings				Applicable Cases
		S	ANI	NA	SA	PA	NACH	NA	
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.				60.28% n=85 *	32.62% n=46	7.09% n=10	n=0	n=141 *
Item 12	Needs and Services of Child, Parents, and Foster Parents	64.54% n=91	35.46% n=50	n=0					n=141
Item 12A	Needs Assessment and Services to Children	92.2% n=130	7.8% n=11	n=0					n=141
Item 12B	Needs Assessment and Services to Parents	67.67% n=90	32.33% n=43	n=8					n=133
Item 12C	Needs Assessment and Services to Foster Parents	95.45% n=42	4.55% n=2	n=97					n=44
Item 13	Child and Family Involvement in Case Planning	72.14% n=101	27.86% n=39	n=1					n=140
Item 14	Caseworker Visits With Child	85.82% n=121	14.18% n=20	n=0					n=141
Item 15	Caseworker Visits With Parents	66.92% n=89 *	33.08% n=44	n=8					n=133 *
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.				98.15% n=106	0.93% n=1	0.93% n=1	n=33	n=108
Item 16	Educational Needs of the Child	98.15% n=106	1.85% n=2	n=33					n=108
Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.				74.22% n=95	17.97% n=23	7.81% n=10	n=13	n=128
Item 17	Physical Health of the Child	77.32% n=75	22.68% n=22	n=44					n=97
Item 18	Mental/Behavioral Health of the Child	88.24% n=105	11.76% n=14	n=22					n=119

** Figures may not total to 100% due to rounding.

*This table reflects overridden ratings

WELL-BEING OUTCOME 1

According to the results of the 2016 and 2017 Case Practice Reviews, this outcome was 60 percent substantially achieved, 33 percent partially achieved, and seven percent not achieved across both Child Protective and Juvenile Justice Services. Child Protective Services rated slightly lower than the State’s average with results of 53 percent substantially achieved, 39 percent partially achieved, and eight percent not achieved. Comparatively, Juvenile Justice

Services rated slightly higher than the State's average with scores of 68 percent substantially achieved, 27 percent partially achieved and five percent not achieved.

Although in most cases the Division did substantially or partially meet this outcome, this remains an area in need of improvement overall as demonstrated through the 2016 and 2017 Case Practice Reviews. The highest performance areas in this outcome had to do with the work to engage children, youth, and placement providers (Item 12A and 12C). Both Child Protective and Juvenile Justice Services rated consistently well in assessing the needs of children and youth and providing services. The overall strength rating was 92 percent in this area. Although Item 13 (Child and Family Involvement in Case Planning) of the Onsite Review Instrument had a rating of 72 percent strengths, all but sixteen of the 124 applicable cases demonstrated strengths in engaging children and youth. Based on these results, it is not surprising that Item 14 (Caseworker Visits with Child) also rated well at 86 percent. As ratings on Item 14 increase between offices, so do the ratings on Item 12A. The Laconia District Office obtained a rating of 78 percent strength on Item 14 and, likewise, had the lowest rating on Item 12A at 83 percent strengths. Alternatively, the office that achieved a 100 percent rating on Item 14 also received a strength rating of 100 percent on Item 12. Qualitative results found that although formal assessments of needs of children were utilized, it was the frequency and quality of conversations during worker visits that most impacted the ability of workers to assess for needs for children and youth and engage them in case planning. It should be noted that according to Results Oriented Management, throughout 2016 and 2017 the worker and child visits done each month (of months child is in care the entire month) ranged between 90 percent and 97 percent for Child Protective Services and Juvenile Justice Services combined. These ratings mean that the Division's practice meets the federal expectation of 90 percent that all children were seen by their caseworker if they were in placement for the full month. In fact, in any given month no more than three percent of these visits occurred outside of the child/youth's residence. It is interesting to note that the results from the Case Practice Reviews are only slightly lower in terms of worker visits than are those in Results Oriented Management, which takes into account all youth in placement. One difference is that Case Practice Review data also includes monthly visits by caseworkers with youth in-home cases. Results Oriented Management data supports the qualitative data identified during Case Practice Reviews that there appears to be more of a focus on worker visits with children in placement compared to those in their own homes. Specifically, Results Oriented Management data indicates that over the past two years the rates of seeing children in in-home cases is significantly lower than the rates for children in placement. Children and youth who remain at home with their parents and/or guardians for the entire month were seen between 57 percent and 66 percent of the time.

In addition to doing well assessing for the needs of children and youth and providing services, the Division likewise demonstrated strong practice in assessing for the needs of foster parents and relative providers and an ability to meet identified needs. During the 2016 and 2017 Case Practice Reviews the strength rating of the Division in this area was 95 percent. Four offices achieved perfect scores on this Item and the lowest scoring office (the Laconia District Office) achieved an 84 percent strength rating.

The lower ratings for the remaining three Items included in this Well-Being Outcome were all impacted by the lack of initial and/or concerted efforts to identify, locate, and engage all parents. Over the past two years, the majority of improvement in this effort was qualitatively found during the Case Practice Reviews to involve locating and engaging absent, non-custodial, and incarcerated parents. Most frequently these are fathers. According to ratings from the 2016 and 2017 Case Practice Reviews, Item 12B (Needs Assessment and Services to Parents) 68 percent of cases were rated as strengths. This is a three percent improvement compared to results from Case Practice Reviews held in 2015, although it should be noted that the Onsite Review Instrument tools used to gather this data were different and had different definitions for parents. For Item 13 (Child/Family Involvement in Case Planning) 72 percent of cases were rated as strengths. More specifically, of the 124 cases applicable for this Item for mother, all but nine of them were rated as strengths in regards to concerted efforts to engage the mother in case planning. Of the 99 cases applicable for this Item for father, Twenty-eight of them did not rate as strengths in regards to concerted efforts to engage the father in case planning. The results of Item 13 during the 2016 and 2017 Case Practice Review appear to have a reciprocal relationship to the results of Item 15 (Case Worker Visits with Parents). Offices that have higher scores on Item 15 tend to have higher scores on Item 13. Most offices have strength ratings between 63 percent and 77 percent on Item 15. However, there are a couple outliers. For example, the Claremont District Office had a strength rating of 44 percent on this Item while the Berlin District Office had a 94 percent strength rating.

WELL-BEING OUTCOME 2

According to the results of the 2016 and 2017 Case Practice Reviews, Well-Being Outcome 2 was substantially achieved 98 percent of the time across both Child Protective and Juvenile Justice Services. This is consistent with ratings from the prior couple of years. Child Protective Services scored perfectly at 100 percent substantially achieved on this outcome during this period of time. Juvenile Justice Services likewise rated extremely well on this outcome and had a rating of 97 percent substantially achieved and two percent partially achieved.

Child Protective Services' cases scored perfectly and Juvenile Justice Services' cases scored near perfectly on Item 16 (Educational Needs of Children) in all offices, indicating that the educational needs of children are both assessed and met. These needs were routinely asked about during home visits and workers advocated with school systems to ensure the needs of children and youth were met. Formal educational assessments and Individual Education Plans were found in the files and workers often attended educational meetings. In addition, residential and in-home services were put in place to assist families with youth struggling with attendance or behaviors in school. DCYF also has a Program Specialist who is a subject matter expert on educational well-being and is a tremendous source of knowledge and support to the field in this area.

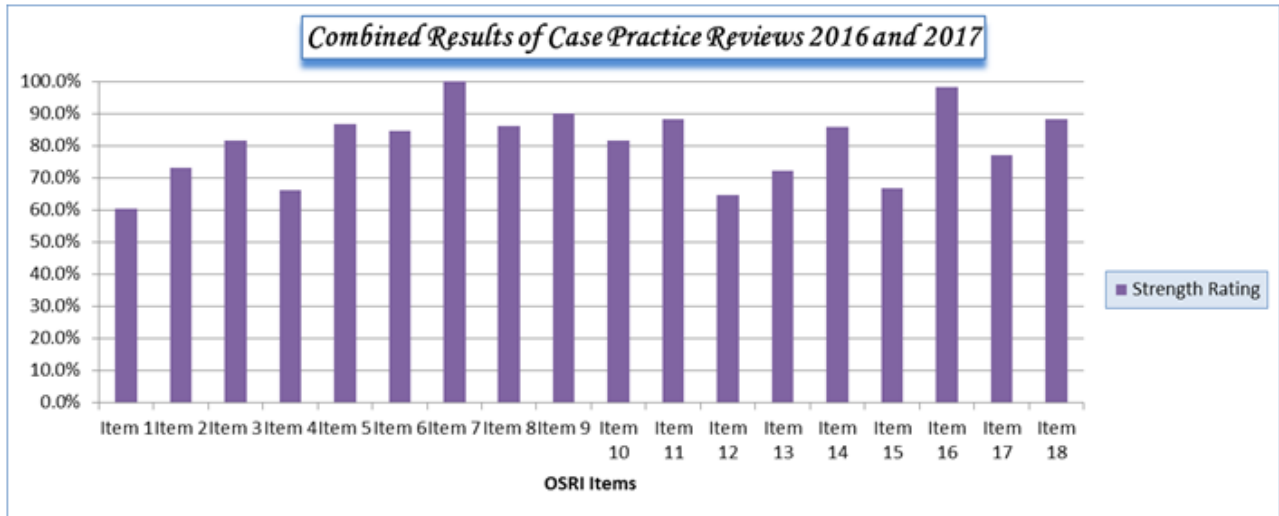
WELL-BEING OUTCOME 3

According to the combined results of the 2016 and 2017 Case Practice Reviews, Well-Being Outcome 3 was 74 percent substantially achieved, eighteen percent partially achieved, and eight percent not achieved across both Child Protective and Juvenile Justice Services. Child Protective Services ratings are lower (at 60% substantially achieved) compared to ratings for Juvenile Justice Services (at 88% 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 77 percent strengths rating for Item 18 for the Case Practice Reviews held in 2016 and 2017. Results indicate that the Keene, Laconia, and Rochester District Offices rate between 62 percent and 69 percent strengths on this Item while the Berlin, Manchester, and Claremont District Offices rated between 84 percent and 86 percent strengths. According to a qualitative review of these results, children and youth in placement routinely had physicals within thirty-days of their initial placement, and received ongoing treatment for any identified needs. Children and youth living with their parents or guardians had informal assessments in that workers inquired about these needs and offered assistance if it was necessary for the case. Qualitative results indicate that improved management of medications and follow through with dental treatment is needed. Despite results from the stakeholder surveys and feedback from caseworkers that indicate there is a lack of dental providers who accept Medicaid in New Hampshire, the qualitative data indicates lack of follow through by workers is the main reason for the area needing improvement ratings for this Item.

Item 18 (Mental/Behavioral Health of the Child) was another component leading to Well-Being Outcome 3. Eighty-eight percent of cases reviewed during the past two years were determined to have appropriate assessment of mental health needs and provision of services to meet those needs. A qualitative review of this data indicated this was achieved through routine mental health evaluations (trauma screenings, mental health assessments by the local mental health centers when children and youth enter placement, formal assessments by providers) and attention to follow-up on recommendations. When mental health needs were not met, it was due to a variety of reasons including: lack of formal assessment, lack of communication with providers, lack of follow through with services and/or engaging the family in services, and lack of management of psychotropic medications. According to both qualitative discussions with reviewers and office staff about the data, a lack of quality mental health resources is identified as another factor impacting the Division's ability to generally meet the mental health needs of children and youth. It is interesting to note that the two largest offices, Manchester and Rochester District Offices, representing some of the largest communities in New Hampshire (where it may be assumed there would be more access to resources) had the lowest strength ratings on this Item (84% and 81% respectfully). More analysis will be required to determine if and how service availability impacts the ability of the Division to meet the mental health needs of children and youth from those two offices along with other offices. Primary recommendations from the Quality Assurance Review of the Division for Children, Youth and Families involve increasing access to assessments and services for the mental/behavioral health and substance disorder needs of families. As such, through the New Hampshire Child Welfare System's

Transformation, efforts are being made to both increase the ability of staff to assess for these needs, and improve the larger system's response (including improving service access and delivery) to these needs.



Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

- Review the CFSR Procedures Manual (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
- Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
- Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
- Include the sources of data and/or information used to respond to each item specific assessment question.
- Indicate appropriate time-frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with Item 19 instead of Item 1 because Items 1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are Items 19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify 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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

STATE RESPONSE:

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.

On November 13, 2008 New Hampshire received a letter from Administration for Children and Families regarding the final determination of the Statewide Automated Child Welfare Information System review. Administration for Children and Families noted that the Bridges Statewide Automated Child Welfare Information System is fully compliant with federal SACWIS requirements. These requirements included the system's ability to identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding twelve months, has been) in foster care.

Since 2008 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 (CPSW) or Juvenile Probation and Parole Officers (JPPO). For example, at the Manchester review a JPPO had the date of birth (DOB) for a youth on the case face sheet that was different than 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	1 st
CPS Fiscal Report	1 st
JJSR Fiscal Report	1 st
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 & 20th
CHINS Legislative Report	1st
CHINs Monitoring Report	10th
DCYF Calculations of Eligibility for Federal Programs (Excluding Adoption) (a.k.a. HMMR470A)	Quarterly
DCYF Calculations of Eligibility for Federal Programs (Adoption Only) (a.k.a. HMMR470B)	Quarterly
ICPC Report-All Referrals	3rd
ICPC Fed Stats Report	3rd & 15th
Biological Father Contact Report	Upon Request
Adolescent NYTD Work Report	1st
Adolescent Work Supervisory Report (AWSR)	1st
Assessment Supervisory Report (ASR)	4th
Central Intake Report	15th
Family Services Supervisory Report (FSSR)	1st
Juvenile Justice Supervisory Reports (JJSR)	5th

Section IV: Assessment of Systemic Factors

JJ Admin Cases in Placement	2nd Monday
FAIR Report	1st
Permanency Planning Team Monitoring Report (PPTMR)	1st
Permanency Report	1st
Recruitment Report	1st
Emergency Placement Report	30th or on request
Residential Placement Report	1st
Authorized Services Report	Quarterly
Foster Care Health Report	15th
New Removals Report	Last day of month.
Commissioner Placement Report	1st
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	3rd
Relative Notice Relative Home Report	1st
ACF Face-to-face Monitoring Report	Quarterly
ACF Face-to-face Monitoring Report - AFCARS	FFY-November
Trauma Assessment Report	1st
Special Investigations Unit Supervisory Report (SIUSR)	Quarterly

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
Berlin																							
Claremont																							
Concord																							
Conway																							
Independent Living																							
Keene																							
Laconia																							
Littleton																							
Manchester																							
Nashua																							
Portsmouth																							
Rochester																							
Salem																							
Seacoast																							
Southern																							
Southern Telework																							
State Office																							
Statewide Totals																							

DO	TOTAL # OPEN CASES					TOTAL # CHILDREN					Current Case Plan Permanency Goals													
											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
Berlin																								
Claremont																								
Concord																								
Conway																								
Independent Living																								
Keene																								
Laconia																								
Littleton																								
Manchester																								
Nashua																								
Portsmouth																								
Rochester																								
Salem																								
Seacoast																								
Southern																								
Southern Telework																								
State Office																								
Statewide Totals																								

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 CFSR federal outcomes and a wide range of other important performance measures and indicators.

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 has 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.

Finally, two federal reporting projects are vital to the data for the CFSR and State Data profile. The two projects, 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 have to be manually reviewed with the worker, as outlined below.

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 ACF's 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. 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. Below are the child demographics compliance percentages for AFCARS Elements 6-17 for the latest submission at this time of

April 1, 2017 through September 30, 2017:

Date of Birth (Element 6): 100 percent compliant

Sex (Element 7): 100 percent compliant

Race (Element 8): 2.8 percent Missing Data

Hispanic Ethnicity (Element 9): 100 percent compliant

Diagnosed with Disability (Element 10): 91.7 percent compliant

Disability Types (Elements 11-15): 91.7 percent compliant

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

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

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.

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

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 data based 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.

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.”

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 Division for Client Services’ eligibility system New HEIGHTS, and the Division of Child Support Services’ system NECSES. In the future the Medicaid system, MMIS, will also be part of this demographic data pool.

Stakeholders have identified the following benefits to the system from these efforts:

- The system provides immediate access to information on a statewide basis;
- A web-based provider billing portal has been implemented to improve the payment process for providers who care for the children and families of New Hampshire;
- Two new structured risk and safety assessment tools have been implemented in the Statewide Automated Child Welfare Information System (SACWIS) to assist CPSWs and JPPOs develop case plans to improve outcomes and safety for the children who they serve;
- The information is available for children that are in “unpaid” (i.e., unlicensed relative care) as well as “paid” placements;

- The system includes ticklers for administrative reviews and permanency hearings;
- Recent modifications to Bridges to address many past concerns have made it more user-friendly;
- The Master Client Index (MCI) project has made a big impact on the Intake staff specifically the after-hours vendor (Wediko). This DHHS project provides a department-wide central view of a client and has eliminated the need of the intake vendor to log into the State eligibility system (New HEIGHTS) to validate demographic information;
- The New Hampshire Child Welfare system contains a claims payment engine that pays all of the Department's Non-Medicaid claims;
- The Child Care Development Fund (CCDF) reauthorization was deployed in 2017; and
- Bridges contains a robust provider management module to track, enroll and licenses all of the agencies' providers.

STRENGTHS

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.

DCYF has comprehensively assessed the Statewide Information System systemic factor and recommend to be found in substantial conformity with the federal guidelines. DCYF does acknowledge that the Statewide Information System does have technological limitations that could be improved upon to enhance effectiveness but these limitations do not impede the system's ability to meet required standards. An example is that the State is looking to develop capacity for a mobile application in the new federally mandated Comprehensive Child Welfare Information System (CCWIS), which will be the next generation from the current legacy system. As the Division further evaluates how to modernize the Statewide Information System it is certain that there will be technological advancements made to optimally utilize it.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child’s parent(s) that includes the required provisions.

STATE RESPONSE

CASE PLAN

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 sign off on the completed plan. It is expected these plans are reviewed regularly with the family and updated every six months or when there is a change in permanency. Field staff are expected to utilize Solution Based Casework practices in the case planning process which 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.

Case Plan Outcomes In Case Practice Reviews

Onsite Review Instrument (OSRI) Item 13: Child and Family Involvement in Case planning (59 applicable cases in Calendar Year (CY) 2017)

- As illustrated below 40 cases out of 59 (68%) achieved a Strength rating:

Criteria	Count	Applicable Cases	%
Total Cases	59		
Concerted Efforts to Actively Involve Child	42	52	81%
Concerted Efforts to Actively Involve Mother	45	50	90%
Concerted Efforts to Actively Involve Father	24	37	65%
Achieved Strength Rating	40	59	68%

NOTE: DISTRICT OFFICES’ REVIEWED WERE: LACONIA, CLAREMONT AND MANCHESTER

Data Source: CFSR Portal, OMS-OSRI (DS)

- Further analysis indicates that the Division’s concerted efforts to actively involve the father were a key contributing factor to the overall Item rating. Division efforts were far greater with involving the mother and any children involved in case planning.

Case Plan Documentation In Bridges

Case Plan Documentation for SFY 2017	
Child Protection cases opened in SFY 2017	544
Case with at least one case plan documented	435
Total number of documented case plans	647
Average case plans per new case	1.2; range of 1 to 4 per case
Percent of new child protection cases in SFY 2017 having at least one case plan in Bridges	80%

Length of Time for Case Plan Documentation	
First case plan documented in Bridges within 30 days of case opening	73
First case plan documented between 31 and 60 days	234
First case plan documented greater than 60 days	128
Case plan was not documented	109
Percent of cases with a documented case plan that was documented within 60 days of case opening	71%

Data Source: SACWIS- New Hampshire Bridges DS

The documentation of case plans in the Statewide Automated Child Welfare Information System (SACWIS) has remained steady over the past couple of years. There has been a nineteen percent increase in the number of new Child Protective cases opened in State Fiscal Year 2017 (July 2016-June 2017) over Calendar Year 2016. It should also be taken into account that the number of new cases includes all cases that were opened in the SACWIS no matter the outcome of the case (i.e. petition withdrawn or case dismissed).

Analysis indicates that (435 out of 544) 80 percent of new child protection cases in SFY 2017 have at least one case plan in Bridges. Of the 435 cases with at least one case plan in Bridges, 307 (71%) were documented within the first 60 days of case opening.

Solution Based Casework (SBC) Milestone II Case Plan Outcomes

New Hampshire DCYF developed a tool and a plan in order to measure and sustain the accurate application of the Solution Based Casework model throughout all district offices. DCYF

uses the SBC Fidelity instrument at each Case Practice Review to rate Solution Based Casework practice in those cases.

There are four Milestones in the SBC framework, with Milestone II focusing on case planning. The SBC Fidelity Instrument takes a comprehensive look at the engagement of the family and individuals in developing relevant and meaningful case plan objectives through both a formal review of case documentation and participant interviews. The tool is meant to measure if families were in fact engaged in the process of developing co-constructed plans (both family level objectives and individual level objectives) and if the plans are clear, focused on the everyday life events the family is struggling with, and created in a manner which foster's success (through goals that are measurable and achievable). The rating for each of the defined case plan outcomes are based on the findings of overall SBC practice within specific Items of that outcome. This information does differ from the Case Practice Review results in that the scope of the Case Practice Review is limited to the period under review, whereas the SBC Fidelity Instrument measures the life of the case.

In 2017 there were 54 applicable cases in the case practice review samples that underwent a Solution Based Casework Fidelity review. The data indicates that in over 80 percent of the cases reviewed there was evidence of the Division engaging families in the co-development of their case plans. In addition, development of case planning may be co-developed with one parent, not both and be rated strength, it is the co-development that is significant in SBC, not the number of family members involved in comparison to the OSRI.

Case Plan Outcomes- Specific Items of Key Elements	Yes	No
Co-Developed FLO	47	7
Co-Developed ILO – CPS	23	5
Co-Developed ILO – JJS	26	0

Data Source: SBC Fidelity Instrument results

Reviews demonstrate that the Division for Children, Youth and Families' staff are committed to the application and integration of Solution Based Casework in their interaction and intervention with families. Data gathered at each review is continually brought back to Supervisors to process and evaluate practice. Supervisors then bring this information back to the district offices to promote continued best practice and address barriers to success. All district offices reflect ways to promote SBC Fidelity in their Practice Improvement Initiatives and most will develop a specific goal in their Practice Improvement Initiative to affect greater SBC Fidelity.

Internally, case consultations are held on a regular basis and the Division has the capacity to track quantitative data related to number of Family Assessment and Inclusive Reunification (FAIR) and Solution Based Family Meetings held with families. The Case Practice Review process provides greater qualitative information as to how families experience Division involvement through the stakeholder interview process.

The Division makes efforts through its Better Together with Birth Parents (BTBP) workshops to educate staff on the importance of engaging absent fathers by dedicating time at every workshop to an activity specifically aimed at stressing the importance of father engagement. Male birth parents and foster parents are intentionally invited and included in BTBP workshops to ensure their voice is heard and their perspective is shared. Finally, Family Engagement Action Teams at each district office include fathers to ensure their voice is heard on how DCYF can improve its efforts to engage fathers in case planning activities.

The Division is unable to provide any further data or a root cause analysis of why the engagement of fathers is rated lower, DCYF does not think this Item is functioning appropriately due to the data being presented regarding case planning. Based on this the Division has identified that it is not in substantial conformity with Item 20. The Division has implemented and is revising policy on engaging non-custodial parents during an Assessment. Through this process the Division has also drafted a new policy on engaging non-custodial parents during any case, both Child Protective Services and Juvenile Justice Services. The new policy specific to the engagement of non-custodial parents during cases is currently under review. Concurrently, the Division is working to address challenges around staff capacity for workload management. An independent review of DCYF in 2016 found that the Division is in need of increased staff to have the capacity to meet workload demands. As staffing is increased to meet the workload needs, the staff will be better able to deeply engage with families, in particular with absent, non-custodial, and incarcerated parents. The expectation is that through articulate guidance on required procedures and best practices that can be implemented the Division will be able to improve its endeavors and create greater consistency in the documentation of the efforts made.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

STATE RESPONSE:

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/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.

The chart below, according to Results Oriented Management (ROM) and Bridges, illustrates the periodic reviews held for children in out-of-home placement as of July 1, 2017 via the administrative review (FAIR) and court review process.

319	Children/youth in care six months having a FAIR review between December 1, 2016 and March 1, 2017
58	Children/youth who left care within six months of the FAIR review held between
170	Children/youth had a subsequent FAIR review within six months of the FAIR hearing
656	Children/Youth in care greater than six months had a hearing between December 1, 2016 and March 1, 2017 that would meet the criteria of Administrative Review
176	Children/youth who left care within six months of the hearing held between December 1, 2016 and March 1, 2017
319	Children/youth had a subsequent hearing that would meet the criteria of Administrative Review within six months of the hearing held between December 1, 2016 and March 1, 2017
756	Children/youth in care greater than six months had a FAIR hearing or hearing between December 1, 2016 and March 1, 2017
197	Children/youth who left care within six months of the FAIR or hearing held between December 1, 2016 and March 1, 2017
405	Children/youth had a subsequent FAIR or hearing within six months of the FAIR held between December 1, 2016 and March 1, 2017
73% of the children/youth in care six months who had a FAIR or hearing that would meet the criteria of Administrative Review between December 1, 2016 and March 1, 2017 had a subsequent periodic review within six months.	

This chart demonstrates that the vast majority of the children in out-of-home placement as of July 1, 2017 have received a FAIR meeting, a court review hearing, or both as a means to ensure appropriate permanency planning and review of their case. The court hearings counted in this Item meet the periodic review qualifications. The Division believes that due to the data and information above it is in substantial conformity with Item 21.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter.

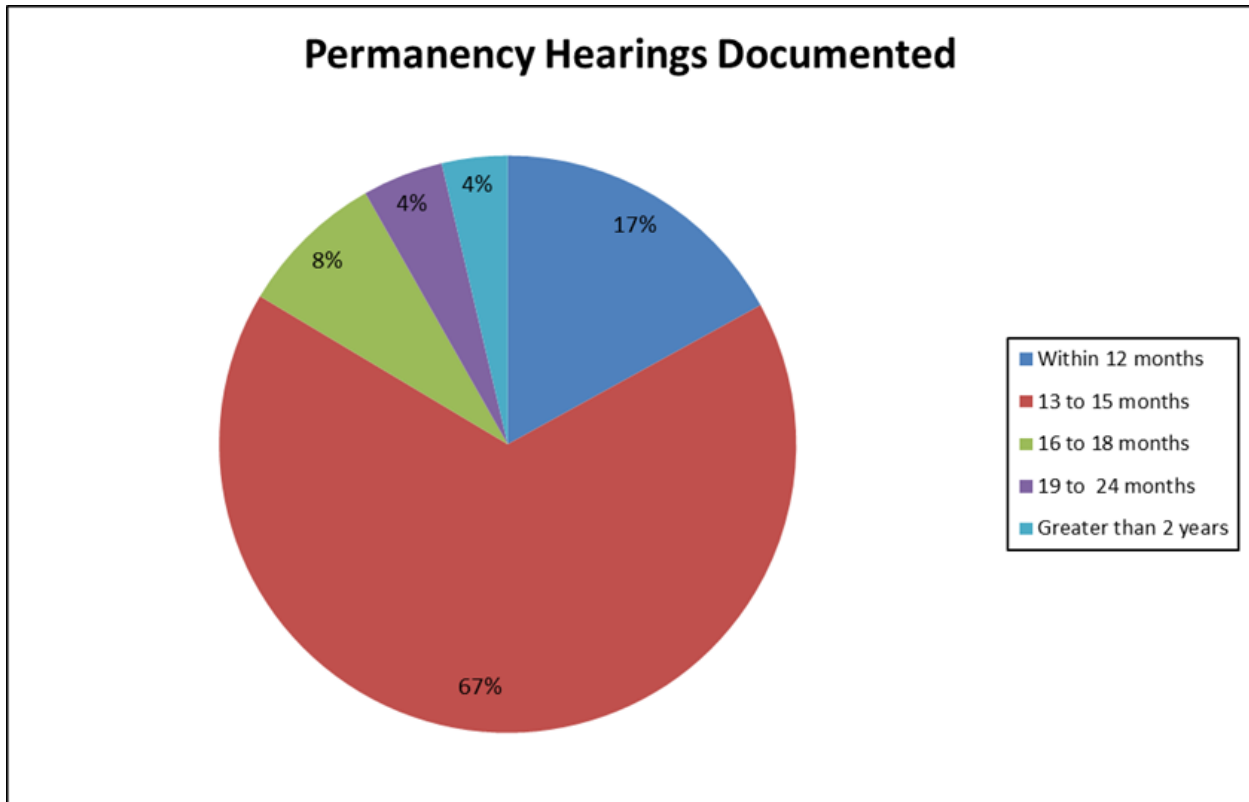
STATE RESPONSE:

Child Protective cases that are court involved have regularly scheduled court review hearings that occur at the three, six and nine month mark following the dispositional hearing with a permanency hearing held at twelve months. To assure Permanency Hearings occur timely the date of these hearings are most often scheduled at the onset of placement. 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.

