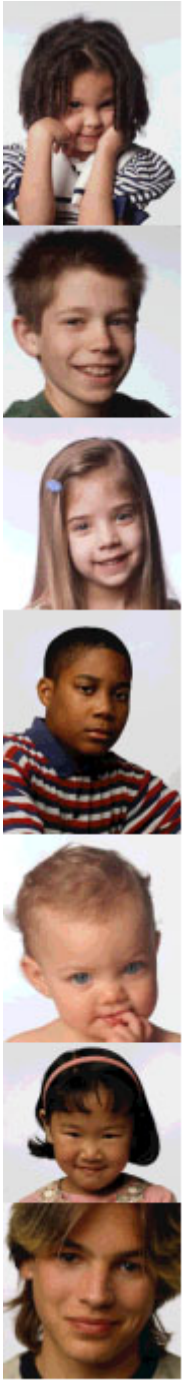

NEW HAMPSHIRE
DIVISION FOR CHILDREN, YOUTH, AND FAMILIES

2010-2014 COMPREHENSIVE CHILD AND FAMILY SERVICES PLAN

JUNE 30, 2009

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

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June 26, 2009

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

Dear Ms. Lockhart and Ms. Pickett:

On behalf of New Hampshire Division for Children, Youth and Families, I am pleased to provide you with our Child and Family Services Plan, (CFSP) for the 2010-2014 planning period. The CFSP, or Five Year Plan, was based on the outcomes of our 2003 Child and Family Services Review, our internal Case Practice Reviews, analysis of administrative data, feedback from staff, youth and families, and a variety of community stakeholders. The Five Year Plan focuses on the development of a practice model, with emphasis on key priority areas.

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

If you have any questions about this comprehensive plan, please contact me.

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

Sincerely,

Maggie Bishop
Director

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INTRODUCTION

New Hampshire's public response to the safety, permanency, and well being of children is framed in the Child Protection Act. This law mandates that New Hampshire Health & Human Services, acting through the Division for Children, Youth and Families (DCYF), respond to children and families affected by those factors that put our children at risk of harm by abuse and neglect.

The 2010-2014 Comprehensive Child and Family Services Plan (CFSP) was established in partnership with community stakeholder advisory panels, DCYF and DJJS management and staff. The DCYF Bureau of Quality Improvement is responsible for the development and monitoring of the CFSP.

Child Welfare and Child Protection are human service endeavors that require continuous self-assessment, critical review, and adaptation to new understandings of best practice, legal mandates and collective social need. The 2004-2009 strategic plan provided the direction and focus needed to move practice and policy in a purposeful and positive direction. Likewise, we anticipate the 2010 –2014 plan will be a "living document" that provides purpose and direction, while being adaptive and responsive to the findings of the next CFSR, as well as ongoing recommendations from internal quality assurance processes, staff, families, and community stakeholders.

A vital part of the last five-year plan was the agency's Program Improvement Plan (PIP), the result of New Hampshire's Child and Family Service Review (CFSR). NH DCYF and DJJS participated in the CFSR onsite review in June 2003. As a result of this review, the divisions developed a statewide Program Improvement Plan, or PIP, which focused on case practice and systemic improvements needed to improve performance on national standards and outcomes identified during the CFSR.

As noted in the final report, the 2003 CFSR determined that DCYF/DJJS were effectively addressing the educational needs of children in foster care and in-home services cases. Further, the DCYF Foster Care Health program was cited as a "promising practice."

The two weakest areas of State performance on the outcomes occurred for Permanency Outcome 1 (Children have permanency and stability in their living situations) and Well Being Outcome 1 (Families have enhanced capacity to provide for their children's needs).

For permanency outcome 1, both case review findings and the State Data Profile indicate that DCYF/DJJS was not effective in preventing foster care re-entries and in reunifying and achieving finalized adoptions for children in a timely manner. Additionally, case reviewers found that in a substantial percentage of the applicable cases reviewed, children experienced inappropriate placement changes.

With regard to Well Being Outcome 1, the case review findings indicate that the agencies did not consistently assess underlying parental issues that posed a risk to children, such as domestic violence, substance abuse, or sexual abuse, resulting in a lack of appropriate service provision.

With regard to the systemic factors, the State was determined to be in substantial conformity with the factors of Statewide Information System; Quality Assurance System; Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention.

The State did not achieve substantial conformity with the systemic factors of Case Review System or Service Array. With respect to the systemic factor of Case Reviews, the CFSR found that the State was not convening permanency hearings in accordance with Federal requirements. Rather than holding the child's first permanency hearing 12-months from the date that the child entered foster care, the State courts determined that the first permanency hearing should be convened 12 months after the adjudication hearing. Because adjudication hearings in the State often were delayed for several months, children's permanency hearings also were being delayed. Court-related delays were found to impede service provision before and during placement into foster care, negatively impacting safety and permanency for children.

While NH successfully completed the Program Improvement Plan in June 2007 the divisions recognize specific efforts and activities identified in that plan that merited additional follow-through in the interest of best practice. Therefore, key components of the DCYF/DJJS PIP continued to be reported through the APSR, and were incorporated into the Five Year Child And Family Service Plan. Where appropriate, these have been carried over into the current plan.

During the past five years, DCYF has made significant progress toward the goals and objectives of the 2004-2009 Child and Family Services Plan (CFSP). The changes to NH's child welfare system that occurred during the last five years are described under separate cover in the 2009 Annual Progress and Services Report.

Significant changes in policy and practice in recent years have resulted in improved outcomes for children and families, and a more comprehensive, coordinated, and effective child and family services continuum. Since the 2003 CFSR, DCYF and DJJS have accomplished a culture shift in relation to permanency. The agencies have successfully implemented major initiatives relating to safety, permanency and well-being. These have included rapid and substantive changes in both policy and practice and have involved and affected all levels of staff throughout the divisions.

While the Division's many accomplishments provide a fertile ground for innovation, both staff and stakeholders have described a sense of inconsistency and a lack of a unified vision across the district offices, and between field staff, supervisors, and program administrators. Given this feedback, DCYF plans to fully integrate all aspects of the broad child welfare system into a statewide family-centered practice model that is developed in collaboration with families, staff, and community partners

The DCYF/DJJS 2010-2014 five-year Child and Family Services Plan is centered on the development, establishment, implementation, and evaluation of a system-wide Model of Excellence in Practice.

In accordance with the National Resource Center for Organizational Improvement (NRCOI), NH defines a practice model as "…a conceptual map and organizational ideology of how agency employees, families, and stakeholders should unite in creating a physical and emotional environment that focuses on the safety, permanency, and well-being of children and their families."[1] The intent of articulating the practice model is to create an overarching framework or foundation which will support, clarify, and guide the programs and service delivery of the division as well as their relationships with sister agencies and the larger community.

This document contains two major sections:

Part one provides an overview of NH's Child Welfare System, including descriptions of the continuum of services provided to children and families, the structure of the agency administering the title IV-B and IV-E programs (DCYF), and descriptions of the programs and activities for which each bureau is responsible. This includes a complete description of programs and services provided under the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) programs as well as the training plan.

Part two outlines which programs and services are funded by CAPTA and Title IV-B funds. This section includes required CFS 101 forms and additional budget information.

The DCYF Disaster Plan and Health Services Plan are included as appendices

[1] National Child Welfare Resource Center for Organizational Improvement

AGENCY ORGANIZATION AND CONTINUUM OF SERVICES

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

Vision

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

Mission

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

Services are provided through the Department's 12 district offices as well as by a variety of service and residential care providers located across New Hampshire. The Division's programs have an overall SFY 2008 budget of $138,070,235 and a staffing allocation of 390 positions.

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

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

- The Bureau of Developmental Services for Family Centered Early Supports and services for children with developmental delays and chronic health conditions.

BUREAU OF CHILD PROTECTION

The Bureau of Child Protection provides program oversight and direct intervention when reports of child maltreatment are received. Child Protective Service Workers (CPSWs) with the consultation, direction and support of their unit supervisors, take action to prevent further harm to children and strengthen the family unit. This is accomplished through the assessment of child maltreatment reports, referrals to community supports and prevention programs, and linking families to more intensive in-home services as needed to preclude the removal of children from their homes. If a child cannot be safely maintained in their home, child protective staff are then responsible for placement, case planning and service provision efforts to reunify the family, as well as concurrent planning with the family to identify alternative permanency options when reunification is no longer the goal.

Services from DCYF can be provided in a variety of ways including:

- Short-term intervention and community referrals when there is a suspicion of abuse or neglect,
- Voluntary services to support families who require intensive behavioral services or are facing a family crisis and need time-limited assistance in providing safe care for their children,
- Non court-involved cases, in which DCYF works with families when child abuse or neglect has been substantiated and willingly acknowledged by the parent, or
- The filing of abuse and neglect petitions requesting intervention under the court's authority for purposes of child placement, termination of parental rights or other circumstances requiring legal resolution.

The Bureau is divided into four primary program areas to meet these needs.

Child Protection Field Services

Staff in this program area is responsible for assessing child maltreatment and providing ongoing family-centered services when necessary. The Child Protection Administrator and three Assistant Administrators provide monitoring, oversight and support of business operations in the twelve district offices located throughout the state. Oversight of the Central Intake office is also provided. District Office Supervisors, Assistant Supervisors, and Child Protective Service Workers (CPSWs) comprise the direct field staff working with the children, families, and providers within the community.

Central Intake

DCYF's Central Intake Office receives between 19,000 and 20,000 calls annually regarding concerns of child maltreatment and requests for child welfare related information and service referrals. The CPWS's and Supervisors at the Central Intake Office are responsible for

determining if there is sufficient information to indicate an assessment is warranted. Between 7,000 and 8,000 reports are screened-in annually and sent electronically to the appropriate District Office, where a protective investigation begins within 72 hours.

Assessment

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

Family Services

Approximately 3,500 children are served through an open family services case each year. Family Services CPSWs work to preserve the family unit and reduce the risk of child placement by using strength-based approaches to build upon the skills recognized by the parent(s) and arranging for more intensive therapeutic in-home services when necessary to keep the family together. For all open cases, the Family Services CPSW engages the family in developing a case plan. The case planning process provides the opportunity for the family, their children if age appropriate, and the CPSW to identify specific goals and services aimed at increasing the parent's capacity to keep their child safe from further harm. For children in out-of-home placement, the CPSW makes concerted and reasonable efforts to reunify the family while also providing support to the foster or relative home throughout the case. Again, this is done through the case planning process and requires the CPSW to develop a concurrent plan with the family in the event reunification cannot occur and take action assure the concurrent plan can be implemented in the event it is needed.

Foster Care Licensing

CPSWs in the District Offices are responsible for licensing foster families in their catchment area. These Foster Care Licensing workers work with foster parents and CPSWs to identify foster family homes to provide a safe and stable family for children who cannot safely be cared for in their own homes. The Foster Care Licensing CPSW in each district office also works to recruit, train and license foster families, and match children in need of out-of-home care with a foster family best suited to meet the specific needs of each child. The Foster Care Licensing Workers in each office also work closely with the Foster Care Program housed in the Bureau of Community and Family Support Services.

Special Investigation Unit

The DCYF Special Investigations unit (SIU) assesses all reports of alleged abuse and neglect in foster homes and residential facilities. SIU works cooperatively with other state licensing and certification entities and law enforcement, when needed to assure the safety and protection of children and youth in these cases. The Attorney General's office is responsible for conducting protective investigations for all the state-run facilities including the youth detention facilities. SIU is responsible for providing direct assistance and information to the Attorney General's

office in reports involving these facilities. The Attorney General's office makes the final determination as to whether or not abuse and/or neglect occurred and what action will be taken. For foster homes and residential facilities, SIU determines whether the allegations of abuse or neglect are founded or unfounded and, if necessary will make recommendations to the agency or facility to resolve identified issues and/or concerns related to child safety. These include, but are not limited to, foster parent support, staff training or the development and oversight of corrective action plans.

Caseworker Visits with Children

The CFSR and the state's ongoing Case Practice Reviews have provided clear evidence of the link between frequent, high quality caseworker visits and positive outcomes for children and families. As such, DCYF Supervisors and staff have responded positively to federal requirements for monthly caseworker visits.

DCYF updated the caseworker visit policy in June 2008. In addition, the Division developed training and reporting systems to monitor caseworker visits and provide updated data to the district offices on a monthly, quarterly, and annual basis. To date, all benchmarks for performance improvement have been met. At a recent Leadership meeting, district office supervisors shared techniques that have lead to their success in this area.

The following table describes these activities in more detail.

ACF Requirements for Caseworker Visits: DCYF and DJJS placements (excludes detention)						
	Actual	**Target**	**Actual**	**Target Performance**		
	FFY 2007 (baseline)	FFY 2008	**FFY 2008**	FFY 2009	FFY 2010	FFY 2011
% visited each/every month	**28%**	30%	**45%**	60%	75%	90%
% in residence	**71%**	>= 50%	**81%**	>= 50%	>= 50%	>= 50%

Activities	Status
Review BRIDGES to determine ability to capture required elements	Completed August 2007, screens capture visit date, type, location, reason and participants.
Run Baseline data	Completed October 2007, submitted to ACF on 10/31/07
Change exisitng Family Service Supervisors Report (FSSR) to capture visits on monthly basis	Completed August 2007
Discuss changes to policy and reporting at DCYF Leadership	Completed August 2007
Monitor reports/discuss barriers at DCYF Leadership meeting	Ongoing
Revise existing DCYF visitation policy	Completed. Distributed June 2008
CPSW/Supervisor training/education on importance of entering contacts and outcomes associated with caseworker visits.	"Roadshow" provides overview of CFSR, focus on connection between monthly visits and improved outcomes. Completed last district office in April 2008. Themes incorporated into ngoing Case Practice Reviews and trainings.
Additional training as required	Ongoing. "Documentation" training in planning stages.
Inform DCYF and DJJS Administrators of financial implications and targets	Completed with ongoing discussion and monitoring of reports
Discussed quarterly report at Data Mangers meeting/ educate new DJJS data analyst	Completed 7/31/2008
Provide DCYF and DJJS administration with FFY 2008 performance	Completed October 2008
Update/congratulate staff on improved performance exceeding goals!	Completed at Leadership meeting in January 2009.

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

Leadership Meetings

Each month DCYF Administration brings together child protection Supervisors from across the State with Administrators and Program Specialists from the state office. These Leadership meetings provide a unique forum for dialogue on who we are in our work together, how we want professional skills developed to achieve the goals of safety, permanency and well being for children and their families and what action will demonstrate we are making progress towards those goals.

Over the past three years these meetings have focused on assisting Supervisors build their skills as a team that drives decisions in child protection practice. The culmination of their work has been demonstrated in their commitment to development of office specific mission statements, established expectations regarding professional behavior in the work place and written standards for supervision in child welfare.

The foundation for the establishment of an approach to a model of excellence in practice has been built as a result of this commitment. In October 2008 initial work to develop a practice model of excellence began by bringing together front line Supervisors involved in Child Protective Services in NH's 12 district offices and the Central Intake office. During the course of a full day meeting Supervisors identified a variety of benefits and goals they hoped would be achieved through the development of a practice model. These include:

- Professional development opportunities for all staff
- Consistency of practice statewide
- Greater sophistication in the ability of staff to conduct comprehensive assessments with a family to determine their needs and make appropriate service referrals to address those needs
- Enhanced recognition and value of identifying protective factors when working with families
- Increased family engagement throughout the time DCYF is involved

Breakthrough Series Collaborative On Safety And Risk Assessments

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

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

Since September of 2008 DCYF has participated in the Breakthrough Series Collaborative on Safety and Risk Assessments, sponsored by the New England Association of Child Welfare Commissioners and Directors, Casey Family Programs and Judge Baker Children's Center. This Breakthrough Series Collaborative is a two-year commitment that involves four teams from NH. Teams are comprised of discreet participants that include representation of State Office administration, District Office Supervisors, front line supervisors and staff, birth parents, youth, and cross-system partners.

The Breakthrough series is challenging DCYF to look at how to improve outcomes in the seven key practice areas, which are;

Engagement:

- Respecting and responding to race, ethnicity and culture and;
- Engaging the child/youth and family.

Decision-making:

- Using safety and risk assessment tools and;
- Making sound decisions on safety and risk.

Integrated Practice

- Practicing with an integrated and comprehensive assessment;
- Maintaining focus on permanency and well being and;
- Collaborating with cross system and community partners.

The four teams have now gone through two self evaluation process to identify and target priority areas to focus the work of the development of small changes to then review using the Plan, Do, Study Act cycle (PDSA). Currently, the four NH teams have a total of 45 small practice changes being implemented and tested. Over half of these have already been completely studied and three practice changes are ready for spread throughout the jurisdictions.

Revitalization of Assessment

First and foremost, child safety is the mandate for New Hampshire's child welfare system. To achieve this goal, the assessment of alleged abuse and neglect of children and their families requires an approach to practice that is child-focused, family-centered and results in outcomes that are defined, measurable and achievable.

Ongoing review of assessment practice in New Hampshire includes utilization of monthly supervisory reports, case practice review outcomes, response from focus groups, email correspondence, and feedback from stakeholder oversight panels. Consistent themes that have arisen support the need for DCYF to transform an incident-based investigation process to a comprehensive assessment of safety and risk that is standardized statewide and assures safety is assessed, controlled and managed throughout the life of DCYF's involvement with the family.

Practice discussions at all levels within the agency will include the refinement of assessment policies and procedures aimed at improving outcomes related to timeliness of initiating and

completing investigations and increased engagement of families. An additional focus of the assessment revitalization will be to increase community stakeholders' understanding of DCYF's roles and responsibilities during the assessment process, and greater engagement of natural and community supports in meeting the needs of families to assure the safety of children.

To accomplish this goal DCYF will establish a model of excellence in practice that generates guiding principles for our work and expectations related to practice and program and organizational capacity. When developed, this statement of practice will define, affirm, guide and reinforce DCYF's family-focused and strength-based principles as the standard of work at all levels within the organization.

Residential Provider Forums

In June 2008 the Divisions for Children, Youth and Families (DCYF) and Juvenile Justice (DJJS) convened a meeting with statewide representatives from residential facilities to present data on the status of children and youth in residential treatment. This data included information on:

- current lengths of stay for children and youth in residential placements;
- where they were living;
- lengths of stay and
- what the youth said they needed to be prepared for independent living.

At this June meeting, Residential Providers were invited to join DCYF/DJJS in an initiative aimed at developing and implementing a collaborative system for delivery of services in residential treatment that focused on shorter lengths of stay and achieving permanency for the youth who were placed in their programs.

Over the past eight months a Core Work Group of DCYF/DJJS staff and residential providers have been meeting regularly to create a New Hampshire framework to achieve improved permanency outcomes for children and youth placed in residential programs. The purpose of these meetings has been to create a plan for establishing new models of residential care and inter-agency collaboration, which are designed to facilitate access for referred children to placement that will assist them in achieving timely permanence. The goal is to increase the number of DCYF/DJJS involved children in permanent homes through safely reducing the number of children in residential care.

The NH Framework includes:

- A Vision Statement
- Core Values
- Key Definitions
- Guiding Principles
- Permanency Outcomes
- Standards of Practice
- Progress Indicators

This framework will serve as the basis for achieving effective, quality service provision at all levels of intervention and support with children/youth and families.

In an effort to gather feedback on the framework, Casey Family Programs retained an independent consultant to moderate focus groups in three locations with four essential groups who have experience in the child welfare system: residential care staff, DCYF/DJJS staff, parents and youth. The focus group report was then used to inform final edits to the framework for collaboration. Future steps in this process include continued technical assistance from Casey Family Programs to facilitate a Peer-to-Peer match meeting in June between New Hampshire and the State of Virginia, which has already implemented similar action regarding residential care. The formation of an implementation committee as a result of this meeting will help to establish a strategic plan for integrating practice and policy changes Statewide in order to make the framework for collaboration a reality in the future.

Breaking The Barrier: The Transportation-To-Reunification Pilot

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

To date, DCYF has out-sourced transportation services to independent agencies throughout the state. Accompanied transportation, which are transportation services used primarily for activities and services addressed in the previous paragraph, is one of DCYF's largest expenses, costing approximately $1.5 million annually. Continuous efforts have been made to reduce these expenditures, including accommodating parents' schedules to meet outside of business hours, scheduling meetings in parents' homes or locations convenient to them, requiring Assistant Administrator approval for CPSW transportation services requests, and working with CPSWs and foster parents to think critically and consider alternate options, such combining family appointments or providing the transportation themselves before making a transportation request. Despite these efforts, the cost of accompanied transportation remains a barrier, and cutting or reducing DCYF access to these services would be detrimental to time-limited reunification.

In December of 2008, DCYF launched a pilot transportation program in the Manchester district office. This pilot explored hiring independent transportation providers to be located in the district office and work in coordination with the Community Liaison in scheduling and providing transportation for children and families served by the Manchester office through an open placement case.

The pilot began with one driver, with a second hired in January 2009. As of April 2009, over 27 children and parents were assisted with their transportation needs. Over 225 individual trips were made; these trips included parental visitation, medical appointments, various therapy visits, and general transport needs.

The pilot enabled a more uniform system of transport with consistency provided to children by having the same driver provide their transport needs. This built a level of comfort and familiarity for the children that they might not have had by using a contracted transporting company. By utilizing a driver who was stationed out of the district office and coordinated by a district office staff member, it enabled more flexibility for changes to be made should the need arise. In addition to these qualitative outcomes, preliminary results of cost analysis indicate that, for short frequent trips, the transportation pilot is more cost effective than using outside transportation providers.

Accelerated Reunification Model

DCYF is committed to achieving permanency for children and their families that enables them to secure natural and community supports that will help parents maintain safety and stability for their children. In October 2008 DCYF developed a service model called the Accelerated Reunification Model (ARM) in collaboration with Casey Family Services.

The service goal is to conduct a comprehensive assessment with the family that focuses on identifying and strengthening protective factors, and taking concrete action to enable timely and safe reunification.

An initial contact is made with the family within 24 hours of the referral for service. A comprehensive and ongoing assessment is provided with permanency team meetings held within the first two weeks of the case opening. Team meetings are scheduled at regular intervals and frequent communication with team members, including the foster/kinship caregiver, parents and service providers, is a key component to success of the program.
Frequent in-home and face-to-face contacts are provided to maintain the urgency of creating the changes necessary for children to be reunified and for families to demonstrate the ability to keep their children safe.

ARM is currently being used in two district offices. Preliminary findings noted in the Casey Family Services mid-year program review indicate that although initially skeptical of having "another social worker tell me what to do", families have felt supported and included as part of the team in the goal of bringing their children home. When reunification has not occurred, families report a sense of genuine efforts made to reach that goal and that they were included in the planning and decision making. It is anticipated that should the outcomes demonstrate reunification is achieved and sustained through the use of this model, DCYF will expand utility of the model to other offices.

DCYF's Response To Incarcerated Parents And Their Children

The Family Connection Center

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

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

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

The Family Connections Center expanded in 2008 to Shea Farm, a halfway house and pre-release facility for women in Concord, NH.

Support for the Family Connection Center is provided through Department of Corrections and other funding. DCYF plans to provide IV-B funds to support the sustainability of the program during FFY 2009.

Interagency Coordinating Council on Women Offenders

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

The findings of the report estimated that 85-90% of the women were mothers of whom many were the sole providers for their children prior to incarceration. Yet, there were no formal visitation or parenting support groups offered. Many women reported fighting to keep their

parental rights with no legal assistance or guidance and losing custody of their children altogether.

In response, Senate Bill 262, an act establishing the position of an Administrator of Women Offenders and Family Services within the Department of Corrections and establishing an Interagency Coordinating Council on Women Offenders was passed in March of 2006.

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

DCYF began implementing this initiative in 2007. In addition to maintaining a seat on the Senate Council, the CPS Administrator holds quarterly meetings at the State women's prison with incarcerated women. These meetings are aimed at providing the women with information about services available to them from DCYF and DHHS including services for family members that are caring for their children.

Incarcerated women with concerns specific to their open case with DCYF or other matters involving their children are encouraged to meet privately with the Child Protection Administrator. These meetings have enabled women to speak openly about assistance they need to be able to maintain a relationship with their children while they remain incarcerated.

Follow up by the CPS Administrator has resulted in women who are not involved in the child protection system being provided assistance in filing motions to the court to have visitation orders issued or complied with. For women involved with the child protection system, there is now increased engagement of CPSW's with the incarcerated mothers regarding safety planning for their children, case plan development and permanency planning.

The importance of having a DCYF liaison to incarcerated parents is probably best exemplified by the following example. After several months of concerted effort to contact a relative caregiver and speak with them more than one time about the significance of allowing a child and his mother to develop a relationship, the relative agreed to bring the child to the prison for a visit. This occurred at the prison's recent 2009 Mother's Day event and it was the first time the woman had seen her son since his birth in August 2008.

In addition to meeting with incarcerated women, training was provided to Department of Corrections Counselors on DCYF's role working with families, including incarcerated parents. A subsequent listening session was held with incarcerated men at the Lakes Region facility. The purpose of this session was to offer the men a voice and provide them with information regarding DCYF's commitment to having them play a continued role in their children's lives in the event they are or become involved with the child protection system while they are incarcerated.

The needs of children and families is a priority for the Interagency Council and in the 2008 final report to the Senate, the report noted significant progress had been made on planning and collaboration with DCYF and private non-profits that focus on the needs of women with children in the justice system with child custody issues. The Council noted that the listening sessions involving inmates and high-level staff of DCYF staff through a designated liaison have resulted in more utilization of DCYF temporary and voluntary services to re-entering parents and access to advocacy for women in danger of losing parental rights.

DCYF's future role on the Interagency Council will focus on increased intervention with law enforcement to determine if arrestees are currently involved with DCYF, obtaining the woman's permission for DCYF to share information and strategize regarding what options there are for services, and utilizing DCYF's domestic violence and substance abuse specialists as needed for screening. In addition DCYF is committed to working with law enforcement agencies and parole officers to assess what services could be provided to prevent incarceration, maintain the woman at home with their children pending trial, and/or assist with the incarcerated mother's successful re-entry into the community.

Interstate Compact On The Placement Of Children

The Interstate Compact on Placement of Children (ICPC) Administrator and a CPSW who is assigned part-time to this program are responsible for serving and protecting children who are placed across state lines for foster care or adoption. The Compact is a uniform law enacted by all 50 states, the District of Columbia, and the US Virgin Islands. It establishes orderly procedures for the placement of children across state lines and fixes responsibility for those involved in placing the child.

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 60 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 also created 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.

States are asked to provide with their CFSP submission information for FYs 2007 and 2008. DCYF is providing the following data in response to this request:

Reporting period 10/1/06 to 9/30/07

168 incoming requests
166 accepted and referred to district offices for completion
25.6% (43) completed within 30 days
41.07% (69) completed within 31-60 days
13.10% (22) completed within 61-75 days
19.05 % (32) completed over 75 days
.60% (1) not completed

Reporting period 10/1/07 – 9/30/08

178 incoming requests
170 accepted and referred to district offices for completion
24.72% (44) completed within 30 days
32.58% (58) completed within 31-60 days
14.04 % (25) completed within 61-75 days
24.16% (43) completed over 75 days
3.93% (7) not completed

DCYF record destruction policy regarding ICPC cases is to maintain the record of information received from the sending state for one year after closing. Hence, a complete analysis of the reasons why the extended compliance period was needed was not always possible.

The DCYF ICPC Administrator conducted a comprehensive review of those files that had not been purged. For FYs 2007 and 2008, approximately 43% (75) of the requests for home studies needed the extended 75-day period to be completed and the extension did result in resolution of the circumstances that necessitated the extension. The primary justification for extending the time frame to complete the study was to obtain necessary corroborating information from the foster/relative or adoptive family or collateral resources in order to determine whether the home study could be approved.

The following circumstances impacted the timely completion of home studies within 60 days:

- Child was already living with the foster/relative family at the time the request was received and the caregiver delayed submission of requested paperwork for a NH foster care license to be issued;
- Child was already living in the pre-adoptive home in New Hampshire at the time the request for study was received, and the family did not submit paperwork at the time it was requested;
- 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. As a professional courtesy, the DCYF ICPC Administrator held onto the request until the information was

received thus reducing the number of days the local office had to complete the home study once it was assigned;

- 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;
- Availability of staff resources in a local office impacted assignment and timely completion of home study

-

DCYF has taken 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 be returned to the sending state rather than held by the ICPC Administrator;
- Increased oversight by the Assistant Administrators assigned to the local offices including follow up with the Supervisor and assigned staff to address issues related to incomplete studies

Permanency Program

Permanency means that children have their own safe, stable birth family or other appropriate family that provides nurturing, concrete support and the foundation for healthy life-long development. "Family" may be a birth relative, an adoptive family, a guardian, or, for some older youth, an adult or a network of adults who are committed to a supportive, nurturing life-long relationship with the youth. Maintaining, strengthening and creating life-long connections throughout DCYF involvement is essential to supporting permanence.