The chart and tables below illustrate 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 June 30, 2017.

Permanency Hearing Documentation	
492	Children/youth involved with Child Protective Services had been in out-of-home care a minimum of 12 months as of June 30, 2017
353	Of those in out-of-home care a minimum of 12 months who had a permanency hearing documented
72%	Of the children/youth in care a minimum of 12 months as of June 30, 2017 had a permanency hearing documented in NH Bridges
60	Of those children/youth in out-of-home care at least 12 months had a permanency hearing within 12 months of their removal
274	Children/youth remained in out-of-home care over 24 months
238	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 11/17/2017) and Bridges



Data Source: ROM Length of Stay report (extracted on 11/17/2017) and Bridges

The chart and tables above indicate that the vast majority (67%) of permanency hearings occur thirteen to fifteen months after the child has been removed, while only seventeen percent occur within twelve months. This is largely due to New Hampshire Statute RSA 169-C:18:V-a which states, in part, that the permanency hearing shall occur within twelve months of the date of finding made at the adjudicatory hearing. Children placed through DCYF Child Protective Services often are placed before the adjudicatory hearing on an ex parte basis. The adjudicatory hearing typically occurs one to two months after the children are removed. This explains why the majority of permanency hearings occur between thirteen and fifteen months of the child being placed in out-of-home care. The chart also illustrates that children and youth who remained in care for an additional twelve months after their initial permanency hearing had timely permanency review hearings thereafter.

Regardless of New Hampshire's Statute, the timely holding of permanency hearings pursuant to the federal definition of twelve months, is not functioning appropriately. New Hampshire is not in substantial conformity with Item 22 Permanency Hearings as very few permanency hearings are held within twelve months of placement as they are typically scheduled twelve months from adjudication (per statute), not placement, per the federal definition. Further, the documentation of permanency hearings has not been completed in the same manner in each district office and resulting hearing data is not always entered. The new permanency protocols going into effect in 2018 will improve future reporting for this Item after the January training, which ensures that first and second permanency hearings are documented as such.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

STATE RESPONSE:

When Termination of Parental Rights 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 Permanency protocols developed by the Court Improvement Project were piloted in 2010 but they have not been adopted statewide. However the consistent practice in most district offices is that the Termination of Parental Rights packet is ready to file at the time of the permanency hearing. Upon receipt of the court order it is expected the packet will be filed within 30 to 60 days. The Model Court has updated the Permanency Protocols, and trained family service staff and Supervisors in December 2017, with a statewide roll out in 2018. The Protocols require that the Division prepare the TPR packet by the Permanency Hearing so the Division will be prepared to file the TPR packet upon receiving the Permanency Order changing the goal from reunification to adoption. The focus of these protocols is to identify and address any barriers to achieving timely permanency and to provide time-frames for filing petitions, providing timely notification to parents and addressing any barriers that arise in a timely manner.

TPR FILED

OSRI Item 5: Permanency Goal for Child

40 children/youth were applicable for rating in this Item
Fourteen children/youth have been in foster care for at least fifteen of the most recent 22 months
The agency filed or joined a termination of parental rights petition before the period under review or in a timely manner during the period under review for six of the children/youth
Seven children/youth had an existing exception to the requirement to file or join a termination of parental rights petition
Thirteen of the fourteen children (93%) had either a timely TPR or an exception documented in the case.

Termination of Parental Rights or Surrender Petition Filed

As of June 30, 2017 there were 477 children/youth who remained in placement and had been in care a minimum of fifteen months
171 of those children/youth had a termination of parental rights petition or surrender of parental rights petition filed
75 (44%) of petitions were filed within fifteen months of placement
Sixteen percent of children/youth in care as of June 30, 2017 for a minimum of fifteen months, had petitions filed timely
There were 21 children/youth with a foster care episode that ended within eighteen months

Data Source: ROM Length of Stay report (extracted on 11/17/2017) and Bridges

143 of the children/youth who had been in care a minimum of fifteen months as of June 30, 2017, had the plan of adoption
93 (65%) of those children/youth had at least one termination of parental rights petition or surrender petition filed
31 were filed within fifteen months of placement
22% of children/youth had petitions filed timely
An additional 34 children/youth had petitions filed between fifteen to eighteen months after placement
The remaining 28 children/youth exceeded eighteen months before the termination of parental rights or surrender petition was filed

Data Source: ROM Length of Stay report (extracted on 11/17/2017) and Bridges

It should be noted that exceptions to not filing petitions cannot be queried from the SACWIS but would be determined through a qualitative review of the file. This would reconcile the differences between the information in the OSRI Item 5 chart on the previous page and the charts directly above.

Although the Termination of Parental Rights (TPR) packet is filed with the courts within thirty to sixty days of the court’s permanency order, scheduling of the initial TPR hearing and subsequent trial is frequently delayed for an extended period of time. While some courts are able to schedule the initial hearing within ninety days, most offices report that the initial hearing is not scheduled for at least six months, and in some instances even later. This is a systemic issue that the Division has and will continue to address. The opportunity has presented itself through continued work with the Court Improvement Project. The Division for Children, Youth and Families will work with the Court Improvement Project to bring forward the permanency protocols statewide in 2018. The Protocols will require that at the nine month review hearing a forty-five day post-permanency hearing is scheduled that will become the preliminary TPR hearing. New Hampshire Statute allows for Voluntary Mediated Adoption. Although this option has not been utilized frequently, the protocols will provide guidance on when this option should be explored and not later than the termination hearing. This should make a significant impact

on permanency time-frames. A barrier that will need to be addressed is the availability of court time as this had been identified as a significant challenge that the courts are facing.

In addition, the Statewide Automated Child Welfare Information System (Bridges) does not allow for ready access to data that indicates Termination of Parental Rights was filed timely. This will likely require development of a Bridges change request and a detailed business requirements document to be completed in order for the programmers to make the necessary changes to New Hampshire Bridges so that this data can be routinely obtained in the future.

Given the data presented above regarding timeliness of filing TPRs and the concerns with data accessibility through the SACWIS system, the Division does not feel this is functioning effectively statewide and believes New Hampshire is not in substantial conformity.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that 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 the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

STATE RESPONSE

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 6 months and remained in care as of July 1, 2017: 849

Cases with child in foster or relative placement: 596

FAIR Meeting Notice Sent

Cases with a FAIR meeting notice sent during SFY 2017: 333

Total number of documented sent FAIR notices: 613

Average number of FAIR notices sent per case: 1.8 hearing notices Range from 1 to 6 FAIR notices sent per case

Total percent of cases with a child in foster or relative care that had a documented FAIR notice sent: 56%

Hearing Notice Sent

Cases with a hearing notice sent during SFY 2017: 358

Total count of documented sent hearing notices: 720

Average number of hearing notices sent per case: 2 hearing notices Range from 1 to 7 hearing notices sent per case

Total percent of cases with a child in foster or relative care that had a documented hearing notice sent: 60%

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: 450

Total count of documented sent notices: 1326

Percent of placement cases with a child in relative or foster care with a review notice sent: 76%

The Division has continued to focus attention on ensuring caregivers are provided written notice to administrative (FAIR) and court reviews. The Division has improved to 76 percent, but further improvement is needed. New Hampshire is not in substantial conformity.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is:

- Operating in the jurisdictions where the services included in the CFSP are provided,
- Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),
- Identifies strengths and needs of the service delivery system,
- Provides relevant reports, and
- Evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

STATE RESPONSE:

DCYF's Bureau of Organizational Learning and Quality Improvement (BOLQI) is the "hub" for Continuous Quality Improvement (CQI) activities. BOLQI has a well-functioning statewide quality assurance and improvement process that encompasses the five areas of this systemic factor. The quality assurance and improvement activities are driven by, and inclusive of, data collection, research and analysis, practice reviews and improvement, policy development, and training. The intentional positioning of the training, policy, data, quality assurance, and improvement functions within one Bureau, has allowed BPLQI to lead and influence CQI throughout all Bureaus and areas of practice, and ensure that learning in one area is leveraged in another.

CASE PRACTICE REVIEWS

An integral component of performance measurement and accountability in New Hampshire continues to be the Case Practice Reviews, Assessment Reviews, and Practice Improvement Initiative Plans. The Administration for Children and Families' (ACF) CFPSR framework and Onsite Review Instrument (OSRI), and the Division for Children, Youth and Families' Solution Based Casework Fidelity tool are fundamental instruments of New Hampshire Case Practice Reviews. In 2017, the Division conducted three District Office Case Practice Reviews. A total of 60 cases were reviewed from the Manchester, Claremont and Laconia District Offices. Results can be found in the Assessment of Performance section.

Case Practice Review Training

The BOLQI has a comprehensive quality assurance process for Case Practice Reviews. Training for reviewers and Quality Assurance staff occurs prior to each review week. This mandatory training is conducted by a core team of BOLQI staff. Review teams and their assigned Quality Assurance staff are identified prior to the training so they can team up at the

training site and determine the roles they will assume based on their individual strengths (such as navigating the Online Monitoring System (OMS) or leading interviews, etc.). ACF observed a training session in December 2016 and provided a critique of the curriculum and exercises. In 2017 feedback was incorporated into the agenda specifically time for more specific tool practice separate from the case exercises/practice discussions and Item ratings.

Workshop evaluation summaries provide valuable data about improvements to the material, case exercises, and team preparedness. A summary of 2017 training evaluations continued to show a strong rating in the delivery, relevance, and satisfaction with these components all rating above a four point five out of five on a scale of strongly disagree to strongly agree.

Case Practice Review Process

The Online Monitoring System has been utilized for all the Case Practice Reviews since March 2016. For consistency and review integrity all quality assurance team members receive written guidelines for quality assurance benchmarks that strategically identify check-in times with review teams, and pairing Quality Assurance One staff with Quality Assurance Two staff on complex case discussions for consistency and accuracy. One change that was made this year was to move up the interviews so that review teams had more time for Item clarification and rating discussions. Informal “debrief huddles” or quality assurance sessions continue to be held throughout the week as needed. The formal debrief session is held at the end of the week and includes supervisors from the office being reviewed.

Solution Based Casework Fidelity Reviews are now a routine part of the Case Practice Reviews. The Solution Based Casework Fidelity tools are completed simultaneously during the Case Practice Review. The BOLQI is pleased that reviewers have mastered their ability to complete both tools comprehensively and efficiently during the week. The instrument measures the fidelity of Solution Based Casework principles in Child Protective Services’ and Juvenile Justice Services’ field practice. Solution Based Casework Fidelity Review results are used as an important data source to inform practice improvement goals. The BOLQI is going to suspend the application of the Solution Based Casework Fidelity Review tool during the CFSR. This decision was made to ensure the focus during the CFSR is on the OMS.

Post Case Practice Review Activities

Case practice review results are both quantitative and qualitative and serve many critical purposes such as informing local offices on safety, permanency and well-being outcomes on selected cases, identifying practice trends and areas for improvement, fidelity to SBC practice, inform supervision conversations and training needs as well as systemic issues that may present in other parts of the State. Enhancements to the case review data and process have been numerous.

Exit conferences continue to be held with all district office staff following the Case Practice Reviews. At the Exit Conference, DCYF Supervisors are provided with a results package that includes individual case rating summaries and a three by three document written by reviewers

to identify practice strengths and to share insights into successful practice used in their own field work. BOLQI staff present the Safety, Permanency, and Well-Being findings and fidelity measures from the Solution Based Casework Fidelity Review tool to all CPS and JJS staff, supervisors and Field Administrators. A themes document is also compiled from analysis of Online Monitoring System ratings and qualitative information from all review sources (stakeholder survey, OSRI, Solution Based Casework Fidelity tool, etc.). Supervisors report that the data is comprehensive and provides them with tools to improve practice both individually with staff and collectively as an office through the Practice Improvement Initiatives.

In order to facilitate Continuous Quality Improvement and address specific areas needing improvement identified through the Case Practice Review in each district office, the BOLQI has continued to assist the district office staff with the development of Practice Improvement Initiatives. The process has remained the same from previous years and has included participation of Child Protective and Juvenile Justice Services staff, Supervisors, and Field Administrators in creating each office's Practice Improvement Initiative. As in prior years, when larger system issues are identified as a need through the Case Practice Review, the BOLQI staff work with the Field Administrators and related Bureau staff and stakeholders to identify action steps for systems improvement.

The district offices having Case Practice Reviews in 2017 (Laconia, Manchester, and Claremont) all had existing Practice Improvement Initiatives by which to measure progress on safety, permanency, and well-being items needing improvement in respective prior reviews. Practice Improvement Initiative efforts for all offices that have had a completed Practice Improvement Initiative since 2013 most have continued to be tracked and monitored by supervisors monthly and the Field Administrators quarterly. In a few offices when staffing or other challenges have been a barrier to monthly tracking this process has been temporarily. BOLQI staff provided each office with written feedback on trends after analysis of the Practice Improvement Initiatives data collected quarterly on the Practice Improvement Initiative tracking tool.

Continuous Quality Improvement of Case Practice Reviews

In 2017 the utilization of experienced reviewers for case practice reviews was impacted by the significant increase in abuse and neglect referrals and assessments as well as staff turnover. The BOLQI was unable to use Assessment staff as reviewers for the Claremont and Manchester Case Practice Reviews. One staff was added to the quality assurance team in 2017.

Quality assurance tools for reviewers have proven very effective to address and clarify common challenging areas on the OSRI. The DCYF Quality Assurance Guide is a fluid document where questions for clarification that arise during the Case Practice Review week are tracked and incorporated in an updated document for the next training. Secondary oversight conducted by Administration for Children and Families, Children's Bureau has provided clarification and valuable guidance around the measurement of tool items and outcomes.

The BOLQI staff utilizes the reports feature in OMS regularly now to make post-review data analysis more efficient. In addition, supervisors are provided access to the CFSR portal for their own district office review results to use in supervision and in the development of the practice improvement initiative. In addition Quality Assurance staff utilize the OMS reports function to improve tracking of case completion progress to better inform which teams may need additional quality assurance support. DCYF has utilized OMS data collectively to make connections to practice trends (see Assessment of Performance) and inform systemic factor effectiveness and conformity to national standards.

Once the BOLQI had shored up the quality assurance capacity, the focus shifted to improved consistency among Quality Assurance staff and accuracy with OSRI ratings overall. At all Case Practice Reviews in 2017 (Manchester, Claremont, and Laconia) Quality Assurance staff received feedback from the Administration for Children and Families to increase the depth of understanding of how to measure child welfare practice according to the OSRI tool. In Manchester, several Children's Bureau staff was onsite to provide support and real time feedback in the Quality Assurance room. They accompanied QA staff on briefings with reviewers when complex case situations needed clarification and observed reviewers conduct interviews. In addition, ACF conducted secondary oversight of the final OSRI tools and provided written feedback specific to each of the cases and quality assurance comments. Inherent to the continuous quality improvement process this information was shared with all Quality Assurance staff and incorporated into future training materials for quality assurance and review staff to ensure improvements during the Child and Family Service Review and at future Case Practice Reviews.

Stakeholder Surveys

The district office stakeholder survey was redesigned in response to the need for more data on service array relative to the individual and specialized needs of children, youth and families served by the Division. The stakeholder survey focuses on accessibility and individualization of services to families and youth.

Laconia stakeholder survey results were as follows: strengths, physical health care accessibility. Services gaps were identified in the following areas: dental care, mental health, substance abuse. Distance was also named as a barrier to access services. Assessment of need by CPSWs and subsequent referral to services was also noted to need improvement.

Claremont stakeholder survey results were as follows: strengths, services to keep children and youth safely in their home, services to meet physical health care needs of children and youth, services to help children and youth achieve permanency. Service gaps were identified as: dental care, mental health waiting lists, domestic violence, and substance abuse. Distance was also identified as a barrier to access in this district office survey. Also noted was that CPSWs and JPPOS could be more assertive making referrals and managing risk.

In Manchester, DCYF did not want stakeholders to experience survey fatigue so it was decided to forego the case practice review district office survey. Instead Manchester District Office

stakeholders will be part of focus groups and other data collection methods through the Adequacy and Enhancement Assessment of services being conducted by contractors Public Consulting Group and through the QAR Interagency Team.

CHILD PROTECTIVE ASSESSMENT REVIEWS

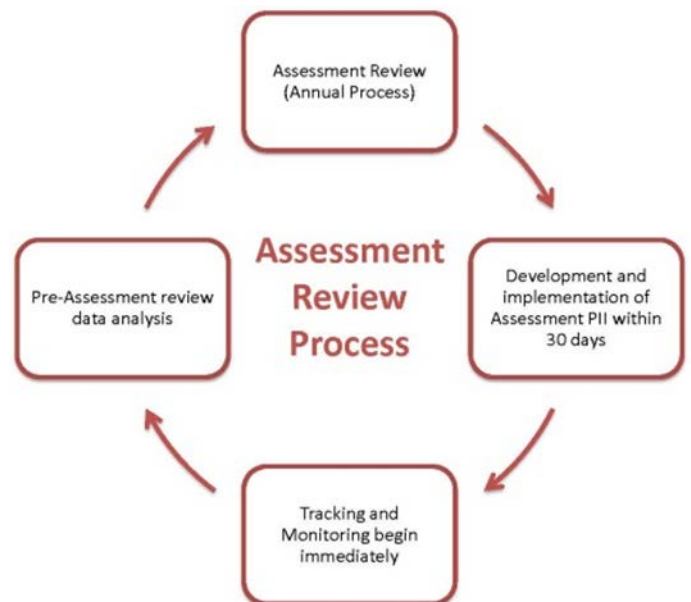
The BOLQI, in partnership with the Field, developed a Continuous Quality Improvement process focused on Child Protective Assessments through monthly reviews. The goals of the Assessment Review were to monitor and support consistency in Assessment practice across different offices and regions; provide 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.

The Assessment Reviews schedule was originally developed with reviews conducted on one office every month to allow a review of each office on an annual basis. The creation of a Statewide Assessment Team in early 2017, a separate unit consisting of eighteen staff made up of three Assessment Supervisors and fifteen Child Protective Service Workers helped expand DCYF's Assessment capacity after regular business hours. The newly created Statewide Assessment Team (SAT) was formed to provide for a statewide response to assessments between the hours of 4:00 - 8:00 PM. The SAT was added into the rotation of Assessment Reviews conducted monthly and underwent their first review in December 2017.

The Assessment Review process has been modified from review pairs to single reviewers to reduce the draw of assessment staff from the field and maintain an adequate sample size. The BOLQI also responded by contracting out for a Quality Assurance coordinator, as well as recruited stakeholders and State Office staff to add to the reviewer pool. Similar to the case practice reviews, an Assessment reviewer pool has been created for consistency to build skill at conducting the reviews accurately and efficiently.

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. The tool has been refined and improved throughout the year. The concise tool 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:

- General Assessment Practice (thoroughness),
- Safety Planning, and
- Disposition.



As part of the continuous quality improvement process Assessment Review results are provided electronically to the district office on the day of the review and discussed on a conference call the same day. The discussion is led by the QI Administrator and includes District Office Supervisors and reviewers. An “Administrative Flag” process similar to the “Red Flag” process used during Case Practice Reviews defines protocol to immediately address any danger concerns identified by assessment review teams.

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 on Bridges. Each district office sample is comprised of twenty 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 may have to be eliminated.

All eleven district offices were reviewed over the past year. A total of 217 Assessments were reviewed and data from these reviews can be found in the Assessment of Performance, Safety Outcome section of this report.

In May 2017, the Department of Health and Human Services Commissioner requested an ad hoc Assessment Review be conducted to review overdue Assessments that closed using approved overtime to help reduce the backlog of overdue assessments. The BOLQI staff completed specialized Assessment Reviews in June, July and August of 2017 and applied the current process to a statewide sample of the overdue Assessments closed through approved overtime. Consolidated review results are presented and discussed at Leadership meetings to inform system-wide improvement planning in all areas of Assessment practice. The results of the three months of review were not significantly different from the ongoing assessment reviews.

Lastly, contracts for technical assistance have been executed to evaluate various aspects of DCYF assessment practice based on practice and systems issues identified in the Independent Quality Assurance Report of The Center for Support of Families released in December 2016.

OTHER QUALITY ASSURANCE ACTIVITIES INFORMING THE DIVISION

In February of 2016, DCYF initiated a process to administratively close overdue assessments in order to reduce the backlog. At the request of the Commissioner of DHHS a formal review of a sample of the administratively closed assessments was contracted out to validate that there were no children left in unsafe situations. Eckerd Connects was selected to complete this review based on its experience in risk and safety assessments. Eckerd Connects reviewed a sample of 100 assessments.

Results of the review released in December 2017 found that safety interventions did control for danger and imminent risk of harm. Out of 100 assessments, 98 were rated as either sufficient,

or the case did not require a safety intervention. In the report from Eckerd Connects, improvements were recommended in the areas of interview quality, home observations, background checks, contact frequency and collateral contacts. These closely align with the recommendations of the QAR and they will be addressed through the work of the Child Welfare System Transformation Intake and Assessment workgroup.

A goal to include stakeholders in continuous quality improvement activities in all the district offices remains integral to the Division's CQI process. A few examples of the way district offices utilize stakeholder input on an informal but ongoing basis is through Better Together with Birth Parents program and regular check-ins with local law enforcement.

The Independent Quality Assurance Review

An Independent Quality Assurance Review (QAR) by the Center for the Support of Families was commissioned by Governor Maggie Hassan and commenced in April 2016. The decision for an independent review stemmed, in part, from the deaths of two children known to DCYF in the months preceding the request for proposals from the State to conduct the review. Concerns about the increasing use of opioids in the State and its effect on child safety also contributed to the request for a review. The issues identified by the Office of the Governor and other child welfare stakeholders in the State led CSF to focus the review on the parts of the child welfare system most directly connected to child protection and safety.

As part of the QAR an Interagency Team (IAT) has been formed consisting exclusively of stakeholders statewide and the executive team of the Child Welfare Transformation Team. The purpose of the IAT is to serve as the voices of community stakeholders and to participate in the child welfare transformation activities alongside DCYF. The IAT meetings are another mechanism to share data relative to practice and systemic trends and issues with stakeholders to lead data-informed discussions toward improvements. In addition, IAT members have been invited to sign up to participate in workgroups actively engaged in CQI activities such as Workforce Development, Intake and Assessment Workgroup, etc.

OPTIMIZING DATA ACCESSIBILITY AND FUNCTIONALITY

DCYF continues to place great value on quality data collection. Data is available from many sources, including: the Bridges SACWIS system; AFCARS; NCANDS; State Data Profile; Case Practice Reviews; ad hoc reviews; NYTD data; provider reviews; training evaluation; and ongoing surveys of staff and stakeholders. New Hampshire DCYF continues to move forward in developing tools and processes to more deeply embed the availability and usage of data in all levels of the Division. Data of many types continues to be distributed to staff on a regular basis through Leadership meetings, management reports, and specific requests from staff and supervisors and Case Practice Reviews.

The use of administrative data to monitor and improve practice took on a heightened importance this past year. A collaborative approach developed with BOLQI's & BIS's leadership is a Data Managers group formed to include both analysts and program managers. The group focus is on information sharing, improving data collection, report development, and reviewing outcomes

data. Additionally, DCYF has a clear Data Policy in place that ensures consistency in the management of both internal and external data requests.

Stakeholders, including youth and parents, have continued to be involved in many aspects of the Division's function, however DCYF has taken steps over the past year to explore ways to include them more specifically and meaningfully in analyzing available data and selecting solutions. Examples of this include data provided to the DCYF Advisory Board, new reports generated on workforce capacity to inform leadership, legislators, and stakeholders. A public portal to ROM was planned for roll out this year however due to changes in leadership and competing priorities of the Division the public site is still under development.

New Hampshire had additionally recognized that increased availability of data to DCYF staffs must be accompanied by increased skill development in analysis of this data, if it is to be useful in CQI efforts. To that end, New Hampshire created a comprehensive training plan in conjunction with the internal roll-out of the ROM system. The creation of an Academy for DCYF Data Leaders has been a regular offering of DCYF's training program for selected staffs, and has demonstrated success building capacity in data driven decision-making and leadership development across the Division. For example, a CPS and JJS Supervisor assist in the selection of the data reported out at monthly Leadership meetings and they lead the data discussion portion of the meeting.

In December 2017 the BOLQI data team developed a survey for administration, field supervisors and program specialists to gather information about the utility of the various data reports generated and disseminated each month. The survey will inform the Data Managers group about which reports are used most often and what data may be needed that is not currently being collected to inform practice and systems decision making.

As demonstrated, DCYF places very high value on the use of data to inform and improve practice and service provision. This involvement goes beyond the case practice reviews and advisory boards that currently exist and has expanded to participation in collaborative workgroups.

DCYF's CQI and Quality Assurance system is in substantial conformity with federal standards. The Quality Assurance System is functioning effectively statewide as all district offices field practice is reviewed using the OMS federal tool on a regular and ongoing basis. The case practice reviews include children in foster care as well as in-home service provision. Practice Improvement Initiatives address the area's needing improvement and are closely tracked and monitored for progress. The redesign of the stakeholder survey has provided valuable data to identify the strengths and needs of the Division and community service delivery system. DCYF continues to provide relevant reports to internal and external stakeholders. Data discussions are plentiful and used to inform and transform practice and systems functioning.

DCYF continues to have written policies and procedures regarding key quality assurance activities to guide field practice and Bureau activities. Efforts are ongoing to develop a more responsive and comprehensive Continuous Quality Improvement structure in order to systematically and routinely coordinate the wide variety of CQI efforts.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP. Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time-frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

STATE RESPONSE:

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 across the State to deliver Core Academy trainings to staff to prepare them for their Division role in delivering services. Pre-service and ongoing trainings are revised on an ongoing basis to incorporate current research, integration points across audiences, and best practices.

The initial Core Academy though currently delivered in a tiered process, is set to be revised with the new request for proposals for training for all DCYF staff. There continues to be an the influx of newly hired staff as a result of staff turnover and the addition of new Child Protective Service Worker positions, which has caused the contractor for Center for Professional Excellence in Child Welfare to work closely with DCYF to deliver an expedited and sometimes duplicative set of offerings of courses in the Core Academy Series. This has resulted in a more concentrated approach to monitoring staff progress toward completely independent work. Collaboration between the contractor for the Center for Professional Excellence in Child Welfare and DCYF Supervisors and Field Administrators has moved many of these new staff into independent work sooner than might have happened in the past due all sides looking at the progression of staff through the series.