Permanency CPSWs are located in each District Office and are trained to assist children and their families to identify permanent, lifelong connections. The Permanency Program Specialist in the Bureau of Child Protection is responsible for oversight of the program including the development of specific training aimed at enhancing the work done by Permanency Workers in achieving permanency for children. The Permanency Program Specialist is also responsible for tracking statewide permanency outcomes and working on permanency initiatives that impact other divisions, including DJJS. District Office Supervisors provide direct supervision of the Permanency CPSW's.

Overheard in Family Court

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

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

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

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

~Copied from Casey Newsletter with permission

In New Hampshire, as in other states, reunification with a parent is the preferred permanency option. When reunification is not possible, adoption, guardianship or another permanent living arrangement is sought.

Permanency Planning Teams (PPT)

Since 2003, Permanency Planning Teams (PPT) have been established in each district office. Each PPT is comprised of the same core group of staff: the Permanency CPSW, Adolescent CPSW, Foster Care Worker, Administrative Case Reviewer and supervisor. Other PPT participants, depending on the case, could include the Foster Care Health Program nurse, other specialists such as the Domestic Violence Specialist (DVS), the Licensed Alcohol and Drug counselor, the Connection Specialist and/or the Juvenile Probation and Parole Officer (JPPO).

For children in out-of-home care, a PPT meeting must be held within nine months of their removal, prior to the permanency hearing. PPT meetings are also required annually for all cases with a permanency goal of APPLA. Finally, a PPT meeting must be held six months before any youth in care reaches age 18. PPT meetings are an opportunity to review progress toward primary and concurrent permanent goals, review adult living preparation when applicable, and discuss feedback received from foster parents and other caretakers or providers. The strength of the PPT is derived from the ongoing consultation and cooperative case planning among the team members and the case's primary CPSW.

Both DCYF and DJJS have implemented the use of Permanency Planning Teams (PPT) and have worked collaboratively with the courts and residential providers to focus on timely permanency. Data from the Foster Care Data Archive show substantial improvements in both length of stay, and placement with relatives in more recent entry cohorts.

The Administrative Case Review and Finding Connections Programs:

DCYF maintains a contract for the provision of Administrative Case Reviews (ACR) for children and youth who are in the care and custody of DCYF or DJJS and are placed in out-of-home care for six months or more. The reviews are conducted by qualified child welfare professionals who are not responsible for direct case management. As such, the reviewers serve as an objective, yet highly qualified third party. The role of the ACR is to ensure case planning activities achieve the best possible outcomes for children and families.

Starting in January 2007, DCYF increased the scope of the ACR to establish the Finding Connections Program. This program places a contracted Connection Specialist in each of the District Offices. The Connection Specialist has expertise in researching a child's case file (case mining) to identify relatives and other supports and works collaboratively with the child's caseworker and Permanency Planning Team (PPT) to identify positive resources for the child. As the agency works towards breaking down barriers effecting permanency, this new collaborative effort has elicited optimism in helping to reach permanency goals for children in care.

The Findings Connections Program was implemented in all of the District Offices by September 2007. Each office received training around the need for connections and specific information

about the Finding Connections Program and referral process. The training clarified the role of the Connections Specialist and other related services around this program.

Initial results from SFY 08 were very positive. 65% of cases discharged by the connection specialist with a completed connections plan have "new adults" located. Further, 86% of those cases had "increased face-to-face" contact with their adult connections. The performance indicators of greatest significance were linked to the "APPLA" permanency plan cases. The success of this initiative reinforces the importance of kin and other community supports in all aspects of case practice.

Complete analysis of SFY 08 data is available in the Administrative Case Review/Finding Connections Annual Report.

Arthur

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

Adolescent Program Chafee (CFCIP) And ETV Program Information

The Adolescent Program is overseen and administered by the New Hampshire Division for Children, Youth and Families (DCYF) Adolescent Program Specialist. DCYF is committed to best practice in meeting the needs of youth and will cooperate fully in any and all national evaluations of the effects of the programs in achieving the purposes of CFCIP.

DCYF is a state administered agency and access to CFIP and ETV funds is universally available across the state.

The Adolescent Program ensures that current and former DCYF and Division of Juvenile Justice Services (DJJS) youth obtain the preparation, resources and positive youth development they need to establish connections with caring adults and become healthy, self sufficient and

successful adults. Adolescent Workers with specialized training in adult living preparation, positive youth development and teen services are located in each District Office. They provide case management for youth in out-of-home placement, consultation to other child protection staff working with this population and oversee the dissemination of CHCIP and ETV funds to qualified youth. In addition, DCYF offers services to young adults as they leave out-of home placement, including assistance with post-secondary expenses, housing expenses, and other self-sufficiency needs.

There are five main components of the Adolescent Program: 1) The Adult Living Preparation Process, 2) NH TRAILS, 3) Youth Advisory Board, 4) Teen Conference and 5) Aftercare Services. While not a part of the Adolescent Program, the Permanency Planning Team (PPT) is the central way in which Adolescent Workers meet the purposes of the CFCIP and thus is included below.

Permanency Planning Teams

(PPT) teams meet twice a month in each district office to review cases and ensure that all children and youth achieve permanency prior to exiting the DCYF system. In cases where the plan is Another Planned Permanent Living Arrangement (APPLA), particular attention is focused on both the youth's adult living plan and their network of connections. Emphasis is placed on the youth's positive youth development opportunities such as being active in their school and/or community to develop as many connections as possible. Workers are required to work on locating and engaging permanent connections for all their APPLA youth. The adolescent worker in each office is an active member of the PPT team. They utilize their specialized knowledge of adolescent development, needs and resources to assist CPSWs during PPT meetings for teenagers.

Adult Living Preparation Process (ALPP)

All youth in out of home placement through DCYF or DJJS between the ages of 14 to 21 are to participate in the Adult Living Preparation process described below. This includes individuals "likely to remain in foster care" until age 18.

While the goal for every child and youth involved with DCYF is permanency, adult living preparation is equally important, especially for those youth in DCYF care who will not be reunified with their parents, adopted or in relative guardianship prior to case closure. The DCYF Adult Living Preparation Process (ALPP) provides assistance to older youth in care by helping them transition to self-sufficiency. The process starts with youth at the age of 14 who are in DCYF guardianship and for youth who are 16 and in state custody (This will be expanded to include all 14 year olds in state custody). The Adolescent Program can also serve DJJS youth in out-of home placement and provide monetary support to those who are or were in foster care and IV-E eligible during their current DJJS case.

Participating in the Adult Living Preparation Process along with the youth is their caregiver, their DCYF or DJJS worker and other significant adults in their life.

Distribution of adult living related information to eligible youth is the initial step in the process. These packets contain valuable information on housing, employment, education and other

resources that youth can access after exit from state care. They also contain important phone numbers such as the Adolescent Worker in their area.

The second phase of the ALPP begins with the Needs Assessment. The youth is interviewed about their strengths, challenges, interests, supports, and future goals. Following the Needs Assessment is the Skills Assessment, which identifies the youth's skills and abilities in the following domains: Behavior and Social Skills, Money Management, Home and Food Management, Personal Care, Health and Safety, Education and Employment, Transportation, Law, Community Resources and Recreation.

The third step in the process is the Adult Living Plan. For each domain area indicated by the Skills Assessment, the Adult Living Plan identifies the specific transition plan for the youth. In addition, whatever action steps need to be taken by the primary caregiver, the DCYF CPSW or the youth as part of the youth's preparation process are indicated along with time frames for completion. For example, if the youth is lacking connections outside of the professionals in the case, the Adult Living Plan could recommend that the foster parent connect them to a community youth group within 30 days. Also determined at this time is whether the youth needs any financial assistance in order to achieve their adult living plan goals.

The Needs Assessment, Skills Assessment and Adult Living Plan are completed within 60 days of the youth's eligibility. The Skills Assessment is redone every six months to track the youth's progress. The Adult Living Plan is updated each year to reflect progress and changes as they occur.

The final stage in the ALPP is the Aftercare Plan that is done when the youth turns 17 years old. The Aftercare Plan is an opportunity for the youth to develop an anticipated budget based on where they plan to live after exiting care. Also included in the Aftercare Plan are any and all supports and services the youth has and will need after exiting care.

For youth who have a special education coding, the Adolescent Worker sends a letter to the sending school district. The letter invites the school to join with them to develop the federally mandated "Transition Plan" outlined by Public Law 101-476. The law mandates that students with disabilities have a "Transition Plan" at age 16.

NH TRAILS (Teen Responsibility and Independent Living Skills)

Once the youth has reviewed and signed their Adult Living Plan, their primary caregiver may start the "NH TRAILS" life skills curriculum. NH TRAILS was created in 2001/2002 by a collaboration that included Granite State College and a group of youth workers and youth from across New Hampshire. It empowers caregivers who receive training on its use by Granite State College, to prepare youth for the transition out of state care and into adulthood. NH Trails is divided into three sections: 1) Personal and Social Growth, 2) Education and 3) Career Development and Daily Living Skills. NH Trails is an effective way for youth to learn the skills they need as identified by their Skills Assessment and indicated in their Adult Living Plan.

Youth Advisory Board

NH Teen Voices is the DCYF Youth Advisory Board and it provides an opportunity for youth to meet, network and advocate for positive system changes. The board is made up of approximately 25 current foster care youth from across New Hampshire. It is a youth/adult partnership supported by staff and led by a youth president, vice president, secretary and activities coordinator. NH Teen Voices has been actively involved in the New England Collaborative, an advocacy group made up of youth leaders from across the region. The board's accomplishments include the development and passage of tuition waiver legislation, four statewide teen conferences, attending a national conference, raising money for disabled adults and current youth in care and impacting numerous aspects of practice and policy.

Annual Teen Conference

Each year the Adolescent Program and NH Teen Voices host a conference for older teens in out-of-home placement. Approximately 100 youth and 50 staff participate in the yearly event that takes place on a college campus. The youth determine the workshops through a survey and topics usually include budgeting and credit card skills, eating right on a limited budget, buying a car, healthy relationships, getting a job and going to college. There is a large group activity designed to educate participants about the difference between needs and wants and living within a budget.

DCYF Aftercare Services

DCYF Aftercare Services are available for:

- Youth/ young adults age 18-20* who turn 18 while in DCYF placement due to abuse and neglect or after attaining 16 years of age leave foster care for adoption (This is to be expanded to include more funding access for adopted youth and youth who after attaining 16 years of age leave foster care for guardianship).

- Youth/ young adults age 18-20* who turn 18 while in DJJS placement (17 for delinquents) and were Title IV-E eligible and placed in foster, relative, shelter or residential care at some point during their last DJJS case. *Young adults enrolled in college or a career training school and making satisfactory academic progress may continue to receive Education and Training Voucher funds until age 23.

DCYF Aftercare Services is a voluntary program that provides continued case management, future planning and financial assistance designed to meet the needs of former foster care youth pursuing educational, employment, housing and other goals. Young adults receiving DCYF Aftercare Services may receive Chafee and/or ETV funds depending on their eligibility status.

Eligible youth are informed about Aftercare Services by their CPSW or JPPO during the Adult Living Preparation Process. They can sign up for Aftercare Services after the closure of their DCYF or DJJS case through their CPSW or through the DCYF Adolescent Worker from their current or former DCYF office.

Participating young adults are assigned a DCYF CPSW who begins the process by meeting with the youth and talking about their housing, education and employment related needs and goals.

The next step is the development of a self-sufficiency plan that indicates what the young adult is going to do to pursue their goals and the assistance they will receive from DCYF. Young adults applying for or attending college or a vocational training program are also asked to complete a NH DCYF Aftercare Services College and Career Training School Assistance Application. A college preparation packet containing information about financial aid, scholarships, student loans, the tuition waiver and ETV program is provided to all DCYF high school seniors interested in attending college.

The DCYF CPSW helps the young adult set goals, provides ongoing support and encouragement through regular contact, and provides guidance, referrals and case management services as needed. Financial assistance is based on the young adult's needs and goals and may include help with housing, tuition, meals, books, clothes, health insurance, counseling, car purchase and related costs.

During an aftercare case, it is expected that the young adult maintain regular contact with their CPSW, update them on progress and provide receipts for any and all financial assistance provided.

Existing Barriers

In order to expand eligibility for the Adult Living Preparation process and the CFCIP to include all youth ages 14 and 15 (currently limited to youth in DCYF guardianship only) and to expand eligibility for DCYF Aftercare Services to include youth/young adults who after attaining 16 years of age left foster care for guardianship or adoption (currently includes only those who left care at the age of 18 and limited eligibility for adopted youth), the NH DCYF will have to change existing agency policy.

Room and Board

Room and board is defined as security deposit, utility deposit, rent and meals. DCYF is committed to providing transitioning youth with as many options for post care housing as possible. This includes the following: 1) Discuss and explore primary and secondary housing plans throughout the Adult Living Preparation process including financial support available through DCYF Aftercare Services; 2) Utilize the work of the case connection specialist to maximize housing possibilities by expanding the youth's network of family and friends; 3) Maintain and circulate a list of available housing options for individuals between 18-20 and 4) Ensure that all youth exiting care are provided with a statewide resource guide that includes a listing of available shelters and transitional living programs.

Medicaid Coverage for former foster youth 18-20

Youth who have aged out of the DCYF foster care system have the option to receive NH Medicaid up to the age of 19. New Hampshire has not yet used the option to expand Medicaid to cover youth ages 19 and 20.

Trust Funds

DCYF does not have a trust fund program.

Education and Training Voucher Program

Education and Training Vouchers (ETV) are provided to eligible youth/young adults through DCYF Aftercare Services. DCYF plans on expanding eligibility for DCYF Aftercare Services to include youth/young adults who after attaining 16 years of age left foster care for guardianship or adoption (currently includes only those who left care at the age of 18 and limited eligibility for adopted youth), to accomplish this, NH DCYF will have to change existing agency policy.

ETV Statistical Information
FY* 07 ETV recipients: **34**
FY 08 ETV recipients: **26** . Of these, 7 were receiving ETV services for the first time.
FY 09YTD ETV recipients: **25** Of these, 18 were receiving ETV services for the first time, 5 had received ETV services since 2007. Two youth received services in both 2008 and 2009.

Passage of tuition waiver legislation and an increase in institutional aid has contributed to the decrease in the total number of young adults receiving ETV.

*The fiscal years listed above are state fiscal years (July 1st to June 30th), which is how ETV recipients are tracked.

ETV allocation is determinied through an application process that starts each year on or about January 1st. ETV is allocated based on each student's level of need that is established by subtracting grants and scholarships from the total cost of attendance. Also factored in is whether the student has been granted a tuition waiver through the Tuition Waiver for Foster Children Program (see below). The amount left is declared as the student's "gap" and ETV funds are provided to fill that gap up to $5000 per state fiscal year. This process ensures that students receive what they need and do not receive an excess of benefits.

The Tuition Waiver for Foster Children Program provides up to 20 tuition and fee waivers per year to NH State schools for youth formerly in out of home placement through the New Hampshire Division for Children, Youth and Families or the New Hampshire Division for Juvenile Justice Services. The New Hampshire Postsecondary Education Commission coordinates the program in collaboration with the NH DCYF. Applications are made available on or about January 1st each year. DCYF collects and certifies the applications and the Postsecondary Education Program determines the 20 recipients based on level of need.

New Hampshire Higher Education Assistance Foundation (NHHEAF) is a statewide agency devoted to helping parents and their aspiring college students navigate the college selection, admissions and financial aid process. NHHEAF and the DCYF Adolescent Program started a partnership in FFY 05 on behalf of college bound youth in care.

Every fall NHHEAF conducts a college application and admissions night for youth in foster, relative and residential care to attend along with the significant adults in their lives. In 2008 over 50 youth and their caregivers came to Concord, NH to attend this event or went to Littleton, NH

where it was available through simulcast. Attendees learned about how to select a college, the college application process, completing the FAFSA and maximizing financial aid and scholarships. Youth were also matched with a NHHEAF college counselor, someone they could continually use as a resource throughout the college application process.

In FFY 09 NHHEAF was able to provide many additional resources and opportunities through a $20,000 one-year grant it received from the New England Regional Council of the College Board. The grant was for a joint proposal submitted by the NHHEAF Center for College Planning in collaboration with NH DCYF called the Successful Transition through Awareness & Responsibility (STAR) program.

Through STAR, NHHEAF was able to conduct multiple trainings for staff and youth caregivers on: 1) Understanding the changes to the 2009 FAFSA impacting youth in care and 2) Utilization of the CHOICES PLANNER/EXPLORER program to help youth develop a career and educational path. NHHEAF staff was also available to meet with youth and their caregivers to assist them in completing the FAFSA.

On the local level NHHEAF staff traveled across the state to conduct regional meetings with smaller groups of youth in care and their caregivers from 7th –12th grade to get them thinking about how their interests matched up with different career paths.

NHHEAF sponsored a group of youth in care and their caregivers to attend two statewide college fairs. In May of 09 it held STAR Day, a College and Career Conference at one of NH's state colleges. At the STAR Day over 100 youth in grades 7 through 12 and their caregivers attended workshops focused on all facets of the college selection, admissions and financial aid process. They also were able to listen to the experiences of several former youth in care now in college.

NHHEAF has also developed a special web page for youth in care that features financial aid information, FAFSA guidance, a list of upcoming events and scholarships and information about ETV.

More recent developments include NHHEAF searching for a current and former youth in care to blog about college to their in care peers. The current youth will be relaying their experience about the selection and application process while the former youth will be blogging about what it is like at college. NHHEAF and DCYF are also partnering on reaching younger youth by sending out education and career information to 4th –6th graders in care.

Consultation and Collaboration

Consultation with Tribes

In regards to consultation with Indian Tribes, NH currently has no federally or state recognized Indian tribes. Benefits through the ETV program are available to Indian children on the same basis as they are available to other children in the state. (See NH DCYF CFSP for more information related to DCYF and the Indian Child Welfare Act (ICWA). The identification and

verification of all children's ethnicity, including "American Indian/Alaska Native" is established, if at all possible, during DCYF's initial family contacts during the assessment phase. Youth with tribal connections are able to access the same level of benefits and services as those available to any and all other youth in the state.

Public and Private Sector Involvement

During the compilation of this report DCYF received feedback from a variety of key stakeholders including the Child and Family Services Transitional Living Program CFS TLP, Court Appointed Special Advocates (CASA), administrative case reviewers/case connection specialists, residential facility staff, the NH Foster Parent Association, the DCYF Youth Advisory Board, former youth in care and DCYF staff.

Private sector involvement has been a goal of the NH state level Youth Vision team. There are two major initiatives underway towards achieving that goal. The first is in regards to engaging the business community to achieve greater connection to youth in care.

New Hampshire was the only state in the country to receive a federal grant focused on developing a business-engagement strategy. The grant empowered the NH Youth Vision team to create NH Works Youth Connect, a collaborative effort among Manchester workforce development organizations and other non-profits dedicated to helping businesses connect with, and grow the youth workforce talent in our area. Beginning in April of 09, employers have five options for engaging the neediest youth that by definition includes youth in foster care. They can provide an internship, job shadow or volunteer opportunity, be a mentor, give a presentation about their particular field, attend a workshop or seminar or hire a youth for part or full time employment. The Manchester area is the pilot for this strategy that if successful in connecting youth with more internship, job shadow and employment will be replicated to the other eleven offices over the next five years.

As an adjunct to the Business Engagement initiative the NH Division for Family Assistance (DFS) has offered to share resources developed for its Alternative Work Experience Program (AWEP). The AWEP worksites enable individuals receiving Temporary Assistance to Needy Families (TANF) to obtain volunteer work experience as preparation for paid employment. A plan is being created so that youth in care can utilize sites not currently in use to gain the same type of volunteer work experience.

The other private sector initiative being pursued is an employment based mentor program focused on three areas essential for any youth's self sufficiency; the support of a caring adult, a good education and a well paying employment opportunity. The NH DCYF, DJJS and Department of Education (DOE) have formed a partnership with the NH American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) to apply for the Mentoring of Foster Children grant being provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The proposal is based on a demonstration grant given by the U.S. Departments of Labor and Education to principals within the Labor Movement back in 2000. The project was the development of an innovative workplace-based youth internship and mentoring model. The model developed is specifically designed to provide work-based learning, earning, and mentoring opportunities for youth ages 16 and older and to focus on teens that might need a little

extra incentive and mentoring to complete their high school education and a little extra guidance to discover a meaningful direction for their future.

Along the way, these teens, many who have come from disadvantaged (including WIA-eligible) families, have learned about all aspects of being a responsible employee and a team player in a high-stakes work environment. Teenage mentees have thrived in work settings in which they are able to work side-by-side, as a workplace peer, with their assigned mentor and the mentor's co-workers. These summer work experiences have provided teenage mentees not only with hands-on learning and good pay but also confidence-building, the respect of caring adults, and an a sense of accomplishment and of their own future possibilities. Both mentors and mentees have described their experiences as "life-changing."

The NH AFL-CIO has made a commitment to bring individual unions and employers to the table to create work-based internship and mentoring opportunities for NH teenagers in state care, particularly those within the Concord-Manchester-Nashua corridor where most teens in foster care reside. These internship/mentorship slots and all connected activities will be built upon the existing proven union model, and the model will be carefully adapted to serve youth in foster care (or just aging out of foster care) – with a target of serving 25 youth during PY 2010 and 40 youth during PY 2011.

This proposal is specifically designed to help meet the State of New Hampshire's objective of developing enhanced opportunities for foster care youth to experience a mentoring relationship with a caring adult. It is also designed to help fulfill the State's commitment to connect youth in state care with meaningful employment opportunities that not only will introduce participating teens to career options and paths but also will help them understand the connection between their schooling and employment success – thus encouraging them to complete their education and to maintain a sense of hope for their future. The partners to this proposal believe based on the unique union-signatory engagement component of the project model, that this project will be developing a mentoring approach that may be new to OJJDP and the national foster care community. Project partners thus look forward to contributing a new and replicable model to the best practices toolkit for those serving foster care youth. Should the grant not be awarded to NH, the partner agencies anticipate going forward with the initiative in some capacity.

Youth Involvement

The federal and state laws subcommittee of the DCYF youth advisory board reviewed the draft CFCIP plan and provided additional goals and objectives. More than 75 former youth in care received the plan to review. A group of former youth in care provided some very helpful additions and suggestions for improvement.

In regards to the CFSR process, NH DCYF is scheduled for a CFSR in 2010 and in preparation will be conducting a statewide assessment involving stakeholders. The DCYF youth advisory board will be a participant in that process as will a group of former youth in care. In the future when DCYF conducts their stakeholder focus group for the internal case practice reviews current and former youth from the district office being reviewed will be asked to participate in those focus groups.

Coordination With Other Federal And State Programs For Youth
National and NH specific research has indicated that a portion of former youth in care experience periods of homelessness. In FFY 2009 the NH DCYF worked to strengthen the connection with the NH Bureau of Homeless and Housing (BHHS).

The Adolescent Program specialist had separate meetings with the statewide homeless outreach workers and homeless/transitional living program directors to explain services available to former foster care youth as well as unaccompanied youth. They were also given brochures to hand out and contact information should they come in contact with former youth in care in need of assistance. The BHHS agreed to add additional questions regarding prior involvement with DCYF or DJJS to the surveys they complete on clients who utilize shelters and transitional living programs. The DCYF plans on utilizing this information to assist with NYTD data collection efforts.

In FFY 09 this Adolescent Program specialist met with the supervisor and staff from the Child and Family Services (CFS) Transitional Living Program (TLP). The purpose of the meeting was for each program to share the services available for transitioning and homeless youth. The CFS TLP supervisor attended a meeting with the DCYF Adolescent Workers to explain the TLP and a program component created specifically to meet the housing and treatment needs of 17 year olds still in care. The CFS TLP provided input into DCYF's CFCIP and ETV five-year plan and meets with the DCYF Adolescent Program staff on a regular basis.

NH Youth Vision state level team
Starting in 2004, DCYF has been meeting and partnering with Juvenile Justice (DJJS), Education (DOE), Labor (DES) and Vocational Rehabilitation, to better serve our shared youth. The Department of Vocational Rehabilitation and Bureau of Behavioral Health came on board in 2005 and 2006 and since 2008, the Division of Family Assistance, the 21st Century Learning Programs and the New England Migrant Farm Workers Council have joined what is now known as the NH Youth Vision state level team.

In October of 2005 the committee conducted the NH Youth Vision Forum, which involved over 150 representatives of the above-named agencies. Attendees were given the history and purpose of the US Department of Labor's initiative to better serve what the White House's 2003 Task Force identified as the neediest youth. Everyone was then divided into teams depending on the community in which they worked. These local youth vision teams worked with a volunteer facilitator to: 1) Get to know what each person's agency did for youth; 2) Determine at least one youth-related need in their community; and 3) Create an action plan to address the problem. Group leaders were chosen to report out their identified youth need and to lead their team's effort going forward.

Local youth vision team leaders have met with the state level Youth Vision team on a regular basis for additional guidance and support for their community change efforts. Each local team has a chair and a co-chair who attend yearly trainings conducted by the state level team. Since it's start in New Hampshire the Youth Vision concept both on the state and local level, has accomplished a great deal to assist NH youth in care in achieving several purposes of Chafee.

The Keene team has held a yearly "Job Fests" consisting of a large group of youth being brought together to learn job application and interviewing skills and to be matched with employers. The Nashua and Manchester teams have held a job/resource fair in their communities. The Nashua and Claremont teams created posters containing contact information for key community resources. The Manchester, Concord, Conway, Salem and Laconia teams also created resource guides, fliers, pens and pocket resumes. The Claremont team held a regional youth summit. The Berlin team is putting the finishing touches on a website that will contain a listing of local and statewide resources and will be housed on the NH Department of Employment Security website. Once accomplished the goal is for each local team to create a resource page for their community.

The Littleton and Portsmouth teams have collaborated with the local employment security office to create an employment skills program for youth in care. Through these programs job-seeking youth attend a series of workshops related to applying, acquiring and maintaining a job. The Claremont team has created a similar program in partnership with the NH National Guard.

In May of 2007 the Youth Vision state level team was one of only 16 states to be awarded Pilot State Team funding. The funding was for a comprehensive needs assessment of current DCYF and DJJS youth and those who aged out of foster care within the last seven years. The target area was Manchester, NH's largest city, an area that has the largest percentage of DCYF and DJJS youth clients. The project involved surveys and focus groups of youth, child protection workers, juvenile justice staff, foster parents, residential staff, NH Works and Vision partner personnel, local businesses, court appointed special advocates, mental health professionals, community and faith-based organizations and youth-serving agencies to determine what services work, where transitional gaps exist and where increased coordination needs to occur.

The project was completed in March of 08 and a report was submitted to DCYF and the other state team partners. The report contained seven recommendations on ways to improve current adolescent practice. The Youth Vision state level team prioritized the recommendation to "Substantially increase the level and coordination of information at all levels of the state-care system, including centralized training and technical assistance".

To address this recommendation the state level Youth Vision joined with the Manchester area team to form a Manchester Pilot Team. In the fall of 2008 the Pilot Team conducted an open house at the Manchester area NH Works Office. NH Works contains NH Employment Security, NH Vocational Rehabilitation and a host of agencies offering supportive employment and career services to youth age and older. Over 35 youth serving staff attended the event designed to familiarize with the many great employment and career related resources available to the youth on their caseload. The goal is to hold a similar event across the state and to include youth in foster care.

The most recent venture of the Manchester Pilot Youth Vision team focuses on Business Engagement.
The NH State Level Youth Vision team is going to be conducting a statewide conference in September of 2009 for all of the local Youth Vision teams. The conference will focus on working with youth from a positive youth development perspective and maximizing the impact of the youth vision model on the neediest youth.