In addition to attending trainings, all new staff continues to be assigned a specifically selected seasoned staff member as a Field Practice Advisor by the new employee's supervisor. This mentor works with the new staff person in conjunction with the supervisor as it relates to field experiences. Mentoring, by policy, will be provided by an identified staff who has successfully completed the "Art of Mentoring" training, is experienced and has worked for the Division for at least two years, exceptions may be made with administrative approval, is arranged by the new employee's Supervisor with recommendations from the Bureau of Organizational Learning and

Quality Improvement Training Administrator or designee, works in the new staff's office, or in another DCYF Office; and is not the new employee's supervisor. Along with this assignment, the Division's Mentoring Log continues to serve as a critical component of learning for the newly hired staff to the larger Division, 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 by the Division. All of this is done through the new staff person's relationship with this Field Practice Advisor while also completing corresponding sections of the Mentoring Log. This log is reviewed and signed by the new employee, their mentor, the supervisor, as well as the Bureau of Organizational Learning and Quality Improvement for completion and inclusion in the new employees training record. Following the implementation of a new contract with the Center for Professional Excellence in Child Welfare, the training for new staff as well as mentors, will be reviewed and updated as best practices and current research dictate.

To date, 158 newly hired Child Protective Service Workers, Juvenile Probation and Parole Officers, and Youth Counselors, including 56 in 2017, have now participated in the Core Academy Capstone and graduation experiences. The Capstone session that is held just prior to the Graduation ceremony, allows staff that have completed the requirements to graduate to share and demonstrate their level of learning in one area of the Core Academy trainings to the DCYF Director, along with their fellow Core Academy graduates. This can be done as an individual presentation or small group (3-5 graduates). Graduates choose from all Core Academy trainings what topic area they wish and should be able to demonstrate their knowledge and understanding of DCYF's practice model, family engagement practices and how assessment of a child and/or youth's safety and needs impacts and informs case planning. They also need to be able to speak to how what they have learned has impacted their own self-awareness as it relates to communicating and interacting with not only families from diverse cultures and environments but colleagues, community stakeholders, their supervisors and administration. They do this in a qualitative demonstration of the transfer of their learning where they must present on what they've learned, how they will apply it in daily practice, and connect it to their readiness to do the job. Past graduates have shared content in the areas of self-care, engaging parents, as well as workflow effectiveness and efficiencies. Evaluation for this experience will be developed with the new contractor for the Center for Professional Excellence in Child Welfare.

Section IV: Assessment of Systemic Factors

The current training system with required trainings for each practice area is shown below.

DCYF Core Academy
7/14/2017)

(Updated

Track Tier 1 (First 3 months of employment)

CPS	JPP	SYSC	Training Title	Duration
	A	C	Tier 1 Aggression Management and Defensive Tactics	1 day
	A		Tier 1 Assessment in Juvenile Probation & Parole (SAVRY)	2 hours
A			Tier 1 Assessment in Solution-Based Child Protection	3 days
A			Tier 1 Basic Bridges for CPS	1 day
	A		Tier 1 Basic Bridges for JPP	Half day
B	B		Tier 1 Better Together with Birth Parents (by invitation)	2 days
A			Tier 1 Case Planning in Solution-Based Child Protection	2 hours
	A		Tier 1 Community-Based Supervision	2 hours
		C	Tier 1 Courtstream	Half day
		C	Tier 1 CPR/First Aid	1 day
A	A		Tier 1 Engaging Families in Solution-Based Child Protection and Juvenile Probation and Parole	2 days
	A		Tier 1 Introduction to Predispositions	Half day
A			Tier 1 Investigations in Solution-Based Child Protection	3 days
		C	Tier 1 Ombudsman Program	1 hour
	A	C	Tier 1 Proper Use of Handcuffs	Half day
A			Tier 1 Report Writing for CPS	1 day
	A		Tier 1 Report Writing for JPP	1 day
		C	Tier 1 Report Writing for SYSC	1 day
		C	Tier 1 Restorative Practices	Half day
		C	Safe Driver Program (classroom or online)	Half day
	A	C	Tier 1 Searches	2.5 hours
		C	Tier 1 Sexual Harassment and Assault Awareness	2 hours
A	A		Tier 1 Staying Safe During Home and Office Visits	1 day
		C	Tier 1 SYSC Fire Safety	1 hour
		C	Tier 1 SYSC Guide to Behavioral Learning, Expectations, and Related Practices	Half day
		C	Tier 1 Programming	2 hours
		C	Tier 1 Safety and Security	4 hours
		C	Tier 1 Therapeutic Crisis Intervention (TCI)	3 days
		C	Tier 1 Youth Suicide Prevention	1 day

Track Tier 2 (First 6 months of employment)

CPS	JPP	SYSC	Training Title	Duration
A			Tier 2 A Trauma-Informed Approach to Assessing the Mental Health Needs of Families	1.5 days
	A	C	Tier 2 Adolescent Development	1 day
	A	C	Tier 2 Adolescent Mental Health	2 hours
A			Tier 2 Adolescent Toolbox	1 day
A	A	C	Tier 2 Art of Mentoring (It is strongly encouraged that mentees attend this training with their mentors)	Half day
	A	C	Tier 2 Blood-Borne Pathogens/Psychotropic Drugs/Med Pass	Half day
A			Tier 2 Central Registry	Half day
	A	C	Tier 2 Cognitive Self Change	1.5 hours
B			Tier 2 Communicable and Infectious Diseases (Register online)	12 hours
B	B	C	Tier 2 Core Capstone for Graduates (This training is held the day of Core Graduation. You are enrolled when you are invited to graduate.)	2 hours
A			Tier 2 Cultural Competency	1 day
A	A	C	Tier 2 DCYF Orientation: Our Practice Model	1 day
A			Tier 2 Effects of Abuse and Neglect	2 days
A	A	C	Tier 2 Foundations of NH Child Protection and Juvenile Justice	1 day
	A	C	Tier 2 Gang Knowledge	Half day
	A		Tier 2 ICJ (Interstate Compact on Juveniles)	2 hours
A			Tier 2 (Interstate Compact on the Placement of Children)	Half day
A	A		Tier 2 Impact of Domestic Violence	1 day
B			Tier 2 Initial Training on Addiction & Recovery (offered by NH Bureau of Drug and Alcohol Services)	1 day
	A		Tier 2 Jail Compliance	1 hour
	A		Tier 2 JDAI (Juvenile Detention Alternative Initiative)	1 hour
A			Tier 2 Legal Aspects of Family-Centered Child Protection	2 days
	A		Tier 2 Legal Aspects of Juvenile Probation & Parole (includes motions/violations)	2 days
	A		Tier 2 OC Spray	2 hours
	A		Tier 2 Procedures for Parole	2 hours
A	A		Tier 2 Revenue Enhancement (includes Random Moment Sample)	1 day
	A	C	Tier 2 Select Populations	2 hours
A			Tier 2 Separation, Placement and Reunification in Solution-Based Child Protection	2 days
A	A		Tier 2 Special Education in Child Protection and Juvenile Probation & Parole	1 day
	A	C	Tier 2 Substance Abuse in Juvenile Justice	1 day
A			Tier 2 Working with Families Coping with Mental Health Issues	1 day

Enrollment Key:

A: Enroll via the Bridges training module (On the Workshop Search screen, select "DCYF" in the "Department" field before searching).

B: Enroll by contacting the individual or agency specified after the training title.

C: SYSC Staff, please enroll in trainings by contacting Eric Skillings [email] or call 625-5471, ext. 372.

It should be noted that many of the topics listed in this chart are being cross walked for redundancy based on audience and content. For example, Tier 2 Adolescent Mental Health is offered to Juvenile Probation and Parole Officers and Sununu Youth Services staff but not to Child Protective Service Workers; however Child Protective Service Workers are offered Tier 2 Adolescent Toolbox which contains the majority of the content from Adolescent Mental Health. Additionally, content from the Child Protective Services Tier 2 Effects of Abuse and Neglect is covered in the Tier 2 Adolescent Development course offered to Juvenile Probation and Parole Officers and Sununu Youth Services Center staff. Lastly, Juvenile Probation and Parole Officers attend Adolescent Mental Health and Adolescent Development, which both contain content delivered in the Tier 2 A Trauma-Informed Approach to Assessing the Mental Health Needs of Families. These courses are being reviewed for combining curricula and implementing delivery to multiple audiences as one course.

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. Of the 56 new field staff who graduated from DCYF Core Academy in 2017, as of November 14, 2017, 91 percent (51) completed all eight Tier One modules within six months of their hire date and one completed all Tier One modules within eight months of their hire date. The four remaining graduates who did not complete all Tier One modules missed one training each. The University of New Hampshire's Center for Professional Excellence in Child Welfare continues to produce regular reports of new staff that are missing modules. These reports continue to be provided to University of New Hampshire's Center for Professional Excellence in Child Welfare Training Specialists, Supervisors, and Field Administrators to follow-up with new staff to ensure the required training is taken. Of the 56 CPS graduates, as of November 14, 2017, 26.8 percent (15) were able to complete both tiers within eight months of their hire date. In addition, three completed both tiers within eleven months of their hire date. Of the remaining 38 CPS graduates in 2017, nineteen completed 25 trainings, twelve completed 24 trainings, six completed 23 trainings, and one completed 21 trainings.

The duplicated number of attendees that attended DCYF Core Academy in 2017 was 2,018. This is the cumulative number of attendees who were present at Core Academy training. In other words, if an individual attended twenty Core Academy trainings in a year, they were counted twenty times as an attendee. Attendance is a rolling system such that new staff hired throughout the year are able to enroll and progress through Core Academy from their start date and not wait for the series to end and start over. As of December 21, 2017, there are three new Juvenile Justice staff who have not yet graduated from Core Academy, three Juvenile Justice Core graduates who have at least one Core Academy training that they still must complete, 44 new Child Protective staff who have not yet graduated from Core Academy, and 22 Child Protective Core graduates who have at least one Core Academy training that they still must complete.

Below is summary evaluation data for 95 Core Academy trainings delivered between January 1, 2017 and December 20, 2017. Everyone attending Core training receives an evaluation form. The number of total completed training evaluations submitted by attendees at each Core Academy training session rose from 1,346 last year (from 1,640 total duplicated attendees at

Section IV: Assessment of Systemic Factors

2016 Core Academy training sessions) to 1,502 this year (from 2,018 total duplicated attendees at 2017 Core Academy training sessions) reflecting the trend of rising numbers of newly hired staff to the Division. Respondents agreed that they will use what they learned from these training in their job and that the information increased their practice knowledge at rates of 4.61 and 4.52 respectively on a five point scale.

<i>Subscales</i>	<i>Questions</i>	<i>Total # of Responses</i>	<i>Avg. Rating</i>
Delivery	1. The trainer(s) presented the material in an effective manner.	1,489	4.59
Delivery	2. The trainer(s) helped me to learn new concepts.	1,492	4.49
Delivery	3. The trainer(s) acted as a classroom facilitator (encouraged discussion and/or questions and kept the class on task).	1,489	4.65
Delivery	4. The trainer(s) demonstrated cultural sensitivity.	1,438	4.70
Relevance	5. I will use what I learned from this training in my job.	1,474	4.61
Relevance	6. This workshop increased my practice knowledge.	1,472	4.52

<i>Subscales</i>	<i>Questions</i>	<i>Total # of Responses</i>	<i>Avg. Rating</i>
Affect	7. How satisfied were you with the subject matter of this workshop?	1,482	4.47
Relevance	8. How satisfied were you w/ relevance of activities related to workshop?	1,470	4.50
Delivery	9. How satisfied were you with learning aids (Ppt, handouts, a/v, etc.)?	1,486	4.42
Affect	10. How would you rate your overall satisfaction with this workshop?	1,481	4.48

The DCYF believes that it has achieved substantial conformity for this systemic factor as staff are receiving all training needed to perform their jobs. In 2018 many enhancements are planned for the professional development and core training of DCYF that will strengthen the Division's ability to be able to evaluate the effectiveness of CORE Academy training through transfer of learning tools. Many improvements are planned to upgrade the quality of training as well including simulated learning labs which were piloted for Assessment training at the end of 2017.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP. Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time-frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

STATE RESPONSE:

Ongoing Short-Term Staff Training

Each year an annual staff training calendar is developed to meet the ongoing and advanced training needs of the Division's seasoned staff. Per state policy, all full-time direct practice staff must complete thirty hours of ongoing training each year. All program staff, including non-full-time staff, must complete eighteen hours of ongoing training each year. All other DCYF employees must complete twelve hours of ongoing training each year. The Division supported these staff in the completion of numerous trainings internally and externally over the past year to meet these needs. Completion of these trainings are tracked via the employee's individual training record housed in the Bridges system as monitored by the Center for Professional Excellence in Child Welfare. The CPE staff inputs all training attendance/completion data into the Bridges 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 CPE staff on each worker's Training Activity screen in the Bridges system 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.

Supervisors within DCYF have access to numerous opportunities for initial and ongoing supervisory training. The Division's parent agency, the New Hampshire Department of Health and Human Services, runs specific supervisor training programs, which all new supervisors are required to attend. Additionally, the Department offers 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 supervisory training delivered by the Department of Health and Human Services, revised their evaluation tool during 2016 and based on their new tool found eighty-six percent of attendees who completed training evaluations reported satisfaction with the trainings.

Additionally, DCYF holds an intensive, in-depth supervisory training on a bi-annual basis. This training is specific to supervision in a child welfare setting, and is designed to equip supervisors with the management, clinical and case practice knowledge needed to guide their staff to consistently support the Vision, Mission, Guiding Principles and goals of the Division through best practices. This past session saw Child Protective Services Supervisors, Juvenile Probation and Parole Supervisors, a Juvenile Probation and Parole Officer, a Child Protective Service Worker, and Sununu Youth Services Center staff with supervisory responsibility in attendance. The training was delivered over five days in May 2017. Attendees rated the training with an overall satisfaction rating of 4.72 on a five point scale in relevance and satisfaction for all attendees.

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 is planning to finalize updates to protocols for fall 2017 for improved court processes in overall permanency of all cases and to improve timeliness in the achievement of permanency for children and youth in care. The Bureau of Organizational Learning and Quality Improvement will support 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.

Below is a summary of evaluation data from fifteen specialized trainings offered by CPE between January 1, 2017 and December 20, 2017; in 2016, 36 specialized trainings were offered by CPE and evaluated. The number of responses to specialized training evaluations declined from 847 last year (from 1,131 total duplicated attendees at 2016 specialized training sessions offered by CPE) to 229 this year (from 315 total duplicated attendees at 2017 specialized training sessions offered by CPE). This decrease is due in part to the unanticipated cancellation of the DCYF Conference and Trainer Appreciation Day planned in 2017.

Evaluations are submitted anonymously, without names attached, so it is not possible to know how many distinct staff members submitted evaluations for ongoing trainings. Respondents for 2017 specialized trainings agreed that they will use what they learned from these trainings in their job and that the information increased their practice knowledge at rates of 4.78 and 4.70 respectively on a five point scale.

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<i>Subscales</i>	<i>Questions</i>	<i>Total # of Responses</i>	<i>Avg. Rating</i>
Delivery	1. The trainer(s) presented the material in an effective manner.	229	4.81
Delivery	2. The trainer(s) helped me to learn new concepts.	229	4.69
Delivery	3. The trainer(s) acted as a classroom facilitator (encouraged discussion and/or questions and kept the class on task).	229	4.73
Delivery	4. The trainer(s) demonstrated cultural sensitivity.	211	4.68
Relevance	5. I will use what I learned from this training in my job.	229	4.78
Relevance	6. This workshop increased my practice knowledge.	227	4.70

<i>Subscales</i>	<i>Questions</i>	<i>Total # of Responses</i>	<i>Avg. Rating</i>
Affect	7. How satisfied were you with the subject matter of this workshop?	228	4.75
Relevance	8. How satisfied were you w/ relevance of activities related to workshop?	222	4.73
Delivery	9. How satisfied were you with learning aids (Ppt, handouts, a/v, etc.)?	229	4.74
Affect	10. How would you rate your overall satisfaction with this workshop?	229	4.77

Evaluations compiled in this report represent only attendees of the ongoing trainings that are facilitated and/or coordinated by CPE. In 2017, training completion documentation was received by CPE 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 Education and Training Partnership, the Attorney General’s Office, etc.). Contractually, UNH CPE has been required to meet specific standards regarding overall training satisfaction ratings and the percentage of attendees who completed training evaluations. UNH CPE has no control over the content, delivery method, trainers, or location of trainings offered by other organizations, so evaluation data was not collected for those outside trainings.

Seasoned staff continues to have access to trainings outside the Division provided by other state agencies, community, and higher education partners across the State, regionally, and nationally. In partnership with the University of New Hampshire, the Division plans to continue the delivery of specific training in a Data Leaders series focused on data-driven decision-making opportunities to University Partnership students and existing DCYF staff in an online format. These trainings would gradually expand the workforce capacity to use data to inform practice improvements.

The New Hampshire Attorney General’s Office has always included DCYF in targeted multidisciplinary training and sixty-one DCYF staff attended its annual 2017 Partnering for a Future without Violence conference October 25-26, 2017. This two-day professional, multidisciplinary conference showcased topics targeted at child abuse and neglect, domestic and sexual violence, and human trafficking. One targeted collaborative workshop that was facilitated was “How to Testify with Confidence” which replicated actual trial situations for

witnesses such as DCYF staff, giving tools and insight on how to be a good witness in court. This workshop collaboration was made possible by a concerted coordinated effort between the Attorney General's Office and DCYF.

Further, the Division holds an annual conference that offers a diverse array of workshops and networking opportunities. Due to significant recent events within the Division and the current transition of Division Leadership, the normally scheduled annual conference planned for this year was unexpectedly postponed. This training opportunity will be added to a new contract beginning in January 2018, as a two-day biennial conference with a date to be determined. In addition to this, nationally recognized webinars for staff are being offered, and other training opportunities to address local district office needs are being planned continuously for delivery. Additionally, CPE is facilitating the pilot of counting nontraditional items for credit toward annual training hours. As examples, staff are reading leadership books and sharing their learning with staff while others are doing current research and writing about what they have learned. Evaluation components will be added to these innovative learning experiences in the new CPE contract.

All of these trainings are counted toward training hours. If staff attend CPE-sponsored specialized trainings, their attendance is shown by signing in on the training roster. If staff complete "outside" specialized trainings (either in the classroom or online), proof of their attendance is provided to CPE via a copy of the certificate of attendance they receive after they complete the training. All specialized trainings and training attendance are input by CPE staff into the Bridges training module and viewable on each worker's Training Activity screen.

Training on Preventing Human Trafficking

Since the May 2014 Human Trafficking Symposium, the Division has been working in collaboration with many partners across the State to provide staff with access to trainings around this topic addressing various perspectives on Human Trafficking. In April 2017, DCYF received technical assistance from the Capacity Building Center for States which launched the Human Trafficking curriculum service with New Hampshire's training partners in DCYF, the University of New Hampshire, and Granite State College. This project remains active and expanded to involve DCYF's Child Protective and Juvenile Justice Services' partnership with Child and Family Services of New Hampshire, and the New Hampshire Trafficking Task force.

On April 17, 2017, the Capacity Building Center for States subject matter expert, Leslie Briner, delivered two three-hour trafficking training modules to New Hampshire partners including staff from Child and Family Services who provide services to individuals who have been a victim of trafficking. Consultant Briner developed the modules for New Hampshire to include education on both sex trafficking and labor trafficking. The modules were developed to be utilized as a face-to-face foundational training (in pre-service training for example) and a more skilled training for staff having completed the foundational training.

On April 18, 2017, the Capacity Building Center for States supported New Hampshire in strategizing how technology and partnerships can be leveraged in developing and maintaining training curricula and transforming face-to-face training to online or virtual delivery.

During the April 17th and 18th meetings New Hampshire staff and community partners from Child and Family Services provided feedback as to the training content and commitments were made to edit and enhance the training by adding New Hampshire specific policy and practice.

On October 31, 2017 a pilot training was delivered to DCYF's Central Intake staff on this curriculum in a face-to-face format. Each district office will have a delivery of this face-to-face format in the coming year and a blended online and face-to-face format is being developed for optimal skill building opportunities to be included.

Long-Term Staff Training

Through the Division'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, the Division for Children, Youth and Families 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 CPE receives a copy of the worker's course transcript. These long-term staff training programs each produces annual evaluation data as part of their contracts. 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 2016-2017.

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 **five (5)**. (Note there was only one student responding to the survey this year and is a slight increase overall from last year.) There are normally three students participating in this partnership at any given year, either in their junior or senior year of undergraduate work.

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 four point six (**4.6**). This is consistent with last year's rating of **five (5)**.

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.

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 2015-2016. Student ratings of Title IV-E program components ranged from three point zero to five point zero. On average, students gave highest ratings to their

relationships with their internship supervisor (an average of 5.0). The lowest ratings were for the job placement process and placement coordination. The evaluation noted specific strengths for this year of improved communication and providing University of New Hampshire students with applied experiences within the Child Protective Services field as “very helpful.” This report also suggests several matters for consideration or potential improvement. These include:

- Improving communication in situations where there are student concerns;
- Innovative ways to recruit students to the program, and
- Enhanced transition planning for students graduating from the program.

Additionally, the University of New Hampshire, in collaboration with DCYF, created a web-based survey to further assess the long-term impact of the program by doing a more longitudinal evaluation of graduates.

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 (five of the participants were still in their contractual employment period). Qualitative comments suggest that the Title IV-E “Traineeship” prepared staff for work, especially the field internship experience. Respondents shared several suggestions for improvement, including increased training opportunities and support for the transition to employment for students. Staff were asked about challenging and positive aspects of their jobs and shared positive features such as working with families and difficulties such as high caseloads.

In the coming years, the University of New Hampshire will work with Plymouth State University to coordinate data collection efforts related to retention of Child Welfare trainees. This work will begin in academic year 2017-2018.

Quality Assurance Review Training Recommendations

On December 19, 2016, the Center for the Support of Families (CSF) submitted their final report pertaining to the review of DCYF assessment practice, systems functioning and stakeholder engagement. This report provided the Division with twenty recommendations to address the findings of the report. Three of the recommendations specifically focused on DCYF’s Training Program. The three recommendations are as follows:

- Re-design and implement parts of the DCYF pre-service training curriculum for social workers (and include content for DCYF attorneys) to focus on the clinical aspects of working with children and families in maltreatment situations;
- Ensure the availability of ongoing training that is targeted to building the skills of social workers and supervisors to do their jobs well; and

- End the reliance on existing overworked field staff to deliver training and consider a distance learning approach to training.

To address these recommendations and implement changes to the DCYF Training Program, the Division worked with internal staff and external training partners to develop an enhanced Request for Proposal (RFP) for the new DCYF Center for Professional Excellence in Child Welfare contract that is anticipated to go into effect before spring of 2018. Bids will be reviewed and it is anticipated that many of these recommendations and other changes to the program will be part of the new contract. Simultaneous to this, DCYF is working with the existing contract, the Center for Professional Excellence in Child Welfare with the University of New Hampshire (UNH CPE), to plan and implement easily deliverable program changes as time allows. For example, one of the Child Protection courses, Investigations in Solution Based Child Protection, is being revised to include Assessment in Solution Based Child Protection in a combined delivery. Additionally, a simulation component to this training is being piloted in December 2017. Progress made on this will be discussed in next year's Annual Progress and Services Report.

Moreover, the Division has formed a DCYF Professional Development Task force with representation from staff, supervisors, parents, the University of New Hampshire, Plymouth State University, the Center for Professional Excellence in Child Welfare, the New Hampshire Attorney General's office, the Education and Training Partnership, Court Appointed Special Advocates, the New Hampshire Court Improvement Project, Law Enforcement, and New Hampshire Police Standards and Training. This Task Force has a mission to play a pivotal role in supporting the New Hampshire Child Welfare Systems Transformation initiative through education and professional development. Preliminary outcomes for the Task Force have been established through this cooperative education and professional development and learning system that works in conjunction with the Division for Children, Youth and Families. These outcomes include the application of a spectrum of learning methodologies to maximize transfer of learning for participants in the DCYF learning system, with a primary emphasis on adult learning modalities, specifically skill-building opportunities such as a simulation laboratory, and flipped classroom methods, coaching outside of the classroom, micro learning opportunities, and online learning.

The DCYF does not believe it meets substantial conformity with this systemic factor as challenges with the training contractor documentation of training hours were inadequate. Moreover, the unanticipated cancellation of the 2017 annual conference impacted the ability of staff to meet the required number of staff training hours. In addition, efforts are underway with a new contractor to evaluate the transfer of learning of staff following training to be able to ascertain knowledge and skill attainment.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- That they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time-frames for the provision of initial and ongoing training.
- How well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

STATE RESPONSE:

All resource families in New Hampshire are required to complete the Foster & Adoptive Care Essentials (FACES) series initially, and ongoing training to keep their license. The number of hours ranges from eight hours to 24 depending on the specific license held. Completion of the required number of training hours needed is reviewed by resource workers annually and during relicensing which occurs every two years. Resource workers are able to view trainings that resource parents have taken from the education and training partnership in the Bridges system to inform discussions with resource and relative homes on any training needs each year. Relative caregivers who chose not to be licensed are offered a training series consisting of three modules, referred to as Relatively Speaking, which is further explained later in this item.

Caregiver Ongoing Training

Initiated in 1996, the Caregiver Ongoing Training (COT) is a program of competency-based courses designed in collaboration with Division staff, resource parents, and residential child care staff. Resource parents are required to have nine hours of ongoing training per year. Approximately 136 training courses have been delivered statewide in local communities each year (specific trainings are described in the separate training grids).

Evaluation data in SFY 2017 shows that in Caregiver Ongoing Training (COT) pre-tests participants scored eighty-one percent and eighty-nine 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. An example of the COT classroom evaluation is noted here.

Section IV: Assessment of Systemic Factors

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):						
1. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
2. The time allotted to the completion of weekly assignments was appropriate						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
3. The course activities and readings enhanced my learning of the topic/subject						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
4. The amount of technical support and guidance provided was sufficient						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
6. The instructor was sufficiently prepared and knowledgeable about the subject matter						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
7. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
8. The discussion groups enhanced my understanding of the course material						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)
9. This course increased my knowledge in this subject matter						
	1	2	3	4	5	
Not at All (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Absolutely (5)

10. Please explain:																					
11. I will apply what I learned from this course with kids in care.																					
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																
Not at All (1)						Absolutely (5)															
12. Please explain:																					
13. Is there any other information you would like to share about your online experience?																					

From these completed evaluations the Education and Training 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 education and training partnership during state fiscal year 2017. Revisions were made during the past year to add the following questions to the training evaluation all caregivers are asked to respond to after attending trainings. These questions were added to assess the acquisition of skills and knowledge that occurred during the trainings. It should be noted that the education and training partnership uses approximately seventy to eighty instructors throughout an academic year (equal to a fiscal year) for the approximate 136 trainings completed.

QUESTION	TOTAL NUMBER RESPONSES	AVG. RATING
This course increased my knowledge in this subject matter	901	4.71
I will use what I learned from this course	901	4.75

RELATIVELY SPEAKING

QUESTION	TOTAL NUMBER RESPONSES	AVG. RATING
As a result of the training, I have developed new skills.	86	4.66
I will implement at least one concept/skill that I learned.	86	4.72

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 2017, 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.

The Foster Parent Needs Assessments Survey is administered through an online survey tool and the data is analyzed to obtain information of what types of training programs participants feel they need. Since State Fiscal Year 2015, and again in SFY 2017, the survey includes questions asking participants how they applied the knowledge from the trainings they participated in throughout the last year to their practice. Data from this survey is used to schedule trainings and to aid in the focus of new course development.