Determining Eligibility for Benefits and Services

CFCIP Eligibility for current youth in care

- The youth/young young adult is age 14-20 and is in DCYF placement due to abuse or neglect.
- The youth/young young adult is age 16-20 in DJJS placement and currently or formerly in DJJS foster, relative, shelter or residential care and Title IVE eligible at some point during their most recent DJJS case.

CFCIP and/or ETV Eligibility for former youth in care

- The youth/young young adult is age 18-20* and turned 18 while in DCYF placement due to abuse and neglect or after attaining 16 years of age left foster care for guardianship or adoption.
- The youth/young young adult is age 18-20* and turned 18 while in DJJS placement (17 for delinquents) and was Title IV-E eligible and placed in foster, relative, shelter or residential care at some point during their last DJJS case.

*Young adults enrolled in college or a career training school and making satisfactory academic progress may continue to receive Education and Training Voucher funds until age 23.

Training

Ongoing Training

The Adolescent Tool Box This training is provided for newly hired staff four times each year. The training provides an overview of the challenges facing youth who age out of care, the importance of permanency, establishing a relationship with youth and an overview of the DCYF Adolescent Program and available resources. Former youth in care are now assisting with this training and their role has been expanded to half of the full day training. The youth explain to the new staff how to establish a youth's trust, how to motivate them and how to use a positive youth development approach. In addition they provide suggestions on how to connect and plan with teens despite resistance.

Going to College NHHEAF will offer a series of trainings on the college selection, admission and financial aid process beginning in the fall of 2009.

Training for Youth On August 13th at the 2009 DCYF Teen Conference, there will be eight different workshops offered as selected by the DCYF Youth Advisory Board. The workshops will focus on buying a car, eating healthy, and choosing the right career, among other popular topics. In addition to the workshops there will be a financial literacy fair at which youth will get to pick an occupation, earn a hypothetical salary and learn to live within their budget while balancing everyday needs and wants. There will be over fifteen resource tables featuring services and agencies pertaining to housing, education, employment and good health.

Granite State College (GSC): GSC is contracted through the DCYF Staff Development Partnership to provide training to foster parents, adoptive parents, group home and DCYF staff,

and supported by training funds provided under the Title IV-E Foster Care Adoption and Assistance program. GSC will be conducting numerous trainings for caregivers and staff working with adolescents. The primary training regarding adult living preparation is the aforementioned NH Trails program. The NH Trails training is a twelve-hour course that will be offered on a regular basis throughout the state. Attending each NH Trails class is a combination of foster parents, residential and DCYF staff. GSC will also continue to provide other specialized trainings that focus on work with adolescents in care. They are offered on an as needed basis and include:

Connecting with Teens in Placement is a twelve-hour class that examines the impact of past trauma on adolescents and offers suggestions on making connections with youth.
Helping Teens Prevent Violence is a ten-hour course that examines the roots of violence and how divisions and differences among young people contribute to violence between children, adolescents and the adults they become.
Talking with Teens about Sexuality is a ten-hour course that explores how sexuality is a lifelong process that defines who we are as human beings, including our values, attitudes and behaviors as they relate to being male or female.
The Challenging Adolescent is a ten-hour class that covers a variety of behavior management techniques that will help participants develop an effective personal management style.

Youth Panels: GSC debuted the six-module FACES (Foster and Adoptive Care Essentials) training in the fall of FFY 08. The FACES graduation includes a panel of current and former youth in care. The youth have talked about their experiences and have given suggestions to the new foster and adoptive parents regarding caring for youth in care. The panels will continue to be a part of the FACES graduation.

Future Trainings
The DCYF Adolescent Program is currently working with the Bureau of Staff Development and Training to create an adolescent focused training series for DCYF staff working with this population. The mission of this group is to develop and maintain a high quality adolescent training series focused on preparing staff to meet the continued needs of youth. This competency-based series will begin in the fall of 2009 and will provide a foundational framework for utilization of a positive youth development (PYD) approach to help adolescents realize their potential and prepare for a successful future. In addition to PYD topics will include but not be limited to youth engagement, understanding the adolescent brain, and working with youth in need of adult guardianship or adult services.

In addition to the adolescent series specialized trainings for the Adolescent Workers will also be provided. Topics will be determined on an ongoing basis but subjects already identified include meeting NYTD requirements, permanency planning from a PYD perspective, understanding internet social networking sites and addressing grief and loss experienced while in care.

Additional training goals are discussed in more detail in the sections that follow.

NYTD Implementation

Efforts to prepare for the implementation of NYTD are underway. Since the NYTD training in July of 2008, the following steps have been taken:

- Presentation to the DCYF Administration about what NYTD is, what is required and how it will positively impact practice.
- Presentation to the DCYF field supervisors about what NYTD is, what is required and how it will positively impact practice.
- Presentation to the Permanency, Adolescent and Foster care licensing staff about NYTD and brainstorming session on ways to remain in contact with youth in the follow up population (19 and 21).
- Numerous meetings with representatives of the SACWIS system and Adolescent Workers on system changes needed to capture the NYTD elements

Future steps in preparation for NYTD are outlined in the goals and objectives that follow.

Adolescent Program Goals and Objectives

Goal A. Help youth to transition to self sufficiency

Objective 1. In collaboration with the DCYF Youth Advisory Board the current adult living preparation process and related policies will be reviewed and updated as necessary. **(Year 1)**

Objective 2. Modify the state plan to begin the Adult Living Preparation process and expand Chafee fund eligibility at the age of 14 for all youth in care (begins at 14 now only for youth in DCYF guardianship). **(Year 1)**

Objective 3. Create a separate Adult Living Preparation process designed for 14 and 15 year olds. **(Year 2)**

Objective 4. Update the NH Teen Responsibility and Independent Living Skills (TRAILS) to include a pre and post-test and the most current information and resources. **(Year 2)**

Objective 5. Integrate the Adult Living Preparation process into staff trainings on caseworker monthly visits, case planning and writing court reports. **(Year 2)**

Objective 6. Provide exiting youth with a binder containing their health, educational, personal identification, and personal information of interest at their 90-Day Youth Transition meeting. **(Year 1)**

Objective 7. Investigate having the binder mentioned in objective 6 created when a youth first goes into placement and having it follow that youth until they leave the system. **(Year 2)**

Objective 8. Provide exiting youth with a statewide resource book and resource website link at their 90 Day Youth Transition meeting. **(Ongoing)**

Objective 9. Provide youth with a current list of post care housing options available in their area at the 90 Day Youth Transitional Meeting. **(Year 1)**

Objective 10. Ensure youth leaving care have an identified primary and secondary post care housing option. **(Year 1)**

Goal B. Help youth receive the education, training and services necessary to obtain employment

Objective 1. Expand the utilization of employment skills training programs or job fairs through the State and Local Youth Vision teams. (Year 3)

Objective 2. Increase the familiarity of youth in care with the employment resources and assistance available in the NH Works by having each State and Local Youth Vision teams sponsor an open house for youth, staff and providers. (Year 2)

Objective 3. Expand the utilization of the Business Engagement model through the state and local youth vision teams. (Year 3)

Objective 4. Require that all youth in care have a career assessment and receive the assistance needed to explore identified career interests. (Year 2)

Goal C. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.

Objective 1. Conduct quarterly meetings for APPLA youth beginning at age 16 and increasing to monthly at age 17 utilizing the FosterClub Permanency Pact list of suggested supports to solidify the current and post care role of their connections. **(Year 2)**

Objective 2. Review and Record the name and post care role of each connection at the Permanency Planning Team meeting and 90-Day Youth Transitional Meeting. **(Year 1)**

Objective 3. Expand program that connects former youth in care with current youth in care for the purposes of mentoring and adult living skills instruction. **(Year 1)**

Goal D. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and making the transition into adulthood.

Objective 1. Continue to ensure that all eligible youth are informed about DCYF Aftercare Services prior to exiting care. (Ongoing)

Objective 2. Continue to provide DCYF Aftercare Services to all participating youth. (Ongoing)

Objective 3. Utilize any and all additional NYTD search and connection tools including website, social networking sites, newsletter, adult living training opportunities to connect youth in need with DCYF Aftercare Services. (Year 1)

Goal E. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care

Objective 1. DCYF will continue to ensure that all eligible youth are informed about DCYF Aftercare Services (ETV vouchers Is a part of Aftercare Services) prior to exiting care and will provide them to participating youth. (Ongoing)

Objective 2. DCYF will continue to ensure that all eligible youth are informed about the Tuition Waiver for Foster Children Program prior to exiting care. (Ongoing)

Objective 3. DCYF will work in partnership with the New Hampshire Education Assistance Foundation (NHHEAF) to provide ongoing training and support for youth, staff and caregivers regarding the college selection, admissions and financial aid process. (Year 1)

Goal F. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Objective 1. Modify state plan to make youth who, after attaining 16 years of age, have left foster care for guardianship or adoption, eligible for both CFCIP and ETV funds through DCYF Aftercare Services. (Year 1)

Goal G. Child protection system stakeholders including youth in care, care providers and court appointed special advocates should understand the assistance available through the DCYF Adolescent Program.

Objective 1. Collaborate with the DCYF Youth Advisory Board to create a way to provide information to youth entering foster care the DCYF system and the resources and opportunities available to them through the DCYF Adolescent Program. (Year 1)

Objective 2. Ensure that care providers including foster parents, residential staff and relatives receive the Adolescent Program fact sheet that explains the resources and opportunities available to them through the DCYF Program. (Year 1)

Objective 3. Adolescent Workers will attend local foster parent association meetings and the Adolescent Program specialist will attend the statewide foster parent association on a biannual basis to update foster parents on the support, resources and opportunities available through the DCYF Program. (Year 1)

Goal H. The experience, skills and abilities of former youth will be utilized to positively impact both current youth in care and DCYF practice with adolescents.

Objective 1. The DCYF Bureau of Staff Development and Training will provide former youth in care with the training and support needed for them to: 1) train agency staff and providers on how to work most effectively with youth in care, 2) Coordinate activities and act as trainers/co-trainers at a yearly DCYF Teen Conference and 3) Teach current youth in care adult living preparation skills. (Year 2)

Objective 2. Provide DCYF Youth Advisory Board members with leadership and youth/adult partnership training through the National Resource Center on Adolescent Development. (Year 1)

Objective 3. Create a website and newsletter for the DCYF Youth Advisory Board in order to create stronger linkages to youth unable to attend the meetings. (Year 1)

Goal I. DCYF staff and other professionals working with youth in care will receive specialized training focused on the latest and most effective strategies for working with this population

Objective 1. Develop a training series with the Bureau of Staff Development and Training specifically for DCYF staff working with adolescent clients. (Year 1)

Objective 2. Training on the Adult Living Preparation process will be integrated into staff training for caseworker monthly visits, case planning and writing court reports.

Goal J. DCYF staff's ability to engage youth in planning for their future, including permanency, connections and adult living preparation will be evaluated on an ongoing basis.

Objective 1. Utilize case practice review instrument developed by the Bureau of Quality Improvement and the DCYF Adolescent Workers to evaluate adolescent practice at each district office until all are evaluated. (Year 4)

Objective 2. Utilize the results from Goal K., Objective 1 above to identify adolescent practice areas requiring additional training, policies and staff supervision. (Ongoing in conjunction with use of the case practice review instrument)

Goal K. DCYF will be ready to meet NYTD requirements starting in October 2010.

Objective 1. Ensure that the NH DCYF SACWIS system is ready to capture any and all data required under NYTD. (Year 1)

Objective 2. Ensure that DCYF and DJJS staff is educated regarding the requirements of NYTD and information that must be tracked and recorded in the NH DCYF SACWIS system. (Year 1)

Objective 3. Ensure that child protection agents such as foster parents, residential agencies and independent living service providers are educated regarding NYTD requirements and the independent living services to be tracked and reported to DCYF. (Year 1)

Objective 4. Ensure that current and former youth in care are provided with the opportunity to give their input on the best way to meet NYTD requirements. (Year 1)

Objective 5. Investigate the possibility of hiring one or more former youth in care to: create an alumni social networking site, author a monthly alumni newsletter, and provide alumni with regular and ongoing adult living training opportunities. (Year 1)

THE BUREAU OF WELL-BEING

The Bureau of Well-Being provides clinical oversight of programs addressing the following:

- Clinical services and mental health support for children involved with DCYF;
- The co-occurrence of substance abuse and/or Domestic Violence and child maltreatment;
- The educational needs of children involved with DCYF; and,
- The physical health of children involved with DCYF

DCYF Education Specialists

Since the early 1990's, two full-time Education Specialists have worked on behalf of the children in both the DCYF and DJJS. The Education Specialists are responsible for maintaining compliance with the provisions that were set forth in the James O Consent Decree, the current special education laws and rules in NH, and DHHS policies and procedures regarding education and special education. Other responsibilities include providing training for all new CPSWs and JPPOs; yearly refresher trainings for all CPSWs and JPPOs; consultation to staff, parents, school districts, and other stake holders; assisting with educational "trouble-shooting"; reviewing educational records; and maintaining records pertaining to the compliance reviews and filing the results with DCYF and DJJS administration.

The Education Specialists have, over the years, created and maintained relationships with key collaborators, including the Department of Education, local school districts, the NH Special Education Administrators' Association, the Disabilities Rights Center, the Parent Information Center, and other NH service agencies. The Education Specialists have delivered trainings to the Special Education Administrators' Association; the Parents are Primary conferences for the NH Children's Trust Fund, the NH Foster Parents Association, and other organizations such as Child and Family Services. They also maintain membership on statewide committees such as the Special Education Advisory Council and the Private School Association.

Currently, the Education Specialists are involved in two key statewide initiatives. First, the Education Specialists are collaborating with others in the Court Improvement Project's Education Protocol subcommittee. The Education Specialists are also responsible for developing and implementing a three-year project using Title 1 Part D funding called the DHHS Statewide Standardization Project. This collaborative project's goal is to ultimately develop and recommend an effective Statewide Standardization Process to help ensure that all court placed New Hampshire students are provided with equal educational opportunities. This includes establishing effective and compatible electronic record keeping systems; consistent expectations for curriculum delivered and credits earned and proactive student-centered transition planning.

First Step: Approaches To The Co-Occurrence Of Child Maltreatment And Substance Abuse

Project First Step involves the co-location of Licensed Alcohol and Drug Abuse Counselors (LADC's) in a DCYF district office. What began as a Title IV-E demonstration project from 1999 to 2004 has been maintained through Title IV-B and CAPTA funds.

The original project included only two district offices and was evaluated using random assignment of assessments to experimental and control groups. The project resulted in significantly positive outcomes for families in the enhanced group including increased access and participation in mental health treatment, substance abuse treatment, in-home family support services, and vocational or educational training. Further, children from the enhanced group demonstrated declines in anxiety and depression, withdrawal, reports of somatic and attention problems, and aggression.

In 2007, DCYF expanded this program to the Berlin District Office in collaboration with the Community Mental Health Center. The Well-Being Bureau is currently working to expand the First Step Program by incorporating a LADC in another one to two DCYF District offices. The need for this expansion was indicated through the results of Case Practice Reviews as well as quantitative data regarding the number of assessments that have a risk indicator pertaining to alcohol or substance use. This program has proven to be an asset in early identification, assessment and case planning for families who have alcohol or substance abuse as a significant factor in their DCYF involvement.

LADCs are involved as consultants with CPSWs, help reduce barriers to treatment (such as access to certain facilities), provide ongoing training to CPS staff regarding alcohol or other drug abuse issues and screening techniques, and may become involved directly with parents or caretakers when it is determined that there are degrees of alcohol or other drug abuse (AODA) co-occurring with alleged or substantiated child abuse or neglect. If there are primary indicators of significant parent or caretaker AODA, LADCs provide a direct substance abuse assessment and initiate referrals to community based treatment if such treatment is indicated.

During the assessment process, LADC services result in enhanced Community Based Family Support. During in-home Family Service cases, LADCs provide services consistent with Family Preservation. For those cases in which children are in temporary out of home dare, LADC services help to expedite reunification or placement into kinship care, consistent with services attributed to Time Limited Family Reunification. In those situations in which the concurrent permanency plan is adoption, LADCs continue their role as consultants in the case planning process, and continue to have the capacity for direct service for parents or caretakers when there are no other treatment resources available.

The Domestic Violence Specialist Program

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

Since 1997, NH has benefited from having co-located Domestic Violence Specialists (DVS) in each 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 and CAPTA funds.

The DVS program is an ongoing partnership with the NH Coalition Against Domestic and Sexual Violence who provide staff from local crisis centers to work in the district

offices providing case consultation, direct services, and referrals for families experiencing the co-occurrence of domestic violence and child maltreatment. DCYF also funds a full-time Program Specialist position to oversee this program, provide training, and continue to improve services delivery.

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

- Increase access to local community crisis centers for victims of domestic violence who are also referred to DCYF
- Provide consultation for child protection staff to improve
- Interventions, safety planning, and family centered case planning
- Facilitate cross training between child protection staff and the local crisis center
- Provide consultation to other Health & Human Services Divisions located in district offices
- Provide community education regarding domestic violence

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

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

This special collaboration results in better preparation and response to those family crises where child maltreatment and domestic violence are co-occurring. CPSWs can better support parents who are victims of domestic violence regarding their safety and that of their children. The approach also helps CPSWs to maintain accountability with parents who use violence, and to help them recognize the effects of their behavior on their adult partners and children.

The ongoing efforts of DVS Program staff ensure the sustainability of the work completed during the Greenbook Project.

The Greenbook Project

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

these statewide trainings, DVS Program Coordinators provided five regional trainings on the Court Guide for DCYF field staff.

Foster Care Health Program

Since 2000, Foster care health nurses have been available in each district office as consultants for any family involved with DCYF, either during the assessment phase or after a case has been opened. Each child receives a comprehensive health and developmental assessment within thirty days following placement. The Foster Care Health Nurses act as healthcare coordinators to ensure that every child in relative or foster placement has their medical, behavioral, and oral health needs met.

In February of 2008, DCYF's Foster Care Health Program was recognized as a "Promising Approach" by the Administration for Children and Families.

To qualify as a "promising approach," the approach must meet the following criteria:

- The approach must be based on key practice principles (family-centered practice, community-based services, individualizing services, and strengthening parental capacity)
- The approach must have been in operation long enough to have demonstrated its effectiveness (1 or more years).

The Promising Approaches page on the Children's Bureau Web site is located at:
http://www.acf.hhs.gov/programs/cb/cwmonitoring/promise/states.htm - NH

Foster Care Behavioral Health Program

DCYF employs a full-time Senior Psychiatric Social Worker who oversees the Foster Care Behavioral Health Program. A key element of this program is the provision of a comprehensive behavioral health assessment for every child's first out-of-home placement into foster or relative care, or upon placement in a general group home. Both DCYF and DJJS utilize this program. CPSWs and JPPOs are responsible for making the initial referral to the Community Mental Health Center and the Foster Care Health Nurse documents the assessment outcome.

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

Key Points of this program include:

- Not all children will need mental health treatment
- Not all treatment must be provided by the Community Mental Health Centers
- If a child is connected to a private therapist, the assessment should still occur, with mental health assessment information provided to the current therapist
- CMHC's have designated senior children's clinicians to do these assessments
- Two hours of consultation provided by a CMHC therapist in each district office
- The process is flexible enough to meet local needs while still supporting the team collaboration that insures better planning for children and families

The New Hampshire Project for Adolescent Trauma Treatment (PATT)

In 2005, using funds from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the Dartmouth Trauma Interventions Research Center (DTIRC) developed the New Hampshire Project for Adolescent Trauma Treatment (PATT).

PATT's mission is to implement, evaluate and disseminate best practice for severely emotionally disturbed adolescents who are served by the community mental health system (CMHC) in New Hampshire. This has been accomplished through education, training, and supervision of community mental health providers to:

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

To accomplish these objectives, PATT chose to work with CMHC clinicians and administrators using Trauma-Focused Cognitive Behavioral Treatment (TFCBT), which is an evidence-based treatment model. The TFCBT framework is time-limited (12-18 sessions) and includes: education, relaxation training, affect identification, cognitive coping, trauma narrative, cognitive processing, and behavior management.

Since 2005, PATT's mission to expand evidence-based trauma treatment throughout the NH community mental health system has been successful. As of March 2007, the PATT team had trained over seventy-five clinicians from all ten CMHC's across the state and the Anna Philbrook Center, NH's acute psychiatric hospital for children. Supervision and consultation by PATT has continued to expand with the launch of videoconferencing technology with seven CMHC's and the Anna Philbrook Center.

The DCYF Well-Being Bureau is currently working with DTIRC to train and provide ongoing supervision for DCYF and DJJS Residential Providers and private therapists in the use of TFCBT. This will allow DCYF and DJJS youth experiencing symptoms and behaviors related to trauma, better access to this effective treatment.

Dartmouth Medical School Child Psychiatry Program

Under the supervision and coordination of the Senior Psychiatric Social Worker, DCYF partners with the Dartmouth Medical School to provide a community-psychiatric experience in various district offices. This makes in-house child psychiatry expertise and clinical consultation available to direct service workers and introduces the advanced Child Psychiatry Resident to multi-agency

collaboration, court proceedings, child protection policies and procedures, foster/adoptive families and residential providers.

Health Outcomes

Recent research conducted by the Maine Health Information Center, in collaboration with DCYF's Bureau of Quality Improvement and the DHHS Office of Medicaid Business and Policy highlighted both the need for, and the effectiveness of the Foster Care Health and Foster Care Behavioral Health Programs. The study evaluated various health care measures to compare children in out-of-home placement to other low-income children enrolled in New Hampshire Medicaid during State Fiscal Year 2007.

The study revealed that NH children in both family-based foster care and group home or residential care had higher rates of disease, mental health disorders, utilization, and payment rates compared with other low-income children covered by Medicaid. The study also showed that children in out-of-home placement had higher rates of well-child preventive visits than the comparison low-income group and national managed care rates. To see the study visit the DHHS website: http://www.dhhs.state.nh.us/DHHS/OMBP/LIBRARY.

As required in The Fostering Connections to Success and Increasing Adoptions Act of 2008, a collaborative Health Services Plan is included in appendix.

BUREAU OF COMMUNITY & FAMILY SUPPORT SERVICES

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

- Funding for community-based programs that work to prevent child abuse and neglect, juvenile delinquency, and out-of-home placement of children and youth;
- Oversight of the Adoption/Post-Adoption Program and Foster Care Program; and
- Provider Certification

Foster Care Program

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

Matching the child with a resource foster home considers the foster parent ability to meet the needs of the child. DCYF does not delay placement into care due to matching issues and works with community members that represent different cultural, racial or ethnic backgrounds to build and support cultural competency within the resource family pool, and to ensure that resource

families are culturally responsive to child(ren)'s needs regardless of whether they have different backgrounds.

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

NH DCYF develops a local plan with a Recruitment and Retention Team that consists of the DCYF Office supervisor, the foster care worker, assessment worker, family service worker, the permanency and adolescent workers, foster and adoptive parents, community representatives and others as appropriate. A needs assessment is conducted by reviewing staff requests, community needs and monthly statistics that assist the Team in targeting the recruitment and retention efforts to produce desired outcomes. In addition, the number of inquiries, the number of home studies in process that would produce licensed homes, and identification of retention practices in the local office is reviewed. The plan includes a local needs assessment and review of the children and youth referred for foster home placement and adoptive placements in the previous year. Their individual safety, well-being and permanency issues are considered in the development of new recruitment goals and objectives.

The Statewide Plan compliments the twelve plans and provides support and cohesiveness to the local activities. In a standardized format, plans are submitted by the Team to a review panel for approval prior to October first of the planning year. The 2008-2009 Statewide Foster and Adoptive Family Care Recruitment and Retention Plan is available upon request.

DCYF holds several foster and adoptive events during the year in cooperation with the Community and Faith-Based Initiative and other community partners. For example, an adoption party was held in October 2008 that connected children who free for adoption with families looking to adopt. The Foster-Adopt Parent Conference was held on November 1, 2008 and recruitment booths were stationed at the Women's Expo, Hillsboro Balloon Festival, and several agricultural fairs throughout the year.

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

Kinship Care Specialist

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

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

As a result of a collaborative effort with NHRAPP (Relative as Parents Project), NH's first annual Kinship Conference took place in October 2008. Planning is underway for a second Kinship Conference that will take place in October 2009 in Lebanon, NH in collaboration with Vermont Kin as Parents (VKAP).

A kinship policy committee has been created and meets monthly to revise the current kinship policy and other related documents. This committee has completed a final draft of the "Kinship Assessment Guide" to be released and introduced to the District Offices in the next few months. The Target Date for a fully revised kinship policy is November 09.

Approximately 12 relative providers were granted a waiver for pre-service training required to become licensed foster parents. This practice is expected to continue.

A Brochure Committee has been formed and a relative resource guide is being created with a target date of July 09 for its completion.

This year a kinship program will be incorporated into staff training curriculum.

A committee to address the implications for relative caregivers of the Fostering Connections to Success and Increasing Adoptions Act of 2008 has been created and a 30-day notification process will be established as new policy for the Division.

Information about available resources has been provided to the community and to relative caregivers both within DCYF and those not involved with DCYF.

Implementation of a Kinship Navigator program in New Hampshire is underway in collaboration with the NH RAPP Coalition.

NH Community and Faith-Based Initiative

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

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

Four CFBI representatives throughout the state are now serving the twelve district offices. The many presentations to churches and other community organizations have garnered much new support. One innovative development was "Faithfully, One-by-One." This is an email listing used to disseminate information of the individual needs of foster and adoptive families and children. Through these e-mail "alerts" and through distribution of the CFBI newsletter, many needs for goods and services have been met. One participating church donated $2000 for a foster child to participate in a school trip to France.

Faithfully One-by-One responded to requests for car seats, financial support to a teenage girl allowing her to shop for a dress, pay for related expenses, and attend her prom, baseball registration fees, Karate classes, and countless other gifts of generosity. Several teen moms aging out of the child welfare system were provided with basic necessities for their babies. Youth who were exiting care and transitioning to adulthood were given kitchen supplies and household furnishings for their first apartments.

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

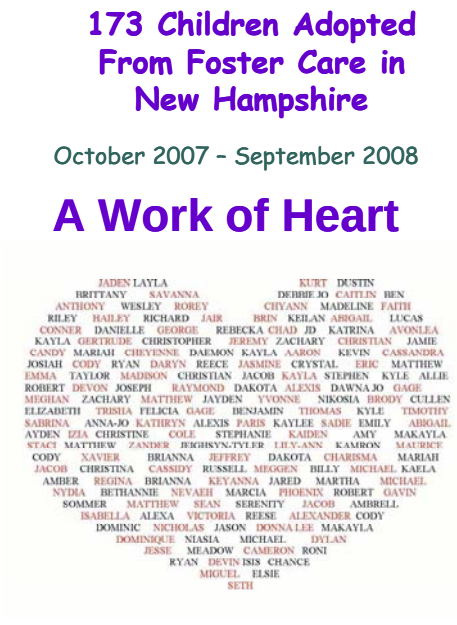
During SFY 2009, the CFBI continued to grow and expand. Many events/meetings and outreach opportunities were implemented to meet the needs of Foster/Adoptive families including:

- Holiday card program at Mount Zion Christian School.

- Pen Pal initiative with Concord Middle School and Easter Seals Group Home.
- Holiday Fairs where the needs of 6 specific foster families were highlighted
- Eight new churches were visited by representatives of CFBI.
- A Teen Event was held and sponsored by the New Hampton School. Many community and faith based organizations collaborated on this event. Over 120 people attended. Designer clothing, iPods, MP3 players and gift cards were distributed. 25 parents attended training at this event.
- A Clothing Give Away was held in Laconia and over $20,000 in clothing was donated by J.Jill. Kohls and The United church of Christ were also involved.
- Another clothing give away was held in Rochester with over 120 in attendance.
- Back to School Backpacks provided by Bethany Church, Altursa Club and other community members were distributed.
- The Altrusa Club also sponsored a family picnic for Foster/Adoptive families.
- Over $2000 was donated in the form of gift cards, adaptive equipment, appliances, furnishings and camp scholarships.
- The Third Annual Foster Adoptive Parent Appreciation Event was held May 16th 2009 at Shiloh Church in Manchester. Over 350 participants attended. Over a dozen community organizations were involved.

Because the CFBI has been so successful in supporting foster and adoptive families, the new CFBI contract includes an additional goal of providing support and assistance to NH Family Resource Centers.

Starting in December 2007 DCYF has also partnered with Bethany Christian Services in another recruitment project—Wendy's Wonderful Kids (WWK) through the Dave Thomas Foundation for Adoption. Bethany is the recipient of a WWK grant that funds an adoption recruitment position to focus on those children considered hard to place. This position carries a caseload of 8-10 children throughout the state. WWK, in partnership with the Community and Faith-Based Initiative also sponsored NH's first adoption matching party in November 2008. One match has occurred from this party, with another connection pending. Overall, WWK has been involved with several matches and placements of older youth waiting for adoptive families.



Adoption Program

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

- Case management
- Education

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

The Heart Gallery Project

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

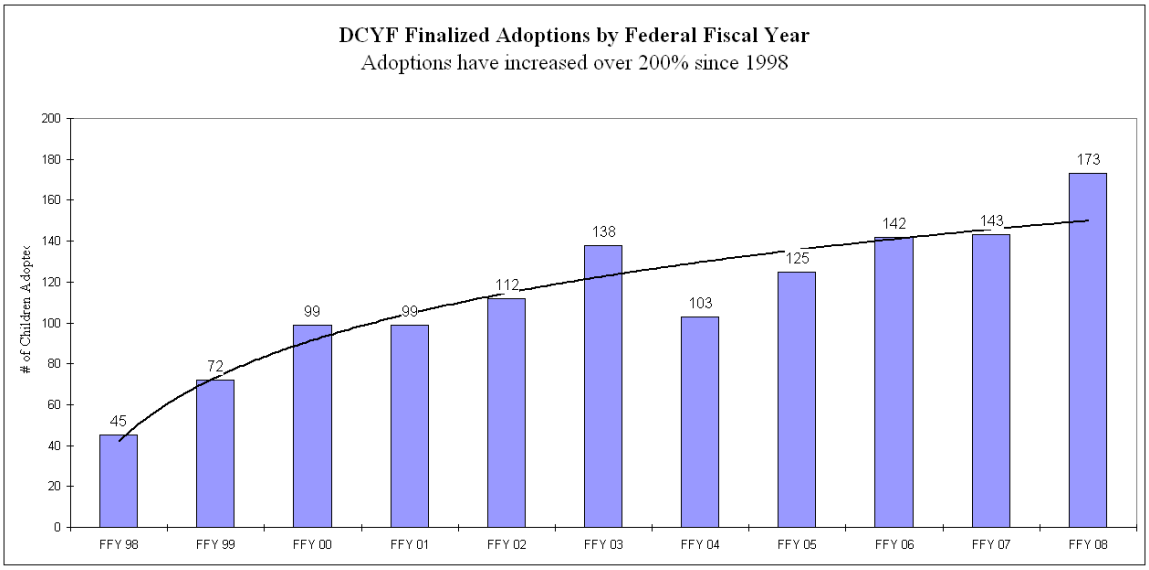
DCYF has partnered with the NH Professional Photographers Association and some individual volunteer photographers to take photos of waiting children. There are currently 19 photographers who are volunteering their time and services for this project. A printer has agreed donate the 20x24 photos needed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

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

Wendy's Wonderful Kids

Starting in December 2007 DCYF has also partnered with Bethany Christian Services in another recruitment project—Wendy's Wonderful Kids (WWK) through the Dave Thomas Foundation for Adoption. Bethany is the recipient of a WWK grant that funds an adoption recruitment position to focus on those children considered hard to place. This position carries a caseload of 8-10 children throughout the state. WWK, in partnership with the Community and Faith-Based Initiative also sponsored NH's first adoption matching party in November 2008. One match has occurred from this party, with another connection pending. Overall, WWK has been involved with several matches and placements of older youth waiting for adoptive families.

The ongoing focus on permanency has resulted in a continuing rise in the number of annual adoptions. Since 1998, the number of children adopted through DCYF has increased by over 200% as shown in the following the chart.



DCYF has made concerted efforts to locate adoptive homes for older children in care. As a result, 19 percent of all adoptions occurring in CY 2008 were of children age 12 or older.

DCYF has responded by developing a Post-Adoption Services Unit to provide direct support and service referrals for adoptive families. These services are available to families who have adopted children through DCYF, and through private adoption – including children adopted from other countries.

Post-Adoption Program

As New Hampshire increased efforts on many levels to recruit families willing to adopt, DCYF recognized its responsibility to commit to addressing the ongoing needs of adoptive families. DCYF understands that adoption is a life-long process and as such, the needs of children and their families do not end when an adoption is finalized. DCYF has always provided some level of post adoption services, however in 2007, with the support of funding from PSSF; the Post Adoption Unit with specialized staff was created.

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

- Development of a Post-Adoption Services brochure
- Meeting with District Office staff to assess post-adoption needs and planning activities to address those needs
- Providing information to adoptive families through the foster/adoptive newsletter
- Development of support groups easily accessible to adoptive families

- Creation of an adoption mentoring program for families

During the last year, activities have included:

- Creation of folders containing information on resources for adoptive families (January 2009)
- Development of a post-adoption services policy to guide the provision of services
- Planning and development of a program to provide respite reimbursement to adoptive families. A pilot of this program began May 1, 2009 and will run through September 30, 2009. The pilot program is being conducted in the North Country and we hope to expand this program to other adoptive families in 2010.
- In April of 2009 a Post-Adoption supervisor position was created to supervise the staff in charge of birth family searches, and to oversee the development of the Post Adoption program. Additional hours were added to one staff position to assist with that development and to provide direct service to adoptive families.

The following statistics were gathered for Jan-Dec 2008, and for the first quarter of 2009.

Post Adoption Service Statistics 2008			
Category	Total Search and Post- Adopt	Post-Adopt Intakes	Search Intakes
Information and referral	135	60	75
Field Consults	55	33	22
New Case Opened	125	19	106
Total Intakes	315	112	203

Post Adoption Service Statistics First Quarter 2009			
Category	Total Search and Post- Adopt	Post-Adopt Intakes	Search Intakes
Information and referral	22	8	14
Field Consults	18	13	5
New Case Opened	36	7	29
Total Intakes	76	28	48
Cases closed	25	8	17
Open Cases 4/01/2009	63	14	49
Cases pending	3		3

Children Adopted Internationally who have Entered State Custody

In 2005, NH DCYF developed a BRDIGES data collection component for Inter-country Adoptions. This report reflects the following information:

In SFY 2008, two children entered state custody who had been adopted internationally through a private adoption agency. Both of these children entered care due to an abuse petition. Two siblings, ages 12 and 15 were adopted in Columbia when they were 5 and 3. The children entered state custody in September 2008. The goal is not reunification. The agency is still developing a permanent plan for the children. Services being provided are foster home and residential placement, in-home family support to the foster family and counseling.

Activities that the State has undertaken for children adopted from other countries

DCYF post-adoption services are offered to all adoptive families. Referrals are often made to the Casey Family Services post adoption program that offers services similar to DCYF, but also offers respite care and support groups for families and children.

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

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

The NH Child Placing agencies have seen a decline in the number of private and international adoptions in the past year. They attribute the decrease in private adoptions to the uncertainty of our current economy and the decrease in international adoptions to the fact that many countries have changed their adoption policies. Child placing agencies are focusing more on recruitment efforts, home studies and post adoption services such as searches.

New Hampshire statute addresses specific adoption requirements for foreign adoptions. If the child is adopted from another country the adoption petition must include documentation indicating compliance with RSA 170-B:28. "Any person or any public or private agency,

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

In addition, New Hampshire statute also addresses the legality of foreign adoptions. RSA 170-B: 29 states "A decree of court terminating the relationship of parent and child or establishing the relation by adoption issued pursuant to due process of law by a court of any other jurisdiction within or without the United States shall be recognized in this state and the rights and obligations of the parties as to matters within the jurisdiction of this state shall be determined as though the decree was issued by a court of this state."

Goals and Objectives for Adoption and Post Adoption Services

The following goals have been identified for the DCYF Adoption Program:

- Add the Heart Gallery project and the Waiting Children booklet to the recruitment and retention contract
- Develop a centralized, statewide recruitment program for foster care and adoption
- Track inquiries for foster care and adoption, success of different recruitment strategies and children still in need of recruitment
- Add the Heart Gallery to the DHHS website
- Provide advanced training to DCYF staff that will focus on issues surrounding adoptions such as family engagement, difficult conversations, preparing families for adoption, practice changes and adoption subsidy (a committee has been formed to address this particular need)
- Expand the training to foster/adopt families to include a more comprehensive training regarding sensitive issues such as budgeting and finances (purpose of adoption subsidy)

Post Adopt:

- Identify specific DCYF staff to provide direct service to adoptive families
- Develop training for DCYF staff to help them assist adoptive families with post adoption services.
- Provide training in attachment therapy and trauma therapy to mental health providers and to DCYF staff to help them have a better understanding of the services and treatments that will be successful interventions for adopted children and their families.
  Continue to develop ways to help adoptive families access respite, including some respite day programs for teens.
- Identify outcome measures to assess the effectiveness of our post adoption program.

- Identify and implement an assessment tool to be used to measure outcomes for families receiving post adoption services.

Community-Based Comprehensive Family Support Services

Comprehensive Family Support

During 2005, contracts were awarded through a Request for Proposals process (RFP) for statewide comprehensive family support programs covering all twelve district office catchment areas. Through the Comprehensive Family Support Program, community-based agencies provide support services to approximately 500 families annually. The programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. Agency staff identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families. The program seeks to intervene before the occurrence of abuse or neglect on behalf of all families and also serves families in the process of reunification.

Goals:

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

Services to be offered by the contract agencies include:

- Home Visiting
- Short-term Child Placement
- Child Development Education
- Parent Education and Support
- Quality Early Care and Learning
- Health Education
- Adult Literacy and Higher Education
- Life Skills Training
- Child Care Resource and Referral
- Family Empowerment
- Information and Referrals to other community based agencies

Evaluating Outcomes

Utilizing Title IV-B, subpart 1 funds, DCYF provides the financial support necessary for the NH Children's Trust Fund to conduct an in-depth analysis of the needs of families participating in family support programs across New Hampshire and of the impact of the programs serving them. The Family Support Outcomes Evaluation measures the impact of strengthening protective factors in all counties in the state. These data, from 455 parents in 2005, 1,200 in 2006, 918 in 2007, and 532 in 2008 provide demographic information as well as reliable information about the impact of family support programs.

The data gathered from the Outcome Survey explores whether or not a direct correlation could be determined between participant satisfaction in the programs and change in protective factors, which are:

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

The data that show that the changes across all family support programs were statistically significant at the .0001 level. The outcomes are used to inform program practice and public policy. Full reports are available at www.nhctf.org

The Comprehensive Family Support program is also evaluated by DCYF. Under the direction of the DCYF Fiscal Unit, DCYF 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?
- Success of the program in avoiding future DCYF involvement

Data are obtained from tracking the graduating class following discharge from a comprehensive support program for three successive years. "Graduating Class" is defined as any child 17 years old or younger who had left a comprehensive family support program and had a treatment plan during and at the conclusion of program participation.[3] Findings from the 2006 class through two successive tracking years show:

- 33% of the children first entering a program were referred by DCYF during an assessment of the family
- 92% did not have a DCYF case opened for at least two years following completion of the program
- Of the 8.2% of children and their families that did have a DCYF case opened, 4.1% of children required out-of-home placement immediately and the remaining 4.1% remained in their homes with intensive services
- The average participation in a comprehensive family program was 190 days

Findings from the 2007 class through one successive tracking year show:

- 30% of the children first entering a program were referred by DCYF during an assessment of the family
- 92% did not have a DCYF case opened for the one year following completion of the program
- Of the 8.1% of children and their families that did have a DCYF case opened, 4.8% of children required out-of-home placement immediately and the remaining 3.3% remained in their homes with intensive services
- The average participation in a comprehensive family program was 209 days

New Hampshire Children's Trust Fund

DCYF maintains a strong relationship with the The New Hampshire Children's Trust Fund (NHCTF), a nonprofit organization dedicated to supporting programs that prevent child abuse and neglect. NHCTF advocates that the most effective way to keep children safe from abuse and neglect is to foster the development of strong, healthy families, with capable parents and caregivers. To this end, the NHCTF provides financial support, technical assistance and training resources to community-based programs across the state. In addition, the NHCTF advocates for positive change in both state and federal policies that effect children and families. The NHCTF is in partnership with community, state, and federally funded programs to focus on the benefits of primary prevention and to promote a continuum of service approach to families.

In 1996, the NHCTF was designated as the lead agency to receive and distribute CAPTA Title II (Community Based Family Resource and Support) funds. Currently, the organization receives approximately $200,000, an amount that is based on the state's child population. The NHCTF

[3] The 2006 graduating class had 684 children of which 34% under age five. 2007's graduating class had grown to 1186 children with 49% under age five.

braids the yield from its endowment and other contributions with the CBCAP funds and makes grants through a competitive process to community-based programs. Criteria for receiving a grant from the NHCTF include:

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

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

In 2007, in honor of its 20th anniversary, NHCTF launched its Strengthening Families in Community Libraries Project, aimed at equipping all of NH's libraries with parenting information and DVD's that are universally accessible. Individuals, businesses and foundations have funded this to date. Over half of the state's libraries reaching nearly 70% of the state population have participated. The state library, Family Resource Connection, has been an active partner in this project.

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

In addition to the evaluation and support of Comprehensive Family Support providers, NHCTF is a key partner with the DCYF Bureau of Community and Family Supports and Child Development Bureau in the Strengthening Families Initiative. Finally, the Administrator of the DCYF Bureau of Quality Improvement and a representative from the DHHS Bureau of Maternal and Child Health are members of the Board of Trustees.

Incentive Funds Program

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

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

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

BUREAU OF CHILD DEVELOPMENT

The Child Development Bureau's mission is to:

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

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

The Bureau also monitors providers and develops policy for New Hampshire's $28,000,000 childcare scholarship program that serves approximately 7,400 children each month. Families may be eligible according to income, participation in employment activities, and/or the need for strength-based parenting program.

Perhaps no greater example of a collaborative team approach to state agency planning and decision-making is the restructuring of NH's Child Care Development Funds. (CCDF). Due to federal requirements, the NH CCDF system needed significant changes and DCYF leadership realized that we had a historic opportunity to create a public-private partnership, the CCDF Redesign Team, to make the needed changes. The partnership included DCYF and other DHHS program staff, the owner of a childcare program, a childcare advocate, a childcare resource and referral coordinator and a Head Start Director. To maximize public input, the team met monthly with five statewide family and early childhood advisory councils and organizations.

Strengthening Families Through Early Childhood Education

Developed by the Center for the Study of Social Policy, Strengthening Families is an approach to preventing child abuse and neglect through building five Protective Factors in families: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's social and emotional development. Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' Protective Factors with timely, effective help.

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

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

In June of 2008, the NH SFI provided a train-the-trainer two-day event for childhood and child protection professionals in the Zero to Three Strengthening Families curriculum. NH SFI anticipates the completion and publication of childcare provider guide to preventing, recognizing, and reporting child abuse and neglect.

During the last year, New Hampshire has designated 27 childcare centers, which, combined, serve 21% of the children receiving Child Care Scholarship (CCDF Subsidy) to be Strengthening Families Centers. These programs will build protective factors for enrolled families.

Further information about NH SFI is located:
http://strengtheningfamilies.net/images/uploads/pdf_uploads/New_Hampshire.pdf

HEAD START STATE COLLABORATION OFFICE

The Head Start State Collaboration Office (HSSCO) seeks to improve long-term outcomes for children in families with low incomes by promoting collaboration among the Head Start community, state policy makers, program administrators, professionals from early childhood and related fields and family representatives. Toward this outcome, resources from the Collaboration grant are used to create, support and sustain collaborative relationships and initiatives among Head Start and its natural state and community partners in eight priority areas established by the

Head Start Act. These areas include: health care; education; services to families who are homeless; services to children with special needs; child care; welfare reform (child and family assistance); family literacy and community services.

The following are examples of initiatives under development in collaboration with multiple DCYF bureaus (Child Protection, Child Development, Community and Family Services, Bureau of Quality Improvement, Professional Development and Training):

Safe Families/Safe Homes. Statewide, evidence-based training initiative for early care and education professionals and families on child abuse/neglect, substance abuse and domestic violence.

Watch Me Grow. Statewide, coordinated system of developmental screening, referral and early identification of concerns regarding young children aged birth to five years and their families.

Mental Health Services for New Hampshire's Young Children and Their Families: Planning to Improve Access and Outcomes. *Year-long study to (1) document the state of NH's early childhood mental health system of supports and services for children aged birth through five and their families, and (2) generate recommendations for improving access to, the availability of, and outcomes for services in NH.*

Infant Mental Health

DCYF combines CAPTA and PSSF funds with other funding streams to support the NH Association for Infant Mental Health and regional Early Childhood Mental Health Teams (IMH). The New Hampshire Association for Infant Mental Health (NHAIMH) is an organization comprised of professionals in the field of infant mental health, community providers, and representatives of partnering programs and family support and advocacy organizations. Infant mental health addresses all systems of development for children birth to six years, emphasizing the interaction of factors that effect social/emotional health and development. The organization's mission is to identify and disseminate information, research, and best practices that promote interdisciplinary efforts on a community level in order to strengthen relationships in families with infants and young children. NHAIMH supports public policy initiatives that promote positive child outcomes and enhance continuity of care for children and families throughout the early years.

NHAIMH has successfully provided an annual statewide conference for the past 13 years as a means of increasing available infant mental health expertise in NH. NHAIMH has provided on-going community education and awareness through offering round tables and making presentations at conferences, including those sponsored by the NH Association for the Education of Young Children, NH Association for Family Child Care Providers, the Early Education and Intervention Network of NH, NH DHHS DCYF Child Development Bureau, and DHHS Division of Children Youth and Families. The Association also provides as a community service, a bi-monthly e-mail brief addressing early childhood issues of concern.

In 1999, NHAIMH, in collaboration with key stakeholders and state administrators, developed the concept of the *Regional Interagency Infant Mental Health Teams* (IMH) to meet the needs of

young children birth to age six and their families. The Association participated in the development of the 14 Regional Infant Mental Health Teams across the state, supported the development and implementation of goal plans for each group, and has provided ongoing technical assistance and clinical consultation to these groups since they were established.

IMH teams are tasked with the assessment of their community's early childhood mental health system of care and the creation of community solutions to address barriers and challenges. Each year IMH teams develop an action plan that defines these solutions and they meet regularly to determine implementation strategies.

In 2008, NHAIMH received a grant from the NH Endowment for Health to implement a rigorous, one-year data collection and planning process that results in a state plan to improve mental health services for young children and their families (aged birth to six years) throughout the state. The final report, entitled *Mental Health Services for New Hampshire's Young Children and Their Families: Planning to Improve Access and Outcomes*, was released in May 2009.

This research identified three primary challenges for New Hampshire.

- Screenings and evaluations for early childhood mental health are not consistently implemented, thus creating a barrier for families to access needed services for their young children
- Within the Behavioral Health System, there is no approved process for determining eligibility for children birth to age four. This leads to inconsistency between community mental health centers regarding the availability of assessment and intervention. Currently, not all community mental health centers will provide evaluation and intervention services for children under the age of four.
- Even in instances where children are identified, many services are simply not available, and existing services lack the necessary coordination to ensure that children and families get the services they need.

NHAIMH and their partners have already begun to implement many of the recommendations developed through this research. For example, the Watch Me Grow pilot was initiated to meet the need for early childhood screening, evaluation and referral, and to build capacity for early childhood mental health within the existing behavioral health system.

Watch Me Grow

Also supported by Title IV-B and CAPTA funds, the Watch Me Grow Pilot (WMG) is an opportunity to develop a system to ensure that families with children birth to six years in New Hampshire are consistently able to access developmental information, support, health and developmental screenings. Funding is available to support three $5,000 pilot sites, with a completion of the pilot by June 20, 2009. A state level Watch Me Grow team supports the pilot sites.

The implementation of WMG includes a voluntary screening system for New Hampshire children birth to six years. The purpose of the pilot is to identify the processes and procedures necessary to administer a statewide screening system in all regions/districts/communities of the

state and to collect data and information necessary to inform statewide model development and replication.

In order to establish the model for a statewide screening system, the pilot sites are conducting developmental screenings for the families within the identified catchment area. This role is filled by a community-based agency that has expertise in child development and family centered service delivery. In the pilot sites, staff assist parents and primary caregivers in administering the screening tools, including the ASQ, ASQ SE, and the TABS (temperament and atypical behavior scale)

The following guidelines are in place for the Watch Me Grow pilot sites:

- Services (screenings) are voluntary (Families are not obligated to participate)
- Services are provided with the recognition that the parent knows the child best
- Services are provided without cost to the family
- Referrals are provided in the areas including but not limited to oral health, physical health, vision, hearing, social emotional (trauma treatment), communication, gross and fine motor, cognition, self-help, nutrition, comprehensive health, sensory integration

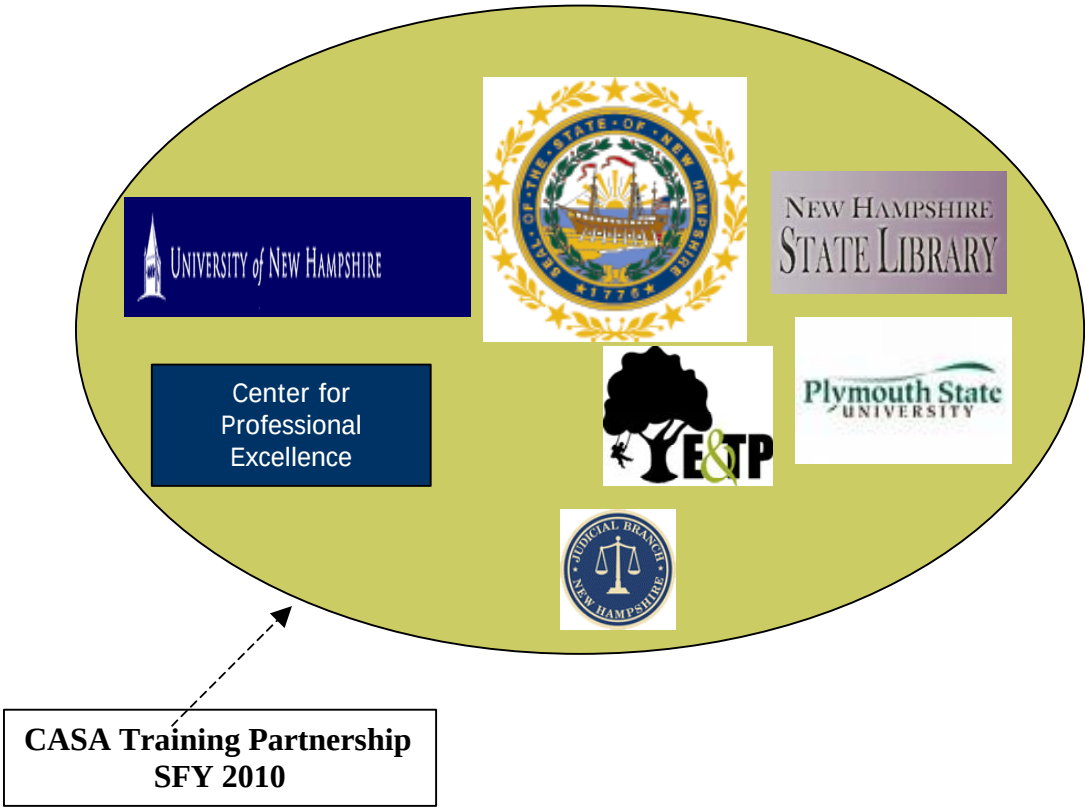
Each pilot site has an evaluation plan that includes indicators collected throughout the course of the contract period. DCYF will use the self-evaluation material during the quarterly review of the program outcomes. Pilot sites use common screening tools and data are collected to facilitate monitoring on the individual, agency and statewide level.

BUREAU OF STAFF DEVELOPMENT & TRAINING

Organizational Structure

The New Hampshire Division for Children, Youth & Families (DCYF) and Division of Juvenile Justice Services (DJJS) believe that training is a critical systemic factor in achieving quality outcomes for children and families. Thus, it must be fully integrated into and aligned with all agency activities. DCYF/DJJS recognizes the inextricable link between continuous quality improvement and training as a staff and organizational development strategy, and therefore strives to be a learning organization. The agency's Bureau of Staff Development & Training (BSDT) oversees DCYF's efforts to recruit, prepare, grow and retain a competent and committed workforce, cadre of caregivers and providers.

Over the last decade, the DCYF BSDT has built and lead an array of internal and external partnerships across the state that provide a dynamic, multi-pronged approach to competency-based training design, delivery and evaluation. This system has established a solid foundation for imparting the knowledge, skills and techniques integral to effective child welfare and juvenile justice practice. Specific components of the current training system include: 1) partnerships via performance-based contracts with higher education and non-profit partners, 2) collaboration with other state entities such as, the DHHS, Office of Development and Training Services (ODTS), NH State Library and the Court Improvement Project, and 3) targeted DCYF/DJJS staff involved in training delivery, management and oversight.



Current training system for staff

The DCYF and DJJS believe that well educated employees, caregivers and providers deliver higher quality, more efficient, effective and proactive services to children and their families, which support the department's mission and guiding principles. As mentioned previously, through an array of contracts and targeted staffing, the BSDT provides long-term training for DCYF staff and a wide variety of short-term training options for DCYF/DJJS staff, foster and adoptive parents, relative caregivers, residential and system of care providers. Currently, the Staff Development Partnership with NFI, Inc. is the primary contractual mechanism for coordinating staff training. As mentioned previously, this will be transitioning after July 1, 2009, to the CPE with the University of New Hampshire.

The BSDT has an annual training plan that supports the goal/s set forth in the agency five-year Child and Family Services Plan and guides curriculum enhancements, training design, delivery and scheduling. In order to support cross-systems coordination and consultation, stakeholders, training partners and contractors participate in various steering committees. Their role is to provide input into the development of the training plan to ensure content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices is included. The DCYF training plan is updated annually and evaluated by the administrator and DCYF director.

Training is required for both new and seasoned staff, as explained in detail in the sections that follow. Training opportunities increase employees' competence and morale through professional growth, development, and increased job effectiveness to ensure the safety, permanency and well-being of the children and families served. In addition to the regularly scheduled staff and provider trainings, an annual conference attracts an even broader audience for skill building, networking, celebration and recognition of peers and colleagues who have rendered outstanding service to New Hampshire children and families.

Long-term Training

Through DCYF's Child Welfare Scholarship Program (CWSP), partnerships with the Departments of Social Work at two University System of New Hampshire Schools, Plymouth State University and University of New Hampshire, DCYF supports up to eight current and/or potential employees to obtain a Bachelor of Social Work degree or a Masters Degree in Social Work for one to two years of their college education. Participants are selected through a competitive screening process which includes: documented proof of acceptance into an accredited BSW or MSW program, an application with personal statement, three references, criminal background check if they are not already a DCYF employee, interview with designated DCYF staff, a district office shadowing experience and personal reflection. Each of these components is scored by a panel made up of DCYF and university staff and results in annual selection of awardees of the CWSP.

Students selected for the CWSP receive in-state tuition and fees, as well as stipend for books and incidentals related to their education. This monetary contribution toward education is paid back through required work commitment with DCYF of 2 – 4 years. The CWSP programs conduct annual program evaluations that report on both process and outcome measures. Information gathered includes, student progress, student satisfaction with coursework, a survey of participants and program stakeholders regarding program improvement opportunities. Additionally, a second component of the annual evaluation assesses gains in program participant knowledge in child welfare.

The Bachelor of Social Work programs prepare students for generalist social work practice with a specialty focus in child welfare. Social work theory, knowledge, values and skills are taught through classroom and field experiences including a placement within a DCYF District Office setting. MSW students select child welfare as their area of specialization and may choose to pursue direct or macro practice and complete one-year of placement within a DCYF District Office or at the State Office. In both the BSW and MSW programs, students are expected to take specific courses related to a specialization in child welfare practice including; Child Maltreatment, Child Welfare and Family Services (Policies, Programs and Practices), and/or Families, Schools and Communities. Additionally, electives are offered in areas such as, child development, family dynamics, domestic violence, substance abuse, and mental illness. Over the last year, DCYF and both UNH and PSU have worked towards increased partnering in the delivery of DCYF specific training content to CWSP participants during the course of their student placements with the agency. Initial feedback has shown that this effort has enhanced the intensity of their learning experience and their overall engagement with the agency prior to potential employment. With the establishment of the Center for Professional Excellence in Child

Welfare at the University of New Hampshire it is anticipated that the connection between research, practice and preparation of future child welfare professionals will be strengthened.