The Education and Training Partnership worked with DCYF in a partnership with the Building Capacity for the Center for the States and the New Hampshire Task Force on Human Trafficking to create a curriculum for foster parents on working with youth who have been trafficked. The program is currently in the process of creating a curriculum for residential providers. In addition, the Education and Training Partnership has created two curricula on Working with Transgender Youth. One is targeted for the needs of foster parents and the second addresses working with transgender youth from a residential care provider perspective.

An important aspect of the Education and Training Partnership support to New Hampshire's Foster and Adoptive Parents Association (NHFAPA) is the collaboration with the New Hampshire FAPA Conference Committee to coordinate the annual New Hampshire Foster and

Adoptive Parent statewide conference. The Education and Training Partnership collects evaluations from the conference. Evaluation data from the 2016 conference follows:

CONFERENCE ATTENDEES	
Foster Parents	71
Adoptive Parents	33
DCYF	7
Relative provider (non-licensed)	0
Community Provider	8
TOTAL Conference Attendees	113*

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

Initial Provider Training

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 21 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 and has been run as a series of the full seven modules 36.1 times in SFY 2017 and 16.4 thus far in SFY 2018. The focus for this year included updating and enhancing the evaluation component of Foster and Adoptive Care Essentials. 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 eighty-four and a post-test score of ninety-four, thus highlighting the increased awareness and acquisition of knowledge that participants obtain throughout the series. Additionally, the full series which became available online in State Fiscal Year 2017, and includes pre and post-tests, will provide enhanced capability for participants to

attend who are unable to attend face-to-face courses. 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 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 30-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. One series of RCCT ran in SFY17 with sixteen residential staff participating. Evaluation data from this series was lost and not available for this report. Two series ran in SFY16 with 26 residential staff participating. Evaluation data from SFY16 shows that on a five point scale, foster parents rated 4.73 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 through the use of this model (the current trainings are described in the separate training grids). Over 400 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.

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 2017. Following last year's successful pilot, the series continues to be offered with a rolling open enrollment throughout each term. This past year has resulted in the participation rate of relative caregivers to be the second highest in the last five years with 36 participating in SFY 2016 and 86 relative caregivers participating in SFY 2017. Evaluation data from SFY18 shows that on a five-point scale, relative caregivers rated four point forty-one (4.41) that the course "met their needs as a relative caregiver or supportive caregiver" and that they "will implement at least one concept/skill that they learned". A write up of the course descriptions is outlined below.

Relatively Speaking Course Descriptions

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 impact 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.

The DCYF believes that it meets substantial conformity with the Foster and Adoptive Parent Training systemic factor. Quantitative and qualitative data demonstrates a robust training program that per training evaluations is preparing foster and adoptive parents for their meaningful relationship with DCYF, foster children/youth and birth parents to promote safety, permanency and well-being outcomes.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

STATE RESPONSE:

The Division for Children, Youth and Families provides an array of services that are designed to meet the individualized needs of children and families involved with the Child Protective and /or Juvenile Justice Services. The Division measures the value of these services and programs against the ethos and philosophy of the Practice Model and the quality assurance processes in place within the policies and governing practices of the Division.

The Center for the Support of States completed a review of the Division for Children, Youth and Families' Child Protective Assessment practices in 2016 and submitted a report entitled "Quality Assurance Review of the Division for Children, Youth and Families" which was made public in December 2016. Following the report being made public, DCYF began planning and initiating the implementation of activities to address the twenty recommendations presented in the report. In response to the tenth recommendation, relating to the funding and provision of a voluntary services program, the Department is pursuing the ability to offer voluntary services.

While there is existing statutory authority under the child protection act to provide voluntary services (RSAs 169-C:34 V and Va), funding for these services was eliminated in the SFY '12 and '13 biennial budget and has never been restored. At the time that funding for these services was eliminated, the Department estimated the cost to provide voluntary services in abuse and neglect cases to be \$1,257,043 per year.

The Department is currently working to restore voluntary services as an option in the New Hampshire service array. Simultaneous to identifying the funding for the program the Department is also looking to amend current statute that requires the Department of Health and Human Services to seek parental reimbursement for the costs of the voluntary services provided (RSA 169-C:27). Bills currently under consideration in the legislature identify funds for voluntary services and remove the requirement for parental reimbursement.

The Division initiated a statewide assessment, to be conducted through the contract Adequacy and Enhancement Assessment. This assessment will be a comprehensive review of the Division's services offered to clients through the continuum from prevention to the most secure residential setting and all of the services between. The contractor will be exploring the trends of the Division's placements over time, the needs of New Hampshire's clients as well as the barriers to meeting those needs. This assessment will not only identify the areas of strength but also the areas of service where improvement is needed. The contractor will bring national consultants who have a variety of experiences in human services in order to review New Hampshire's multi-faceted system which includes serving the abuse and neglect population, juvenile justice, and the subset of children and youth with behavioral health needs.

Project First Step

Project First Step involves the co-location of Licensed Alcohol and Drug Counselors (LADCs) in the Division's district offices. This program was first initiated as a Title IV-E Demonstration Project from 1999 to 2004. The project has been sustained through Title IV-B and Child Abuse Prevention and Treatment Act funds. In 2016, The Division was granted funds by the Bureau of Drug and Alcohol Support Services to increase the number of co-located LADC's to each of the district offices. Currently, DCYF has LADCs in the Manchester, Berlin, Claremont, and Laconia District Offices. The Division is also preparing to contract for a LADC in the Southern District Office. The Division is continuing to work with the Bureau of Drug and Alcohol Support Services to fill all the remaining positions.

The program is designed to address the needs identified by Division staff and through the results of Case Practice Reviews. This program has proven to be an asset in early identification, assessment, and case planning for families who have alcohol or other drug abuse as a significant factor in their Division involvement. The services that are provided include consultation on cases, trainings for staff and community partners and direct services to clients (individual, group and family counseling). The program has been reported to have been successful in helping to avoid and shorten the length of time children and youth are in placement. Below is an example of the successful work being done with this program: **
Names have been changed to protect confidentiality**

On August 7th a report from Dartmouth Hitchcock Medical Center was made regarding a newborn, born early June. My client, whom I will call Susan, had limited prenatal care between seven and thirty-six weeks and was using heroin during the pregnancy, struggling to cut back.

She tested positive for opiates through a urine toxicology screen upon admission to the hospital for the birth, her baby was born at 38 weeks with high NAS scores. Susan has a history of homelessness, no insurance and no transportation. She has a ten year old who is being raised by his parental grandparents in MA due to Susan's long and sustained history of opiate use. She was incarcerated September 2015 through February 2016 for felony selling of heroin charge.

Her probation officer tried to get her to go to a residential treatment program but Susan refused, saying that she had learned all she needed to from residential treatment and that since she had cut down she did not need that level of care.

After her case was founded, her family services worker placed her baby with Susan's mother. Her worker referred Susan to me and we have been seeing each other weekly since the middle of August. Susan admitted to doing between two to four bags of heroin per day. She had had multiple treatments failures over the years, inpatient and outpatient, creating disappointment and alienation from her parents. Susan was also newly separated from the controlling father of her baby, who also abuses opiates.

Susan spoke to me about her desire to be a good parent to her daughter, in a way she had not been for her son. She is now 31 and stated that she really wanted to change. After some negotiation and a family meeting facilitated by this writer, Susan's mother agreed to let Susan live with her, and after consultation, her worker agreed to this arrangement, as long as Susan was in Suboxone treatment and was seeing a LADC (his writer). Susan could not have unsupervised time with her baby even in the home.

This LADC helped her to get on Medicaid insurance and to get admitted to a Suboxone Program that she could afford and that requires a group treatment meeting one day per week. Her DCYF worker arranged for a community-based in-home program to visit her and teach baby care skills etc. and that has given Susan more confidence in her mothering skills.

We have worked on relapse prevention, which evolved into examining her relationships with men and her poor self-esteem and assertiveness skills. As we discussed these and other triggers Susan's flat affect lifted considerably and the "esteem comes from doing estimable things" theory is holding true. As she feels better about herself she finds looking at triggers and emotions easier to tolerate and she has been developing some real insight. Since she is still on probation she is being drug tested regularly and so far she has had all negative drug screens. She discusses how strange it is for her to have a schedule of going to work and back, spending time with her baby and actually having money for the first time. One of her goals is to save enough money to take her daughter to Disney World when she gets older. We discuss how huge it is for her to be able to make plans for the future and to be able to think things through to attain goals, rather an immediate fix.

She and others feel she has really changed a great deal in a short time. People at the Recovery Center, (where we frequently have our sessions) have said to me that they can't believe she is the same person that they knew a year ago from the streets. She appears healthy and happy (though she does need some dental work done). I consult with her worker and probation officer regularly and give them generalized updates; they are both pleased with her progress. She is going back to court in Nov. and will probably be allowed to be unsupervised with her daughter leading to a return of custody. She has repaired a lot of her relationship with her parents (I think it helped for me to explain to them the neurology of addiction and why addicts do what they do).

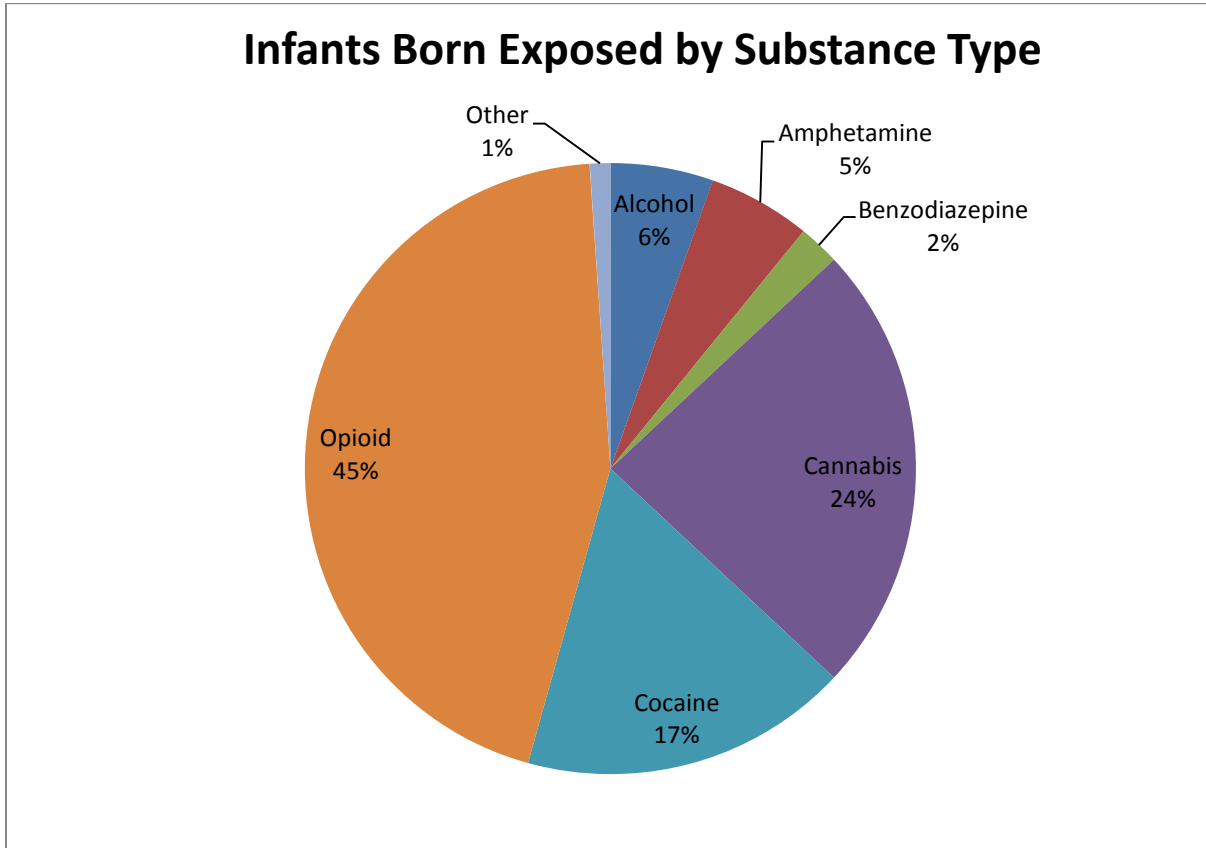
The family is discussing Susan converting their downstairs into an apartment for her and her daughter, since she is trying to avoid old people and places and her parents have a stable home out in a very rural area.

I am hopeful that Susan has turned some sort of corner. But, as you know, with such an extensive drug history recovery can be a halting affair. But she has never done his well before and I believe that it is because of the coordination between her probation officer, treatment program, DCYF worker and me in supporting her recovery.

Since the last Annual Progress and Services Report, efforts have been made and progress has been achieved in the Division's data collection for this program. Below is a sample of the type of data the Division has been able to construct with its improved data collection system. The Manchester District Office is the only office where the information was collected for the full State Fiscal Year (SFY) 2017. All LADCs are tracking the same data to provide information about local and statewide trends.

Manchester District Office FY 2017

Assessments Reports with Substance Use Concerns	685	Percentage
Reports involving and Overdose	49	7%
Reports with a Child(ren) 3 & under in home	310	45%
Reports with a Child(ren) 4 & older in home	375	55%
Reports of Infants born exposed to a substance	91	13%



Total Assessments Received in MDO FY 2017 (To Date)	****
Assessments Referred	157
Family Service Cases Referred	54
Total Referrals to LADC	211

Services Provided	# Families	Percentage
Pending	13	6%
Declined in Tx	11	5%
Declined not in Tx	6	3%
Did not respond to outreach	55	26%
Multiple visits	84	40%
One visit	36	17%
Phone consult	6	3%
Total Families Served by LADC	126	

Comprehensive Family Support Services (CFSS)

Family support services are delivered as a contractual service, through a network of Family Resources Centers throughout New Hampshire. Services are flexible, integrated, and 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 out-of-home situations.

The program is designed to empower and strengthen families by the development of an individualized family services plan, including preventive child care and coordination of community-based services and supportive services that aid in safety planning and family violence prevention services.

Beginning with State Fiscal Year 2015, the Home Visiting New Hampshire (HVNH) program, which until July 1, 2014 resided with Public Health, was integrated into the Comprehensive Family Support Services (CFSS) program. While the CFSS always had a home visiting component, by incorporating the HVNH program it created a much more robust home visiting component that families throughout New Hampshire have benefited from. In SFY 2016, DCYF conducted eight onsite reviews of the CFSS program providers. Below is some of the “Class of 2016” outcome data for the CFSS program:

2016 CFSS DATA

Total Families Served = 1,027

Total Family Members Served = 2,979 (1,695 are children)

50% of Families Served have a Single Caregiver

48% of Families Served have Mental Health Issues

33% of Families Served have Chronic Health Issues

93% of Children Served have Child Medicaid Insurance

12% of Adults without any Health Insurance

Family Violence Prevention Services

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.

Child Advocacy Centers (CACs)

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.

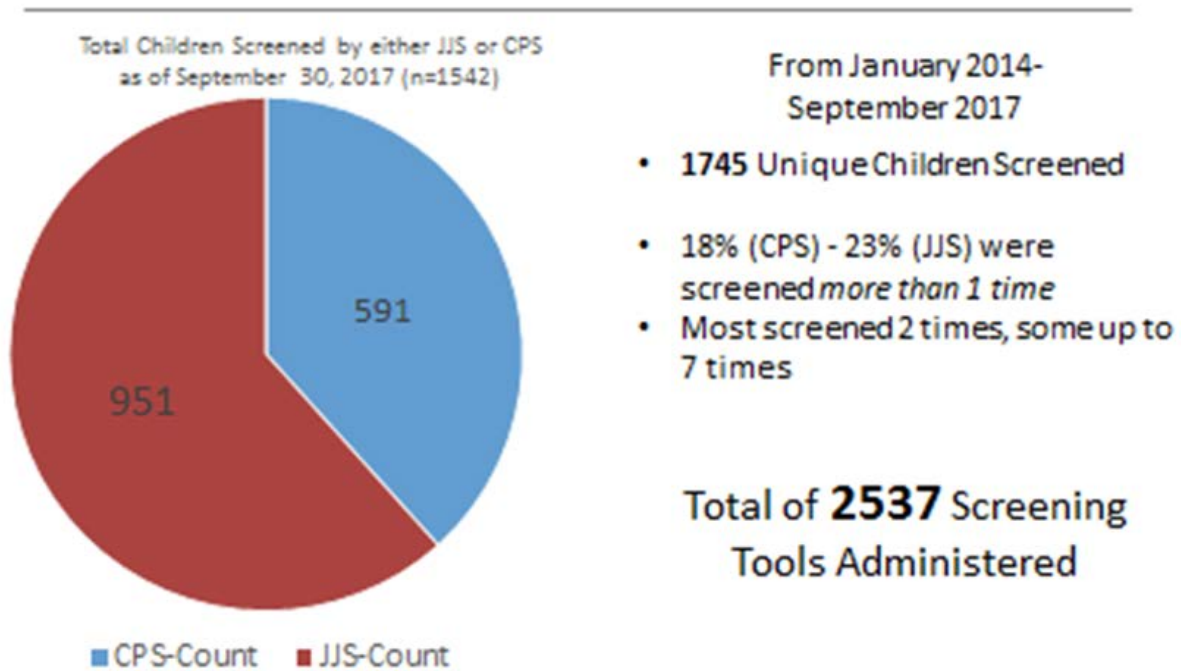
The Granite State Children's Alliance which encompasses four of the Child Advocacy Centers has promoted a public awareness campaign known as "Know and Tell" to educate the community regarding the importance of reporting any suspicion of abuse or neglect to the Division for Children, Youth and Families and that all citizens in New Hampshire are mandated reporters. The most recent numbers available are from 2015, when 2,359 New Hampshire children were served by Child Advocacy Centers in New Hampshire which represents a thirty-three percent increase in individuals from previous years.

Trauma-Informed Assessments

Through a five year federal grant funded project; The Partners for Change Project, staff in the district offices received training in using trauma and well-being screens with children and youth involved in any open case with both Child Protective Services and Juvenile Justice Services.

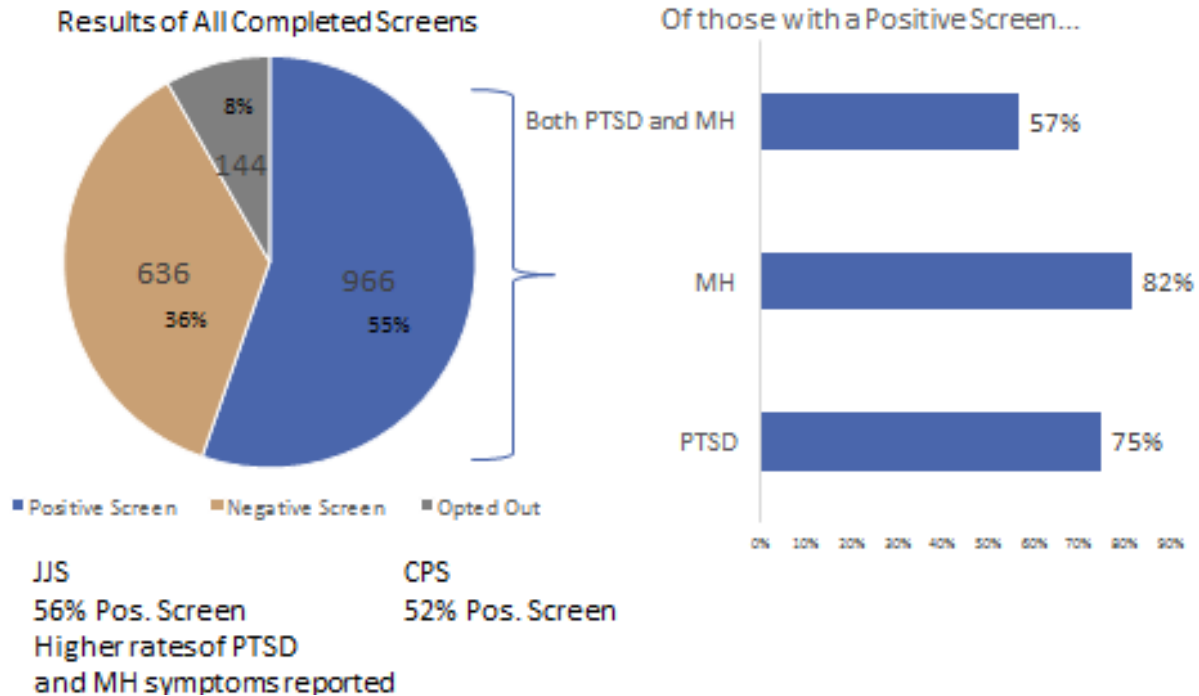
This screening instrument is known as the Mental Health Screening Tool (MHST). The Screening was developed through a partnership with Dartmouth Trauma Intervention and Research Center (DTIRC) and began being utilized in the field in 2013. All staff were trained and using the MHST in all jurisdictions by September 2016, and the practice officially became part of DCYF policy on May 25, 2017. The screening is conducted at the start of a case, and every six months thereafter. The online data base, Qualtrics, is used for administering and scoring the screening tools. The results are displayed automatically and staff can print the results to share with the family, mental health providers, treatment providers, and other relevant parties to the case.

Screening Data



A total of 2537 screening tools have been administered. Screens completed on children and youth involved in the Division for Children, Youth and Families' cases through the Partners for Change Project. The results of the screenings have been significant as shown below. The objective of the screening is for the children and youth who screen positive to be referred to evidence-based mental health treatments based on their symptoms. The goal is to achieve better ongoing information sharing and to improve the ability to analyze treatment outcomes.

Screening Data: Clinical Findings



The project has provided training and consultation to strengthen practice and provide more supportive services in order to achieve better outcomes for children involved with the Division. Some of these activities include:

- Trauma-informed care training delivered to staff in each district office;
- Consultation provided to DCYF staff about mental health and trauma related needs of DCYF involved children and families;
- Trauma Specialists identified in each district office;
- Increased collaboration between DCYF and mental health providers; and
- Creation of workgroup and policy to provide oversight and quality control over prescribing of psychotropic medications to DCYF involved children.

The project also provided training to mental health providers throughout New Hampshire who provide services to children involved with the Division. This included:

- Trauma-Focused Cognitive Behavioral Therapy (Ages 5-18 years) = 400+ providers
- Child Parent Psychotherapy (Ages 0-6, dyadic with caregivers) = 150+ providers

- Helping the Noncompliant Child
(Ages 2-8, dyadic with caregivers) = 100+ providers
- Trust Based Relational Intervention
(All ages, family level intervention) = 103 DCYF and community mental health providers trained

Some of the challenges have been staff turnover in both the mental health serving agencies and within the Division itself.

Community-Based In-Home Services

DCYF 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. Currently, DCYF has twenty-three different certified providers who provide an array of services across New Hampshire. 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.

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.
- **ISO 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) 2016, 272 children initiated services with Child Health Support Services. During SFY 2016 the Division was also able to provide 408 children with Individual Service Option (ISO) In-home Services and 380 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 for all community-based in-home programs throughout New Hampshire 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 DCYF 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 DCYF 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 DCYF practice model. After reviews are conducted a final report is developed within 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.

Adoption And Post-Adoption Services

New Hampshire experienced a significant decline in the number of finalized adoptions in FFY 2016. From 121 children adopted in FFY 2015 the number decreased to just 85 in FFY 2016. The reason for this decline is uncertain. Despite the decline in the number of adoptions, there has been a slight decrease in both the time from entry into care to termination and the time from termination to adoption. In 2014 the average length of stay increased slightly to 30.3 months with a slight increase to 8.06 months from Termination of Parental Rights to adoption. In 2015 the increase was more significant with the average length of stay increasing to 33.3 months with 10.22 months being the average time from Termination of Parental Rights to adoption. In 2016 the Division saw a decrease with the average length of stay being 33.09 and the average time from TPR to adoption being eight months. The ages of the children being adopted has remained similar from FFY 2015 to FFY 2016 with over twenty-five percent of the children being adopted over the age of nine years and thirteen percent over the age of twelve.

FFY 2017 saw an increase in the number of children adopted with 107 children achieving this permanency goal. The increase is in younger children as the children over nine decreased to twenty percent and the children over twelve decreased to ten percent. The time-frames for adoption have either remained the same or decreased slightly. In FFY 2017 the average length of involvement remained consistent at 30 months and the length of time from termination to adoption decreased slightly to an average of eight months.

There was an increase in the percentage of younger children adopted in 2016 compared to 2015, which may be a factor in the quicker time-frames from TPR to adoption.

The request for post-adoption services including information and referral, case management and consultation has increased by twenty percent compared to FFY 2016. The intensity of the requests has increased as the Division has seen a spike in the number of requests leading to a need for case management. The provision of case management through the Adoption Unit is at its highest, opening a total of twenty-nine cases in FFY 2017, demonstrating a twenty percent increase from FFY 2016. Families with more serious challenges are contacting the Unit due to a lack of availability of services to meet this higher level of need within the community. The majority of the requests are due to behavioral and mental health needs of children who were adopted. The Division provides search services to adoptees and biological parents. The number of requests and search cases has increased thirty-six percent compared to Federal Fiscal Year 2016. The Division continues to offer these services in accordance with New Hampshire laws and as a service to the families that the Division serves. Some adopted children also receive services through CHINS and Delinquency cases. At the end of FFY 2017 there were twenty-six children receiving services through a delinquency case and six through a CHINS case. The majority of those children, eighteen, were placed outside of the home. CHINS and Delinquency are sometimes pursued over a post-adoption case because court involved cases offer access to the full range of services, including residential treatment which is not currently offered as a voluntary post-adoption service.

The Adoption Unit has implemented Solution Based Casework in all interactions with adoptive families and has developed a post-adoption case plan based on Solution Based Casework. Additionally, two staff have become practitioners and educators in a model called Trust Based Relational Intervention. TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. 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. The Adoption Unit was provided with training on the model and uses this intervention when working with families. In FFY 2016, the Adoption Unit created a survey which is used to collect data on client satisfaction with post-adoption services. The survey was initiated on March 7, 2016 and has been sent to 64 clients and a total of fifteen clients have responded. Feedback from the survey has been very positive. One hundred percent reported that the Adoption Unit staff member was courteous and respectful. Eighty-eight percent of respondents reported that their inquiry was answered promptly (within forty-eight hours/two

business days). Eighty-eight percent of respondents reported that they are satisfied with the assistance they received from the Adoption Unit.

The Division for Children, Youth and Families is utilizing the existing permanency framework and infrastructure to implement practice that specifically addresses evidence-based screening, assessment and treatments to ensure positive well-being outcomes for children who are adopted after experiencing trauma. New Hampshire has been awarded two federal grants, which are being used to fund two projects:

- Partners for Change Project and,
- New Hampshire Adoption Preparation and Preservation Project (NHAPP).

The Partners for Change Project ended September 30, 2017. The NHAPP Project will continue until September 30, 2018. Both projects work to evaluate the current practice and service array, upscale promising evidence-based services and practices, and descale those services and practices which are not producing positive well-being outcomes. These grant initiatives have both undergone continual and rigorous evaluation by outside evaluators as a part of the grants requirements and new practices have been implemented that specifically target the needs of the pre and post-adopt population. These practices include:

- Universal, flexible, and ongoing child and family screening and assessment specific to the pre and post-adoption population of children;
- Case planning strategies to address the assessed needs and measure progress specific to the target population;
- Service array reconfiguration to upscale evidence-based treatments specific to the needs of pre and post-adoptive families;
- Up scaling of family assessments for all resource families and a corresponding child matching process to ensure fit when placing children in pre-adoptive homes; and
- Training for resource parents and Division for Children, Youth and Families' staff working with pre and post-adoptive families related to trauma and adoption competency.

Division for Children, Youth and Families' staff, resource families, and mental health providers have participated in interviews, focus groups and evaluations to obtain baseline data and at ongoing intervals to monitor changes in practice and improvement in knowledge outcomes. Placement stability, adoptive family satisfaction, staff and resource family knowledge and timeliness to adoption were measured and will be evaluated again in the spring 2018 to evaluate and measure change.