Short-Term Training

The short-term training program for staff includes classroom and on-the job training for new DCYF/DJJS employees, Core Academy, and related trainings. These courses are all required within one year of employment and prior to assignment of a full caseload and independent work authority, localized team and district office based training, supervisory and management/leadership training.

Pre-service training

All new DCYF and DJJS employees are "oriented" to their jobs in two primary ways. First, a broad organizational overview is provided through the Department of Health and Human Services (DHHS) in a one-day orientation. Each agency then provides more intensive job-specific training to new employees. DCYF staff receive a one-day condensed agency orientation. This day is initiated by a welcome and presentation from the agency director who sets the tone for new staff regarding the agency vision, mission, values and principles that drive practice. Next, each of the agency bureau administrators presents an overview of their bureau's role in striving towards the outcomes of safety, permanency and well-being. The intent is to create a comprehensive and integrated picture of the organization for each new employee and develop connections for staff within and across the division.

Once JPPOs complete DHHS orientation, they transition immediately into the DJJS Professional Foundation Curriculum Academy, a 150-hour training curriculum, or the Field Training Services Program (FTSP), depending upon their hire date. The Academy is delivered on-site at the Sununu Youth Services Center in Manchester, New Hampshire

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Upon entering the FTSP, DJJS staff are matched and mentored by an experienced JPPO or JPPO Coordinator. The purpose of the FTSP is to ensure transfer of knowledge from the Academy and to support standardized field operations. FTSP curriculum includes topics such as safety awareness, legal mandates, court hearings and procedures, connections between child protection and juvenile justice, permanency planning, and professional behavior in the workplace. All JPPOs must complete the DJJS Professional Foundation Curriculum and the FTSP prior to being assigned a caseload or acting independently.
All new DJJS employees also participate in the Juvenile Justice Mentoring Program. In this program a new Juvenile Probation and Parole Officer (JPPO) is assigned to a seasoned JPPO for overall guidance and assistance completing a mentoring log. The goals of mentoring are to familiarize the new employee with good case management skills, procedures, policies, best practice and the culture of the agency. All DJJS pre-service training including Orientation, Academy, FTSP and Mentoring are currently funded through non-IVE state and federal sources such as OJJDP. These learning opportunities have been described above in order to set a context for the professional development continuum for juvenile justice staff.

All new DCYF CPSWs must complete the Core Academy (120 hours), as well as sixteen additional (1 day and ½ day) related trainings within their first year of employment. The Core Academy and Related trainings are offered two to three times per fiscal year at the BSDT centralized location in Concord, depending upon the hiring needs of the division. All new CPSWs are assigned as “secondary” workers on a reduced caseload (no more than four cases) during the pre-service training period. The intent is for new staff to transfer their learning, i.e. new skills, knowledge, abilities and competencies, into their workload under the guidance of their supervisor, mentor and peers in a controlled environment.

Several supports are provided to CPSWs during the pre-service training period. These include reading and skills tracking tools, collegial, supervisory and logistical support. A Core Academy Learning Workbook is provided to all new staff. Their mentor and supervisor review the workbook in detail with new CPSWs before, during, and after training. New CPSWs are required to complete all elements of the Core Academy Learning Workbook prior to graduating from Core and being eligible to receive a full caseload, typically within four months of hiring. Ensuring strategic placement of the number of days out of the office for training and in the office for application of learning that a new CPSW attends classes provides an additional support. Bureau staff closely monitors employee training compliance and completion of the core academy.

The focus of the CPSW Core Academy curriculum is on Safety, Permanency and Well-Being. Subject matter is arranged sequentially to build a logical progression of information sharing and skill-building as one completes the Academy. DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

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Trainers for both Core Academy and Core Related trainings come from the cadre of certified trainers the BSDT maintains through its contractual partnerships with CPE or other training system partners,.

Mentoring is also a critical support provided to staff during their first year. All new CPSW's are matched with a certified mentor who is at least a CPSW II, with more than 1 year of experience, is typically located within the same District Office. The mentoring process includes the completion of a Mentoring Log, which coincides with the Core Academy Learning Workbook and must be completed within the first year of employment, signed off by the CPSW, their mentor, supervisor and the BSDT Administrator or designee. A copy of the Mentoring log is maintained in the employees training file.

In-service training

Each year an annual staff training calendar is developed to meet the ongoing/advanced training needs of DCYF/DJJS seasoned staff. The BSDT uses aggregate data from Annual Individual Training Plans (DCYF) or Annual Training Surveys (DJJS) as a starting point to identify potential training needs statewide. Bureau staff and the DJJS Professional Development Staff meet with individual district office teams and supervisors to ensure specific needs for ongoing/advanced training are accessible, needs based, locally delivered, and outcomes focused. DCYF employees are required to attend 30 hours of on going training annually, while DJJS staff are required to attend 40 hours. Each year DJJS provides 5 cycles of 12 advanced trainings derived from the Annual Training Surveys. DCYF offers at least 12 (72 hours) on-going/specialized trainings annually through contract and state partners. Over the last year, more than 100 hours of specialized training has been provided to seasoned DCYF staff on a wide variety of topics. IVE funds are used to support a portion of on-going (in-service) training activities for DJJS. DCYF has provided a stand-alone document with specific details regarding DJJS/DCYF training courses, syllabi, IV E functions, durations, cost allocation, and audience. As noted previously, efforts continue to ensure staff are culturally competent and abide by ICWA. ICWA competencies are specifically address in Core Academy Module I and DCYF continues to partner with specific expert trainers for on-going staff training and organizational consultation as needed. Through support from the CIP, DCYF received the ICWA Guide books in 2008 and they are accessible to staff within each District Office for continual reference as needed.

As policies or protocols shift or are newly created, staff are provided with detailed training to ensure competency in procedural application. For example, in 2008 the NH Attorney General's Task Force on Child Abuse & Neglect finalized changes to the statewide abuse/neglect protocols. In response, the BSDT supported the delivery of several regional trainings on the new protocols coordinated throughout the state for staff and other critical cross-system partners to ensure full compliance with the new procedures. Additionally, in December 2008 changes in the abuse/neglect Central Registry procedures prompted a statewide, locally delivered teleconference training. Finally, a redesign of the Child Care Development Fund necessitated design and delivery of a timely and accessible training for staff across the state in order to understand how

to best support and collaborate with biological, foster and adoptive parents, and kinship care givers in accessing child care resources in their community.

Seasoned staff may also be referred to attend Core Academy and Related trainings as part of their professional development identified in their AITP, or as referred by their immediate supervisor. Additionally, staff have access to trainings outside the division provided by other state agencies, community and higher education partners across the state, regionally and nationally. Finally, DCYF holds an annual conference that offers a diverse array of workshops and networking opportunities. In 2008, over 200 staff attended 35 workshops and 8 information sessions.

Trainers for specializedtopics and outside trainings for both DCYF and DJJS staff can come from varying sources. Typically, trainers are either part of the cadre of certified trainers the BSDT maintains through its contractual partnerships with CPE, GSC or other training system partners, or they are local, state or national experts in child protection, juvenile justice. Additionally, they may be subject matter experts in specifically requested topic areas.

All trainers are evaluated regularly by participant evaluations, monitoring via bureau research analysts and provided feedback by bureau program specialists. This information is utilized to maintain the certification of the current trainer pool against current standards. Training materials developed by BSDT or contract partners are structured and designed for the adult learner. Trainers use their skills and knowledge to maximize learning. For example, training is highly interactive, allowing participants to practice their newly learned skills, receive feedback and gain confidence before they leave the classroom.

Supervisors within DCYF/DJJS have access to numerous opportunities for supervisory training. Both DCYF and DJJS run agency specific supervisor training programs. All DJJS supervisors within their first year of promotion must attend the DJJS Supervisor Training held at the Sununu Youth Services Center in Manchester, New Hampshire. This training is held over five days (37.5 hours) includes topics such as: *Fundamentals of Supervision, Understanding and Appreciating Individuals Styles, Managing Authority, Supervisory Communications through Change and Conflict, Performance Management for Success and Best Practice for Performance*. These activities are currently funded through non-IVE state and federal sources.

DCYF holds an intensive, in-depth supervisory training on a bi-annual basis. This 10-day training is delivered over a 3 – 4 month period and was developed specifically for DCYF supervisors. The program is based on the Institute for Human Services competency-based training curriculum. Training topics are derived from best practices in the field of child welfare management and leadership science. The goal of this training is to equip district office 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 agency through best practices. Training modules include: *Managing within a Child and Family System, Managing Diversity, Effective Casework Supervision, Supporting Transfer of Learning, Developing Work Groups and Teams, and Leadership in Child Protection.* This training was last completed in June 2009. It is anticipated that the Workforce Development Institute on-line

training for supervisors would be accessed in the future to assist NH DCYF in meeting the training needs of supervisors.

DCYF/DJJS supervisors also have access to the NH DHHS ODTS Certified Public Supervisors program. This program trains supervisors in agency specific human resource policies and procedures, supervision techniques, effective communication and facilitation of workplace issues.

Finally, several DCYF supervisors have attended the National Child Welfare Institute (NCWLI) for mid-level managers. This experience has greatly enhanced our District Office Supervisors capacity to build the human capital needed in child welfare organizations in order to improve outcomes for children and families. It is expected that selected mid-level managers will continue to be supported to apply to participate in the NCWLI. Additionally, the BSDT is intending to access the new Leadership Academy On-Line Training for Child Welfare Supervisors through the National Child Welfare Workforce. This exciting opportunity solidly aligns with DCYF's intention to provide accessible, eLearning options for all staff.

DCYF operates and maintains a fully SACWIS compliant information system known as Bridges. A module for coordinating training and maintaining records in order to support training compliance was designed and implemented within Bridges in 2006. The BSDT collaborates with the agency's Bureau of Information Systems Training to enhance and maintain the training module on an on-going basis. All DCYF/DJJS staff training is scheduled, advertised and tracked through the Bridges Information System. Staff and supervisors can access and monitor their own training records and register for internal agency trainings via Bridges. BSDT Training Liaisons assigned to each District Office assist staff and supervisors in ensuring Annual Individual Training Plans are completed, aligned with required competencies, and completed in a timely manner. Liaisons also ensure that staff are aware of all training resources and are thus able to plan in advance which trainings they would like to access in order to support their individual professional growth.

Current training for foster/adoptive parent, relative caregivers, and residential care providers

The Education & Training Partnership between DCYF and Granite State College provides training to foster and adoptive parents, relative care givers and residential care providers. The mission of this partnership is:

> *To enhance the quality of care for children living outside of their own homes by providing the knowledge, skills, ability and mutual support necessary to address the daily issues that confront substitute caregivers and case managers who work with children and youth in placement. In support of this goal, the Education and Training Partnership provides competency based training, statewide, to foster/adoptive parents, kin caregivers, DCYF staff, and residential care providers working with children in placement due to abuse/neglect.*

DCYF staff are encouraged to join caregivers in training as a matter of best practice, to promote collaborative relationships between social workers and caregivers. The E&TP partners with DCYF in assessing training as it relates to the principles of accessibility, needs based, outcomes oriented and local, and in DCYF's intention to establish a Practice Model of Excellence. A Steering Committee with representation of foster and adoptive parents, residential care providers, DCYF and GSC staff guides the work of the E & TP. The Education and Training Partnership plans to work with the DCYF Training Administrator to restructure the Steering Committee to align with the vision of the Center for Professional Excellence.

Pre-service training

In 1999, the E & TP began delivering Foundations For Fostering to prospective foster parents statewide. In 2004, Adoption Essentials was created and delivered to individuals wishing to adopt through DCYF. In response to changing practice, the E & TP worked with DCYF to merge both trainings into one. Starting in 2005 and continuing into 2006, the E & TP staff along with a committee made up of DCYF staff, instructors and foster/adoptive parents began working to blend the two curricula. The result, Foster and Adoptive Care Essentials (FACES), is now available to individuals interested in providing foster/adoptive care and 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 3-hour modules is delivered statewide and fulfills NH state training licensing requirements. One hundred and eighty modules of training are provided each year. DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

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Developed in 2005 and piloted in 2006, Residential Counselor Core Training (RCCT) is offered to residential care staff to support their work with children, youth in care and their families in any of New Hampshire's residential facilities. A 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. Over the last year, 15 modules of training were provided statewide. DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

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In-service training

Initiated in 1996, the Caregiver Ongoing Training (COT) is a program of over 60 competency-based courses designed in collaboration with DCYF staff, foster parents and residential childcare staff. The intent of the program is to provide the skills and mutual support necessary to address

the daily issues confronting caregivers and case managers. Foster parents are required to have 9 hours of on-going training per year. The COT program is the primary vehicle for foster parents to meet this requirement. Classes are open to eligible caregivers, staff and providers, including relative caregivers, and are intended to provide the skills and mutual support necessary to address daily issues and the challenges of working with children in placement, and their families. Approximately 160 training courses are offered statewide in local communities each year in content areas such as: Adolescence, Behavior Management, Child Development, Communication, Education, Health, Neglect and Abuse, and Collaborating with Families and Providers. DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

In all E & TP programs, both formal and informal training needs assessment is performed on a regular basis. Methods for assessing need include: surveys, focus group studies, participating at foster parent support group meetings and the Foster and Adoptive Parent Association, attending monthly DCYF foster care meetings and on-going dialog with residential facilities and NH Partners in Service.

New non-credit and college credit courses are developed in response to identified needs in collaboration with DCYF staff and stakeholders through a process that begins with: a rationale, guiding principles and the identification of desired learning outcomes. Subject matter experts are guided through the development and stakeholders review progress at regular intervals. Training design is grounded in adult learning theory. Revisions occur on a regular basis to reflect DCYF practice changes.

Delivery methods and duration are assessed and determined by the Curriculum Development Specialist in consultation with the Subject Matter Expert and stakeholders. Handouts and/or manuals used in each training session are also prepared by the E&TP.

The E&TP provides publicity and registration for the training sessions. Publicity includes: brochures, flyers, a catalog of courses, and web page updates that provide the registration function for all training programs and include the ability for caregivers, providers and staff to register on-line. Materials are distributed to approximately 900 licensed foster homes, 550 residential care workers, and 360 DCYF staff, as well as to NH DHHS Division of Finance staff who distribute to identified kin care providers.

Training is delivered in traditional classrooms, and community sites (approximately 40 local community sites including GSC Centers, libraries, police/fire stations, hospitals, schools, community centers and residential facilities). All facilities are assessed for safety and ADA accessibility. Distance learning is also offered for specific courses and includes, workbooks, audio, and on-line modalities.

Instructors are community practitioners qualified to teach specific courses based on their resume, vitae, a personal interview, academic credentials, expertise, years of experience in their field, and philosophical compatibility with the DCYF. They are engaged in professional development through various venues including a newsletter publication called Partnership Press.

The E&TP has designed a system that promotes continuous quality improvement. It includes the quarterly analysis of significant quantitative and qualitative data elements, and class observation reports. An annual report representing a compilation of the data is presented to stakeholders.

Beginning on July 1, 2009, the E & TP will have a part-time staff member who will provide support to the Foster and Adoptive Parent Association by providing training and technical assistance to complete its goal of self-sufficiency and sustainability. An important aspect of E & TP's support to FAPA will be collaboration with the FAPA Conference Committee to coordinate the annual NH Foster and Adoptive Parent, statewide conference.

Other Critical BSDT Activities

DCYF/DJJS recognizes that ensuring functional and effective systemic partnerships, especially between the courts, court personnel, attorneys, court appointed special advocates, and DCYF staff, support best practices for children and families. With this in mind, DCYF actively participates in and support several training related activities that strengthen systemic partnership.

Court and CASA Partnerships

The New Hampshire Court Improvement Project has the basic training and data grants to help support the improvement of court policies and practices in juvenile cases. The CIP has focused much of its efforts on the development of protocols and court tools to improve permanency outcomes for children in out-of-home placements. The CIP Training Grant is specifically focused on providing training to judges, masters, court staff, DCYF attorneys, attorneys who represent parents, and other system stakeholders such as CASA and DCYF staff. The training support comes in several ways, both financially supporting training programs, coordinating the logistics of training opportunities, and planning with other system trainers for multidisciplinary training events. The DCYF Training Administrator participates in the CIP Training Steering Committee, and the CIP Training Coordinator is actively engaged in planning training for DCYF staff.

An example of this occurred in the fall of 2008. DCYF and Court Improvement Project along with CASA, facilitated an event intended to bridge communication between CASA volunteers and DCYF. This daylong event brought together many disciplines within DCYF and CASA to achieve commonalities within each agencies program and mission. Their respective directors presented overviews of both agencies while speaking about the many common misconceptions between agencies. This intention is for this to become an annual event collaboratively sponsored each year by DCYF, CASA and the CIP.

Additionally, in relation to the new categories of short-term training authorized under P.L. 110-351 amended section 474 (a)(3)(B), DCYF is in the process of establishing a contractual relationship with New Hampshire CASA, the state-wide agency for court-appointed special advocates. Through the CASA Training Partnership, IVE training funds will be used to support both pre-service and in-service training of court-appointed volunteers and staff. New CASA volunteers receive 40 hours of pre-service training prior to being assigned a case.

Pre-service training consists of 40 hours of comprehensive adult participatory training, which prepares the CASA guardian ad litem to perform their role within the child protection system and juvenile court in an effective and thorough manner. This core training curriculum has been developed by the National CASA Association, with necessary revisions made by CASA of NH, in an effort to have specific portions comply with New Hampshire child protection laws (169c), NH Supreme Court Guardian ad litem Rules, and general court and child protection practice. Training for new volunteers is delivered at the CASA central office in Manchester, NH or other designated locations. Volunteers and staff are then required to complete 12 hours of on-going training per year. DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

CASA volunteer/GAL are obligated to obtain 12 hours annually of on-going training. On-going/In-service training may be provided at the central CASA office, regional offices or on-line through the National CASA Association. These include two full-day trainings each year, fall and spring, monthly one-hour in service trainings on specialized topics, attendance at DCYF and other related workshops or conferences (i.e. DCYF Annual Conference, Attorney General's Conferences, Court Improvement Project sponsored trainings). DCYF has provided a stand-alone document with specific details regarding training courses, syllabi, IV E functions, durations, cost allocation, and audience.

Finally, volunteers can participate in no cost e-Learning modules through the National CASA Association. CASA of New Hampshire's Professional Development Standards guide all training requirements and are intended to further strengthen the CASA program's assistance to ensuring safety, permanency and well-being for abused and neglected children.

All curriculum is delivered by qualified and trained CASA of NH staff, as well as professional/trainers who practice in various areas of the Juvenile court and child protection systems, such as judges, attorneys, foster parents and child protection workers.

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DCYF Speakers Bureau

The Speaker's Bureau is responsible for responding to community inquiries creating opportunities for greater awareness regarding the roles and responsibilities of DCYF. Goals for the Speaker's Bureau have been:

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

Over the last year, efforts towards these goals have been steady and significant. In August of 2008, the Speaker's Bureau merged with the Bureau of Quality Improvement to become the Public Information Team (PIT). The vision of the PIT has been to create a cohesive public image, consistent message, and improved public knowledge of DCYF, including the education of mandated reporters, as well as education to the community at large (including parents) about family rights as a regular and consistent message. Other important elements include, information about key programs and utilizing media materials that "tell the story" and are identified with the agency as a whole. The PIT is currently creating a "cookbook" of training materials that will be centrally located, easily accessible, with an "ala carte" menu to address the unique needs of each audience and maintain up-to-date information about agency policies and practices. Information is tracked and data is processed regarding information requested, by whom, and delivered in what venue.

Workforce Development Committee

The BSDT Administrator co-leads, with the DCYF Administrator, the agency Workforce Development Committee. This committee is responsible to oversee agency recruitment, retention and development of staff. Activities targeted for the next five years by the Workforce Development Committee include:

- Development of a Realistic Job Preview for CPSW,
- Implementation of an Advanced Mentoring Program for seasoned staff,
- Continued tracking of workforce recruitment and retention data in an effort to inform and evaluate on-going development activities.

NH State Library

In a collaborative effort with other NH DHHS Divisions, the New Hampshire Department of Education, and the NH State Library system, the BSDT supports a critical resource and training activity, the New Hampshire Family Resource Connection (FRC). As a statewide library, whose primary mission is to serve the needs of NH's children, this clearinghouse provides information, resources, and support for families, caregivers, educators, and other professionals concerning aspects of caring for, educating and raising children—with an emphasis on children with special needs. The FRC website features the Directory of Children's Services, which is an online index of community-based resources organized by service-type located throughout NH.

This provides a significant resource for a gap in New Hampshire's early intervention, disability, preschool, foster care, and childcare systems. In operation since 1996, the Family Resource Connection prevents duplicative services and expenditures by consolidating current statewide information. The lending library has grown to a collection of over 5,000 books and videos specially chosen to be helpful to NH's families and children.

Costs and funding streams

In establishing our cost allocation methods the BSDT and the DCYF Bureau of Fiscal Services examined the goals and objectives of each training program to match those goals and objectives to the various federal funding sources eligibility criteria. Criteria from Title IV-A, Title IV-B, Title IV-E, Medicaid and Adoption Incentive funds were utilized to accomplish this.

The resulting cost allocation plan distributes the expenses between the above-mentioned Federal programs and State general funds based upon the benefiting programs. That is, if a training contract meets the Title IV-E criteria, DCYF applies the Title IV-E penetration rate and charges Title IV-E the appropriate amount. The agency then examines other benefiting Federal programs and distributes the remaining Federal portion between those programs based upon how much of that training program addressed that Federal funding source's criteria. If a particular training program does not meet any federal criteria those costs are allocated to 100% State general funds.

Based upon this cost allocation method, Title IV-B funds provided for approximately 16.7% of the total costs for DCYF/DJJS training initiatives during SFY09. Inclusive of all state and federal funds, including partner matches, the total estimated costs for training for SFY 2010 is $2,668,944.

Training Goals and Objectives

DCYF/DJJS is embarking on a new five-year plan that builds upon our successfully established competency-based training system. The agencies are now poised to move to the next level of professional excellence in training and organizational development. The BSDT is initiating a significant transformation of its training system with the primary goal of integrating and aligning all activities in order to leverage training as a cross-systems change and sustainability model. This new integrated system, moves beyond competencies and is based on four core principles: **A**ccessible, **N**eeds Based, **O**utcomes Focused and **L**ocal. Further, the training system will ensure support for the agency's primary goal within the Child and Family Services Plan, developing a Practice Model, by providing staff and organizational development activities that are inclusive of the entire agency workforce and stakeholders. The first step towards this shift will be the establishment of the *Center for Professional Excellence in Child Welfare* (hereafter referred to as the CPE) with the University of New Hampshire. This new relationship will replace the previous

contract for staff training services through the Staff Development Partnership with NFI, Inc. Additionally, our contract with the Education & Training Partnership with Granite State College will continue to deliver training and support services to foster and adoptive parents, relative caregivers and providers with some contractual enhancements and modifications.

In support of BSDT transition with the five-year goals, a request for Technical Assistance was sought and approved in the spring of 2009. The National Resource Center for Organizational Improvement was identified as the best resource and has begun the process of conducting a system wide assessment to determine the current status of training services. Four comprehensive surveys were sent out to internal stakeholders across the training system. Results of the training system surveys are currently being analyzed, but initial data supports the need and readiness to move New Hampshire's child welfare training system to the next level – building beyond competencies.

With this in mind, over the next five years DCYF's primary goals in relation to training are:

Goal #1: Implement a wholly integrated "System of Training and Organizational Development" which supports the agency's practice model, uses the four core training principles and a change model perspective in training and development.

Objective 1: Establish a joint DCYF/DJJS Training Steering Committee that includes participation of all training partners, including staff, youth, parent, caregivers and providers from across the service system.

Task 1: Determine the clarity of Training Steering Committee membership roles, and responsibilities.

Task 2: Develop a new bureau vision and mission statement, as well as principles for training and organizational development and use to guide all BSDT activities.

Objective 2: Conduct regular, multi-level training needs assessments that ensure the recruitment, retention and professional development of all agency staff, caregivers and providers, and supports sustainable systemic change.

Task 1: Analyze baseline data from Training Assessment Surveys

Task 2: Determine future system and needs assessment strategies

Task 3: Plan, implement and evaluate an on-going, comprehensive needs assessment methodology.

Task 4: Participate in Workforce Development activities that support the recruitment, retention and growth of all employees.

Objective 3: Partner with intra and inter-agency stakeholders, including the community, in the Practice Model development, establishment, implementation and evaluation and ensure training aligns with shifts in the agencies' approach to practice.

Task 1: Provide leadership, coordination, and organizational development support to the Practice Model effort.

Task 2: Lead the selection of an organizational development strategy and train all staff and stakeholders.

Task 3: Establish and oversee training curriculum leadership committees in the areas of Family Engagement, Assessment, Permanency and Adolescents to guide future curriculum design, development and implementation.

Objective 4: Develop a plan for the enhanced use of technology in practice and training.

Task 1: Develop a Learning Management System and mixed eLearning methods.

Task 2: Determine necessary supports and training for staffs' ability to function efficiently and effectively in virtual work environments.

Goal #2: Enhance linkages between training and organizational outcomes by expanding training evaluation methodologies.

Objective 1: Implement Kirkpatrick's Four Level Model of Evaluation[4] across all training programs.

[4]Noe, R.A. (2008). Employee Training & Development (4th Edition), McGraw-Hill Irwin. Boston.

Task 1: Determine what levels of evaluation are currently being utilized
Task 2: Develop a plan to implement all levels of evaluation
Task 3: Evaluate training programs' impact on agency outcomes

Objective 2: Conduct on-going assessment of training as a systemic factor in achieving organizational outcomes.

Task 1: Participate regularly in agency Case Practice Reviews
Task 2: Develop and implement training assessment tools to be used during Case Practice Reviews.
Task 3: Analyze CPR/CFSR data as it relates to training needs
Task 4: Design and implement a method for training development that aligns with the local or statewide results of the case proactive review
Task 5: Support DJJS efforts to obtain best practice standards in juvenile justice work.

Goal #3: Ensure training resources are used efficiently and effectively.

Objective 1: Document and track all costs associated with training.
Objective 2: Develop decision-making criteria for training investment utilizing the Practice Model as the "touchstone".
Objective 3: Design, implement and evaluate a Return on Investment Model (ROI) for training.
Objective 4: Design and implement performance-based contracts, cooperative and learning agreements that enhance the impact of DCYF training system resources on outcomes for children and families:

Task 1: Finalize training contract with NH CASA
Task *2:* Establish a learning framework with institutions of higher education for student internships and placements, including expectations, roles, responsibilities and cost/benefit analysis

BUREAU OF QUALITY IMPROVEMENT

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

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

The Supervisors' Reports: Use Of Data In Practice

Several key processes have resulted in DCYF's status as a data-driven agency and a model for other agencies within NH's Department of Health and Human Services. First, district office supervisors are key in any effective systems change. It is vital that this group understand the benefits of using administrative data to monitor and improve practice. To accomplish this, BQI developed a "data managers" group in 2003. The group includes both analysts and program managers. Throughout 2004 and 2005, the data managers gathered information from field staff and supervisors to develop a set of supervisors' reports.

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

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

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

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

The Data Managers group continues to meet as needed, with a focus on information sharing, improving data collection, and reviewing outcomes data. This group oversaw the development of monitoring techniques for the reporting of caseworker visits.

The Case Practice Review (CPR)

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

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

In addition to the review instrument designed for ongoing cases, the NH CPR also includes two new, additional review instruments, one specifically designed to evaluate the Assessment phase of Child Protective Services, and another to assess compliance with fiscal policies and procedures. The new instruments were developed and implemented in 2007.

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

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

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

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

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

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

Administration from both Divisions will work with BQI and the District Office staff to monitor improvement initiatives and report on program outcomes. This process continues until the next onsite review.

Utilizing feedback from district office supervisors, state office managers and reviewers, BQI re-evaluated the CPR process during 2008 and implemented significant changes to optimize effectiveness. These changes included:

- Using materials from ACF and knowledge gained from participation as cross-state reviewer and co site lead, NH's CFSR Coordinator revised the CPR reviewer training to promote better understanding and accurate completion of the specific quality instruments.

- To improve inter-rater reliability, BQI restructured the CPR quality assurance review to insure consistency and prevent varying interpretations effecting case ratings.

- BQI revised the community stakeholder focus group questions to closely correlate to the questions found in the quality instrument, thus allowing for more accurate interpretation of strengths and challenges affecting a particular district office.

- Exit conference presentations were expanded to include a power point presentation to highlight review findings and compare changes from previous CPRs.

- In the upcoming months, BQI will work with district office supervisors to evaluate and improve reporting of performance outcome measures.

During 2008-2009, Case Practice Reviews were held in Portsmouth, Manchester, Salem and Littleton District Offices. Overall strengths in these offices illustrated positive practices in keeping siblings together when appropriate, and supporting physical and dental health needs of children in care. Overall challenges include determining the appropriate permanency goal for the child in care and making consistent efforts to engage absent parents in case planning. Each district office will address identified challenges in their Practice Improvement Initiative (PII).

The Adolescent Review Instrument

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

The development of a new Adolescent Case Review Instrument highlights this successful collaboration. This review instrument builds on successful components of the CPR process such as the use of peer review, a structured review instrument, and a strengths-based approach. In addition to determining whether specific agency policies were followed, the main goal of this tool is to evaluate from the youth's perspective, how well the involved agencies worked to meet their needs for positive youth development, permanent connections, and adult living skills. Input from the Youth Advisory Board, a group of youth currently in out-of-home placement through

DCYF or DJJS, was essential to this process. The youth themselves determined which outcomes were truly important for their successful transition to adulthood. The Adolescent Review Instrument is still in development with a plan to implement a pilot review in the summer of 2009.

Structured Decision Making

Utilizing technical assistance, DCYF implemented Structured Decision Making (SDM) in December 2001 in the Intake and Assessment program areas. DCYF expanded SDM to the family services area in March 2002. SDM includes a set of research-based tools designed to identify safety and risk factors, which guide staff at critical service decision points. SDM can improve the effectiveness of child protection interventions by:

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

SDM reduces ambiguity by providing consistent, reliable information and a clearly defined methodology for making decisions related to the safety, permanency, and well being of children. After implementation, representatives from each district office formed a CORE team to share information and resolve barriers to effective use. All staff were trained in the use of SDM, and training continues for new staff. While the CORE team is no longer meeting regularly, DCYF field staff continue to be involved in the refinement and implementation of SDM through discussions at leadership meetings, and through an intake/assessment workgroup, and a family service workgroup.

To monitor implementation, the SDM supervisory case read process was established in October 2004. BQI randomly selects one case or assessment per worker per month in each District Office. Supervisors use the Case Reading tools on each of the selected cases and assessments to ensure the workers are using the SDM tools correctly. For several years, completed Case Reading tools were returned to BQI staff for aggregate analysis and reporting. In addition, BQI coordinated, with members of the SDM Core Team and the respective CPS assistant administrator, a periodic, random quality check of the supervisor's case read to ensure consistent and correct use of the SDM tools by supervisors across the state. BQI, the Core Team members and the CPS assistant administrator then met with the district office supervisors to review findings and identify remediation, if needed. This process is now being integrated into the ongoing monitoring of district office Practice Improvement Initiatives.

Assessing Outcomes

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

To answer these questions, DCYF makes use of the NCANDS and AFCARS data and the State Data Profile. Additionally, DCYF relies on a subscription to the Foster Care Data Archive for the analysis of program outcomes. Finally, the DCYF fiscal unit has moved toward a system of performance-based contracting. Contracts now include requirements for measuring case outcomes in residential, home-based, and preventative services.

In 2008, the Commissioner of the Department of Health and Human Services cited DCYF as a model agency for our use of data and outcomes-based performance measurement. However, under a philosophy of continuous quality improvement, the Division continues to apply analytical techniques in new areas. While DCYF currently has a broad set of outcome measures, they are specifically related to the field of child protection, and thus measure areas of safety, permanency, and well being that are within the mandate of a child protection agency. To truly measure 'well being' we must take a multi-systems approach. The best outcome measures will be derived from longitudinal analysis that follows families over time and across agencies. An example of this is the Foster Care Health Study conducted in 2008.

Policy And Rules Unit

The Bureau of Quality Improvement also oversees the Policy and Rules Unit. This group is responsible for coordinating the development of all agency policies, administrative rules, forms (both electronic and print), templates (such as the Case Plan), and the production of print materials such as resource guides, handbooks, posters, and brochures. This unit also monitors and responds to changes in state and federal statute and provides oversight of a variety of external audits. Finally, a member of the policy and rules unit also oversees the Central Registry database of individuals found to have abused or neglected a child in their care.

Names in the Central Registry are maintained for 7 years unless a court approves removal via an expungement process. The Central Registry is used to check the names of all applicants for child care, foster care, DHHS employment, adoption, inter-state placements and individuals who voluntarily submit their own names.

Policy and rule development is typically a collaborative process involving CPSWs, district office supervisors, stakeholders, state office administrators and program specialists with consultation, support and review provided by the Policy and Rules Unit. The Supervisor of the Policy and Rules Unit also works collaboratively on the DCYF IV-E state plan, the Health Services Plan, the Training Steering Committee, and the DCYF Disaster Plan.

Cultural Competency

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

Although New Hampshire's diversity is not as readily apparent as in other states, New Hampshire's rate of disproportionality of African American children in out-of-home placements is significantly higher than in most other states[5]. BQI has responded to this concern in several

[5] http://www.cssp.org/uploadFiles/statORFactSheet2.pdf

ways. First, ongoing data analysis indicates that disproportionality exists at the time of initial report, with African American children being the subject of a disproportionate number of referrals. Preliminary research does not indicate a higher likelihood of referral acceptance, substantiation, or placement for African American children, and no statistically significant differences were found between races with respect to length of stay in care. That said, it is apparent that disproportionality in out-of-home placement is the result of a complex relationship between race, class and community characteristics. It is vital that state child welfare systems address these concerns in a comprehensive manner. DCYF continues to review performance outcome data by race, ethnicity, tribal affiliation, gender, presence of disabilities, children's age, and other important demographic variables whenever possible. In 2009, DCYF's data collection techniques related to race and ethnicity were shared with the Court Improvement Project to ensure comparable outcome reporting.

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

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

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

In April 2008, and again in 2009, field staff and supervisors from several DCYF district offices attended the NH Diversity Conference sponsored by Casey Family Services. The conference is designed for human service professionals, foster and adoptive parents, educators, policymakers, and other interested members of the community to expand their knowledge of diversity issues.

Specific Measures Taken In Response To The Indian Child Welfare Act (ICWA)

DCYF is committed to ensuring that provisions of Indian Child Welfare Act (ICWA) are meaningfully followed.

NH Abenaki/DCYF Collaboration

Team work that serves American Indian families.

The population of American Indians in the United States in 2000 was 4,119,304, with more than 545 federally recognized tribes in other states. While one of the smallest minorities in the United States, American Indians are a very diverse group, representing a variety of cultures and traditions. According to the 2000 United States Census, the total New Hampshire population was 1,235,786. 7,885 residents, or 0.6% of the population reported being American Indian/Alaskan Native, increasing from 0.2% reported in the 1990 Census[6]. While the indigenous people of this state include Abenaki people, American Indian/Alaskan Native residents of the state reported over 4,000 tribal affiliations with federally recognized tribes.

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

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

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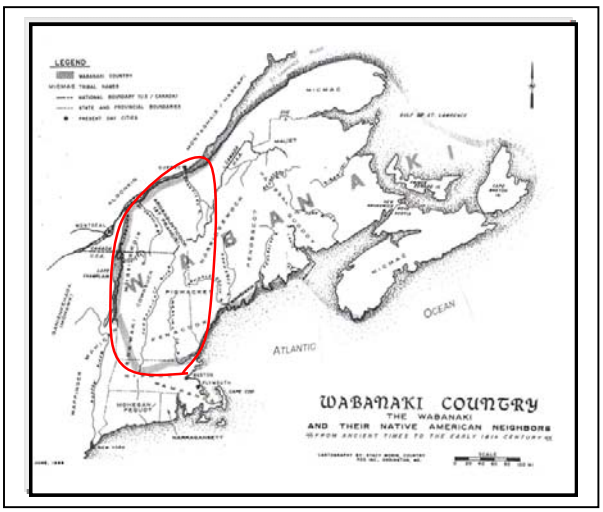
[6] Profile of General Demographic Characteristics: 2000. U.S. Census Bureau. Retrieved June 25, 2008 from the World Wide Web: http://factfinder.census.gov/home/saff/main.html?_lang=en

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

Coordination with Tribes



In addition to the actions addressed above, NH DCYF began discussions with members of the Abenaki Community in March 2006. The purpose of the discussions centered on how there should be some formalization of an American Indian group in NH, and how DCYF can partner with that group to better address the needs of Native American families and their children. Long-term benefits to DCYF would include having a common spokesperson that can represent the collective American Indian community. Such an organization could potentially receive support through the Safe & Stable Families grant if it provides preventive services directly beneficial to children to avoid formal DCYF involvement, and avoid the removal of children from their homes. Greater awareness building about foster care recruitment/licensing among this community increases the likelihood that if a child is temporarily removed from home, s/he can be placed with a similar American Indian family. Finally, this group can provide better direction for DCYF to engage in meaningful, formal relationships with recognized tribes in nearby states.

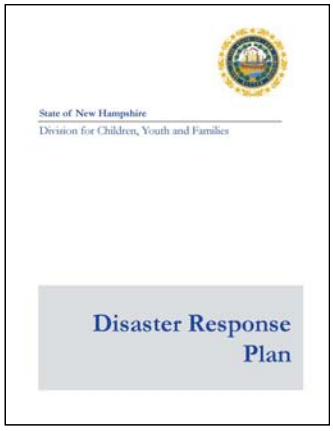
In March 2007 representatives of Wijokadoak invited NH Department of Health and Human Services DCYF and Bureau of Minority health to join in a meeting with the Governor of NH to advocate for formal State Commission of Native Affairs. During the following month, DCYF staff joined with Wijokadoak to provide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

Through 2008-2009, DCYF maintained a close collaborative working relationship with Wijokadoak, ensuring that cultural needs were assessed and addressed for Native American children and families living in NH. Ongoing efforts continue in order to educate board members of Wijokadoak regarding the Chaffee benefits to native-American youth, focusing on the availability of scholarships for those qualifying youth pursuing higher education.

Upcoming for 2009-2010, DCYF and Wijokadoak are developing informational training sessions to provide updates to ICWA compliance as well as present scenarios detailing the unique needs of Native American youth involved in NH's child welfare system. Planning for these training sessions will include input from NH Division for Juvenile Justice and Court Improvement Project. In addition, DCYF will present a panel discussion regarding ICWA compliance for attorneys, CPS supervisors and pertinent DCYF administration. Anticipated participants on this panel include: Executive Director of Wijokadoak, a representative from NH Court Improvement Project and ICWA specialist from Administration for Children and Families.

DISASTER PREPAREDNESS

DCYF continues to develop and test its Disaster Response Plan to improve its plan and continuously prepare staff for possible disasters. Updates will be made to the plan to incorporate the childcare disaster plan, residential plans and possibly interstate agreements for Offices bordering Maine, Massachusetts and Vermont.


State of New Hampshire
Division for Children, Youth and Families

Disaster Response Plan

Table Top Exercises

Six District Offices have participated in tabletop exercises designed to test the Office preparedness for responding to possible or actual disasters. The Offices are: Littleton, Claremont, Manchester, Nashua, Rochester, and Portsmouth. The remaining six Offices will participate in tabletop exercises over the next 1-2 years.

Offices continue to report that the exercises are realistic and provide insight into what it takes to continue operations when a disaster strikes. Future plans are to expand the exercises to include possibly the entire DHHS office or first responders.

Bridges Recovery Plan

Bridges is the DCYF information system (SACWIS) that contains client records, billing and payment information, interfaces with other systems, etc. An obvious need is for a recovery plan should disaster strike to disable Bridges. A disaster recovery plan was developed with the Office of Information Technology that involved moving Bridges from one server to another server (over a weekend) to determine if the recovery plan was successful. The plan was successfully tested in 2008 and provides some confidence that Bridges can be successfully recovered if a disaster strikes.

Child Care

The Bureau of Child Care Development has a continuity plan that supports childcare providers throughout the disaster. The Bureau will work with the Licensing Unit to waive licensing rules regarding building/environmental requirements, staff child ratio and staff qualifications. State employees, State contractors and childcare providers will be recruited to provide temporary childcare when childcare staff is not available because of a disaster. Provider payments will continue for at least a month to support the provider during/after a disaster even if children are not able to attend childcare.

Foster Parents' Emergency Information

Information about foster parents is entered and stored in Bridges. However, prior to July 2008, there was no easily accessible information about the possible re-location sites of foster parents when they need to evacuate because of a disaster. It is now possible to enter foster parent re-location information on Bridges so staff may easily find the re-location address. This

information is collected when new applicants complete their application and when current foster parents renew their license or update their demographics.

New ICPC Report For "Go Kits"

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

Juniper

Juniper is software purchased by the NH Department of Health and Human Services (DCYF umbrella agency) to allow secure, remote access to an employee's desktop from a remote site. An attempt was made at the Rochester DO Table Top exercise on January 13, 2009 to incorporate Juniper into the exercise. The attempt was unsuccessful apparently because of security features that need the laptops to be configured differently. More work will be done on Juniper to make it function properly so it can be a dependable part of the Department's continuity plan. Additional tests will be included in the tabletop exercises when the technical problems with Juniper have been resolved.

Reporting Child Abuse: Training for Disaster Behavioral Health Response Team (DHBRT) Members

DCYF received a request for training about mandatory child abuse reporting laws from the Disaster Behavioral Coordinator, NH Homeland Security and Emergency Management. The training request was initiated after an incident occurred with a member of the Disaster Behavioral Health Response Team. (DBHRT). DBHRT members are individuals with experience in human services such as psychology, mental health, substance abuse, spirituality, etc. They are trained to provide interventions at times of disaster such as behavioral health needs assessments, psychological first aid, crisis intervention, community outreach, disaster behavioral health planning and networking and community resiliency training. A DBHRT member made an observation of possible child abuse and did not know how to report it. This led to confusion and an unintended outcome. As a result of this experience, DBHRT officials requested information about NH child abuse reporting laws and developed a protocol for DBHRT individuals to follow should they observe or be informed of an allegation of child abuse. They also expanded the training to include reporting allegations of adult abuse. All trainings have been well attended and have been well received.

Another training was held April 17th, 2009 because of the overwhelming interest of hospital employees, mental health practitioners, National Guardsmen and others who requested this training, where up to 100 individuals attended.

Contacts With States Bordering NH

Earlier this year DCYF held a conference call with those state who share common borders with NH about how we might work together to respond to disasters. The conference call was prompted by some of the problems the Louisiana State Child Welfare Agency experienced when children needed to be evacuated to other states. The agenda for the call was:

- Temporary placements in foster homes or residential facilities out of state,
- Best method for obtaining prescriptions for foster children when placed out-of-state,
- Identifying key child welfare administrators/staff for communications at the time of a disaster,
- Providing help with child visits in their foster home or residential facility,
- Exploring the idea that another state could be a backup for NH Bridges (SACWIS system),
- Reviewing information about how child welfare agencies in Louisiana, Texas and California have responded to their disasters and
- Sharing continuity plans and developing tabletop exercises in the New England States so we might integrate and benefit from all of our planning work.

Participants to the call agreed that more planning and information is needed in order to enhance communications, identify possible resources for evacuees, identify barriers to providing prescriptions when a child is out of state, identify how personnel from one state may be able to assist another state, etc. A follow-up conference call will be held later this year to continue the planning and information sharing that will make it easier to respond to possible disasters affecting NH and adjoining states.

THE BUREAU OF INFORMATION SYSTEMS (NH BRIDGES)

The Bureau of Information Systems (BIS) coordinates ongoing improvements, training, and technical assistance for DCYF's Statewide Automated Child Welfare Information System (SACWIS), known as NH BRIDGES.

Over the past five years, many significant enhancements have been made to the BRIDGES system. These changes have been driven by the 2004-2009 Five Year Plan, the statewide Program Improvement Plan (PIP), the AFCARS Improvement Plan (AIP), requirements of the Child Care Development Fund (CCDF), and other changes to state and federal laws and policies.

On November 13, 2008 the State received a letter from ACF regarding the final determination of the SACWIS review. ACF noted that the BRIDGES SACWIS system is fully compliant with Federal SACWIS requirements.

Other recent enhancements to NH BRIDGES included significant updates to the Childcare Development Fund (CCDF) provider payment system, the development and support of provider web billling, preparation for the upcoming interface with the new Medicaid Management

Information System (MMIS), and enhancements to support DCYF's new Parental Reimbursement Unit.

In addition to these changes, BIS has coordinated with the Child Protection Bureau, and the Bureau of Quality Improvement to develop significant enhancements aimed at supporting permanency planning.

Other significant enhancements during the last several years included work on the AFCARS Improvement Plan (AIP). The AIP is derived from the assessment review performed by the Administration for Children and Families and provides requirements to be incorporated into the Bridges case management system and AFCARS extract criteria. This plan is being implemented in phases and the last phase will be completed in 2010. The changes to both the case management system and the AFCARS extract criteria are designed to improve the quality and integrity of the data being reported, provide more accurate measures in the State Data Profile to be used in the CFSR and depict a comprehensible view of New Hampshire protection and prevention outcomes.

THE FISCAL UNIT (BUREAU OF ADMINISTRATIVE OPERATIONS)

The Fiscal Unit provides administrative support to DCYF staff on procurement of equipment and supplies, posting and advertising of positions, budgeting, analysis of expenditures, cost allocation support, revenue enhancement and cost containment efforts, and preparation of various fiscal reports on a standard and ad hoc basis. The Bureau of Administrative Operations is also responsible for rate setting for community-based services providers and residential services. The Bureau of Administrative Operations also provides the contracting and program eligibility functions for the Division. The Bureau is also responsible for the Parental reimbursement activities for DCYF and DJJS. These activities described in more detail are as follows:

- Provider Relations: Review the invoices from DCYF/DJJS providers to ensure that services were provided, and if the services were provided, process the invoices for payment. Research requests from providers concerning reimbursements for services provided. Also, monitor claims payment and adjust payments as appropriate.
- Procurement: Ensure that the field and State Office have the equipment, cell phones, and supplies needed to function effectively. Maintain an equipment inventory including an annual physical review of all equipment.
- Maximize Federal Revenue: Maximize federal revenue by monitoring eligibility statistics and ensuring that all the paperwork is completed to satisfy federal eligibility criteria, ensuring providers are enrolled as NH Medicaid providers, and that the Medicaid time studies accurately reflect the clinical practice in each facility.
- Cost Allocation: Establish the accounting systems to maintain, monitor and report on expenditures. Review and modify the Random Moment Time Study materials to ensure that staff costs are distributed to the correct funding sources. Revise the

Public Cost Allocation Plan on an annual basis to ensure that costs are allocated correctly.

- Cost Containment: Facilitate the Cost Containment Committee meeting where service utilization trends are analyzed and corrective actions are implemented as needed. The top 100 most expensive cases are reviewed on an annual basis to ensure that services are monitored.
- Federal Financial Reporting: Review, monitor and/or compile expenditures associated with each federal grant. Submit quarterly federal expenditure reports for each grant.
- Client Program Eligibility: Review federal guidelines for eligibility, train DCYF and DJJS staff concerning eligibility requirements, and ensure that all the paperwork is completed to satisfy federal eligibility criteria on a case-by-case basis.
- Rate Setting: Establish rates for all services for providers used by DCYF and DJJS by requesting budgets from providers, analyzing the budget submissions for appropriateness, and negotiating with the providers regarding their submissions.
- Contracting, Grant Management, and G&C/Fiscal Processing: Develop, with program staff, Requests for Proposals (RFPs), applicable timelines, and manage the competitive bid process from RFP development through contract approval and execution.
- Budgeting and Analysis of Expenditures: Provide data to DCYF and DJJS Management to create, analyze and monitor budgets. Analyze expenditures and use of services to develop improvements to best practice guidelines, to implement changes in practice, to identify populations served and to compare services provided to outcomes achieved.
- Parental Reimbursement: The Bureau establishes written agreements with the parent(s) or seeks court orders for reimbursement from parents when services, placements, and programs have been provided. Reimbursement for the services provided is based on the family's ability to pay as determined by the Reimbursement Unit and/or courts.

BUREAU OF LEGAL SERVICES

The Department of Health and Human Services, Office of Operations Support (OOS) provides legal services for DCYF. That office assigns attorneys to the various divisions within the Department to meet the particular division's legal needs. OOS attorneys are part of a "matrix" management system by which they report both to the division to which they are primarily assigned and to the Chief Legal Counsel for DHHS in OOS.

21 attorney positions are currently assigned to DCYF. 19 of these positions are located in the 12 DCYF District Offices around the state. The remaining two attorney positions are located at the State Office in Concord. In addition to the attorney positions, 2 paralegals positions are currently assigned to DCYF to provide litigation support for the DCYF Manchester and Rochester District Offices.

Attorneys assigned to DCYF handle abuse and neglect cases, guardianship cases, surrender of parental rights cases and termination of parental rights cases in the District Courts, Family Division Courts and Probate Courts throughout the state. They also prosecute de novo appeals in

the Superior Courts from the District or Family Division Courts' findings and they assist the State Attorney General's office with the preparation of cases on appeal to the Supreme Court.

DCYF OVERSIGHT PANELS

DCYF supports the functions of a variety of oversight panels including the Citizen's Review Panel, the Child Welfare Committee, and the DCYF Advisory Board. In combination, these groups meet the requirements of CAPTA and Title IV-B, in addition to NH statutory requirements. Their membership is diverse and includes representation from community members, youth in care, CASA, foster parents, attorneys, group home staff, representatives from prevention programs, and other professionals who have involvement with or knowledge of DCYF and DJJS.

The DCYF Director attends each group's meetings as often as possible, and the Bureau of Quality Improvement provides a liaison to each. The role of the BQI liaison is not to drive the agendas of any group, but to provide information on DCYF programs, including identified areas needing improvement or issues that a particular group may be interested in addressing.

The DCYF Advisory Board

The DCYF Advisory Board is a requirement of the NH Legislature, RSA 170-G: 6. This board has a required membership of two citizens per county and has historically taken a systemic view of agency practice and policy. The board writes an annual report, which is presented to the DHHS Commissioner and the Governor of NH.

Memoranda of understanding have been developed connecting the Advisory board with two other oversight groups, the Citizen's Review Panel, and the Child Welfare Committee. DCYF staff have worked in conjunction with these groups to ensure good communication between the three. It was decided that the Advisory Board would send one member to each of the other boards to facilitate communication and reduce duplication of effort. This has worked very well as each group has taken on different roles and responsibilities.

The Child Welfare Committee

The Child Welfare Committee has a membership including service providers and DCYF staff from different program areas. The group's role is to foster communication between communities, DCYF, and agencies providing services to promote safe and stable families. As such, this group has been very involved in DCYF's Cultural Competency Self-Assessment and in the development of the Five-year Plan.

The Citizen's Review Panel

The Citizen's Review Panel (CRP) meets quarterly to provide advice and oversight on DCYF practice and policies. The purpose of the Citizen review is to determine how the state child welfare agency (DCYF) is effectively discharging its child protection responsibilities.
The CRP is required to review the compliance of DCYF in the discharge of its duties with respect to the following:

- The state CAPTA Plan;

- Coordination with Title IV-E foster care and adoption programs;
- Activities associated with CFSR
- Participation in the DCYF case practice review process.
- Participation in debriefings on Quality Assurance Specific Case Reviews.
- Other criteria the panel considers important

In the event that a fatality or near fatality occurs that is connected to a DCYF case or assessment, the DCYF Child Protection Administrator engages in a critical incident review. The results of this review are shared with the CRP upon request.

As the panel with the most case-driven oversight capacity, the CRP is particularly involved in the case practice review process and has been reviewing data and outcomes from those reviews. With this knowledge, the CRP has decided to focus specific attention on youth aging out of care over the next year.

In addition to the three groups described above, DCYF also supports the Youth Advisory Board and the Child Fatality Review Committee.

NH Teen Voices

The Youth Advisory Board, known as NH Teen Voices, is a panel composed of young adults in out of home care. The board's mission is "making a difference for youth in care by voicing opinions for positive change" and it meets monthly to work on a variety of projects. DCYF solicits feedback from NH Teen Voices for policy and program development. The board also provides leadership experience to youth who participate in panel discussions and trainings provided to peers, DCYF staff, placement providers, and community professionals. For more information on the activities of NH Teen Voices, please refer to the adolescent program description.

The NH Child Fatality Review Committee

The NH Child Fatality Review Committee (CFRC) was created by Executive Order in 1991. The mission of the Committee is to reduce preventable child fatalities through systemic multidisciplinary review of child fatalities in New Hampshire; through multidisciplinary training and community based prevention education; and through data-driven recommendations for legislation and public policy.

The Committee membership is comprised of representation from the medical, law enforcement, judicial, legal, victim services, public health, mental health, child protection and education communities. The Committee began reviewing cases of child fatalities in January of 1996. After each review the Committee identifies risk factors related to the death and makes recommendations aimed at improving systematic responses in an effort to prevent similar deaths in the future. The Committee provides the recommendations to the participating agencies and asks them to take actions consistent with their own mandates. The Committee publishes the recommendation and the agency responses to those recommendations in an Annual Report.

COORDINATION WITH JUVENILE JUSTICE

The Division for Children, Youth & Families (DCYF) and the Division for Juvenile Justice Services (DJJS) operate as distinct divisions under the Department of Health and Human Services (DHHS). However, the divisions collaborate in real and demonstrable ways, including a joint Case Practice Review process, the use of the same case management information system, a shared service array, and a joint case-planning policy for families involved with both systems. As a result of the 2003 CFSR, both agencies have prioritized improvements in permanency through concurrent planning, specific practice improvements, and collaboration with the courts. This work will be strengthened through the development of the DCYF practice model.

Juvenile Justice Transfers

Should a child under DCYF custody become involved with DJJS through either a Delinquency or Child in Need of Services (CHINS) petition, DCYF retains custody of the child. DCYF and DJJS collaborate for purposes of joint case planning and case management to define the roles and responsibilities of each agency. The Joint Case Planning and Case Management Policy describes the practice and procedures for this process.

COLLABORATION WITH THE COURTS

Court Improvement Project

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

The Protocols Relative to Abuse and Neglect Cases and Permanency Planning were made possible through a federal grant received by the New Hampshire Administrative Office of the Courts from the U. S Administration for Children and Families. This exciting grant opportunity allowed the New Hampshire District Court to develop and oversee the Court Improvement Project (CIP). In addition to solution-based collaboration among the key partners listed above, foster parents and service providers also contributed to this endeavor.

In 2007 The Court Improvement Project received a grant to improve data collection and outcome measurement. The DCYF Director, Director of CASA and BQI Administrator worked collaboratively with CIP staff to develop performance indicators related to the timeliness of court hearings.

For ten years the scope of New Hampshire's Court Improvement Project has been on abuse and neglect cases and the development of and training on the Protocols Relative to Abuse and Neglect Cases and Permanency Planning Protocols and standard court order forms for abuse and neglect cases. The success of these efforts, including a strong collaboration with DCYF, CASA

and other system participants, served as a model as the CIP expanded in 2007 its scope to include cases that involve delinquents and CHINS.

In 2008, the CIP Coordinator established a large multidisciplinary committee to develop Protocols for use in cases that involve CHINS and delinquents. That committee includes participation by four (4) Family Division and District Court judges as well as a Family Division administrator, the Director, Administrator, Assistant Administrator and Permanency Specialist from DJJS, three attorneys from the Bar and DCYF's Director, Legal Counsel, Administrator, Permanency Specialist and a field attorney.

Model Court Project

In July 2008, the CIP's Coordinator was asked by the supervisory judge of the Concord Family Division to develop and submit an application to the National Council of Juvenile and Family Court Judges for two courts, Concord and Franklin Family Division, to become Model Courts. The application resulted in New Hampshire being selected in August 2008 to become a Model Court. The CIP's Coordinator continues to play an active role in the Model Court Project and CIP funds will be used to support this exciting opportunity, which will include the development of Protocols for termination of parental rights and adoption cases.