Both projects have provided a vehicle to improve screening and assessment of mental health symptoms and child functioning; develop functional outcome measures to inform case planning and measure progress; optimize the use of evidence-based treatments targeted for this specific population including Trauma-Focused Cognitive Behavioral Therapy and Child-Parent

Psychotherapy, informing all mental health treatment by providing training in adoption competency and improving placement stability and continuity of care through these interventions. Current information is located in the Trauma-Informed Practice Section under New Hampshire Adoption Preparation and Preservation Project (NHAPP). The Division has implemented all of the objectives of this project statewide and is now working to find ways to sustain these practices after the grant is finished.

Community And Faith Based Initiative (CFBI)

The Community and Faith-Based Initiative (CFBI) contract with Bethany Christian Services provides assistance to the Division in the area of recruitment, retention, and support of foster adoptive families. CFBI meets needs by circulating requests via electronic alerts and newsletters. There are over 800 individuals signed up to receive these alerts and assist in meeting the needs of foster/adoptive families. CFBI was once again able to provide over a thousand gifts during the holidays meeting the needs of over 600 children and youth in care. Three additional Inter- Faith forums were held during the last FFY17, one in Laconia, one in Greenfield, and most recently in Manchester, New Hampshire. These events were well attended and brought together New Hampshire Division for Children, Youth and Families' staff and community and faith-based liaisons to learn more about the needs of the Division and they ways in which these organizations and individuals can support them. Currently, CFBI has three part-time staff to cover the State. They make many contacts with various faith-based and community organizations across New Hampshire. The CFBI is a very helpful resource for the Division.

This information has mostly remained consistent. The CFBI efforts sent 38 applicants to the Division in calendar year 2017.

FOSTER CARE CERTIFICATIONS AND PROGRAMS

There are several types of foster family care administered by child placing agencies in New Hampshire. Some are administered by the public agency, the New Hampshire Department of Health and Human Services' Division for Children, Youth and Families (DCYF), while others are administered by private child placing agencies. Basic foster family care is called General Care and is the foundation for all the others discussed. Beyond the General Care, there are four certification categories that are currently used by foster families, to provide an enhanced service at a different stipend rate to meet the individual needs of children and families. This July, foster parents received the first increase in these stipends since 2008.

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. All licensed foster families are certified for General Care.

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. There are currently 51 foster homes that have the specialized credential. This number was higher in the past when the credential automatically meant the higher rate was given. Since basing the stipend on the child's needs, the number of foster parents taking the training to earn this credential has declined.

Emergency Care

Emergency Care is a short-term placement for 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 treatment program provider is not available at the time of placement. Emergency care providers must participate in a six hour core training prior to delivering this service. Payment is limited to a maximum of ten days. If a child remains with the emergency care provider beyond the ten-day limit, the rate must be changed to either the General or Specialized rate. There are currently 136 foster families who have the credential to provide emergency care.

Crisis Care

Crisis care is provided to children whose placements are arranged through local law enforcement agencies and the Division's after-hour's 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. While there are 65 families who have the crisis care credential on their license, only 40 are available for this level of placement and only a few are available for sibling groups.

Individual Service Option (ISO)

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. 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. There are currently 129 foster families licensed through New Hampshire's child placing agencies that are eligible to provide ISO level care.

In addition to these certified levels of care, the Division has availability to certify foster family homes for adolescent care, therapeutic care, and assessment care. There are no homes currently certified in these categories but the Division is actively seeking to recruit families or programs interested in providing Therapeutic and Assessment level care. Many of the children entering care need the intensive level of support and evaluation that this level of foster care programming could provide. Assessment care could assist in developing more complete treatment plans for new children entering care and Therapeutic care could provide a Bridge home network where children could transition more successfully to a family setting when they are stepping down from residential treatment program to either home or a pre-adoptive family.

RESIDENTIAL TREATMENT CERTIFICATIONS AND PROGRAMS

The Division for Children, Youth and Families certifies residential treatment programs that represent the full continuum of community-based residential care programs. The residential treatment programs are not state-run and have applied for and been certified by DCYF to provide residential care for children and youth through Child Protective Services and Juvenile Justice Services. Staff make every effort to ensure that each child/youth is matched to providers based upon need; with proper regard to treatment, permanency planning, educational needs, independent living needs, family systems, and community connections. There are seven categories of residential treatment programs that provide different services to meet varied needs of child and youth. Through the Adequacy and Enhancement Assessment the Division has contracted (described at the beginning of Item 29), the utilization and effectiveness of the residential treatment services including shelter care will be assessed.

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.

In addition there are two new contracts secured in order to offer enhanced residential services to youth in the Juvenile Justice System. The Enhanced Program Contracts are designed for youth who will no longer be eligible for detention and commitment at the Sununu Youth Services Center.

Category	# Certified Programs	# Certified Beds	Waitlist
Assessment Treatment Programs	1 Program	16	8
Intermediate Treatment Programs	4 Programs	67	10
Intensive Treatment Programs	15 Programs	251	59

**This information is based on Facility Census Report dated November 2017*

The Division released a Request for Proposals for Shelter Care in end of the winter of 2017 in anticipation of the prior contract's expiration. At the time the Division had a Shelter Care contractor through NFI Midway and NFI informed the Division that they would not rebid for the contract. There were no bidders for the contract initially and the Division re-released the contract. The Division engaged three agencies with excess space and licensed beds to request that they create an interim shelter care setting. The Division was able to collaborate with one of the providers, Becket, to produce an interim shelter care program until a bidder responded to the Request for Proposal. The Department recently finalized the shelter care contract and Becket's Seacoast Treatment and Stabilization Center will begin serving youth January 8, 2018. The Seacoast Treatment and Stabilization Center – Shelter Care Program will provide for immediate treatment and placement needs for sixteen youth of the Division.

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 JPPOs and CPSWs as the referral source, surveys to the treatment program staff and then an onsite evaluation. The onsite review includes and entrance meeting to assess the changes which have occurred in the program over the past year. Then the program provides a tour of the facility, and interviews are conducted with youth, staff, clinical teams and other specialty staff. The following day there is a collaborative file review with the DCYF team and the clinical team of the residential treatment program to assure compliance with Administrative Rules the program is approved under and with the Practice Model. 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.

After considering the above information the Division believes that it has not achieved substantial conformity for Item 29. Although, DCYF offers a vast array of services to children, youth and families there are limitations as to who can receive those services. The Division does well with the programs that are established, but the current structure of the system only allows those who have an active case to be able to access services. This structure is not designed in a manner that would allow for DCYF to provide preventative services to youth and families.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

STATE RESPONSE:

The Division has been responding to the changing needs of the youth who are entering the system as well as the changes in legislature. The Division has engaged the in-state providers over the last year and a half to support the needs of youth by expanding or creating new programming. As a result of legislation in July of 2017, House Bill 517 Chapter Law 156:165 the use of the secure residential treatment program for detention or commitment of youth who are delinquent was reduced. The legislation called for new residential programming and community services to be developed to meet the needs of these youth in a setting outside of the secure residential site. In response to the legislation the Division has released a request for proposals to enhance existing services or create new services both in community-based resources or residential treatment programming to meet the needs of the population. The Division has now secured two new contracts to offer enhanced residential services to youth in the Juvenile Justice System. The Enhanced Program Contracts were designed for youth who will no longer be eligible for detention and commitment at the Sununu Youth Services Center. In an effort to assure full compliance and assure that the Division is continuing to work toward meeting the needs of all youth and families the Division is also implementing an Adequacy and Enhancement Assessment through a contract to assess the current services to these youth and their families. Through the enhanced services, Adequacy and Enhancement Assessment and other concerted efforts to increase residential services the Division is working diligently to enhance individualized services to meet the service needs of children and families through both Juvenile Justice Services and Child Protective Services and this will support the Division in identifying the areas of need and development for the future.

Evaluating Outcomes

Utilizing Title IV-B, subpart 1 funds, the Division for Children, Youth and Families provides the financial support necessary to offer a technical assistance position to conduct an in depth analysis of the needs of families participating in family support programs across New Hampshire and of the impact of the programs serving them.

The Comprehensive Family Support Services program is evaluated by the Division for Children, Youth and Families. Under the direction of the Bureau of Organizational Learning and Quality Improvement, the Division for Children, Youth and Families is moving toward a system of outcome-based contracting. Beginning with Comprehensive Family Support, in 2007, the Auditing Specialist worked collaboratively with providers to create a set of standardized outcome measures and design a data collection and reporting system. Outcome areas include:

- Characteristics of target population;
- What are the services needed and at what intensity; and
- Success of the program in avoiding future Division for Children, Youth and Families' involvement.

Data is obtained from tracking the graduating class following discharge from a Comprehensive Family Support Services program for three successive years. "Graduating Class" is defined as any child seventeen years old or younger who had left a Comprehensive Family Support Services program and had a treatment plan during, and at the conclusion of, program participation.

Each year the Division creates a graduating "Class of..." for all discharged children and tracks them for three years.

Comprehensive Family Support Services Program Outcome: To avoid future Division Costs and Services (Out-of-home Placements & Intensive In-Home services)

Program outcomes to date are:

- Class of 2012 for 1,199 graduating children = 89.9 percent continue having no further involvement with the Division (Tracked for three successive years)
- Class of 2013 for 1,085 graduating children = 88.0 percent continue having no further involvement with the Division (Tracked for three successive years)
- Class of 2014 for 1,056 graduating children = 91.8 percent continue having no further involvement with the Division (Tracked for three successive years)
- Class of 2015 for 1,065 graduating children = 93.1 percent continue having no further involvement with the Division (Tracked for two successive year)
- Class of 2016 for 1043 graduating children =93.6 percent continue having no further involvement with the Division (Tracked for one year)

CFSS Outcome Concepts

- Treatment plan success leads to avoidance of future Division for Children, Youth and Families' costs;
- Only Discharged Children;
- Only those with a Treatment Plan;
- Each state fiscal year generates a new class;
- Each class will be tracked for three successive years;
- Avoidance of future costs means capturing those children who are NOT successful;
- Capture only first event of Division service (no repeats in Year Two or Year Three); and
- Success starts out as 100% and lowers as each unsuccessful event is captured.

Structured Assessment of Violence Risk in Youth (SAVRY)

Juvenile Justice Services has utilized the Structured Assessment of Violence Risk in Youth (SAVRY) since 2013 for all adjudicated youth. In 2017 1,226 SAVRY's were completed on Juvenile Justice Youth. The SAVRY is an evidenced-based tool that assists the Juvenile Probation and Parole Officer (JPPO) in determining the current risk/needs of the specified youth. 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. 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. These cases have a disposition put in place before the SAVRY or any other assessment has been completed thus not allowing for informed individualized plans. Only if a violation occurs can the information gathered through the ongoing assessments be utilized to strengthen an individualized plan for the youth and family. When the JPPO is ordered to complete a dispositional investigation, this allows the SAVRY to be completed and utilized to its fullest. The information gathered from the SAVRY can be incorporated into the recommendations to the court allowing for an individualized plan for the youth based on the identified needs areas. Overall the JPPOs are utilizing the added information from the risk/needs tool however not always to its fullest intent.

The Division is in the process of contracting with the National Youth Screening & Assessment project (NYSAP) to conduct a fidelity study. This organization was the one that helped the Division identify the SAVRY and conducted the initial training of the field staff. The contract will allow for NYSAP to review completed SAVRYs and case plans to determine whether they are accurately identifying the individualized needs of the youth. NYSP will also be providing training

to new staff as well as enhancing the skills of the master trainers within the Division. Supervisors will also have an opportunity to work with NYSAP staff to increase their competency in assuring staff are completing the instrument with fidelity.

Assessment of Child Health Support Program

In April 2017, an incident occurred with a DCYF certified provider that sparked concern for how the Child Health Support Services program was functioning. On May 10, 2017, Deputy Commissioner Shibinette instructed DCYF to conduct immediate site reviews of all certified Child Health Support Services providers in New Hampshire. The DHHS Deputy Commissioner requested that the review address program compliance with the administrative rules and recommendations for areas of improvement regarding supervised visitation services.

The report was to include:

- Plan for corrective action for agencies that were not meeting requirements of the administrative rules;
- Plan for ongoing oversight of Child Health Support Agencies (CHS);
- Development of a comprehensive Risk Assessment Tool for providers to assess ongoing risk prior to home or community-based visits;
- Plan for ongoing and regular communication with providers of Child Health Support Services;
- Plan for amendments to Administrative Rules He-C 6339 to ensure that providers of Child Health Support Services are following the rules and laws of the State of New Hampshire; and
- Review of a Corrective Action Plan from Home Base Collaborative that addresses crisis planning, risk assessment and cell phone usage during supervised visitations.

The systemic and external challenges that were identified during the review were:

- **Rate of Service:** There was a consistent message from all providers that the reimbursement rate for Child Health Support Services is not sufficient to meet the program needs for families and the agencies. The current deficit rate doesn't allow for the Agencies to expand their program staffing in order to meet the number of request for services received from DCYF. Often times Child Health Support Services agencies are not able to accept referrals, or are limited in accepting referrals. Some agencies are accepting referrals for families that are in close proximity to their offices in order to keep costs down. Also, the low rate negatively impacts the agency's ability to retain quality staff because they are not able to offer competitive benefits or payroll packages to their staff.

- **Completion of Service Authorizations:** Once a referral is made to an agency, by rule, the agency is not to begin services until they receive a service authorization from DCYF. Service authorizations are what are utilized to pay the agency for services rendered. In most reviews it was reported that by Child Health Support Services agencies that service authorizations are not completed in a timely fashion by DCYF and often require the agencies to make multiple requests for authorization in order to get paid. This results in Child Health Support Services agencies providing services to children and families without getting reimbursed for services rendered in a timely fashion, which in some cases puts a strain on the smaller Child Health Support Services agencies and their ability to pay their staff.
- **Referral Process:** Providing a quality referral for service helps both the Child Health Support Services agency and DCYF. It allows for the transfer of comprehensive and quality information about the clients and their needs in order to address the family goals and objectives established within their case plan. During the review process it was clear that referrals for Child Health Support Services are not being made appropriately and do not provide the necessary information that is required to facilitate the transfer of quality information to help inform the Child Health Support Services agency of the therapeutic needs of the family/clients they are beginning to work with. Many case files that were reviewed did not include DCYF case plans at the time of referral. DCYF case flow processes inhibit the timely transference of information due to services being typically put in place prior to the DCYF case plan being created with the family. Thus it reinforces the need for CPSWs and JPPOs to make a well informed referral to the CHS agency. When DCYF makes a quality referral it ensures that the Child Health Support Services providers are working on goals and objectives that will be aligned with the needs of the family as identified by the family and DCYF.

The strengths of the programs were identified as:

- **Commitment to Program Model and Process:** During each onsite review it was clear that the Child Health Support Services agencies are very dedicated to their programs and the services that are provided to DCYF referred families. The Child Health Support Services agencies reiterated how helpful they felt the review process is for their programs and their agencies. They felt that having the additional technical assistance and support from DCYF is beneficial for their programs because it allows for better clarity in regard to expectations and practices and overall better outcomes for families. All the programs share a willingness to collaborate with other programs across the State of New Hampshire in order to share practice strategies, forms, policies and procedures.
- **Quality Assurance Process:** It was determined that DCYF needs to continue to provide technical assistance and on an annual basis in order to ensure that the programs are receiving the technical assistance and support in an effort to strive for excellence in the services being provided to children and families.

- **Collaboration with DCYF:** Despite the challenges in referral paperwork and day to day communication, each agency reported that they have a strong professional relationship with their local district office, which ultimately results in better services outcomes for children and families that DCYF serves.
- **Data Tracking and Outcomes Reporting:** Most agencies expressed appreciation for the database that is used to help track important information related to clients served within the community-based service programs. The database tracks service authorization dates, which helps the programs and DCYF ensure the accuracy of billing and authorizations for services.
- **Staff Training and Policies:** In review of Child Health Support Services programs it was evident that all certified programs maintain a high level of training and recognize its value in providing services for children and families. All providers were in compliance in regard to training as it relates to the minimum requirements of twenty hours per aide within He-C 6339. The training topics were very relevant to issues and challenges faced by the State's child welfare system and in the communities which they serve (i.e.- substance use disorder, recovery and support services, engaging families in the treatment planning process, worker safety during home visits, reporting requirements, identification of child abuse and neglect, families development systems etc.).

Child Health Support Services Forms and Documentation: All Child Health Support Services provider forms were in compliance with He-C 6339 and the documentation requirement of Medicaid.

Specialized Foster Care Services

Another way the Division individualizes services for children is through the development of Child Specific budgets. Typically, utilized in combination with an ISO (Individual Service Option) Foster Care placement or ISO In-Home service, the Division will work with the provider to create additional supports and services to the existing model if it assists a child to remain safely in a family home or lesser restrictive environment. Over fourteen children with significant developmental, mental health, medical and/or behavioral challenges have been able to show success with a program individualized to meet their unique needs in 2017.

Adoption And Post-Adoption Services

The implementation of the New Hampshire Adoption Preparation and Preservation Project (NHAPP) has included training in a variety of subjects. Training in adoption competency, (how to understand, work with and assist adoptive families and their children) which has been provided to all Division staff, resource parents, and mental health providers. A curriculum was developed that specifically addresses the particular needs in New Hampshire. Training in providing evidence-informed standardized home study and matching processes has been provided to all of the Permanency staff in each DCYF district office (Resource Workers, Permanency Workers, and Permanency Supervisors) as well as staff from Child Placing

Agencies across New Hampshire. Training on conducting initial screenings and ongoing assessment of both child functioning and mental health symptoms as well as family functioning has been provided to all Child Protective Service Workers. Ongoing training will assist the staff in understanding how to utilize the screening and assessment data to inform case planning and measure outcomes. Through the Partners for Change Project, also described in the Trauma-Informed Practice Section, training has been provided to Child Protective Services staff, Juvenile Justice staff, and resource families on the impact of trauma on children and families, the effects of vicarious trauma on the staff working with the families, and how to address and mitigate the effects.

After considering the above information DCYF believes that it has achieved substantial conformity for Item 30. DCYF has had considerable development and enhancement in services available and provided to the youth and families in the State of New Hampshire. DCYF has also increased the use and fidelity of screening instruments to ensure needs are being identified and addressed. Lastly, the Division has increased the use of data and outcome measures to ensure the most appropriate and effective services available.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

STATE RESPONSE:

PLUMMER HOUSE (FORMERLY 3-P) WORK WITH CHILD PROTECTION

The Division had an opportunity to gain permanency consultation through Casey Family Programs via a contract with Plummer House. The consultation workers were able to case mine eight Child Protective cases though out the State of New Hampshire, where the primary permanency goal was listed as APPLA: Another Permanent Planned Living Arrangement. In November and December of 2016, the consultants were able to go through the case file as well as visit the district office to interview the Child Protective Service Worker, Supervisor on the case, and a community provider such as a foster parent, residential staff, or the CASA (Court Appointed Special Advocate) worker. Specific recommendations for advancing permanency were made on each case and the DCYF Permanency Program Specialist is in the process of meeting with the assigned workers and supervisors to ensure implementation.

In addition to individual case consultations and recommendations, Plummer House also conducted focus groups as part of their review of DCYF's permanency practices. These included DCYF permanency staff, parents of youth formerly in DCYF care, youth currently in DCYF care and residential treatment program providers. The information gathered from the case reviews and focus groups were presented to Division Leadership on May 8, 2017 along with specific recommendations aimed at improving DCYF's overall permanency practice.

COURT IMPROVEMENT PROJECT

In New Hampshire, the Division and the Court Improvement Project Coordinator have maintained meaningful, ongoing collaborations that have clearly resulted in each system being able to successfully identify and work toward shared goals and activities. New Hampshire

engages in multidisciplinary work to plan and carry out cross-system training. Through this collaboration the Division has created the ability and the structure to provide ongoing training across New Hampshire, as needed, to assure that future changes in staff, within any system, could receive training on the court guide. An example of this multidisciplinary collaboration occurred in December 2017 when there were concurrent trainings with the courts, CASA, and DCYF staff on Voluntary Mediated Agreements and revised Adoption and Termination of Parental Rights protocols that will go into effect in January 2018. The trainings were attended by 142 Division staff. These protocols are intended to enhance the communication and standardize permanency practice procedures across New Hampshire to ensure children and families experience timely permanency.

There are and have been many joint statewide learning opportunities and program initiatives that are based on the collaborative efforts of the Division and the Court Improvement Project., resulting in the *Children in Court Protocols*, *APPLA Protocols* and the draft *Permanency Protocols*. In New Hampshire there is a true partnership that has resulted in improved practices and improved relationships between both the Division and the courts. These relationships have enhanced current initiatives and program activities by guaranteeing a continued commitment to permanency for children and families.

ATTORNEY GENERAL'S TASK FORCE ON ABUSE AND NEGLECT

The Attorney General's Task Force on Abuse and Neglect, which is made up of members from each of these stakeholder groups, is in the process of updating the *Child Abuse and Neglect Protocols* which were last updated in 2008. These changes will encompass even closer collaboration with law enforcement as the Division for Children, Youth and Families has implemented a 24 hour, seven days per week response to abuse and neglect reports.

The Child Welfare Systems Transformation Communication Team surveyed Field Supervisors in October about the effectiveness of afterhours responses with Law Enforcement assists and whether feedback was given by Law Enforcement. Data collected from eleven offices indicated that five positive comments were received and one police department had a concern for the amount of well child checks they were receiving. That issue was resolved through a conversation with the police department.

The Model Court Project, which is a collaboration of the courts, the Division, and CASA, focused its attention in 2016 to the present time on updating the court protocols around Voluntary Mediated Agreements (VMA's), Adoption and Termination of Parental Rights (TPR). As mentioned above, a cross-systems training occurred in December 2017. These updates are being made in efforts to gain timely permanency for children in care. The Division has also been working to update its policy regarding Voluntary Mediated Agreements in efforts to make practice more consistent with the needs of the court protocols. When appropriate, the Division is working toward utilizing the Voluntary Mediated Agreement option more often with the children and families it serves. In an effort to educate families as well as the public, the Division is currently working on creating a brochure to assist families in becoming more familiar with the Voluntary Mediated Agreement process. The Division is still at the beginning of this process and is currently seeking parent input.

PARENT PARTNER PROGRAM

The Division successfully implemented eighteen Better Together Workshops involving birth parents, foster parents, Division staff and community partners during this period. Over eighty newly hired DCYF staff and over eighty parents participated. Participants describe attending these workshops as a powerful and transformative learning experience. These workshops create a safe space for staff to hear directly from parents regarding their experiences with the Division, what is working and what is not working. Participants explore barriers to relationship building including power differential, organizational culture and climate, and gender disparities. Participants also work together in a co-creation process to develop tools and strategies to support collaborative work and authentic partnering in child welfare;

The Division also ran a successful Train of the Trainer Session for a pool of candidates looking to gain the knowledge and skills to serve as Better Together Facilitators. Five parents, five foster parents and two DCYF staff were trained on the model and are now ready to co-facilitate workshops to “create the Better Together experience” for others. This was a major accomplishment for this period as it helped the Division build capacity to sustain the effective implementation and delivery of Better Together workshops in New Hampshire. There are fourteen Better Together workshops planned for 2018, and the Division is well positioned to successfully run the additional planned workshops for this year and beyond.

The Division continues to innovate and explore creative ways to implement Better Together Workshops to meet the needs of parents and staff with unique experiences at their own settings and practice context. The latest adaptation of the Better Together Curriculum to meet the needs of Juvenile Justice was a success and it is now consolidated. As a result, the Division has integrated Better Together as a standing training offered for Juvenile Justice involved parents and Division staff.

There is an active “Family engagement action team” in each district office. These teams are the most basic “Program cell” bringing together DCYF staff, parent leaders, foster parents, providers, and community partners to discuss current issues and explore practices that promote family engagement. The goal of each team is to support the field in improving Child Welfare outcomes.

Parent leader recruitment and retention has been normalized and remains strong. The Division developed and adopted a “Parent Leadership Policy” to guide the field in this area. The policy established an expectation that all staff participate in this recruitment process. The State Office team continues to work with the field to support the effective implementation of this “Parent Leadership Policy.”

The statewide network of parent leaders remains strong and very active. As of the close of 2017 the Division had 57 parent leaders. Parents are involved at all levels of the Division bringing their perspective to inform practice discussions, policy development, and program improvement. Parent leaders continue to serve as training partners helping train the Divisions’ staff in the art of family engagement. Parent leaders also are providing peer-to-peer support in some selected district offices as a pilot.

The Statewide Steering Committee remains strong. There are sixteen active parents, several foster parents and DCYF staff who attend bi-monthly meetings to provide oversight to the Parent Partner Program. These parent leaders, foster parents and DCYF staff also serve as a powerful “action team.” Members are champions of family engagement and parent inclusion at their respective settings.

Parent leaders continue to serve as “practice advisors” participating in panels and theme-based practice discussions with field staff on such topics as “Family engagement” and “Effective strategies to build trust with parents to facilitate change.” Many parents have joined the “traveling team” bringing their voice, stories, experiences, and unique expertise to field offices throughout the State. These practice discussions continue to create an opportunity for parent leaders to be visibly present at the DCYF district offices and actively participate in the process of improving practice from the ground up through dialogues and conversations, and planning and testing changes to positively improve practice.

Outcomes:

- Parent voice and perspective remains evident at all levels of practice as indicated by the number of parent leaders who are active at local teams, committees, and networks;
- The culture shift has been consolidated. The field now sees parent leaders as valued partners in keeping children safe;
- Staff continues to actively participate in program activities involving parents and report that this is helping them ground their practice by gaining a better understanding of what it is like to be involved with the Child Welfare system, what actually works and helps parents, and how to work with parents to facilitate change; and
- Families also continue to shift their perceptions of the Division. Fear and shame is giving way to healing, pride, self-empowerment, hope, and engagement in concrete action to make things better for children and families.

Core Objectives for Fiscal Year 2018:

- Sustain current level of activities;
- Continue to systematically integrate family voice in all aspect of the Division work;
- Expand the pool of Parent Leaders;
- Expand the pool of Better Together Facilitators; and
- Revise the Program Manual.

The Division is meeting all of its objectives for the period under consideration. This is evidenced by the Division’s success in sustaining program activities and continuing the work to integrate

parent voice and perspective in all of its work. The Division expanded the pool of parent leaders who are active bringing the parent voice and their unique expertise to the table, adding thirty-one parents since the beginning of 2016. DCYF has also trained twelve new Better Together Facilitators and positioned itself to sustain Better Together in New Hampshire for the foreseeable future. Work to revise the Program Manual is underway and the Steering Committee is playing an important role in this project serving as the forum for discussions and consensus building regarding major components of the Program Manual. It has been a collective and co-creation process. Much progress has been made and the Division is confident all current objectives will be met with the Program Manual's completion anticipated for December 2018.

NEW HAMPSHIRE YOUTH VOICES

The New Hampshire Youth Voices is composed of young adults currently and previously in out-of-home care. The Board's mission is "making a difference for youth in care by voicing opinions for positive change." The Board has a regional board structure with five regional boards meeting monthly to work on a variety of projects of interest to youth in care. On a quarterly basis all the groups meet together to review progress and plan for the future. This structure has increased the level of youth participation as well as bolstered the community connection. There are over twenty-five active members of New Hampshire Youth Voices which has remained steady for the past few years.

The board has been instrumental in a number of projects. The board participates in trainings and workshops, and conducts an annual teen conference for Division youth. Over the past few years other projects have included: the creation of a Bill of Rights for youth in care; providing feedback on the DCYF's Prudent and Parenting Matrix; helping to develop the section on homelessness in the revised New Hampshire TRAILS curriculum; improving the New Hampshire Youth Voices Facebook page; and advising on practices such as the Practice Model, youth survey, and Division policies. In addition regional boards hold discussions on supporting lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) youth, preventing pregnancy, and sexual assault and consent. The New Hampshire Youth Voices' members also have been actively involved in the New England Youth Coalition, an advocacy group made up of youth leaders from across the region.

Youth Action Pool

Participating in Youth Action Pool (YAP) are ten current and former youth in care that are motivated, responsible, and committed to positively influencing, changing or improving the Division for Children, Youth and Families current adolescent practice. These ten participants are largely comprised of former youth in care. The purpose of the YAP is for youth to be actively and directly involved in the Division's practice.

To ensure stability and growth, the University of New Hampshire, Center for Professional Excellence (UNH CPE) facilitates the YAP. YAP members have opportunities to participate by providing opening remarks at Division conferences; co-training workshops; speaking on panels; and operating the New Hampshire Youth Voices Facebook page.

ISO RECRUITMENT MEETINGS

ISO (Individual Service Option) recruitment meetings are held on a monthly basis and 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 also 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 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. Youth are encouraged to come and present themselves and express their desire for a family. There has been an increased focus on including 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. Since January 2017, 31 children have been presented at these meetings in an effort to find an appropriate match. The Division has some information that is used to help staff and other child placing agencies for recruitment purposes, but the data is not complete. Often matches are not made at the actual meeting due to the shortage of available homes and sometimes extreme behaviors of the child or youth presented. When a match is made following the meeting, it is not always reported back to the foster care program. This has been identified as a data need that the Division is reviewing to better track moving forward.

NEW HAMPSHIRE FOSTER AND ADOPTIVE PARENT ASSOCIATION (NHFAPA)

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 a strong collaborative relationship 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 local level associations offer peer support to fellow families and work hard to recruit new families to serve children in need. 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 in June 2011. Since then, NHFAPA has had difficulties in maintaining leadership and fundraising.

In a partnership with the Bureau of Community and Family Support and Granite State College, New Hampshire Foster and Adoptive Parent Association holds an annual training and appreciation event for all licensed parents. This fall event offers an opportunity for advanced training from a nationally known speaker along with networking between the parents. The most recent conference in October 2017 offered training on TBRI, Trust Based Relational Intervention, developed by Dr. Karyn Purvis and Dr. David Cross at the TCU Institute of Child Development. TBRI is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children. There were 113 attendees including foster, relative and

adoptive parents, and Division staff. The foster, relative and adoptive parents that participated felt that this was the best training they had received at a conference. It was the first time that the conference was sold out and this is clearly a topic that foster parents want more information on. NHFAPA has developed a strong presence on social media. The foster families feel much more connected and are able to reach out to mentor and support each other without having to attend a physical meeting. NHFAPA supports the Division by hosting recruitment events for new applicants across the State.

Through other connections developed for recruitment purposes, the Division suggested NHFAPA to be the recipient of some fundraising opportunities. Wendy's Restaurant offered to help support the production of "Home At Last," the Division's child-specific recruitment partnership with "New Hampshire Chronicle." They offered to hold a fund raiser to highlight the show and support New Hampshire Foster and Adoptive Parent Association. The Foster Care Unit offers support to the Association by connecting them with various fund raising opportunities or other forms of support or donations that it learns about. There was some preliminary discussion with the Foster Care Unit, the Public Information Office, and a New Hampshire-based Ski Resort that was interested in holding an annual charity race and event to support foster and adoptive families in New Hampshire. If this comes to fruition in the future, NHFAPA and CFBI would be the identified non-profit recipients of any funds raised.

The Foster Care Manager, along with Granite State College, had been working closely with New Hampshire Foster and Adoptive Parent Association over the past several years to craft a Foster Parent Bill of Rights in New Hampshire. The Licensing Rule includes the "Foster Child's Bill of Rights" which outlines how a child should be treated in foster care. New Hampshire has adopted a "Youth Bill of Rights" to ensure that youth in care experience normalcy despite being placed away from their family. NHFAPA feels strongly that it is time for New Hampshire foster parents to develop their own bill of rights to affirm the dignity of foster parents, require that they be given notice regarding child placement decisions, allow them to have a voice in planning visitation between children and their parents and give them consideration if adoption of the child becomes the primary plan. NHFAPA wanted to incorporate the Reasonable and Prudent Parent Standards into these rights to act as guidance for all involved with child welfare. Since this report was submitted, a different Foster Parent Bill of Rights was proposed and submitted by a Representative in the Seacoast area. NHFAPA has withdrawn the request to have their Bill of Rights submitted for legislative consideration and is working with a New Hampshire Representative to ensure his version represents the voice of all foster parents. On November 3, 2017, a Senate bill was submitted requesting a formal Bill of Rights for Children in Care. Both of these bills are scheduled to be heard before committees in January of 2018.

The Reasonable and Prudent Parent Standards (RRPS) have been presented to NHFAPA. Overall, the foster parents have been receptive to bringing more normalcy into the lives of the children they serve. Online training is available to all foster parents in New Hampshire and efforts are underway to link this to the NHFAPA website. Moving forward, the training for RPPS is being provided to all foster parents as part of their training hours. Once the Administrative Rule on licensing requirements is updated in 2018, Granite State College will review the incorporation of RPPS in the initial foster parent training for licensing.

The Division is supporting the efforts of the association to return to a strong and viable resource for the foster and adoptive families in New Hampshire and is working with them to explore other supports or opportunities that might be available to them. Using the funding resources available to them, NHFAPA plans to hire a part-time Executive Director in January of 2018. The Association had this position in the past when it was supported through a minor contract for technical assistance. It was shown that this position was helpful to keeping the lines of communication open and the organization on task.

The New Hampshire Legislature is paying attention to the foster care crisis. In October of 2017 the Joint Oversight Committee for Health and Human Services voted to form a sub-committee on foster care. The sub-committee proposes to look at the entire foster care system through the lens of a foster parent. Some of the items that the committee will be reviewing include the recruitment of new foster parents and the retention of those already licensed. The committee would also like to look at the race and ethnicity of both children in care and the foster parents available to serve them. NHFAPA Board members are represented on this committee.

BUREAU OF CHILD DEVELOPMENT AND HEAD START COLLABORATION

The Bureau of Child Development and Head Start Collaboration (BCDHSC) is funded by the US Department of Health and Human Services Administration for Children and Families (US DHHS ACF) and Office of Head Start and Office of Child Care. The purpose of the Head Start Collaboration is to improve long-term outcomes for income-eligible young children (aged birth to five years), their families and pregnant women. As specified in the Improving Head Start for School Readiness Act of 2007, Head Start Collaboration offices are required to facilitate collaboration among Head Start/Early Head Start agencies and entities that serve children from birth to school entry and their families with low incomes, which includes other federal programs (Item 31). Resources from the Head Start Collaboration office grant are used to create, support and sustain collaborative relationships and initiatives among Head Start and state and community partners in six priority areas established by the Head Start Act and revised by the Office of Head Start in January 2015, several of which are highlighted in this section.

The Child Development office mission is to: a) help communities develop and maintain programs for young children that are healthy, safe, and appropriately responsive to children's physical, social, emotional, and cognitive development needs; and b) enhance the capacity of child care programs and providers to provide preventive services to children and their families.

To achieve its mission, in collaboration with community and state partners, Child Development provides technical assistance, support, and training to early care and education programs. Consumer education is also provided, guiding families in choosing high quality and affordable child care programs. Child Development also monitors providers and develops policy for New Hampshire's \$40,000,000 Child Care Scholarship program that serves approximately 5,100 children each month. Families may be eligible according to income, participation in employment activities, and/or the need for strength-based parenting program.

The BCDHSC continues to integrate their work both within DHHS and DCYF, as well as with myriad state and community partners throughout New Hampshire concerned with the health,

well-being, and early learning of children and their families via braiding funds, sharing resources, allocating staff time to shared initiatives, targeting common goals and outcomes within the respective federal plans and co-authoring grant applications to further the early childhood systems building efforts in New Hampshire. As a result, considerable progress was made during the past year in a number of priority areas, four of which are highlighted next:

- Workforce and Professional Development/Family Engagement;
- Early Childhood Mental Health/State Systems Building;
- Developmental Screening through Watch Me Grow (Developmental Disabilities); and
- Child Care Emergency Preparedness Plan Template and Continuity of Operations and Recovery Plan.

Workforce and Professional Development/Family Engagement

EarlyEdU Alliance. In the past year, the BCDHSC partnered with the Head Start Training and Technical Assistance Network to bring the EarlyEdU Alliance to New Hampshire and recruit members for a state team among New Hampshire's institutions of higher education (IHEs). The EarlyEdU Alliance is a national collaborative effort to improve access to affordable and effective bachelor's degrees in early childhood education. It includes a network of institutions of higher education (IHEs) using innovative and competency-based courses developed exclusively for the EarlyEdU Alliance by national experts in the field of early learning, as well as state-based teams that work to improve access to affordable, relevant early childhood degrees. Alliance members have free access to more than seven online and fifteen in-person courses at the foundational, practice-based, and capstone levels; an evidence-based "coaching companion;" a video library on early childhood research and examples of teaching practices in diverse early childhood settings. New Hampshire's state team now includes eight faculty members from eight, two- and four-year IHEs. As state liaison to the Alliance, the BCDHSC Administrator will continue to coordinate the team.

Head Start Parent Advocacy Day. Each year the New Hampshire Head Start Parents Association convenes a conference to enhance participants' knowledge regarding the importance of advocating for their children and families and offer tips and strategies for parent/caregiver engagement in advocacy activities at the local, state and national levels. This year's conference, "Stand Up, Speak Out, Make a Difference for Your Family," drew 47 attendees. Among the attendees were Head Start and other parents (including a DCYF Parent Partner and a Central New Hampshire Foster & Adoptive Parent Support Group representative) and representatives from various agencies. The conference is offered at no cost to participants. The BCDHSC assists the Association with planning and logistics, such as determining content and speakers, setting up registration and evaluating the conference.

New Hampshire Department of Education 2017 Educators' Summer Summit. The BCDHSC Administrator served as strand leader and Early Childhood Leadership Team facilitator for the New Hampshire Department of Education 2017 Annual Summer Summit

attended by nearly 600 public school leaders/educators and their community partners, which included public and private early childhood program representatives, school board members, and others. The BCDHSC Administrator co-planned and organized the Early Childhood Strand over six months, including the recruitment of Dr. Walter Gilliam as the Early Childhood Strand Keynote. The BCDHSC Administrator also convened and facilitated the Summit Early Childhood Leadership Team, an eleven-member group of public and private early childhood leaders to create an early childhood-related Innovation Plan to address a "problem of practice" identified by New Hampshire public schools. The team prioritized education on trauma-informed care and the early childhood Pyramid Model for 2017-2018.

Healthy Marriage and Family Education Integration Initiative. In June 2017, the BCDHSC Administrator participated in the National Resource Center for Healthy Marriage and Families New England Integration Institute on behalf of DHHS. The purpose was to explore the possibility of adapting/adopting healthy relationship strategies within DHHS' program and service array for children and families. A nine-member leadership team was convened and tasked with: 1) reviewing Institute materials regarding relevance to the work done by the Division, consistency with DHHS/DCYF values and mission, potential for "added benefit" (vs. redundancy) to existing training/education efforts of a similar nature, evidence basis, adaptability to New Hampshire's needs, and other factors; and 2) generating recommendations for going forward. In addition to the BCDHSC Administrator, the following representatives serve on the leadership team: Two DCYF Parent Partner Program Parent Consultants; DCYF Administrators for four bureaus/programs (Parent Partner Program, Bureau of Child Development and Head Start Collaboration, Bureau of Community and Family Supports, and Bureau of Organizational Learning and Quality Improvement Training); the Division of Family Assistance (DFA/TANF) Bureau of Welfare to Work Acting Bureau Chief, and the Program Specialist/Supervisor of Assessment and Intervention Unit. The team reached consensus that, with adaptations, the materials would be beneficial to the children and families served. In the next few months, the team will generate recommendations for integrating the materials into selected DHHS and DCYF programs/services.

Early Childhood Mental Health/State Systems Building

Perhaps one of the most exciting outcomes for the BCDHSC and its partners over the past year was in establishing New Hampshire as the 28th Pyramid Model State with the national Pyramid Model Consortium. The BCDHSC and the New Hampshire Department of Education (NHDOE) co-authored a successful grant application to the Endowment for Health in 2016 that funds the Pyramid Model Consortium to provide training, technical assistance and support to New Hampshire to launch the initiative based on the Pyramid Model framework and Implementation Science. The BCDHSC Administrator serves as co-lead for this initiative with the Department of Education Preschool Special Education Consultant and Office of Student Wellness Director. Over the past year, substantial progress was made on building a state infrastructure for this initiative, including the following examples: 1) A Pyramid Model State Leadership Team (SLT) was established, which includes eighteen representatives from state and local, public and private organizations concerned with early childhood mental health (including the Child Development Administrator); 2) Funding was identified to support a Leadership Team facilitator;

3) The Pyramid Model State Benchmarks of Quality tool was completed, which documents New Hampshire's readiness for statewide implementation of the model; 4) Members of the SLT collaborated with Spark NH to secure an Endowment for Health grant to support the Pyramid Model Readiness Project, which will provide a facilitator and support to at least four early childhood Community of Practice local initiatives in New Hampshire to prepare their communities to adopt the Pyramid Model framework; 5) Members of the SLT also collaborated with the NHDOE on a State Personnel Development Grant focused on the early childhood Pyramid Model. New Hampshire was awarded \$770,000 per year for five years to build a complementary state and local infrastructure to support the adoption of the Pyramid Model within early childhood programs throughout the State. Finally, a New Hampshire Pyramid Model web page was created within the Department of Education website (<http://www.nhstudentwellness.org/pyramid.html>). Social/emotional development remains one of the top priorities for early childhood and public school professionals in New Hampshire now more than ever given New Hampshire's opioid crisis and its effect on young children.

Developmental Screening, Referral and Parent Information via Watch Me Grow

Watch Me Grow (WMG) is New Hampshire's developmental screening, referral and parent information system designed to assist families of children from birth through five years of age to "ensure their child's brightest future" through voluntary developmental screening, referral to resources and parent education on developmental milestones and red flags. Funding and resources from three DHHS Divisions are blended to support system implementation in the Division's contracted family resource centers throughout the State: DCYF (Bureau of Community and Family Support Services with Title IV-B and Child Abuse Prevention and Treatment Act grants, Child Development Bureau, Bureau of Well-Being and Head Start Collaboration Office); Public Health, Maternal and Child Health; and Community-based Care Services – Developmental Services (Family Centered Early Supports and Services, or early intervention) and Special Medical Services.

During the past year:

- The Head Start Collaboration office in partnership with the Maternal and Child Health Section recruited and hired a full-time AmeriCorps VISTA volunteer to assist with WMG and related efforts during the 2016-2017 VISTA year. The volunteer, who is based at DCYF and supervised by the BCDHSC Administrator, has provided critical support for the advancement and expansion of the system. WMG has also been approved for a new VISTA volunteer for the 2017-2018 and is in the process of recruiting applicants; and
- The Watch Me Grow (WMG) website was modified to include online access to Ages and Stages Questionnaires (ASQ) for New Hampshire families of children from birth through five years of age. Families now can complete the ASQ-3 and ASQ: SE2 (Social Emotional) questionnaires online and connect with a regional Watch Me Grow site or partner for information and follow-up. The website was also expanded to include more information and resources for families and professionals (www.watchmegrownh.org).

- Child Care Aware of NH®, under contract with the BCDHSC, provided information on WMG and linkages to its web site as part of its community outreach and public information efforts on its consumer education website.

As shown in the following table, both the number of developmental screenings WMG conducted and the number of children screened over the past five years have steadily increased, despite the ongoing struggle for state and local support of the system. From the time the data base was established in 2010 to date (October 30, 2017), WMG has conducted 16,220 screenings for 8,111 young children and their families. One noteworthy result as illustrated in the table is how WMG data compare to the estimated prevalence of developmental and behavioral concerns in U.S. children (12% - 16%). The percentage of screenings resulting in a referral, which ranges from six percent in 2012 to ten percent in 2014, is somewhat lower than expected, while the percentage of screenings indicating a need for a recheck (ranging from 10% in 2012 to 14% in 2013) is relatively consistent with the estimated prevalence of developmental and behavioral concerns. However, when taken together, the percentage of screenings resulting in a referral or a recheck in 2013-2016 and cumulatively *significantly exceeds* the estimated prevalence of concerns.

Although there are no data to explain this outcome, one possible contributor is the opioid crisis, which has greatly impacted New Hampshire's young children of parents affected by substance use. Unfortunately WMG is currently unable to do a further analysis of the root cause or validate this possible contributor. The Division has considered a cross walk of the data between WMG and the increase in abuse and neglect referrals to DCYF for substance abuse but there is presently no capacity or resources available to execute this analysis.

WMG has been able to meet the increasing need shown in this outcome by making the tools available online to cut down on the burden of paperwork and data entry, thereby improving efficiency and the time commitment of professionals at Family Resource Centers and the over 90 community partners applying the screening. WMG is currently working to increase funding to the Family Resource Centers as an additional support to enable ongoing capacity to meet this need.

WMG Screenings and Results by Calendar Year (2012-2016) and Cumulatively To Date*

	2012	2013	2014	2015	2016	2010-17**
Total Screenings	834	2,223	2,614	3,535	4,297	16,620
Children (unduplicated)	693	1,492	1,754	2,151	2,341	8,111
Results***:						
Refer	6%	7%	10%	9%	7%	9%
Recheck	10%	14%	11%	13%	13%	12%

*Note: Numbers represent a snapshot in time and may change as sites enter additional data from earlier time-frames.

**As of October 20, 2017

***Percent of total screenings; Rounded to the nearest percent;

Child Care Emergency Preparedness Plan Template And Continuity of Operations and Recovery Plan

The Child Development Bureau Administrator and staff participate in the task force with representatives from other public and private organizations to develop the State Child Care Continuity of Operations and Recovery Plan. The purpose is to ensure child care services and Child Care Scholarship payments can continue and support long-term recovery efforts in the wake of a disaster. Additionally, BCDHSC staff partnered with the DHHS Emergency Management Unit to develop a template for child care providers to develop an emergency preparedness plan. The BCDHSC Administrator provided input on the template.

COORDINATION WITH TRIBES

The Division for Children, Youth and Families is committed to ensuring that provisions of the Indian Child Welfare Act (ICWA) are meaningfully followed. According to the United States Census update for July 2016, the total New Hampshire population was 1,334,795 with 0.3 percent of the population reported as American Indian/Alaskan Native. There are more than 565 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 New Hampshire reported tribal affiliations with federally recognized tribes in other states. Many of the neighboring states in New England do have recognized tribes.

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, has 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 plans to meet with the current chair of the Commission, 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 Core Training Curriculum for Cultural Competency. A review of this curriculum is planned for 2018. The curriculum will be shared

with the Commission on Native American Affairs for their input. In October of 2017, thirteen attorneys of the Division's legal staff participated in a full day training with National Indian Child Welfare Association on the mandatory requirements of the Act.

DCYF Policy Item 1510 reinforces the use of case planning documents that are completed 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. As of January 2018, there are six children involved with DCYF who are reported as only American Indian/Alaskan Native (AIAN) either through a placement case or an in-home case. Through further review of the 84 multi-race children in placement listed in ROM, a Bridges query was able to identify the children who have one of the identifiers being AIAN. There are fourteen children who are in placement through DCYF who identify as full or part AIAN. There are less than one percent of the children placed through DCYF who are identified as AIAN.

DIVISION FOR CHILDREN, YOUTH AND FAMILIES OVERSIGHT PANELS

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 Division for Children, Youth and Families' Advisory Board. In combination, these groups meet the requirements of Child Abuse Prevention and Treatment Act and Title IV-B, in addition to New Hampshire statutory requirements.

The Division For Children, Youth And Families Advisory Board

The Division for Children, Youth and Families' Advisory Board had been a requirement of the New Hampshire Legislature, RSA 170-G: 6. Following the New Hampshire Legislative Session in 2014, the Board was required to sunset. Since then, however, there has been legislation passed to reinstate the DCYF Advisory Board. The Board has maintained many of the previous members in order to maintain the broad Child Welfare representation. The Board members actively meet on a monthly basis as a function of the Citizen's Review Panel.

Topics presented to and discussed by the Board in Calendar Year 2017 have included:

- Update on Child Protective, Juvenile Justice, and Sununu Youth Services Center data and needs by the DCYF Director and Department of Health and Human Services (DHHS) Commissioner;
- Discussion with DCYF/DHHS Administration on the implementation of the recommendations from the Center for the Support of Families (CSF) independent evaluation;

- Presentation by the DCYF Residential Certification Program Specialist on the current status and needs of residentially placed children by DCYF;
- Presentation by the DCYF Community and Family Support Specialist on the use of Licensed Alcohol Drug Counselors (LADCs) in the DCYF district offices and substance abuse service array needs in New Hampshire; 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. An example would be the Board has had involvement with the Foster Care Youth Bill of Rights. This is a current Senate Bill and members of the Advisory Board testified on behalf of the Bill on January 11, 2018.

The Citizen's Review Panel

In April 2011, the Citizen's Review Panel (CRP) merged with the Division for Children, Youth and Families' Advisory Board. Each Board has kept its own identity and mission; however their efforts have been merged and focused on having a more powerful impact on Child Welfare Practice. The purpose of the Citizen's Review Panel is to determine how effectively the Division for Children, Youth and Families is discharging its Child Protection responsibilities.

The Citizen's Review Panel is required to review the compliance of the Division for Children, Youth and Families in the discharge of its duties with respect to the following:

- The State Child Abuse Prevention and Treatment Act Plan;
- Coordination with Title IV-E foster care and adoption programs;
- Activities associated with CFSR;
- Participation in the Division for Children, Youth and Families' Case Practice Review Process;
- Participation in debriefings on Quality Assurance Specific Case Reviews upon their request; and
- Other criteria the panel considers important.

In the event that a fatality or near fatality occurs that is connected to a Division for Children, Youth and Families' Case or Assessment, the Division's Field Services Bureau Chief engages in a critical incident review. The results of this review are shared with the Citizen's Review Panel upon request.

The New Hampshire 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, and DCYF 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 (14th) report of the Child Fatality Review Committee is located at:

<http://doj.nh.gov/criminal/victim-assistance/child-fatality-review-committee.htm>

Given the long standing engagement and collaboration with stakeholders across the child welfare spectrum that has resulted in ongoing assessment and changes to the child welfare system, the New Hampshire Division for Children, Youth and Families believes to be in substantial conformity with this systemic factor.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

STATE RESPONSE:

COURT IMPROVEMENT PROJECT

In New Hampshire, the Division and the Court Improvement Project Coordinator have maintained meaningful, ongoing collaborations that have clearly resulted in each system being able to successfully identify and work toward shared goals and activities. New Hampshire engages in multidisciplinary work to plan and carry out cross-system training. Through this collaboration the Division has created the ability and the structure to provide ongoing training across New Hampshire, as needed, to assure that future changes in staff, within any system, could receive training on the court guide.

The New Hampshire Circuit Court, District Division, Family Division, Probate Division and Superior Court, the Division for Children, Youth and Families, representatives from the Bar, Legislature, Court Appointed Special Advocates, Judicial Council, law enforcement, and the Attorney General's Office continue to partner in addressing solutions to child safety, permanency, and well-being when families are involved in the court system because of child abuse or neglect, child delinquency, or status offenses.

FOSTER CARE HEALTH PROGRAM

Since November of 2009, the Division for Children, Youth and Families has two Foster Care Health Nurses that are available to each DCYF district office as consultants for any family involved with the Division, either during the Assessment phase or after a case has been opened. Each child receives a comprehensive health and developmental assessment within 30 days following placement. The Foster Care Health Nurses act as healthcare program managers to ensure that every child in relative or foster placement has their medical, behavioral, and dental health needs met. The Foster Care Health Nurses also act as healthcare coordinators for children in care who have complicated health care needs to ensure that their medical needs are being met effectively and to collaborate with DHHS partners and community providers to ensure positive health outcomes. Foster Care Health Nurses have been key partners in the resolution of issues and development of Practice Improvement Initiatives this past year when a district office case practice review identified medical or dental service needs.

PROJECT FIRST STEP

Project First Step involves the co-location of Licensed Alcohol and Drug Counselors (LADCs) in the Division's district offices. This program was first initiated as a Title IV-E Demonstration Project from 1999 to 2004. The project has been sustained through Title IV-B and Child Abuse Prevention and Treatment Act funds. In 2016, The Division was granted funds by the Bureau of Drug and Alcohol Support Services to increase the number of co-located LADC's to each of the district offices. Currently, the Division has LADCs in the Manchester, Berlin, Claremont, and Laconia District Offices. DCYF is also preparing to contract for a LADC in the Southern District Office. The Division is continuing to work with the Bureau of Drug and Alcohol Support Services to fill all the remaining positions.

COMPREHENSIVE FAMILY SUPPORT SERVICES (CFSS)

Family support services are delivered as a contractual service, through a network of Family Resources Centers throughout New Hampshire. Services are flexible, integrated, and 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 out-of-home situations.

The program is designed to empower and strengthen families by the development of an individualized family services plan, including preventive child care and coordination of community-based services and supportive services that aid in safety planning and family violence prevention services. During SFY 2018- DCYF was able to access additional TANF funds from the Division for Client Services to support the expansion of Comprehensive Family Support Services to help address the client waitlists and add additional supports to help families in New Hampshire who are struggling with substance use disorder.

Evaluating Outcomes

The Comprehensive Family Support Services program is evaluated by the Division for Children, Youth and Families. Under the direction of the Bureau of Organizational Learning and Quality Improvement, the Division for Children, Youth and Families is moving toward a system of outcome-based contracting. Beginning with Comprehensive Family Support, in 2007, the Auditing Specialist worked collaboratively with providers to create a set of standardized outcome measures and design a data collection and reporting system. Outcome areas include:

- Characteristics of target population;
- What are the services needed and at what intensity; and

- Success of the program in avoiding future Division for Children, Youth and Families' involvement.

CFSS Outcome Concepts

- Treatment plan success leads to avoidance of future Division for Children, Youth and Families' costs;
- CLASS of . . .
 - Only Discharged Children;
 - Only those with a Treatment Plan;
- Each state fiscal year generates a new class;
- Each class will be tracked for three successive years;
- Avoidance of future costs means capturing those children who are NOT successful;
- Capture only first event of Division service (no repeats in Year Two or Year Three); and
- Success starts out as 100% and lowers as each unsuccessful event is captured.

NEW HAMPSHIRE CHILDREN'S TRUST

The Division partners with the New Hampshire Children's Trust, Inc. (NHCT), whose mission is to prevent child abuse and neglect in New Hampshire. In 1996, the NHCT was designated as the lead agency to receive and distribute Child Abuse Prevention and Treatment Act Title II (Community-based Family Resource and Support) funds. Currently, the organization receives approximately \$200,000, an amount that is based on the State's child population. Primary prevention is the highest priority of the New Hampshire Children's Trust, Inc. Their programs focus on education and training in infant/child development, parenting, and skill building for parents.

New Hampshire Children's Trust, Inc. is an essential partner with the Division's Bureau of Community and Family Supports and a co-lead with the Child Development Bureau in the Strengthening Families' Initiative.