New Legislation – Permanency and Mediated Adoptions

Mediated Adoption

Legislation allowing birth and adoptive families to enter into voluntarily mediated adoption agreements went into effect on January 1, 2006. Specific information can be found in NH RSA 170-B:14 Arrangements Between Adoptive and Birth Parents.

Mediated adoption allows for legally enforceable agreements for ongoing communication or contact that is in the best interests of the child, recognizing the parties interests and desire for ongoing communication or contact that is appropriate given the role of the parties in the child's life. The agreement can be enforced or modified by bringing an action in court, however the moving party must first certify that they have participated in mediation or attempted in good faith to participate in mediation to resolve the issue. From 2006 to 2008 there were 139 mediations in NH. These mediations serve to allow the parties to voice their opinions about what they want for the child's future and to facilitate the a faster permanency plan of adoption.

Since the passage of this legislation, DCYF has collaborated with Casey Family Services and the Office of Mediation and Arbitration regarding training around voluntary mediated agreements and family engagement. Through the Commissioner's Adoption Advisory Committee DCYF Adoption and permanency staff have been involved in a variety of initiatives related to mediation. These are highlighted in the 2009 APSR.

Permanency Legislation

On January 1, 2008, Governor Lynch signed a comprehensive piece of permanency legislation, Senate Bill 152, into law. The goal of the new permanency legislation is to reduce the length of time until permanency is achieved for all children involved with DCYF or DJJS.

The new law significantly changes New Hampshire's Child Protection Act (RSA 169-C) and statutes for Children in Need of Services (RSA 169-D) and Delinquent Children (RSA 169-B). Highlights of these changes are as follows:

1. Definitions: There are four new definitions in the Child Protection Act (RSA 169-C), Children in Need of Services (RSA 169-D) and Delinquent Children (RSA 169-B), which are "concurrent plan", "permanency hearing", "out-of-home placement" and a "permanency plan".

2. Court Findings: The law requires the court to make "contrary to the welfare" and "reasonable efforts to prevent the removal" findings in abuse and neglect cases as well as cases that involve delinquents and CHINS.

3. Adjudicatory Hearing: The law requires that the adjudicatory hearing in a child protection case be commenced and completed within 30 calendar days of the filing of the petition absent a written finding of extraordinary circumstances. If the adjudicatory hearing is continued by the court due to extraordinary circumstances, the hearing is required to be held, completed and a court order issued within 60 calendar days of the filing of the petition.

The law also requires that any adjudicatory order that includes a finding and provides for the out-of-home placement of a child set a date for a permanency hearing within 12 months of the finding.

4. Dispositional Hearing: The law requires the court to identify a concurrent plan in its dispositional order for child protection, CHINS and delinquency cases.

5. Periodic Review Hearings: The law requires in child protection cases an initial review hearing within three months of the dispositional hearing and allows for additional review hearings upon the court's motion or upon the request of any party at any time.

The law also requires that at each review hearing the court must determine whether DCYF has made reasonable efforts to finalize the permanency plan that is currently in effect for the child and to consider "whether services to the family have been accessible, available and appropriate". This finding is also required at all review hearings held for CHINS cases.

6. Permanency Hearing: The law establishes in statute a requirement for a permanency hearing for abuse and neglect cases as well as cases that involve delinquents and CHINS. Additionally, the law requires the court to determine whether reasonable efforts have been made to finalize the permanency plan that has been in effect and to consider "whether services to the family have been accessible, available and appropriate".

7. Post-Permanency Hearings: The law provides for a post-permanency hearing to be scheduled annually in child protection cases as long as the child remains in an out-of-home placement. There is also an opportunity for additional hearings at any time upon the court's motion or upon the request of any party. The law also includes a requirement that the court

determine whether DCYF has made reasonable efforts to finalize the permanency plan that is in effect and to consider "whether services to the family have been accessible, available and appropriate".

8. Continuances: The law requires the court to articulate written findings that support all continuances.

9. Review of Dispositional Orders in Juvenile Cases: The law makes the panel available to review dispositional orders of the family division as well as dispositional orders of the district court.

Training Related to the New Permanency Legislation
Throughout 2008, the Court Improvement Project's Coordinator and Training Specialist have been involved in and planned numerous trainings related to the permanency law. Target audiences included DJJS staff, DCYF staff, District Court and Family Division Judges and staff, Marital Masters, Family Division and District Court Clerks and Juvenile Clerks, parents' attorneys, public defenders, and community members. Several of these trainings are described in the 2009 APSR, and additional information can be found in the NH Court Improvement Project's Annual Program Report.

Implementation of the New Permanency Legislation
Before the permanency law went into effect on January 1, 2008, the CIP's Coordinator had numerous discussions about the law with judges, a Family Division Administrator, DCYF's Director and Legal Counsel and CASA's Executive Director. Of particular interest was the challenges faced by courts, DCYF and parents' attorneys to meet the new statutory requirements of timely adjudicatory hearings and the issuance of adjudicatory court orders.

In response to these discussions, and an interest in monitoring the implementation of the permanency law, the CIP's Coordinator established a committee to study the permanency law and consider systemic change that may be necessary to successfully meet the new requirements of state law. Included on this multidisciplinary committee are two Family Division judges and an administrator, DCYF's Director, Legal Counsel and Administrator, CASA's Executive Director and Legal Counsel and two members of the New Hampshire Bar Association.

Ongoing CIP, DCYF And CASA Collaboration

The CIP's Coordinator has a strong working relationship with DCYF and CASA and throughout 2008 had regular meetings with representatives from both organizations. These discussions resulted in the CIP, DCYF and CASA identifying a need to bring together DCYF and CASA to discuss the roles and expectations of DCYF and CASA as well as issues related to visitation. The result was an important collaboration by the CIP, DCYF and CASA to collaborate on a one-day Summit held for seventy-five (75) staff from DCYF and CASA staff and guardians ad litem. The Summit was led by DCYF's Director and CASA's Executive Director and resulted in overwhelmingly positive evaluations.

The Attorney General's Task Force on Child Abuse and Neglect

The Attorney General's Task Force on Child Abuse and Neglect was established in 1989 with statewide representation from the medical, mental health, legal, law enforcement, victim advocacy, forensic science and child protection communities. The Task Force's mission is to improve the identification, investigation, assessment, prosecution and treatment of child maltreatment cases in New Hampshire.

In 1993, the Task Force introduced the first multidisciplinary protocols titled: Child Abuse and Neglect: Protocols for the Identification, Reporting, Investigation, Prosecution and Treatment. A second revised edition of the protocols was developed in 1998. In 2007 a Child Abuse Protocol Revision Committee was convened that included professionals who handle child abuse and neglect cases and other professionals who are essential partners in the interdisciplinary approach to child abuse and neglect investigations. The third revised edition of the protocol was finalized in 2008. This Protocol represents a model - an ideal - for New Hampshire's handling of child abuse and neglect cases. It was developed with the recognition that an individual agency's ability to follow the recommended guidelines, will depend, to some degree on available resources. The purpose of this protocol is to define a standard to which all agencies involved in the handling of these cases should strive. The goal is to provide a safe environment for the evaluation of child abuse and exploitation, coordinated services to victims and families and community education.

The AG's Task Force has been instrumental in supporting legislation that lead to the development of a Child Advocacy Center (CAC) in all ten counties. These efforts lead to the establishment of the New Hampshire Network of Child Advocacy Centers (NHNCAC). NHNCAC's purpose is to promote an integrated, multidisciplinary team (MDT) response to child abuse throughout the state. Through support of member CACs, the NHNCAC ensures that children and families have access to the high quality, comprehensive, specialized and culturally competent services of a CAC. A strong focus of the NHNCAC is to provide training, technical assistance and professional support for CAC programs and multidisciplinary teams.

During the 2006 New Hampshire legislative session, the NHNCAC in collaboration with the Attorney General's Office, the Department of Health and Human Services (DHHS), the Task Force on Child Abuse and Neglect and law enforcement worked to pass Senate Bill 370, which allows for the sharing of information between the multidisciplinary professionals involved in a CAC and mandates that a comprehensive statewide protocol be developed on the investigation and handling of cases of child abuse and neglect.

DCYF is a core member of the multidisciplinary investigative teams throughout New Hampshire using a child advocacy center in conducting child abuse and neglect investigations. Currently there are eight operating Child Advocacy Centers in New Hampshire some with more than one location. The CAC locations are as follows: Greater Lakes CAC, Laconia; Carroll County CAC, Wolfeboro; Monadnock Region CAC, Keene; CAC of Grafton and Sullivan Counties at DHMC, Hanover, Littleton and Plymouth; Hillsborough County CAC, Nashua and Manchester; CAC Of

Rockingham County, Portsmouth and Derry; Strafford County CAC, Dover. It is anticipated that Child Advocacy Centers will be operational in Coos County, Berlin and Merrimack County, Concord in 2009.

Recognizing the critical importance of training in the investigative team interview process, a subcommittee of the Attorney General's Task Force on Child Abuse and Neglect was formed to create a protocol training to assure that DCYF staff and law enforcement officials throughout the State were duly informed of the revised protocols. The DCYF Child Protection Administrator was a key partner in developing and delivering the training in collaboration with a member of law enforcement, a medical professional, county attorney, child advocate and crisis center representative. Between December 2008 and May 2009 over 400 professionals, including DCYF staff from the twelve district offices were trained in the revised protocol. It is anticipated that consistent compliance with the procedures set forth in this protocol will greatly increase the effectiveness of the state's response to child abuse and neglect.

The Practice Model

Background

The overarching goals of this DCYF/DJJS 2010-2014 five-year Child and Family Services Plan are centered on the development, establishment, implementation, and evaluation of a system-wide Model of Excellence in Practice. Specific goals outlined earlier in this document, such as the goals and objectives under training, CFCIP, and the Adoption and Post Adoption units complement this endeavor.

In accordance with the National Resource Center for Organizational Improvement (NRCOI), NH defines a practice model as "…a conceptual map and organizational ideology of how agency employees, families, and stakeholders should unite in creating a physical and emotional environment that focuses on the safety, permanency, and well-being of children and their families."[8]

To meet the goals set forth in this plan, DCYF has applied for, and received an intensive implementation grant from the Northeast and Caribbean Implementation Center (NCIC).

The Division for Children, Youth & Families (DCYF) and the Division for Juvenile Justice Services (DJJS) operate as distinct divisions under the Department of Health and Human Services (DHHS). However, the divisions collaborate in real and demonstrable ways, including a joint Case Practice Review process, the use of the same case management information system, a shared service array, and a joint case-planning policy for families involved with both systems. As a result of the 2003 CFSR, both agencies have prioritized improvements in permanency through concurrent planning, specific practice improvements, and collaboration with the courts.

Since the 2003 CFSR, DCYF and DJJS have accomplished a culture shift in relation to permanency. The agencies have successfully implemented major systemic initiatives relating to

[8] National Child Welfare Resource Center for Organizational Improvement

safety, permanency and well-being. These initiatives have included rapid and substantive changes in both policy and practice and have involved and affected all levels of staff throughout the divisions.

Changes have included:

- The development of community-based Comprehensive Family Support programs to prevent child maltreatment,
- The co-location of Domestic Violence Specialists and Licensed Alcohol and Drug Abuse Counselors into district offices,
- Implementation of Family Court, participation in the Model Court and Court Improvement Projects,
- Cross-training opportunities with Court Appointed Special Advocates (CASA),
- The completion of revised Domestic Violence Protocols,
- The completion of AG's Protocols and trainings,
- The addition of Permanency and Adolescent specialized Child Protective Service Workers,
- The implementation of Finding Connections, a Kinship Care program, and a Community and Faith Based Initiative
- Collaborative redesign of Individualized Service Options and transformative work with residential service providers,
- The implementation of Permanency Planning Teams,
- Passage of Mediated Adoption and Timely Permanency legislation,
- The development of a Post Adoption Services Unit,
- Transportation and Accelerated Reunification pilot programs,
- Participation in the Breakthrough Series Collaborative for Safety and Risk Assessment
- Significant BRIDGES enhancements resulting in SACWIS compliance,
- The development of an internal Case Practice Review and a system of continuous quality improvement utilizing both qualitative information and administrative data,
- Completion of the CFSR Program Improvement Plan (PIP),
- Revised CORE, Supervisor, and Foster Parent training and curricula, and the recent (May 2009) development of the *Center for Professional Excellence in Child Welfare* (CPE), a partnership with the University of New Hampshire
- Significant revisions in agency policy and Administrative Rules in support of these changes

Despite this strong collaboration, the divisions have unequal resources and have developed along a slightly different trajectory, with DCYF leading improvements in family engagement. At the present time, DCYF finds itself uniquely positioned for the development of a model of excellence in practice. While the Division's many accomplishments provide a fertile ground for innovation, there is also a sense of inconsistency and a lack of a unified vision, or set of guiding principles. The agency is at the end of both the Child and Family Services Plan (CFSP) planning cycle, and the CFSR Program Improvement Plan. With the next Child and Family Services Review scheduled for August 2010, the agency struggles in moving forward in a consistent direction without the guiding force of a Program Improvement Plan. At the same time, this is a unique opportunity for change that is internally driven. It is important to note that the practice

model is not adding to the laundry list of new initiatives, in fact, we are not redefining practice but fine-tuning and articulating it.

DCYF believes a coherent practice model will also address recommendations made by members of the DCYF Citizen's Review Panel, Child Welfare Committee, and Advisory Board, who have raised concerns with the level of consistency in practice between District Offices. Specific recommendations from these key stakeholder groups include:

- Consistent collaboration for families involved with multiple systems
- Prior to key decision points (such as changes in permanent goals or placement settings) DCYF and the Permanency Planning Teams should consistently and formally solicit feedback from, and consider recommendations of various parties, including but not limited to CASA, foster parents, school staff, relatives, services providers, parents and the child, if age-appropriate. Discussion of this item noted that this works well when a treatment team is combined with an Administrative Case Review.
- Disseminating information regarding changes to federal and state law, as well as changes to state policy and practice. Ensuring a consistent message is being delivered to foster parents, providers, parents' attorneys etc. Members recognize recent improvements in cross training between DCYF and CASA and recommend this continue.

Service providers across the state are well prepared for the collaborative development and implementation of a practice model. Both DCYF and DJJS have been working with key stakeholders in a number of areas such as residential services, community-based prevention programs, childcare professionals, the court system, CASA, ISO and child placing agencies, and foster and adoptive parents. A few key examples are:

- Ongoing work with residential service providers
- The Court Improvement Project
- The Breakthrough Series Collaborative
- The collaborative restructuring of NH's Child Care Development Funds (CCDF)
- Partnerships with community-based preventive service agencies

Through all of the initiatives described above, relationships have been created and strengthened, thus preparing NH's Child Welfare System for maturity. At the same time, it is unclear whether all of theses efforts and initiatives are clearly communicated to, and understood by, staff in the field, families, providers, and the community.

As stated previously, both stakeholders and staff have expressed concern that both messaging and decision-making is inconsistent between agencies, among administrators and managers at the state office, as well as among Supervisors and field staff within the district offices.

The following quote describes the scenario facing NH's Child Welfare System

> *"…In all systems, practice approaches are influenced by emerging trends and evidence, reactions to crises, legislative mandates and the experience and priorities of those in leadership positions. These changes often overlie, rather than replace existing practices, resulting in a patchwork of policies and approaches that do not share an underlying*

vision… A Practice Framework Can Promote Consistency in Approaches Across the Organization.[9]

DCYF believes a unified model of excellence in practice will ensure consistency in family engagement, communication with stakeholders, service delivery, and, above all, improved safety, permanency, and well-being of children and families in NH.

Initial work on the development of a practice model began in October 2008 and involved front line supervisors involved in Child Protective Services in NH's 13 district offices. During the course of a full-day meeting, supervisors identified a variety of benefits and goals they hoped would be achieved through the development of a practice model. These include:

- Professional development opportunities for all staff
- Consistency of practice statewide
- Greater sophistication in the ability of staff to conduct comprehensive assessments with a family to determine their needs and make appropriate service referrals to address those needs
- Enhanced recognition and value of identifying protective factors when working with families
- Increased family engagement throughout the time DCYF is involved

Subsequent to this meeting, DCYF contacted NRCOI and the National Resource Center for Family-Centered Practice & Permanency to discuss the work that had been done to build the foundation for a model of excellence in child protection practice. Representatives from both organizations praised the work that had been done and commented favorably about the sophistication of the Leadership Team in their ability to achieve in one day what has taken other organizations years to create. NH was encouraged to apply for technical assistance to bring the model of excellence in practice to the forefront.

DCYF hopes to develop a comprehensive model that integrates DCYF/DHHS programs in collaboration with each other, and community systems to address the safety, permanency, and well-being of children and families. DCYF and the technical assistance teams will be working with a variety of stakeholder groups throughout the model's development.

In May 2009, members of the DCYF Management Team participated in a presentation and discussion with Melody Roe, NRCOIG and Janyce Fenton, NRC FCPPP. The focus of this session was "Practice Models and NH DCYF: What, Why and How." Through this session, all members of the DCYF management team voiced their support for this initiative. It was also noted that the project aligns well with internal development of the team regarding group decision-making. This group of administrators felt the practice model work would result in improved service delivery through integration of services, increased transparency and collaboration in decision-making, better family engagement, and an increased use of evaluation and data-driven decision making – all of which would improve child safety, permanency, and well-being. Minutes from this meeting include the following feedback:

[9] Taken from "Adopting a Child Welfare Practice Framework" The Child Welfare Policy and Practice Group

> "The group seemed to be engaged in the discussion and supportive of the need to clearly articulate the Division's approach to practice. Members who might traditionally be seen as less invested in this type of effort (i.e., Legal, Information Systems) were able to readily identify benefits for their Bureaus. Additionally, many of the comments supported a true desire to integrate service programs and delivery across the Division and to enhance the collaborative partnerships the agency has already established with the community."

It is the vision of DCYF to fully integrate all aspects of the broad child welfare system into a statewide family-centered practice model that is developed in collaboration with families, staff, and community partners In anticipation that the efforts to develop, implement, and evaluate a fully integrated model will exceed available technical assistance, DCYF applied for an intensive implementation project with the Northeast and Caribbean Implementation Center (NCIC). In June 2009, the agency was notified that our application was successful.

Practice Model Development – Structure

The Directors of both DCYF and DJJS are committed to this endeavor. DCYF Director Bishop has been the driving force behind many of the systemic changes that have been successfully implemented over the past five years. DJJS Director Fenniman has been a collaborative partner on many of these projects, as illustrated by the recent hiring of a Permanency Specialist for Juvenile Justice. Both DCYF and DJJS maintain administrative staff for quality improvement and training. The individuals in these positions have developed a collaborative, team approach and are ready to strengthen these partnerships to move both agencies forward. The Administrator for the DCYF Bureau of Quality Improvement will be the key point-of-contact for the NCIC implementation project, as well as ongoing work with NRCOI and other technical assistance centers. She will have the support of a Project Director, as well as a steering committee.

This project will be overseen by members of the DCYF management team and key stakeholders (The Steering Committee) with collective responsibility for key decisions. The members of the steering committee will each convene workgroups to work on specific tasks. The Project Director will provide oversight and time management, schedule meetings, develop minutes, and maintain communication between teams. The DCYF and DJJS Directors will have the responsibility for final approval of key program components.

Practice Model Development – Areas of Emphasis

NH DCYF and DJJS believe the practice model will benefit the families that both Divisions serve by designating clear and consistent values and principles by which practice will be implemented statewide.

While NH's practice model will encompass the entire spectrum of service delivery, there are key areas of emphasis where NH anticipates making specific improvements. These are in line with goals and objectives from the 2004-2009 strategic plan, as well as the PIP that resulted from

NH's 2003 Child and Family Services Review (CFSR.) Further, NH will be allowing flexibility in the model to emphasize areas needing improvement that may be identified in the upcoming 2010 CFSR.

The following areas have been identified as requiring additional emphasis through conversations with staff, stakeholder groups, including the Citizen's Review Panel, DCYF Advisory Board, and Child Welfare Committee, and the findings of the Case Practice Reviews:

- Revitalizing the Assessment process to ensure safety, permanency, and well-being through the integration of protective factors and engagement of families - including facilitated referrals to comprehensive family support programs when indicated; Research and evaluated the feasibility of a formalized alternative response system.
- Engaging non-custodial parents (most often fathers) in case planning, needs assessment, and service delivery;
- Ensuring that feedback from appropriate parties is solicited and considered prior to key decisions in case planning;
- Improving access to mental health services, including integration of DCYF services into the DHHS children's mental health plan;
- Ongoing efforts to support children in the least restrictive setting through the development and maintenance of ISO homes and community or relative connections;
- Training and technical assistance to engage DJJS staff in permanency planning and family engagement
- Ongoing efforts to assess the strengths and needs of all communities to ensure accessibility to community-based preventive and treatment services for all families

Practice Model Development

Over the last year, NH DCYF has begun to make a substantial investment in the development of a practice model by engaging, supporting and strengthening agency leaders in the purpose and benefits of a establishing a unified approach to practice. Conversations began last fall with supervisors from across the state. The Bureau of Staff Development & Training collaborated with the Child Protection Bureau and sponsored a consultant to come to the state for a day of training, organizational development and conversation related to developing a Model of Excellence in Practice. After this event, the agency Management Team decided there was a determined interest to pursue the effort further and as a result requested technical assistance from Region I - ACF. This request was approved in January 2009 and work began with the National Resource Centers for Organizational Improvement and Family-Centered Practice and Permanency Planning. Several phone consultations have taken place with between NROI/NRCFCPPP and NH DCYF Management Team members to plan technical assistance efforts. Consultants assigned to the TA request, conducted research into DCYF specific organizational and systemic structure and dynamics and national best practices related to practice model development.

In early May, two consultants came on-site for a half-day meeting with members of the agency Management Team. The focus of the consultation was to establish a solid understanding of the definition and purpose of a Practice Model amongst Management Team members. Additionally, the conversation was intended to engage leadership in clarifying the benefits of a practice model

to the organization and their role in the development and implementation of this approach. Finally, a plan for next steps was also developed.

Next steps identified included management team members preparing a presentation of the Practice Model to the agency statewide meeting in early June and the Bureau Administrators planning more in-depth conversations with each of their staff teams to further staffs' understanding and engagement. Simultaneous to these activities, was the Director's efforts to seek and utilize the services of an external organizational consultant to work directly with the agency Management Team to do team and leadership development and strategy planning. As a result of a series of several sessions over the spring, the DCYF Management Team unanimously chose to select the development of an agency Practice Model as the overarching goal for the 5-year - Child and Family Services Plan.

It is recognized that dedicated agency support and leadership will be critical to the project's success. Therefore, it has been determined that the Administrator for the Bureau of Quality Improvement (BQI) will act as the agency lead for this project. She will supervise the Project Director and oversee the coordination and facilitation of the Practice Model development, implementation and evaluation. BQI is a bureau, which is connected to, strengthens and supports all parts of the agency and larger child welfare system, as it is responsible for all data collection and quality improvement activities, including policy and rules.

Further, because of the importance of this effort, the agency Management Team took the additional step of identifying the Administrator for the Bureau of Staff Development & Training (BSDT) as a secondary support to the project. Over the last year, DCYF has been progressively working towards a more integrated and collaborative approach between these two bureaus due to recognition that best practice; staff competency and training are inextricably linked. The BSDT is also important to the projects success in that they are our internal organizational experts in crafting and coordinating engaging and productive trainings and events. It is anticipated that BSDT staff will participate in the project by provided in-kind coordination and support to such efforts as planning meetings and events, training for staff and stakeholders, as well as leading the process for revising and enhancing training curriculum.

Although NH DCYF is prepared to make this significant investment of resources to the project, it is clear that the challenge of creating and implementing a practice model is not a process New Hampshire can undertake alone. Therefore, additional support was requested from NCIC. The approved application included the following support:

- A Project Director is requested oversee the development, implementation, and evaluation of the Practice Model and provide general project management services on-site and full time throughout the state. Office space for the Project Director will be provided within current DCYF state office space in Concord, NH.
- An external evaluator to conduct both formative and summative research preferably a community partner such as the University of New Hampshire's Department of Social Work. This would build on a current relationship with the University and the Division to support sustainability through the Center for Professional Excellence in Child Welfare.

The information gained would be a driving force for future enhancement of training based upon best practice and the model of excellence.

- Consultation and TA as needed to involve direct field staff, families, and community partners in the development, implementation, and evaluation of the practice model. Technical assistance currently being received from the NROI has been crucial in establishing credibility and a basic understanding of the benefits of a practice model to agency leadership.
- Consultation and TA from an expert in the area of Permanency in Juvenile Justice Services - to provide training and support to field supervisors and Juvenile Justice Probation and Parole Officers.
- Continued consultation and TA from NRCOI and other resource centers as needed to support the developing practice model.
- Travel, meetings, and resource materials in support of the developing practice model.

Project-Specific Assessment & Planning

NCIC representatives have scheduled a 2-day on-site intensive work-planning meeting with DCYF and DJJS administration. At these meetings, NCIC will share details of their recommendation as well as feedback from the application review process. The NCIC team will meet with key stakeholders to identify readiness concerns and the support needed to launch the project as soon as possible. The team will begin the process of developing a Memoranda of Understanding, which includes negotiating the actual level of project resources and effort to be allocated to the project, developing the implementation and evaluation plans and timelines, and confirming any specific requests of the federal Technical Assistance Network.

A second on-site visit will be scheduled to occur sometime in September to share the status of work agreed to at the first meeting. NCIC will share a draft logic model, implementation plan, and MOA for finalization at that second meeting. No later than that second meeting, NCIC will meet with and interview the person that the state identifies as a potential project manager. This process will be completed and the MOA will be finalized and signed during the three-month period July 1 to Sept 30, 2009.

Overall Timeline

The following timeline includes major milestones in the development of the Practice Model. This also includes significant efforts related to the 2010 CFSR and NYTD implementation.

Year one (SFY 2010)

- Resubmit AFCARS files and develop internal State Data Profile
- Development of the Statewide Assessment for the CFSR
- Implement tracking of youth per requirements of the National Youth and Transition Database (NYTD)
- Develop Guiding Principles for agency decision-making and practice
- Develop and articulate the Model of Excellence in Practice
    - Conduct focus groups with families, staff and community stakeholders

    - Develop an evaluation plan
    - Conduct an inventory of existing components of a practice model
- Begin implementation of the Model of Excellence in Practice:
    - Develop a communications plan
    - Develop an articulated practice model

Year two (SFY 2011)

- NH CFSR Onsite Review (August 2010)
- Development of statewide Program Improvement Plan (PIP)
- Continued Implementation and evaluation of the Model of Excellence in Practice
- Revise key areas of emphasis based on CFSR findings
    - Involve stakeholders in all stages
- Reestablish the Case Practice Reviews and Improvement Initiatives

Year three (SFY 2012)

- Ongoing PIP reporting
- Ongoing monitoring of practice model implementation
- Ongoing Case Practice Reviews and Improvement Initiatives
- Refine practice model per results of evaluation

Year four (SFY 2013)

- Successfully complete the Program Improvement Plan
- Ongoing Case Practice Reviews and Improvement Initiatives

Year five (SFY 2014)

- Ongoing Case Practice Reviews and Improvement Initiatives
- Prepare for next round of CFSR
- Develop the 2015-2019 Five Year Plan

Practice Model Development –Anticipated Outcomes

DCYF and DJJS have established a set of expected performance improvements, however, the agencies also believe that further assessment through the development of the practice model, including the use of staff and community focus groups, will result in the identification of additional areas for improvement. Further, the divisions are receiving support from NCIC for an external evaluator to assist with process, implementation, and outcomes evaluation. This resource will provide much-needed support in the selection of indices and/or psychometric tools to evaluate the project.

Goal: DJJS staff will become more adept at family engagement and permanency planning

Measures:

- Increased understanding of family engagement and Permanency among DJJS staff as measured by pre/post surveys completed as a training requirement
- Increased utilization of PPT meetings among DJJS cases
- Increased referrals to the Finding Connections program for DJJS clients
- Increases in the number of connections for youth in DJJS and DCYF care
- Increased interaction between youth and their connections
- Increases in exits to permanency in both DCYF and DJJS cases – as measured by longitudinal analysis of entry cohorts
- Increases in the number of DCYF/DJJS involved children/youth in permanent homes through safely reducing the number of children in residential care.