Family Support New Hampshire (Membership is primarily DCYF-contracted Family Resource Centers) partnered with New Hampshire Children's Trust and the Division for Children, Youth and Families to adopt the California Network of Strengthening Family Networks, standards of quality which are built on the principals of family support. These standards are now being used by the Wellness and Primary Prevention Council (which DCYF is a member of and provides Administrative support to) to designation Family Resource Centers of Quality. After the adoption of the standards Family Support New Hampshire engaged Full Circle Strategies Consulting to facilitate the process to determine the infrastructure for a sustainable system of

New Hampshire Family Resource Centers of Quality (FRCQ). The Division for Children, Youth and Families, New Hampshire Children's Trust, Wellness and Primary Prevention Council, and TLC Family Resource Center, were identified as essential stakeholder in this process.

Currently, the Division for Children, Youth and Families is partnering with the Division of Family Assistance to fund a "Family Resource Center of Quality (FRC-Q) Specialist position. This position will be responsible for providing technical assistance to Family Resource Centers who want to apply for FRC-Q designation. This position will work statewide in their effort to support FRC's to identify the standards needed, along with the additional supports through their policies and programs, to meet the FRC-Q standard, provide support and feedback to the FRCs in completing their FRC-Q applications, and conduct site reviews with the FRC-Q application team. This position will also work closely with the Wellness and Primary Prevention Council (WPPC) to establish review teams to review FRC-Q applications, write designation reports and provide regular updates to the entire WPPC regarding the FRC-Q application processes.

Strategic Plan

The New Hampshire Children's Trust has developed a five-year strategic plan focusing on eliminating child abuse and neglect in the most vulnerable population, children under age three. The strategic plan has six overarching goals with specific objectives. Each employee is responsible for implementing a work plan to support progress on the strategic plan. As part of the Continuous Quality Improvement process, employees review outputs and outcomes monthly and report on high level dashboard measures to the board of directors at least semi-annually.

2012 – 2016 Goals

- Reach all New Hampshire families during pregnancy through age three with proven effective strategies that prevent child abuse and neglect.
- Advocate for the best possible New Hampshire policies, plans, systems, data, resources, training, and coordination for prevention.
- Increase public awareness of child abuse and neglect in New Hampshire and how it can be prevented.
- Lead the development of the New Hampshire State Plan for the Prevention of Child Abuse and Neglect.
- Bring prevention resources to New Hampshire from outside and inside.
- Build the sustainable organization's capacity to achieve the goals of the strategic plan.

DIVISION FOR CHILDREN, YOUTH AND FAMILIES EDUCATION SERVICES AND SUPPORT

The Division contracts for an Education Consultant to be involved in case consultation, training, and informing policy development, school districts, courts et al. and state level Department of Education (DOE) staff and will continue this effort.

In addition to direct consultations involving attendance at Individualized Education Program (IEP) meetings, and advocating for effective services for children in residential placement and in foster care, the Education Consultant has also been working collaboratively with the “Educational Stability Committee.” This diverse stakeholder group has been focused on several issues, including a new state statute that requires a school transition plan whenever a child has to move school districts, as well as, the implementation of the provisions of Every Student Succeeds Act (ESSA) in New Hampshire.

As a result of the collaborative nature of this committee, the New Hampshire Department of Education and the New Hampshire Department of Health and Human Services released a “Joint Guidance” document regarding the implementation of ESSA to schools and the Division for Children, Youth and Families. The Joint Guidance includes several forms that can be utilized by schools and the Division to ensure there is documentation of the best interest determination, immediate school enrollment, and a Notice to School District of Residential Placement Change.

The Education Consultant conducted numerous information sessions and trainings for a wide variety of stakeholders, including all of the Division’s district offices, CASA Supervisors and Volunteers, ISO Foster Care providers, Special Education Administrators, and newly appointed points of contacts in the south west region of the State.

The Division is working with the Department of Education (DOE) to identify current statutes that create barriers for data sharing and determine a means by which data can be meaningfully shared between DOE and the Division for Children, Youth and Families. There has been significant progress in this regard and preliminary data matches have been established. The Division is awaiting final approvals from the respective agencies prior to publically releasing the data regarding state assessment scores, graduation rates, suspension/expulsion data, and post-school outcomes.

FAMILY VIOLENCE PREVENTION SPECIALIST PROGRAM

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.

In 2015, New Hampshire legislation passed that allowed for a percentage of marriage license fees that are paid to be forwarded to the Department of Health & Human Services for the purposes of New Hampshire RSA 173-B:15 (Protection of Persons from Domestic Violence). Also, Joshua's Law (RSA 631:2-b) was modified to state that in addition to any other penalty authorized by law, the court shall levy a fine of \$50 for each conviction under this section. Fines imposed under this section shall not be subject to an additional penalty assessment. The clerk shall forward all fines collected under this paragraph to the Department of Health and Human Services for the purposes of RSA 173-B:15. The contract with the Coalition Against Domestic and Sexual Violence has been amended to include these assessed fees.

MERGER OF THE HEAD START COLLABORATION OFFICE AND CHILD DEVELOPMENT BUREAU

The Division for Children, Youth and Families has merged the HSCO and Child Development Bureau as part of a DCYF organizational "transformation" effort. The purpose of the new Bureau of Child Development and Head Start Collaboration (BCDHSC) is to improve outcomes for children and families via shared/leveraged resources, streamlined functions, and increased integration of activities and efforts (e.g., quality initiatives for both bureaus). A model to create or enhance synergy, intentionality, prevention and impact from the merger will be developed in the next three months.

As noted in Item 31, a substantial amount of BCDHSC work is done in partnership with other federal programs, as in the following examples.

- In addition to the integration of the Watch Me Grow Developmental Screening and Referral System into multiple DCYF federally funded bureaus as described previously, the system operates in close partnership with WIC, Maternal and Child Health Project LAUNCH, Special Medical Services, IDEA Part C (early intervention), IDEA Part B/619 (preschool special education), Department of Education Safe Schools/Healthy Students and Project AWARE, multiple DCYF bureaus, the Division of Behavioral Health, and Housing and Homelessness Services. Representatives for most of the above-named bureaus/programs serve on the Watch Me Grow Steering Committee, which collaborates with the State Management Team to make decisions about the system. Watch Me Grow also has worked with the Bureau of Housing and Homelessness to provide training on developmental screening and the Watch Me Grow system to homeless service providers throughout New Hampshire. In past years, the system explored Medicaid reimbursement to providers for developmental screening.
- Both the HSCO and CDB Administrators have been members of Spark NH, the Governor appointed early childhood advisory council, which includes numerous federal program representatives, including Medicaid, Part C, Part B/619, MIECHV and others. The BCDHSC Administrator currently serves as chair of the Council and the Executive Committee.

- The BCDHSC collaborates with TANF to provide preventive and protective child care to children in foster care and families at-risk who do not have an open case with DCYF, but are working with a local Family Resource Center.

The Division has had long-standing collaborative relationships with other federal and federally assisted programs. These relationships have forged many of the programs and initiatives described in the CFSP. Most recently, the Division is further leveraging these relationships by merging its Child Development Bureau with the Head Start Collaboration Office. This will enhance the Division's ability to meet the needs of the population it serves. Therefore, the Division believes it is in substantial conformity with this Item.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

STATE RESPONSE:

STANDARDS FOR FOSTER HOMES – 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.

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 at least one home visit by the licensor, an updated criminal records check to include a local police check, 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.

Standards Applied Equally – Overview

The state ensures that licensing standards are applied equally statewide and to all licensed foster family homes whether the license is managed by the Division for Children, Youth and Families (DCYF) or a Child Placing Agency. 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 Resource Worker for completion of the required elements prior to a license being issued or renewed.

On occasion, a permit will 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.

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. The most common waiver request is for extended time to finish or develop alternatives to the pre-service training. Another common waiver request is to exceed the maximum number of children allowed in a family in order to keep a sibling group together. DCYF has determined that all criminal record checks, the Central Registry check and the fire and health inspections 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 to be documented in the resource home file. Waivers are tracked by the Foster Care Manager. Twenty-seven waivers were completed for non-relative foster families in 2017. All but two were related to allowing the family to exceed six children in the home so that the family

could serve a sibling group. The remaining two were to accept alternative training in order to add a spouse to the license. Eleven waivers were granted to relatives who allowed them to obtain a foster care license prior to completing the entire initial foster parent training. The relatives were allowed to substitute the Relatively Speaking Curriculum designed specifically for relative care issues.

He-C 6446 not only details the requirements for applicants seeking a foster care license but also outlines the expectations of how a foster family will provide for any child placed in their care. Any suspicion of maltreatment of a child by a foster care provider is referred to Central Intake for a Special Investigation. Incidents of non-compliance that do not involve maltreatment to a child are reported to the Foster Care Manager who will work with the licensor to develop an Order to Comply and recommend appropriate corrective action steps. Families have 60 days to complete a corrective action plan. Failure to take the corrective action can lead to revocation of the license.

In an effort to improve the quality and consistency of licensing home studies across the State, New Hampshire adopted the SAFE (Structured Analysis Family Evaluation) Home study as the standard to be used by DCYF and all Child Placing Agencies licensing foster homes. Training and certification for all persons licensing foster homes and their supervisors was provided with funds through the NHAPP grant (New Hampshire Adoption Preparation and Preservation). The expectation was that the SAFE Home study would be used on all new applicants, all Interstate Compact on the Placement of Children (ICPC) licensing requests and all relative care providers. It has been a difficult transition for many resource and licensing workers in the field to switch from the old home study model to SAFE. The tool greatly increased the amount of time required to complete a licensing study slowing down the ability to bring a new applicant to licensure.

In December 2016, DCYF Administration created a Home Study Unit within the Bureau of Community and Family Support to address both the foster care shortage and to ensure that the Structured Analysis Family Evaluation Home study was being completed consistently and with integrity to the model. Four and one half full-time telework positions were created to work exclusively on licensing new applicants. The local District Office Resource Workers were relieved from the responsibility of working with new, non-relative applicants. The Foster Care Unit expanded its central inquiry role to include all initial contact with new applicants and assistance to the potential family in getting all required paperwork, safety checks, and inspections completed.

The Home Study Unit has been focused on getting families through the home study process expediently so that they can be licensed. There are 4.5 FTE in the unit currently and they cover all of New Hampshire with the exception of Berlin, and Littleton catchment areas. The Foster Care Unit has taken over the initial inquiry and paperwork process for all applicants looking to become licensed through the Division. Since January the unit has licensed and provided the home study for licensure of 114 homes, and evaluated for permits on an additional ten homes. The sole focus of the unit has allowed for more sustained attention to the process, better uptake of the new model and increasing ease with the use. The model seems to be working and is

worth considering expansion as the lag in getting families studied for licensure is still a huge problem.

New Hampshire considers the fire inspection of an applicant's home as a critical safety item and will not waive this requirement. New Hampshire statute requires that the fire inspection be completed by the local fire inspector and according to 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 is not applied equally across New Hampshire. Each town or city can set its own fee schedule for this inspection and can require additional and more stringent requirements.

Data Considerations for Standards for Foster Homes

Licensing documentation is reviewed at least twice prior to licensing to ensure that the necessary requirements are fulfilled. The Permanency Supervisor or Home Study Unit Supervisor reviews the entire file for accuracy before it is forwarded with the licensing recommendation to the Foster Care Unit at State Office. . The State Office Resource Worker in the Foster Care Unit verifies all safety requirements before obtaining approval for the actual license or renewal. The Child Placing Agencies that license homes mirror this process. A Federal Title IV-E Audit was most recently held in April 2016. A selection of 71 foster home licensing records were reviewed and found to contain all of the required elements. DHHS conducts annual internal audits with the help of the KPMG consultant group. An audit was conducted of 31 licensed foster homes in the fall 2016. The foster care portion of this audit reviews all of the licensing standards from the Rule. Initially, all 31 files requested passed without any noticeable errors. KPMG recalled the files in early 2017 to further review for several specific items which were not documented clearly. These included documentation for the length of the applicant's residency in New Hampshire and Child Abuse Central Registry and criminal checks in all other states of residence for an applicant in the past seven years. Errors were also found in the placement of children outside the age ranges and numbers that were printed on the physical license. All audits sample a mix of Division and licensed Child Placing Agency homes.

Data Considerations for Standards Applied Equally

Licensing documents are reviewed twice prior to licensing to ensure that the necessary requirements are fulfilled. One role of the State Office Resource Worker is to perform random site visits to each district office to review licensing files for compliance and consistency. Due to increased workloads on the Foster Care Unit, these visits have not occurred in the last fiscal year. The State Office Resource Worker also attends all site reviews with Child Placing Agencies. Site reviews for agencies providing treatment level foster care are held every two years. The State Office Resource Worker trains all new licensing staff for the Division and the agencies. A Federal Title IV-E Audit was held in April 2016. All foster home licensing records reviewed were found to contain all of the required elements. The files were a mix of homes managed by DCYF and Child Placing Agencies.

The Bureau started tracking the number of failed fire inspections in a number of towns. In the Berlin District Office catchment area, over one-third of the new applicants who completed training were unable to pass the local fire inspection prohibiting them from becoming licensed. In June 2016, New Hampshire adopted the 2015 version of the Life Safety Code NFPA 101.

A Core Belief of the Division is that children belong with family. Concerted efforts are made to locate available and appropriate relatives at the time of removal and throughout the case for both temporary placement and as a permanency option. Results Oriented Management data shows that since January of 2017, 30.6 percent of children entering care were initially placed with relatives. While this shows a slight increase from the previous year for initial placement, the Division has greatly increased the use of relative care because of the increased number of children needing care and the diligent efforts to find relative caregivers after the initial placement. Of the 992 children residing in family foster care on October 31 of this year, 443 or forty-five percent are placed in relative care.

New Hampshire relatives asked to care for a New Hampshire child in need of placement are encouraged but not mandated to become licensed. This is required for most New Hampshire relatives looking to serve an out-of-state child. The Division allows for a deviation from the licensing standards if a non-safety related requirement is a barrier to the relative becoming a licensed caregiver. Eleven relatives were granted waivers to the requirements since January of 2017, 100 percent of the waivers completed were requested for initial training.

New Hampshire has always preferred to place children with their relative family members whenever possible. Relative care providers are not required to become licensed for foster care. Most relative care placements are made by Assessment staff. Prior to making the placement, staff must contact the local police department to have an immediate criminal record check completed and must check the internal Central Registry on all adults living in the home. The relative must sign the Relative Care Agreement (form 2273, July 2011) Staff must tour the home for safety and appropriate accommodations. As of November 30, 2017 there were 475 relative care providers opened in Bridges (New Hampshire's Statewide Automated Child Welfare Information System) though not all of these relatives have placement at the present time. Thirty-eight of these relative homes are also licensed foster homes. ROM data shows 463 children residing with relatives as of November 30, 2017. Some relative credentials stay open after the child has been returned home or moved on to a more appropriate placement. Others remain open past the adoption by the relative if post-adoption supports are in place. In FY 2017, 28 children were adopted by a relative family member.

Strengths for Standards for Foster Homes

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 eight 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.

Monthly meetings called "Resource Round Up" are held with the Division's Resource Workers and the Licensing Workers from the Agency Providers. Every meeting includes time set aside to discuss common licensing concerns. Annual refresher training is held for all involved with licensing to review the basics and share tips and strategies to improve practice. Many of the suggested revisions to He-C 6446 accepted by the legislature in February 2015 were formulated by this group.

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. The most common waiver request is for extended time to finish or alternatives to the pre-service training. DCYF has determined that all criminal record checks, the Central Registry check, and the fire and health inspections are crucial to ensuring for the safety of children and will not waive these items.

Strengths for Standards Applied Equally

All homes licensed to provide foster care in New Hampshire follow the requirements of He-C 6446. "Resource Round Up," as described above, is held monthly with the Division's Resource Workers and the Licensing Workers from the Agency Providers. Initial training for all new licensing workers in the State is provided by the State Office Resource Worker.

Randomly chosen foster care licensing files have been subject to review for Title IV-E compliance and as part of the annual internal KPMG audit for the Department. Whether managed by the district office or Child Placing Agency, the files have always passed. In addition, the Foster Care Unit performs site reviews with Child Placing Agencies every two years and district offices on an annual basis.

New DCYF Policy (1711) was created to address the licensing of disabled applicants. The policy, Reasonable Modifications for Foster Care and Adoption Programs, was developed in consultation with the Division's legal counsel and the program managers for Foster Care and Adoption to provide prospective foster and adoptive parents reasonable modifications as mandated through the Americans with Disabilities Act. This newly developed policy clearly identifies the non-discrimination policy for any Foster and Adoptive Applicant who is a Qualified Individual with a Disability and provides guidance on what is considered a reasonable modification.

Opportunities for Improvement for Standards for Foster Homes

The Foster Care Program has seen significant changes in staff, especially in the private agencies, over the last several years and it is evident that some newer workers do not know the RSA or Administrative Rule as thoroughly as needed. Newer licensing staff will be attending training sessions with the State Office Resource Worker to ensure a higher level of competence

in this area. The Administrative Rule is silent on the specific documentation required from applicants to verify certain life events; i.e. marriage, divorce, service discharge. The Foster Care Unit will develop practice guidance around acceptable documentation.

The Division is in the process of disseminating the Reasonable and Prudent Parent Standards as required by H.B. 4980 Preventing Sex Trafficking and Strengthening Families Act. A training curriculum has been developed for both foster parents and staff to provide education and guidance on the standards. There are pre-existing practices and a “Parental Permission for Children in Care” form that are in conflict with the new standards and this is causing some disconnect between foster parents, workers, and birth parents. There is an expectation that this form will be revised with input from the Parent Partners group to better complement the Reasonable and Prudent Parent Standards and dispersed to the field with guidance in the form of a tip sheet.

He-C 6446 as amended in 2015, added the requirement of a state registry check through the Bureau of Elderly and Adult Services (BEAS). This was strongly supported as best practice for assessing the safety of a new applicant. It was discovered after the fact that releasing these results for other than adult services was prohibited by statute. There is a similar prohibition from BEAS’s ability to check the Division’s Central Registry for applicants seeking to become providers for disabled adults. This requirement remains on hold pending a proposed resolution through a statutory amendment. As this did not occur in the last year, efforts may be made to remove that requirement from the Administrative Rule.

Opportunities for Improvement for Standards Applied Equally

Due to staffing turn over in both the Division and Child Placing Agencies, it has become evident at times that some newer staff are not as skilled in the assessment of new applicants in order to develop high quality home studies. Through the Adoption Preparation and Preservation Project (NHAPP) grant, all Resource and Licensing Workers have now been trained and certified in the SAFE (Structured Analysis Family Evaluation) Home study process. The use of Structured Analysis Family Evaluation will improve consistency and quality in the assessment of foster and adoptive families. It is expected that this will have a direct effect on safety and the ability to match children with the most appropriate family to meet their needs.

A frequent barrier to licensing faced by some applicants is the ability to pass the local fire inspection. New Hampshire state law requires the local fire inspector to approve the foster homes in their town. Despite efforts to develop a uniform fire inspection form with the State Fire Marshall in the past, each town and city sets its own requirements based on which Fire Safety Code they have adopted and their own interpretation of a foster home. There are some towns in New Hampshire where no new foster homes have been licensed because of the inability to pass a fire inspection in an older home. The Foster Care Unit is meeting with the State Fire Marshall to update a standardized fire inspection template based on the current Life Safety codes. Regional information meetings will then be scheduled for all local fire inspectors to build consensus in using a statewide standard for the inspection and to promote a better

understanding of the purpose of foster care and the importance of having placements available in every community.

The Division feels that it has demonstrated substantial conformity with Item 33 – Standards Applied Equally. Licensing staff within the Division or with partner agencies ensure that all applicants meet the standard requirements for licensing. With the exception of relative care providers and times when siblings should remain together in one home, all care providers are held to the same standard. Documentation of the required elements is reviewed several times prior to a license being issued. Files are reviewed at a minimum annually for those managed by the Division and bi-annually for agencies during their site reviews. Staffing and workload demands have diminished the ability of the Foster Care Unit to provide more frequent quality assurance reviews. The Foster Care Program will need to continue its efforts in working with the State Fire Marshall to develop one set of unified fire inspection standards to be used state wide. Any changes are likely to need new legislation.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

STATE RESPONSE:

REQUIREMENTS 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 Central Registry check for any history of abuse and neglect. These are considered to be safety checks and there are no exemptions 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. Criminal record and Central Registry checks are only valid for a maximum of two years. A foster care license expires prior to reaching the two-year mark. These checks must be completed again in order to renew a foster care license. Relative care providers who choose not to become licensed are subject to a New Hampshire based criminal record check which does not include fingerprinting. All relatives consent to an immediate criminal record check with their local law enforcement prior to a placement being made in their home. These checks are inclusive of all adult household members.

He-C 6446 requires that applicants and any other adult over age 21 residing in the home undergo LiveScan fingerprinting with the New Hampshire Department of Safety for an initial license. One of the findings of an FBI Audit held in July of 2015 was that the New Hampshire state statute only allowed for the actual applicants to be fingerprinted and was not inclusive of other adult household members. The Division for Children, Youth and Families pursued an amendment to the legislation and the inconsistency was resolved through House Bill 355, effective June 16th, 2017. Another finding of the FBI Audit was that the Public Law referenced in the New Hampshire statute allowing for the fingerprint checks on applicants for foster care and adoption prohibited the dissemination of the results outside of the Department. It was learned that even disclosing that there was “no record found” indicated that a fingerprint record check was completed and was prohibited. Legal Counsel for the New Hampshire State Police and the Division worked with the Governor’s Office to address the concern of withholding the fingerprint results for the home study. Former Governor Maggie Hassan requested that New Hampshire be authorized to complete these required safety checks under the Adam Walsh Child Protection

and Safety Act. New legislation was enacted in June of 2016 and the request was approved in March of 2017.

The current process includes the applicant calling a dedicated New Hampshire State Police telephone number to make the appointment. The applicant submits the appropriate forms and fee for the fingerprinting to the Division. The requests are forwarded to the New Hampshire State Police Criminal Records Unit. Fingerprinting and state criminal record check results are returned via a courier to the Department of Health and Human Services/Division for Children, Youth and Families. The Foster Care Manager reviews and tracks all results and then releases the information to the field and private agencies. The original forms for new applicants are securely maintained by the Division.

Data Considerations- Requirements For Criminal Background Checks

Federal Title IV-E Audits completed in the fall 2013 and the spring 2016 showed that criminal background checks and reviews of child maltreatment histories were consistently completed for foster and adoptive parents. FBI LiveScan fingerprint checking began in 2007 as New Hampshire complied with the Adam Walsh Act. All applicants seeking a foster home license and any other adult in the home over age twenty-one needed to be fingerprinted. 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. The applicant pays for the cost of the fingerprinting procedures up front but is reimbursed after their license is issued. This was a result of the FBI audit of the New Hampshire State Police held in July 2015. The Division was included as part of this audit as the New Hampshire State Police facilitates fingerprint record checks for foster and adoptive applicants. Since January of 2017, the Division has processed 740 applicant fingerprint results. The Division is responsible for all FBI fingerprint results and must ensure that these records are kept secure.

Strengths- Requirements For Criminal Background Checks

A New Hampshire criminal background check to include fingerprinting and local police check is mandatory for all applicants looking to be permitted or licensed. In addition, criminal background checks will be completed in every state where the applicant has resided in the prior seven years. He-C 6446, the Administrative Rule for licensing foster homes is very clear as to the types of felonies committed that would prevent the issuing of a foster care license. The license of any foster parent committing a felony level offense as defined by the Rule, would be revoked without the benefit of an Order to Comply.

New Hampshire has been authorized to complete the required fingerprint based criminal record checks under the Adam Walsh Child Protection and Safety Act and is able to share this important safety information for the purposes of foster care licensing and for adoption.

In addition to Criminal Record Checks, the Division follows the same process for Central Registry checks to ensure foster care applicants have no founded history involving the maltreatment of a child in New Hampshire or in any other state in which they have resided.

Opportunities For Improvement- Requirements For Criminal Background Checks

As a result of the FBI Audit held in July 2015 which interpreted that the New Hampshire state statute only allowed for the actual applicants to be fingerprinted, the Division was prohibited from obtaining a fingerprint check of other adult household members. The Division for Children, Youth and Families, through the Department of Health and Human Services requested that the statutory language be amended. During the 2017 legislative session, House Bill 355 was enacted and approved by the Governor on June 16th to remedy the concerns. New Hampshire's RSA 170-B:18 regarding adoption and RSA 170-E:29 regarding Foster Family homes now specify that the fingerprints of any other adult living in the home be submitted.

Prior to 2007, the field could easily and expeditiously complete a New Hampshire Criminal Record check and Central Registry check in order to permit a family who had been identified as an appropriate emergency placement for a child. With LiveScan fingerprinting through the New Hampshire Department of Safety, applicants can complete this requirement quickly but the turnaround time for the results is often a barrier to placing a child with a non-relative connection as the first placement

The Division feels that it is in substantial conformity with Item 34 – Requirement for Criminal Background Checks. A permit or license is not issued without proof that the checks have been completed. Documentation of the required elements is reviewed several times prior to a license being issued. Files are reviewed at a minimum annually for those managed by the Division and bi-annually for agencies during their site reviews. Staffing and workload demands have diminished the ability of the Foster Care Unit to provide more frequent quality assurance reviews. An area to improve on in the next year is to ensure that checks are completed in other states if the applicant has not been a resident of New Hampshire for a minimum of five years. This was found by the Division's internal auditors and the application to become licensed now includes a state residency question.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

STATE RESPONSE:

DILIGENT RECRUITMENT OF FOSTER AND ADOPTIVE HOMES – OVERVIEW

The Foster Care Program provides licensed resource homes and a family experience for children who cannot be safely cared for in their own homes. Prior to December of 2016, the District Office Resource Worker was responsible for recruiting and licensing new foster and adoptive families to meet the needs of children in New Hampshire. Those responsibilities have been shifted to the Foster Care Unit and a small home study unit within the Bureau of Community and Family Support. The local Resource Worker assists in the search for relative care providers that could serve a child in need. There are eight New Hampshire Child Placing Agencies who are certified to provide foster care programs that also recruit, study, and maintain licensed foster families. New Hampshire is a dual-licensed state and both foster and adoptive parents follow the same training, assessment, and home study process.

Recruitment and Retention responsibilities and activities of the Division are supplemented through a small contract with Bethany Christian Services. This contract for the Community and Faith-Based Initiative focuses 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 Bureau of Community and Family Support is responsible for developing statewide media campaigns, assisting the district offices for general, targeted, and child specific recruitment and for supporting retention activities. The Bureau also provides support and assistance to the statewide foster and adoptive parent association.

Matching a child with a potential family considers whether the foster or pre-adoptive parent has the skills and ability to meet the unique needs of the child and birth family. DCYF does not delay placement into care due to matching issues and works with community members that represent different cultural, racial, or ethnic backgrounds to build and support cultural competency within the resource family pool, and to ensure that resource families are culturally responsive to 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 safely reunified.

Data Considerations- Diligent Recruitment Of Foster And Adoptive Homes

The overall number of licensed foster homes in the State is still much lower than 2011 but the Division is starting to show an increase. The number of homes closing seems to have slowed from last year and new homes are being added on a regular basis. If DCYF includes foster families licensed for New Hampshire in other states the total number would be 735.

Licensed Foster Families	2011	2012	2013	2014	2015	2016	2017
Total Homes	779	716	663	627	608	593	737
New Homes	136	150	123	121	137	161	236
Closed Homes	265	226	214	179	136	179	13
New DCYF Inquiries Does Not Track Agency Inquiries	673	512	668	641	635	690	892

The number of children and youth in care had been relatively steady but there has been a marked increase in the past year. It should be noted that New Hampshire is experiencing a critical shortage of foster homes available for immediate placement. This is less a result of recruitment and more related to the diminished capacity to respond to potential applicants and the increasing numbers of children in need.

In September of 2014 there were 902 children in care

Relative Care	122
Foster Care	323
Group Care	291

In September of 2017 there were 1499 children in care

Relative Care	428
Foster Care	545
Group Care	347

There has been a forty percent increase in the number of children in care in the past three years.

Foster Care Program 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. 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.” Some foster homes have closed because they are in disagreement with current practice and the expectations placed upon foster families to engage with and support the birth family and/or maintain connections with the extended birth family. Some families licensed to adopt close out of frustration that they are not being matched with the children that they desire. 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. Applicants looking to provide long-term foster care as a source of income or employment have been encouraged to explore elsewhere and clearly told that this is not an accepted practice for children unless they can work with an agency as a therapeutic foster parent. This messaging has had a clear effect on the rate of new homes being licensed by the district offices. 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.

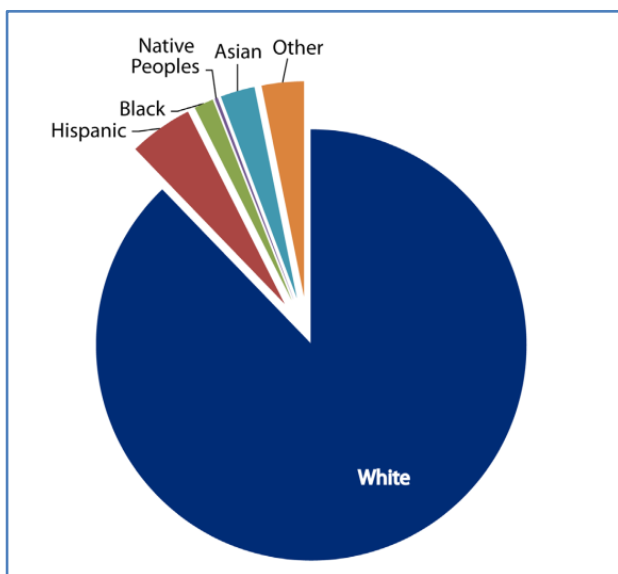
Strengths- Diligent Recruitment of Foster and Adoptive Homes

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, can increase the probability of a successful placement and ideally, can create a lifelong connection or permanent home for the child, if needed. Placement with an available and appropriate relative is the preference when a removal is necessary. New Hampshire uses a diligent recruitment model for potential foster and adoptive families that reflects not only the ethnic and racial diversity of the children in DCYF care, but families who are naturally linked to the neighborhoods and communities’ children are from.

Children in care on November 30, 2017 (ROM)

Race of children	in	family care
Asian		2
Black/AA		32
Hispanic		70
Multi-race		55
NH/PI		2
Other		69
White		747
No data		34

The 2010 US 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.



New Hampshire child (Under 18) population by race and Hispanic origin, US Census 2010

A 2013 review of licensed resource homes in New Hampshire 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 the Division's foster families stated that they were Hispanic in 2010. This data has not yet been updated. Several of the private Child Placing Agency/Foster Care Program partners have continued to make concerted efforts to recruit resource families in neighborhoods and communities that have a higher percentage of ethnic populations. New Hampshire has a growing population of New Americans who have resettled in Manchester, Concord, and Nashua neighborhoods. Recruiters are working 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 is 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.

While efforts are made to diligently recruit foster and adoptive parents who reflect the diversity of the children who need foster and adoptive homes, practice does not delay the selection of a family 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.

The Community and Faith-Based Initiative (CFBI) grows stronger every year. The contract for this initiative managed by Bethany Christian Services, a non-profit faith-based organization, has been very successful in supporting foster and adoptive families and increasing retention. As

part of their recruitment efforts, Community and Faith-Based Initiative staff forge connections with faith-based communities around the State and then are able to present 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 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 was just reissued to Bethany for another two years beginning on January 1, with an option for renewal for an additional two years.

The Division has expanded its use of the Department of Health and Human Services (DHHS) Website as an informational and recruitment tool. Pictures of Waiting Children in New Hampshire are available to viewers (there are presently seven children featured on the website). 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. As Waiting Children who are most in need are promoted on many partner sites and presented at other alternative recruitment events there is no clear data that being featured on the website has directly resulted in a positive foster or adoptive match for a specific child.

The Division for Children, Youth and Families enjoys a strong relationship with the New Hampshire Foster and Adoptive Parent Association (NHFAPA). DCYF values the hard work and commitment of the parents actively involved with this association who offer peer support to fellow families. The Division recognizes and appreciates that the best recruitment tool for new foster and adoptive families is a well-supported network of current foster or adoptive families. The foster parents have started recruiting for more families on their own as they have grown tired of needing to turn children away because they are full. Several parents have banded together and have already held six "Foster Love" events around the State. The foster parent leaders are staying in touch with these interested families and mentoring them through the licensing process. It is felt that this grassroots effort is responsible for some of the substantial increase in inquiries and new foster homes in the past six months. Because the inquiries come in through different avenues and to different people, it is difficult to state how many families have been initially referred to the Division by another foster parent. Inquiries for the year of 2017 were over 800.

While not purposeful, another cause of the increased inquiries is as a direct result of the media coverage in New Hampshire on the opioid crisis affecting the State and the attention that it has brought to children entering care as a result of their parent's addiction and need for treatment. Many potential applicants have expressed the desire to help because they have had a connection with or knowledge of someone whose life has been affected by drug use. The Foster Care Unit has been working on a recruitment effort to reach more New Hampshire residents who are willing to care for these children while offering support to the parents in their recovery efforts and work towards reunification. The Foster Care Program works closely with

the Parent Partner Program and Better Together to promote respectful working relationships between birth and foster parents.

The Foster Care Unit at the State Office has operated a Centralized Inquiry system since 2010. This Unit is responsible for the initial contacts with potential applicants for all but two of the district offices. This ensures that consistent and timely information is being given to people wanting to learn and/or start the licensing process and that less interested or undecided people have a better understanding of the expectations before working with a local Resource Worker. Central Inquiry is able to track when and how an inquiry is referred to the Division, whether or not they have registered for training, whether or not they have completed training, and whether or not they have obtained a license. The data shows a greater percentage of applicants have followed through, since their initial inquiry, and have become licensed. In 2017, the Division tracked 861 inquiries. Of that number, 226 returned their initial inquiry packet to begin the home study process, twelve wrote back to withdraw their interest and 132 have been moved to the “inactive” list. The Division has historically had just over 25 percent of the interested applicants’ return their initial packets in response to initial inquiries. From these inquiries, 102 (12%) have become licensed and another 111 families (12%) are in licensing process with the Home Study Unit. Prior to the Home Study Unit starting, the licensing process for new applicants who were not involved with an out-of-state ICPC request for relative placement 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 Foster Care Unit will have a new tool to assist with inquiries in 2018. DeLoitte Consulting, a contractor for the greater Department has created an online inquiry application that will allow potential applicants to submit their initial inquiry packet electronically. DeLoitte built this into an existing program, NHEasy, which is a web based platform for citizens to apply for benefits through the Department. <https://nheasy.nh.gov/#/>. The platform was made live on December 19, 2017 and 30 people had already started the inquiry process before January 1, 2018. This will take some practice to use both systems but it is hoped that this will allow the inquiry process to be more efficient.

Getting assistance is *EASY*



Cash Medical SNAP (Food Assistance) Child Care Medicare Beneficiary Long Term Services and Supports

Learn more about other DHHS services



Become a Foster Parent

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, 26 children have been presented on the show. Of these children, sixteen 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 2017, 44 families called in as a result of watching the Home At Last presentation on a child though only two have been fully licensed. Of the 41 families who called after watching Home At Last in 2016, eleven have become fully licensed

In addition to the recruitment activities listed above, the Division also supports several more recruitment initiatives:

- The Heart Gallery is a project initiated by the New Mexico Department of Youth and Families as a way to recruit adoptive families for waiting children. The Division partnered with Jordan's Furniture and the Massachusetts Adoption Resource Exchange (MARE) in creating the permanent New Hampshire Heart Gallery in the Jordan's Furniture store in Nashua;
- New Hampshire Division for Children, Youth and Families has also enhanced its traveling Heart Gallery that is used for statewide recruitment and retention events. The traveling display has been featured at various locations throughout New Hampshire, including numerous faith communities, the YMCA and several car dealerships in Concord. A poster-sized version of the display is available to the district office staff for use at local events; and
- The Division has a partnership with the New Hampshire Professional Photographers Association and some individual volunteer photographers to take photos of waiting children. There are currently nineteen photographers who are volunteering their time and services for this project. Recruitment funds are used to print the pictures needed for the gallery. In addition, each child receives a framed 8x10 photo.
- The Division has a new contract with a local private adoption agency to create a New Hampshire Resource Exchange to further highlight the need for adoptive families for New Hampshire's Waiting Children. It is expected that this will become an available recruitment tool in early 2018

Opportunities For Improvement- Diligent Recruitment Of Foster And Adoptive Homes

Whether it is the Foster Care Unit providing information to potential applicants and tracking data or the Home Study Practitioner or Resource Worker in the field who is meeting with applicants to complete the required elements and develop a home study, time is a huge factor. As the responsibilities of the Resource Workers have expanded and the numbers of children needing care have risen, there has been less time for them to engage in recruitment activities and less time to dedicate to working with new applicants through the licensing process. The larger community of New Hampshire has not been receiving clear and consistent public messaging about the need for and role of foster and adoptive families on a statewide basis. Applicants often grow discouraged and drop out of the process when there is a lack of consistent contact from the Resource Worker. The Division was receiving technical assistance to assess the internal capacity to respond to potential applicants and improve the overall recruitment and retention strategies through AdoptUSKids as arranged by the Child Welfare Capacity Building Center for States. This technical assistance was stopped after the creation of the Home Study Unit.

While Foster Care Licensing information is built into the Statewide Automated Child Welfare Information System (SACWIS), most of the data for the Foster Care Program is done by hand counting and the use of Excel. The Division needs to develop more extensive data about successful families so that DCYF can recruit similar families in every community. While the number of interested families has been increasing, the Division does not always hearing from families who are able or willing to care for older teens, large sibling groups, or children with special needs. Many families who call are only interested in adopting legally free younger children. The Division needs to increase its recruitment efforts and messaging to reach people for these special populations and who are able and willing to work with the birth families towards reunification.

The Division has recently started using Results Oriented Management and the State Office Foster Care staff have been trained to use the informative database. The Results Orientated Management system or ROM is a great tool for the field about actual caseloads of children and families. Using that data, the Division can determine demographics of children in care to compare to the Division's foster home pool. Results Oriented Management is helping to better track children who are entering family settings but currently lacks the ability to query specific information about the licensed homes from the Bridges Resource Module. There is a meeting planned to discuss capturing the Resource data available in Bridges to be able to report more accurately on the foster homes in New Hampshire.

The Foster Care Manager is working with the Bureau of Organizational Learning and Quality Improvement staff on a trial Geographic Information System Mapping project for existing licensed homes and a draft map has been created. Adding more details into the Geographic Information System Mapping would be an ideal way to help the Division learn where to focus recruitment messaging. Another project to build an electronic inquiry process for foster care applicants will be ready for release this December. The program has been developed by

DeLoitte Consulting and will operate as part of the NHEasy system which they have already built and established for the Department.

There are currently twelve Resource Workers, four point five (4.5) Home Study Practitioners and approximately eight Child Placing Agency Licensing Workers in the State who are responsible for assessing applicants for foster care licensing and developing the home study that is vital to ensuring safety and the best matching for children entering care. To address this, the Permanency Team in each district office, bureau staff, and all agencies licensing homes for foster care have been trained in the Structured Analysis Family Evaluation Home study process. Structured Analysis Family Evaluation provides for a much more thorough evaluation of the applicant through questionnaires, interviews, and a prescribed process of supervision and completion. The multiple steps in the process, the level of detail, and the newness of this methodology have increased the average time to complete a study on a new applicant. It will take time for Resource and Agency Licensing Workers to feel practiced and develop expertise in completing these studies.

The Foster Care Unit tracks closing data on all homes and a significant number have closed in the last five years. Up until this current year, the trend was that more homes closed than opened. During 2017, 134 homes have closed but 234 new homes have been licensed. This is a hopeful turn around and evidence that the dedicated unit to license new foster families is working. While most of the closing summaries clearly indicate that the family has closed on a positive note many indicate that they have closed because of the lack of communication with staff. Improving customer service to the Division's resource families and providers is an area that must be addressed. The data shows that there is a concerning shortage of appropriate foster homes in New Hampshire and the Division cannot afford to lose more. The previous Administrator for the Bureau was intending to follow-up with all families who are requesting to be closed in an effort to further determine the reasons for closure and to identify trends. This will not be continued at the present time

New Hampshire has not met substantial conformity for Item 35: Diligent Recruitment of Foster and Adoptive Homes. This 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. Progress has been made to be in better compliance with this through the creation of the Home Study Unit and the adoption of using the Structured Analysis Family Evaluation home study but 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. New Hampshire has some growing disparity with the ethnic and racial diversity of children entering care in the State. The Division's current foster home pool however, is almost as equally diverse as the children in care.

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

STATE RESPONSE:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

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, through Child Protective Services or Juvenile Justice Services. 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.

Timely Home Studies

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 has a monthly report that provides data on ICPC referrals received into New Hampshire. This report allows the ICPC Administrator to track the timeliness of these home studies.

The ICPC Administrator's responsibilities include 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 any issues that may impact timeliness of completed studies. The ICPC Administrator also attends the monthly statewide meeting with resource workers, who are the workers completing the ICPC home studies. The ICPC Administrator will provide ICPC updates to the group as well as give reminders of the importance of home studies being completed within 60 days.

The ICPC Administrator highlights the due date of the home study on all referral transmittals that are reviewed by a supervisor prior to being assigned to a worker.

In September of 2017, a new ICPC Administrator was hired. The new ICPC Administrator created a tracking report and is now sending reminders to workers and their supervisors that a home study is due, prior to the 60 day due date.

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

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

New Hampshire Receiving:

- 202 ICPC Referrals were received from other states;

Of the 202 referrals received:

- 58.9% were completed within 60 days;
- Twelve were completed within 61-75 days;
- 35 were completed in over 75 days; and
- 36 were not completed by end of reporting period.

The above data reflects both child protective and juvenile justice cases. The current data collection process does not differentiate between the two types of cases. Moving forward, changes will be made in regards to what data needs to be collected in order to identify the case, whether it is a child protection or juvenile justice case.

New Hampshire Sending:

- 114 ICPC Referrals were sent to other states

Of the 114 referrals received:

- 65 were completed within 30 days;
- Ten were completed within 31-60 days;
- Zero were completed within 61-75 days;
- Fourteen were completed in over 75 days; and
- 25 were not completed within the reporting time-frame.

New Hampshire Sending/Receiving:

- 25 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;
- Child was placed in a relative home at the time of the adoptive home study request and relatives needed to complete training;
- 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;
- A particular district office receives numerous ICPC referrals within a short period of time; and
- Availability of staff resources in a district office impacted assignment and timely completion of home study.

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

- Requests for home studies that are lacking necessary information to assign to the local office will not be assigned to the district office until the ICPC Administrator has received the missing information;
- Oversight by the DCYF Field Administrators assigned to the local offices including follow-up with the supervisor and assigned staff to address issues related to incomplete studies;
- Monthly review of data reports that track time-frames for pending home studies and communication with the district offices regarding completion dates;
- Conference calls and face-to-face visits between the ICPC Office and the district office Child Protective Services Worker and Supervisor around whether a placement may be supported.

Despite efforts made by the ICPC Administrator to ensure that home studies were completed within 60 days, New Hampshire was only been able to achieve this goal 58.9 percent of the time. During this past year, staff turnover rate was high and resource workers were needed to meet the daily demands of their offices and were therefore, not readily available to complete an ICPC home study, certainly not timely.

Fortunately, over the past several months DCYF has steadily been hiring new staff and resource workers are now able to focus on ICPC home study requests. The ICPC Administrator will continue to track due dates, send reminders when the due date is approaching and continue to be a support to the field and help trouble shoot when time-frames are not being met.

ICPC Permanency Planning

In an effort to assist in achieving timely permanency for children, the ICPC Administrator is available to attend internal Permanency Planning Team Meetings. It is often recommended to initiate the ICPC process sooner in case planning due to the amount of time it takes to receive a completed home study from another state. The ICPC Administrator also communicates with the receiving state once placement has been made to ensure that the permanency plan is achieved.

USE OF CROSS-JURISDICTIONAL RESOURCE FOR WAITING CHILDREN

The State of New Hampshire uses multiple strategies to facilitate timely adoptive or permanent placements for waiting children. Some of the cross jurisdictional resources, both outside and within New Hampshire, that are used to assist in finding adoptive homes for children include AdoptUsKids, Massachusetts Adoption Resource Exchange (MARE), a Wendy's Wonderful Kids (WWK) Recruiter, the Heart Gallery, and the WMUR Channel 9 segment entitled Home at Last. For older youth who have specialized needs, using these additional targeted recruitment opportunities expands the pool of potential adoptive families throughout New Hampshire and

beyond state borders. AdoptUsKids allows the State of New Hampshire to photo list youth so that prospective adoptive families throughout the State and the country can learn about waiting children and youth and send their home studies for matching consideration. AdoptUsKids additionally provides the State of New Hampshire with contact information for all local families who wish to learn more about how to become an adoptive parent for youth in foster care. Many of these inquiries follow through to become licensed foster homes available for pre-adoptive placements. In addition, approximately six to eight times per year, MARE hosts adoption parties to bring together social workers, waiting children, and prospective adoptive parents in casual and fun settings. The State of New Hampshire was represented at several of these adoption matching parties where children participated in person or were presented by staff members to meet prospective adoptive parents. MARE also has a strong collaboration with Jordan's Furniture, who hosts the Heart Gallery in all of their stores throughout New England. The Heart Gallery consists of rotating digital slides of waiting children with corresponding information about the child's interests, likes, and needs. Many New Hampshire children have been featured in the Heart Gallery. The Wendy's Wonderful Kids recruiter has also accessed additional photo listing websites such as "A Family for Every Child" to seek potential out-of-state adoptive resources for waiting children. The Home at Last Segment which is aired on WMUR Channel 9 runs a short feature on a child in the guardianship of New Hampshire DCYF who needs an adoptive family. The program has been widely successful. In 2017, the program generated forty inquiries. Nearly all of the children who have been featured on the program since it began airing in 2014 have been adopted or are in an adoptive placement.

The Division is also actively expanding resources. The Adoptive Families for Children Foundation - Adoption Exchange contract is expected to pass Governor and Council on January 10th or 24th of 2018. Through this contract, the Adoptive Families for Children Foundation will work in conjunction with DCYF to establish an adoption resource exchange, the Granite State Adoption Exchange. The Granite State Adoption Exchange will benefit the children in the guardianship of the Division. The Exchange will serve as a resource repository for DCYF, private adoption agencies, and prospective adoptive parents. The exchange is a tool for the recruitment of adoptive families, education, support, and advocacy for adoptive and prospective adoptive families throughout the adoption process and after adoption. The Exchange will have special features targeted to attract potential parents for specific waiting children. The Exchange will serve as New Hampshire's clearinghouse for adoption information and referral, and will identify potential matches between children and families.

Cross-Jurisdictional Data Points

- At any given time, approximately six to twelve youth might be listed on the Heart Gallery. Some youth do not want to be featured in such a public way;
- All of the Division's legally free waiting children are presented at the Jordan's events at least two times a year. Some of the children attend in person; others are represented by waiting children's flyers outlining their strengths, interests, and needs (the list is typically approximately fifteen to twenty children and youth). One child was officially matched with his adoptive family at a Jordan's event last year;

- The WWK recruiter had an average caseload of fifteen to twenty youth;
- The inquiry list from AdoptUsKids for families seeking information about becoming licensed is about 60 per year; and
- Each child on AdoptUsKids averages about eight inquiries per year (if they are listed that long).
- The Home at Last segment on WMUR channel 9 has been one of the most successful recruitment tools; generating over 40 inquiries in 2017. As of October 31, 2017 there had been twenty-eight children featured on the Home at Last Segment of Chronicle on WMUR channel 9. Fourteen of those children have had finalized adoptions. Six additional children have pre-adoptive matches.

There is a need to better track the outcomes of these activities. It is difficult to capture this information through the current SACWIS system and there is insufficient staff to accurately capture all of the data by hand. Currently, the Division's Permanency Specialist is working with staff to better utilize the recruitment screens in the SACWIS system to gather more information.

New Hampshire has areas of improvement planned for both areas addressed in this systemic factor. The ICPC is not in substantial conformity as data indicated 58.9 percent of ICPC requests are responded to in 60 days or less and therefore 41.1 percent do not meet federal standards. DCYF has made sufficient efforts for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children but has challenges efficiently capturing the data that would better reflect the outcomes of the efforts.

Appendix

Child Welfare Systems Transformation

New Hampshire Child Welfare Systems Transformation

A safer future for our 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 our child protection system. It requires transforming the child-serving and family support systems in every community. With an unyielding sense of urgency, it's time to transform tragedy into substantive and systemic change in New Hampshire.

To do this, we must collectively move upstream 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.

To accomplish this, DCYF commits to:

Responding, Strengthening and Innovating: Constructing a Safer Future for the Children and Youth of New Hampshire

Responding to the Challenges Facing DCYF

DCYF is responding to the challenges identified in the independent review, leveraging findings to guide, focus, and monitor our work, and listening to stakeholder groups to ensure we are headed in the right direction, building systems that everyone can support and making expected progress.

Strengthening our Team and Our Bonds with Child Welfare Stakeholders

We recognize that DCYF has dedicated and knowledgeable staff, providers, and partners, and we commit to strengthening the capacity and tools of the workforce to improve the safety and well-being of children and youth.

Innovating Practice to Meet the Needs of Today's Children

We embrace a system that moves upstream to prevent child abuse and neglect before it occurs, by providing families and communities the education and resources they need to create a safe and healthy environment to support children's development. We commit to guiding and supporting a culture of learning, data driven decision-making, and continuous improvement to promote DCYF's ability to innovate and transform safety practice, programs, and policies.

Constructing a Safer Tomorrow, Today

We believe constructing enhanced safety approaches takes thorough planning, skilled professionals, the right tools and resources, and working with stakeholders to build a foundation that will support the vision. We also recognize that sustainable safety for children depends upon everyone working together to foster healthier families and communities to prevent future trauma.



New Hampshire Department of Health and Human Services
Division for Children, Youth and Families

DCYF Mission and Vision



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.

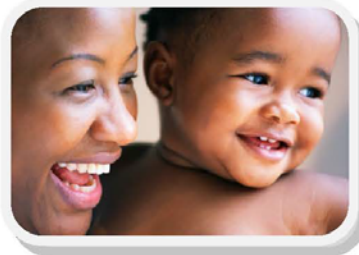
All children and youth need and deserve permanency.

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.



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.

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.





Beliefs and Guiding Principles

CHILD PROTECTIVE SERVICES

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

Prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities.

- We promote prevention services that assist families with developing social networks and concrete supports in their communities.
- We educate families and the community to promote awareness of child abuse and neglect.
- We partner with the community to develop and enhance prevention initiatives and services.



Everyone deserves to be safe.

- Parents are responsible for the safety of their children.
- We work in partnership with families and communities to keep children and youth safe.
- Ongoing safety and risk assessments are used to ensure the safety and well-being of children and youth.
- We value and consider children, youth and families voices in decisions regarding their safety.
- We remove children from their home only when necessary.

All children and youth need and deserve permanency.

- Permanency planning begins immediately and is ongoing.
- Permanency begins with the goal of maintaining children with their families,

followed by reunification, adoption, guardianship or another permanent planned living arrangement.

- It is our responsibility to identify, preserve and promote long-term connections for children and youth.
- We recognize that stability does not equal permanency.
- Concurrent planning is essential in achieving timely permanency.
- Children and youth will be matched with adoptive families that are willing to commit unconditionally.



Everyone needs and deserves a life of well-being.

- We partner with families and the community to identify and provide services for the specific needs of individual children, youth and families.
- We collaborate with families and the educational system to ensure that all children and youth receive educational and transitional opportunities to meet their specific needs.
- We prepare youth for adulthood by partnering them with their connections and community supports.
- We support opportunities for children, youth and families to have "normal" life experiences.

Everyone deserves to be treated with courtesy and respect.

- We clearly explain our purpose, role, responsibilities, concerns and decisions.



- We communicate with empathy and respect.
- We work collaboratively with children, youth, families and community resources while maintaining confidentiality.
- Children, youth and families are to be understood within the context of their own family rules, traditions, values and culture.
- We listen to children and youth and their voices are heard, valued and considered.

All children, youth and families have strengths.

- We share responsibility with the family and community to help families identify their strengths and needs.
- We recognize that families and individuals have the capacity and ability to make positive changes in their lives.
- We acknowledge that family members know the most about their own families.
- Families are best served when they are actively engaged, their voices are heard, valued and considered with regard to all decisions.



All children and youth belong with family.

- We maintain children and youth in their own home when we can do so safely.
- We explore, promote and maintain family and community connections throughout our involvement with families.
- We explore relatives and natural connections for placement and ongoing support, when children cannot be maintained in their own home.



Beliefs and Guiding Principles

JUVENILE JUSTICE SERVICES

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

Prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities.

- Restorative Practices contribute to strengthening and rebuilding relationships within families and communities.
- We promote prevention efforts, which assist families in connecting with supports in their community.
- We educate families and the community to promote awareness of Juvenile Justice Services.
- We collaborate with community partners to develop and sustain diversion practices.
- We work with courts, families, and stakeholders to assist and monitor compliance with court orders.
- We collaborate with families and stakeholders to promote safety and reduce recidivism.

Everyone deserves to be safe.

- Parents are responsible for the safety and supervision of their children/youth.
- We assist families to identify and build upon their strengths and protective factors in efforts to mitigate danger and ensure youth, family and community safety.
- We work in partnership with families and communities to keep children/youth safe.
- Safety planning, risk assessment, and Restorative Justice practices are ongoing to ensure the safety of children/youth, their families, and communities.
- We will always assess and provide for workforce safety.



All children and youth need and deserve permanency.

- Permanency for youth begins at the first contact with the family.
- We will strengthen our partnerships with families, communities, schools, law enforcement, other state agencies, as well as judicial and legislative authorities to prevent children from entering the juvenile justice system.
- We will assist in identifying and advocate for family and community connections for each youth.
- We will assist to support youth in their efforts to maintain and strengthen connections to family and community.
- We promote successful transitions for youth from residential and out of home placements.
- Community safety is always assessed when developing a permanency plan.
- We assist youth in establishing enduring positive relationships that provide stability, belonging and a sense of self.
- Accessible services will be coordinated to allow the youth, families and their supportive connections to be fully involved in the treatment process.

Everyone needs and deserves a life of well-being.

- We collaborate with children/youth and families to enhance their well-being.
- We address the child's/youth's and family's needs, including physical health, mental health and education on an on-going basis.
- We support opportunities for children/youth and families to have a voice in their life experiences.
- We recognize that the culture of the family is an important part of their identity.
- We actively engage the child/youth, their family and their support system in case planning.

Everyone deserves to be treated with courtesy and respect.

- We communicate with empathy, respect and professionalism.
- We clearly explain our purpose, role, responsibilities, concerns and decisions while maintaining boundaries and confidentiality.
- We listen to children/youth, families and communities and their voices are heard, valued and considered.
- We will address the individual needs of the child/youth, families and community with dignity and professionalism.
- We maintain a positive work environment by being respectful of others.

All children, youth and families have strengths.

- We share responsibilities with children, youth, family and communities to identify strengths.
- We acknowledge individuals have the capacity and ability to make positive changes to impact their lives.
- We acknowledge that family members know the most about their own families.
- We recognize the accomplishments of children, youth and families.

All children and youth belong with family.

- We partner with families to maintain children/youth in their own home when we can do so safely.
- We make concerted efforts to identify and engage absent parents and family members to promote and encourage connections when we can do so safely.
- We provide opportunities for children and youth to remain connected with family when they cannot be maintained in their own home.