Goal: DCYF/DJJS will ensure that feedback from appropriate parties is solicited and considered prior to key decisions in case planning

Measures:

- Increased communication and coordination is maintained with parents, service providers, foster care providers, CASA, the Court and the educational system involved in case planning with the family as measured by satisfaction surveys completed as part of the Administrative Case Reviews and feedback from the parties involved, the DCYF Advisory Board, Child Welfare Committee, and Citizen's Review Panel
- Increased agency coordination with community providers regarding service provision as measured by ongoing review of progress and services delivered in consultation with community representatives including parents, youth and other stakeholders

Goal: Engaging non-custodial parents (most often fathers) in case planning, needs assessment, and service delivery

Measures:

- Increased engagement in case planning among youth, family members, foster parents, and professionals – as measured by satisfaction surveys completed as part of the Administrative Case Reviews and feedback from the DCYF Advisory Board, Child Welfare Committee, and Citizen's Review Panel
- Improved performance on Case Practice Reviews and the CFSR on items related to family engagement and involvement with case planning (specifically with fathers).
- Increased face-to-face contact with fathers as measured by analysis of caseworker visit data

Goal: Families achieve and maintain safety, permanency, and well being through increased access to, and engagement with community-based supports and services through a revitalized assessment process and the integration of protective factors throughout the child protection system

Measures:

- Improvements in the timeliness of initiating and completing comprehensive assessments of family functioning
- Increased understanding among DCYF field staff and supervisors in conducting comprehensive assessments of safety that are not incident based.
- Increased engagement of families that supports their active participation in the assessment process including identification and strengthening of protective factors that can be used to keep children safe
- Increased understanding among DCYF field staff and supervisors of what actions control and manage identified safety concerns
- Increases in the number of facilitated referrals to Comprehensive Family Support Services for families in DCYF assessments.
- Fewer children removed from home.
- Increased knowledge among DCYF field staff and supervisors that safety is assessed and managed throughout course of DCYF involvement with the family from Intake to case closure.
- Increased engagement of referred families in utilizing services corresponding to their identified needs and capabilities
- Improved outcomes on the Case Practice Review – Assessment Component

Goal: Develop guiding principles for child welfare practice that are child focused, family centered, collaborative, community based, culturally responsive and outcome oriented.

Measures:

- DCYF/DJJS administration, field staff, supervisors and administration will understand the agency's expectations regarding how they work with children, families and service providers
- Increased communication with and involvement of families and community stakeholders in a team approach to case planning and decision making that is outcome oriented, with clear definitions of what services will accomplish

Practice Model Sustainability

In addition to key stakeholders, the steering committee for practice model development, implementation and evaluation will include a diverse group of administrators who oversee all of the major programs within the child welfare system.

By maintaining greater stakeholder engagement and involvement in planning and implementation sustainability can be ensured. Through the partnership with the University of New Hampshire and the resulting Center for Professional Excellence, the guiding principles and family-centered approach to practice will be fully integrated into– revisions to staff and provider training, as well as curricula for BSW and MSW programs. This will ensure new staff are brought in fully engaged in the practice model. Experienced staff and providers will also benefit from the enhanced training opportunities provided by the CPE.

Ongoing collaboration with courts, the Breakthrough Series, and providers place DCYF and its partners in a place where sustained change can be maintained. DCYF leadership and staff are poised to adopt a practice model but so is the broader state system. The participation and the commitment from each system's leadership and the efforts put forth to complete genuine practice change within and across systems are unprecedented. The very factors that have prepared DCYF and DJJS for this type of change are those that will sustain this practice model for years to come. The practice model will become part of DCYF's Child and Family Services five-year plan and will need to be reviewed annually and reported via the APSR. The guiding principles and approach to practice developed over the next two years will also be featured in the Statewide Assessment, and will drive the development of the state's Program Improvement Plan, should one result from our 2010 CFSR.

PROGRAM EXPENDITURES

Activities As A Result Of Receiving Adoption Incentive Payments.

During SFY 2008, DCYF received $20,180. $2,059 was used to create Adoption Welcome folders to be distributed to all new adoptive families. $ 2,510 was used to increase the hours of one employee to help with the Post Adoption Program. $15, 430 are being used to provide respite reimbursement to adoptive families participating in our pilot program in Grafton, Coos and Carroll counties. DCYF expects to use future incentive payments for similar purposes.

Title IV-B

Planned Expenditures

DCYF assures that funds expended in each of the service categories under title IV-B, subpart 2, Promoting Safe and Stable Families are provided for services defined under this grant, and are not disproportionately diverted to other service areas that are more suitably provided for through other funding streams. This is consistent with ongoing DCYF practice since funds through Title IV-B were originally received. During the 2010-2014 planning period, DCYF will continue to distribute Title IV-B; subpart 2 funds by 20% proportionally among the following service areas:

a) Family Preservation

Programs funded under this service area will include Comprehensive Family Support, the Finding Connections Program, the Domestic Violence Specialist Program, the Family Connection Center, and First Step, a program designed to meet the needs of families experiencing the co-occurrence of child maltreatment and substance abuse.

b) Family Support

Programs funded under this service area will include Comprehensive Family Support, the Community and Faith Based Initiative, Watch Me Grow, the Family Resource Connection, the Family Connection Center, and First Step, a program designed to meet the needs of families experiencing the co-occurrence of child maltreatment and substance abuse. Like other services, these programs are selected for funding through a competitive Request for Proposals (RFP) process. These services are provided through local community agencies, and many of the services are provided to families in their own homes.

c) Time Limited Family Reunification

Programs funded under this service area will include Comprehensive Family Support, the Administrative Case Review, the Domestic Violence Specialist Program, and the Transportation to Reunification program.

d) Adoption Promotion and Support

Programs funded under this service area will include the Finding Connections Program, the Community and Faith Based Initiative, services provided for adult adoptees (adoption search), and those provided to adoptive families through the post-adoption program. Through a revised contract for foster parent recruitment and retention, and ongoing support of the Foster and Adoptive Parent Association (FAPA), new techniques will be explored to increase the availability of resource families, relative caregivers, respite care providers and foster/adoptive parents. Please also see specific goals under the Adoption/Post-Adoption Program.

DCYF has addressed gaps in the services array through the distribution of funds for Comprehensive Family Support across the state. Many of these services are provided in the family's home, which improves access in rural areas where transportation may be a barrier. DCYF has also worked with other agencies to increase the use of telemedicine for consultation and training, particularly in the area of children's behavioral health. There are still challenges with regard to access to evidence-based behavioral health services for children and families across the state, and DCYF will continue to work with other DHHS agencies to meet these needs.

Past Expenditures

During FFY 2007, PSSF funds were used for:

Community-Based Family Support Services, Family Preservation, and Time Limited Reunification

- Comprehensive Family Support Programs
- The Finding Connections Program
- Administrative Case Reviews
- Family reunification services with Familystrength
- Support of the Foster and Adoptive Parent Association

Adoption Promotion and Support

- NH Community and Faith Based Initiative
- Training: Preparing Children for Permanency 3-5-7 model
- Foster and Adoptive Recruitment and Retention Contract: Casey Family Services
- The Finding Connections Program
- Administrative Case Reviews
- Support for adult adoption searches

Payment Limitations – Title IV-B, subpart 1

In FY 2005, the State expended no Title IV-B subpart 1 or non-federal funds for child care, foster care maintenance or adoption assistance payments.

Payment Limitations – Title IV-B, subpart 2

The New Hampshire State and local share of spending in 1992 for Title IV-B, subpart 2 programs was $300,000. In FY 2007, $351,079 were outlaid by state and local resources for the purpose of supporting Title IV-B activities. This quantity was greater than the FY 1992 base amount of $300,000.

CAPTA

Since the development and approval of the 2004-2009 CFSP, there have been no substantive changes in New Hampshire's statutes that could affect eligibility according to CAPTA requirements.

NH State Statutes mandate both criminal record checks and central registry checks on all adults involved with children, either in licensed child placing agencies, or as household members in licensed foster or adoptive homes. There have been no changes in these policies that would affect eligibility for CAPTA funds.

Activities Services And Training NH Intends To Carry Out With CAPTA Funds

Prevention Activities

- Strengthening Families Through Early Care And Education Initiative
- Comprehensive Family Support

Collaborative Responses To Multiple Family Issues

- The Domestic Violence Specialist Program
- First Step: Approaches To The Co-Occurrence Of Child Maltreatment And Substance Abuse
- The Family Resource Connection.

Program Areas Selected For Improvement

The NH Comprehensive Child and Family Services Plan (CFSP) will continue to be the foundation for DCYF's many initiatives. This plan has become the agency's five-year plan for services related to child Safety, Permanence, and Well-being.

The Administrator of the DCYF Bureau of Quality Improvement facilitated discussions of the 14 CAPTA Improvement Areas with members of the DCYF Management Team and staff from each of the DCYF bureaus. Discussions also occurred with the Citizen's Review Panel, Child Welfare Committee, and DCYF Advisory Board.

Through the development of a practice model, DCYF will address the following CAPTA Improvement Areas:

1. **Intake, Assessment, and Investigations:** Improving the consistency of assessment practice from office to office – specifically decisions around when to file a petition.

3. **Case Mgmt, monitoring and delivery of services and treatment to children and their families (both direct and through providers.)**
    - Through a needs and services array assessment, DCYF/DJJS should evaluate how quickly referrals are made (and services received) for families during an open case. This will be a significant component of NH's Statewide Assessment for the upcoming (2010) CFSR. DCYF is also involved in a regional analysis of state-sponsored service delivery driven by the DHHS Commissioner.

      DJJS continues to develop methods for evaluating case outcomes and improving practice. DJJS has hired a Sr. Management Analyst who is collaborating with DCYF analytic staff in the development of monthly reports to meet a variety of management needs. DJJS has also arranged for youth in secure detention to complete the YRBS (Youth Risk Behavior Survey.) Surveys were taken in March 2009. The data will help characterize this population and show changes over time. DJJS will be analyzing YRBS data and is researching the use of psychometric measures of youth outcomes. These efforts will be used to advocate for additional funding when appropriate.

    - Prior to key decision points (such as permanent goals, placement settings, etc…) DCYF and the Permanency Planning Team should solicit feedback from, and consider recommendations of various parties, including but not limited to CASA, foster parents, school staff, relatives, services providers, parents and the child, if age-appropriate. Discussion of this item noted that this works well when a treatment team is combined with an Admin Review.

    - Efforts to engage non-custodial parents in case planning is an area needing improvement as indicated in the ongoing Case Practice Review process. This will be a specific area of emphasis in the development of a practice model.

7. **Improving skills, qualifications, and availability of individuals providing services to children and families, and their supervisors; including recruitment and retention.** Stakeholders discussed the challenges of disseminating information regarding changes to federal and state law, as well as changes to state policy and practice. How is a consistent message being delivered to foster parents, providers, parents' attorneys etc…? Members recognized recent improvements in cross training between DCYF and CASA and recommend this continue.

   DCYF continues to enhance the Speaker's Bureau. Enhancements include developing a pool of qualified staff who are trained and approved to speak in varying forums across

the state. Request and tracking forms have been created to document speaking engagements and a set of tools has been generated as a "speaking bank", which includes standardized PowerPoint slides, and a plethora of referral resources and handouts.

DCYF is in the process of establishing a new contractual partnership with a state institution of higher learning with the intention of creating the NH Center for Professional Excellence in Child Welfare. A primary goal of this partnership is to ensure the staff training system stays pace with changes in evidence based best practices. An additional goal of the partnership will be to ensure that subject areas related to child protection are included in social work curricula.
Foster/Adoptive parent recruitment will continue to be a focus of DCYF/DJJS strategic planning. DCYF will continue to evaluate foster parent profiles and the characteristics of children and youth in care. DCYF has established ISO programs through several agencies and continues to develop this model statewide.

13. **Interagency collaboration between DCYF and DJJS – improved service delivery and continuity of services between agencies and after agency involvement.** CRP suggests tracking youth who exit one or both systems. The group is specifically concerned with youth ages 17-22. *This is a federal requirement as of 2010 (NYTD).* Stakeholders described challenges to inter-agency collaboration at the local level. Again, practice seems to be inconsistent from office to office, court to court.

    DCYF and the Courts continue to collaborate through the Court Improvement Project (including the development of outcome measures for the courts) and ongoing participation in the Model Court Initiative. Both DCYF and the Courts continue to monitor improvement in the timeliness of hearings resulting from the passage of permanency legislation in 2008.

    DCYF has integrated several program areas, including the LADC and DVS programs, the work of the Senior Psychiatric Social Worker and other clinical services under a newly organized Bureau of Well Being. The Well Being Bureau Administrator collaborates with other key DHHS staff on ongoing efforts to improve service integration for families experiencing mental illness and/or developmental disabilities. This work will continue to be emphasized in the development of a practice model.

FINANCIAL AND BUDGET INFORMATION

Electronic copies of the CFS forms are provided on the pages that follow. Signed assurances have been provided to ACF as part of the printed materials.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2010___, October 1, 2009___ through September 30, 2010___

1. State or Indian Tribal Organization (ITO): **NEW HAMPSHIRE**	**2**. EIN: 1-026000618-B3
3. Address: NH Department of Health & Human Services Division for Children, Youth and Families 129 Pleasant Street Concord, NH 03301	**4**. Submission: [X] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$1,076,060
a) Total administration (not to exceed 10% of estimated allotment)	$107,606
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$624,547
a) Total Family Preservation Services	$124,910
b) Total Family Support Services	$124,910
c) Total Time-Limited Family Reunification Services	$124,910
d) Total Adoption Promotion and Support Services	$124,909
e) Total for Other Service Related Activities (e.g. planning)	$112,418
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	$12,490
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$37,086
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	$3,708
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS _____, PSSF _____, and/or MCV_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $100,000_____, PSSF $100,000_____, and/or MCV__$30,000_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$144,319
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$500,000
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$35,000
11. Estimated Education and Training Voucher (ETV) funds	$97,724
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$150,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$50,000
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 20____.	
Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO)___New Hampshire_____ For FFY OCTOBER 1 , 2009 TO SEPTEMBER 30, _2010_

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I-CWS	TITLE IV-B (b) Subpart II-PSSF	TITLE IV-B (c) Subpart II- MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED Individuals	(i) NUMBER TO BE SERVED Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$100,000	$124,910		$42,319				$66,807	21,000	7,000	Any family with a DCYF assessment	Statewide
2.) PROTECTIVE SERVICES	$20,000			$20,000				$10,000	10,000	3,500	Familis served by LADC and DVS programs	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$45,000	$124,910		$30,000				$49,978	10,000	3,500	Familis served by LADC and DVS programs	Statewide
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES	$95,000	$124,910		$10,000				$57,478	12,000	4,000	Familis served by LADC DVS and ACR programs	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$125,000	$124,909						$62,477	5,000	2,500	Children in out of home care and families receiving post adoption services	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$0	$112,418						$28,105	27,000	9,000	Planning and QA to improve services thoughout the agency	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$425,000						$3,249,467	$3,355,717	2,700	900	Children in foster care and foster/adoptive families	Statewide
(b) GROUP/INST CARE	$0						$4,610,652	$4,610,652	200	200	Children in group care	Statewide
8.) ADOPTION SUBSIDY PMTS.	$0						$4,166,714	$2,083,357	3,000	1,000	Adopted children and families	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.	$0						$0	$0	0	0	NH does not provide subsidized guardianship	n/a
10.) INDEPENDENT LIVING SERVICES	$0	$0			$500,000		$570,000	$670,000	250	250	eligible youth	
11.) EDUCATION AND TRAINING VOUCHERS	$0				$0	$97,724	$0	$19,545	50	50	eligible youth	
12.) ADMINISTRATIVE COSTS	$0	$12,490	$37,086		$0	$0	$5,949,379	$5,961,773				
13.) STAFF & EXTERNAL PARTNERS TRAINING	$0	$0		42,000	$0	$0	$586,760	$157,190				
14.) FOSTER PARENT RECRUITMENT & TRAINING	$0	$0		$0			$228,526	$57,131				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$0	$0		$0			$228,526	$57,131				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$0						$0	$0	14000	8750	CCDF and TANF Funds	Statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$266,060	$0	$0					$75,787			All children in out-of-home care	
18.) TOTAL	$1,076,060	$624,547	$37,086	$144,319	$500,000	$97,724	$19,590,023	$17,323,127				

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

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2007: October 1, 2006 through September 30, 2008

1. State or Indian Tribal Organization (ITO):	2. EIN:026000618-b-	3. Address:NH Department of Health & Human Services Division for Children, Youth & Families 129 Pleasant St. Concord, NH 03301				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number served***		***Population served***	***Geographic area served***
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	$1,105,933	$1,105,933	45,000	11,000	All families in contact with DCYF	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	$110,593	$65,491				
6. Total title IV-B, subpart 2 funds (**This amount should equal the sum of lines a - f.**)	$689,863	$689,863	45,000	11,000	All families in contact with DCYF	Statewide
a) Family Preservation Services	$137,973	$141,422				
b) Family Support Services	$137,973	$141,422				
c) Time-Limited Family Reunification Services	$137,973	$141,422				
d) Adoption Promotion and Support Services	$137,973	$141,422				
e) Other Service Related Activities (e.g. planning)	$68,986.30	$89,682.19				
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	$68,986.30	$34,493.15				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$0	$0				
a) Administrative Costs (not to exceed 10% of Federal allotment)	$0	$0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$500,000	$500,000				
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$55,000	$44,285	47	47	Eligible Youth	Statewide
9. Total Education and Training Voucher (ETV) funds	$106,426	$104,270	40	40	Eligible Youth	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2007___.						
Signature and Title of State/Tribal Agency Official	***Date***	***Signature and Title of Central Office Official***				***Date***

APPENDICES

DCYF HEALTH CARE SERVICES PLAN

Introduction
New Hampshire's oversight and coordination of health care services for foster children begins when children first enter foster care. Each child receives a comprehensive health and developmental assessment within 30 days of placement. Foster Care Health Nurses, funded by Medicaid, act as Healthcare Coordinators to ensure that every child in relative or foster placement has their medical, behavioral, and oral health needs met. The Foster Care Health Program was recognized as a "Promising Approach" by the Administration for Children and Families in February 2008 because it promotes improved safety, permanency and well-being outcomes for children.

The development of the Foster Care Health Program was made possible by the close working relationship among DCYF, Medicaid Administrators and Medical practitioners who worked on standards of care and service delivery for behavioral health, medical care and dental care for foster children. Beginning in 1999 DCYF, Medicaid, Behavioral Health, and Dental Health professionals worked together to establish practice standards for health care planning, health care services including behavioral, medical and dental services.

Schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

Behavioral Services
Within 30 days of placement, the child must receive a mental health assessment. The Referral for Behavioral Health Services Form is used to document a child's behavioral health status that may include: observed or documented depression, substance abuse, suicide potential, and the traumatic circumstances surrounding the child's removal from home. Each child must receive an assessment in accordance with NH Medicaid requirements and the certification payment standards for community-based behavioral health service providers.

Medical Services
When the health screening by the CPSW, JPPO, Nurse Coordinator or medical examination identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within 48 hours of placement.

Within 48 hours of placement, children under the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional.
Within 30 days of placement, children over the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional.

Each child must receive medical examination consistent with the EPSDT schedule and AAP Recommendations for Preventive Pediatric Health Care.

Dental Services
Each child must receive a dental examination consistent with the EPSDT schedule and AAP

Recommendations for Preventive Pediatric Health Care
The Foster Care Health Care Program continues today to provide high-level health care planning, behavioral, medical and dental care coordination to DCYF children in foster care by continuing to work with experts within DHHS and community providers.

How Health Needs Identified Through Screenings Are Monitored And Treated
When the initial health screening identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within 48 hours. Foster Care Health Care Nurse Coordinators monitor the needs of the child by:

- Coordinating, conducting and documenting a health care planning meeting as soon as possible upon receiving the child's health records and the completion of the comprehensive health examination or upon receipt of the medical exam;
- Coordinating health care visits, exams, and treatment;
- Obtaining and reviewing health care histories and reports; and
- Updating the child's health information on NH Bridges.

A health care plan is developed after the comprehensive exam is completed and used to identify the needs of the child and the recommendations of the child's medical providers, dentist, or mental health specialist. The plan identifies the child's health needs, a timeline for meeting needs, who will be responsible for meeting the needs and describes how and by whom services will be provided. The plan is updated as the child's needs change and medical services are provided.

Parents must be involved, whenever possible, in the treatment of the child's identified medical needs. If the parents have a PCP, on-going medical care is continued with the child's PCP unless the child's placement is too far away. If the child does not have a family physician or pediatrician, a Medicaid provider is identified for the child who can provide the initial and on-going medical services needed by the child.

How Medical Information Will Be Updated And Appropriately Shared

Initial efforts to obtain medical information are made with the parents by the CPSW when a child must be removed from his or her home. If information is provided by the parent(s), it is shared with the Nurse Coordinator who makes contact with the child's medical provider(s) to obtain the child's medical records. A health care planning meeting is scheduled to identify who will do the tasks needed to ensure the child receives routine and any needed specialized medical care. Information from this meeting is shared with the child's foster parent(s) or residential provider who then adds information to the child's medical record as new appointments are made.

Whenever a child changes provider or returns home, updated health care information is provided to the new provider or parents and entered into the Bridges information system. Health care plans are updated every 6 months, whenever possible. Efforts are being made to establish a medical record in the Division's SACWIS system.

Goal: To develop a tool that will consistently pull medical information from the Medicaid Billing system for children in foster care.
This report will provide regular information to the Health Care Nurse Coordinators ensuring consistency in documenting the children's Medical and dental care in the foster care health records. For Medicaid covered children who are coming into care, this tool can also help to identify the medical professional who last saw the child if that information was not presented to the CPSW by the parents at the time the child came into care.

Steps To Ensure Continuity Of Health Care Services

The foster care health program policy states that the child, while in care and when feasible, must remain with his or her current medical provider. Currently the foster care health program nurses are responsible for keeping a foster child's medical and dental record up to date in the SACWIS system as well as in a paper record. The Nursing staff is also responsible in dispersing the medical information to the appropriate staff, providers and school when necessary.

All Foster Care Health Care Nurse Coordinators currently have access to the NH Medicaid information system. For children in care who were covered by NH Medicaid at the time of their removal from home, the Nurse Coordinators can access this system to identify which medical professional may have served that child, if the parent did not or could not provide this information at the time of removal.

The Oversight Of Prescription Medicines
A doctor will authorize a prescription when a foster child is in need of medication. For children in the guardianship of DCYF, permission must be obtained for narcotic, psychotropic and other prescriptions from the DCYF Director or an authorized DCYF Administrator who consults with the Nurse Supervisor prior to making the authorization. For all other foster children, parents must be contacted for permission for their child to receive a prescription. Foster Care Health Nurses monitor the administration of prescriptions but parents whose rights have not been terminated or surrendered are encouraged to assume all or part of the responsibility for their child's health care. When it's not possible for parents to be involved, the foster parent or child placing agency must ensure the child's needs are met.

How NH Actively Consults With And Involves Physicians Or Other Appropriate Medical Or Non-Medical Professionals In Assessing The Health And Well-Being Of Children In Foster Care And In Determining Appropriate Medical Treatment For The Children.

The Foster Care Health Program Nurses are able to consult with the State Senior Physician, in the Medicaid office of Special Medical Services. The State Senior Physician provides direct clinical consultation to the Health Care Nurse Coordinators as well as provides periodic clinical training at the monthly Health Care Nurse Coordinators meeting.

Goal: consult with the office of Medicaid business and policy and special medical services to identify any current medical oversight committee that include community medical

professionals as well as department of health and human services clinical staff, that may be interested in reviewing the foster care health program on a continuous basis

This oversight committee will be able to review the Foster Care Health Program's practice and procedures to ensure best practice in the areas of Medical, Dental and Behavioral health. This committee can provide expertise to issues that may be pertinent to the health of children in foster care, such as building available resources and identifying barriers to consistent care. This group can also review program policies to ensure these policies adhere to recommended practice in these fields.

The health and well-being of children in foster care was assessed for DHHS by the Maine Health Information Center who published their results in February 2009. This study evaluated a variety of health care measures to compare children in out-of-home placement to other low-income children enrolled in NH Medicaid during State Fiscal Year 2007. The study concluded that NH foster children had higher rates of disease, mental health disorders, utilization, and payment rates compared with other low-income children covered by Medicaid. Mental health disorders were a major driver for children in out-of-home placement with significantly higher rates in the residential placement group. Studies of this nature can be shared with an oversight committee to assess the foster care system that can lead to recommendations for improving current services to foster children.

Selection Of Health Care Experts And Involvement Of The Medicaid Agency

DCYF developed the Foster Care Health Program in 1999 with medical experts from the Medicaid Program in DHHS and with private providers of community based health care and with providers recruited to identify and treat abused and neglected children at the time of an assessment. Behavioral health providers were involved through the DHHS community mental health centers.

DCYF and the Medicaid program are agencies in the same Department. This allows DCYF easy access to medical professionals in the Medicaid program. At the same time DCYF has adopted Medicaid standards for children in foster care and requires DCYF certified providers to be certified by Medicaid.

Community based health and behavioral health providers participated in meetings with DCYF to identify needs of foster children and to identify what worked well and what could be done to improve care for foster children.

The Foster Care Health Program nurses are able to consult directly with the DHHS State Senior Physician for a case specific oversight as well as on going clinical direction and training.

State of New Hampshire
Division for Children, Youth and Families

Disaster Response Plan

February 2007

Department of Health and Human Services
DCYF
129 Pleasant Street, Concord, NH 03301
Phone 800-852-3345 • Fax 603-271-472

Introduction

This plan is designed to go into effect when a disaster (under 10 days) interferes with the day-to-day operations of the Division for Children Youth and Families. While procedures spell out by unit or function what can be done in preparation for a disaster or when a disaster strikes, it is not a substitute for sound judgment and capable leadership. Leadership is the responsibility of the State and District Office leaders and will be necessary to guide staff and DCYF clients when normal operations are interrupted.
Coordination between DCYF and the various units of DHHS is essential to effectively prepare and respond to disasters.

Each section of the plan needs to be implemented for staff to be prepared as well as possible for disasters that might interfere with the normal operations of DCYF. Implementation means:

1. Gathering and making available emergency information to supervisors and administrators;
2. Training staffs about emergency procedures;
3. Establishing periodic reports of key client information for supervisors and administrators;
4. Reviewing and updating, periodically, this plan to improve the Division's ability to respond to disasters; and
5. Establishing specific procedures with DHHS to coordinate preparations for and responses to disasters.

The plan will be activated when ordered by the DCYF Director or designee and when a District Office can no longer follow Division policy and the Office's usual operating procedures. This plan will end when the Office can resume its usual operating procedures or when given a new operations plan by the DCYF Director or designee.
The plan is based on the work of the Disaster Planning Committee of State and District Office representatives and the following articles. (See APPRENDIX. for full text.)

1. Coping with Disasters: Tips for Child Welfare Agencies Spring, 2006,
2. Coping With Disasters: A Guide for Child Welfare Agencies, Jan 1995,
3. Disaster Preparedness for Families Children with Special Needs, Florida Institute For Family Involvement 2006 and
4. Lessons Learned for Protecting and Educating Children after the Gulf Coast Hurricanes, May 11, 2006 United States Government Accountability Office.

Assumptions Made

The Division's plan is based on the following assumptions:

- The plan depends on timely communications and effective leadership.
- The plan applies to all hazards and not a specific event.
- The Continuity Plans identify the Division's priority services.
- The plan is to be used for temporary (under 10 days): lost of: power, communications, staff, offices, computers and other resources needed to continue routine operations. (Over 10 days, refer to the DHHS continuity of operations plans).
- The plan describes only the general emergency procedures staff will need to follow. Supervisors and Administrators will need to improvise to meet the specific conditions of an actual disaster.
- It assumes DHHS will continue to operate to provide food stamps, TANF grants, Medicaid and other services.
- It assumes that community emergency services will be in place to provide basic necessities of shelter, rescue, evacuation, fire control, transportation, etc.
- It assumes DCYF is participating in the DHHS emergency response system for homeland security and other types of emergencies.
- The plan focuses on DCYF's unique responsibilities for foster children in foster family homes or residential facilities in-state or out-of-state especially special needs children.
- The plan assumes staff and supervisors will be informed and trained on how to implement emergency procedures when disasters strike.
- The plan assumes all personnel will need some level of assistance before, during and after the disaster has passed.
- The plan assumes Bridges will continue to operate and be the central source for most data.
- It assumes DCYF will coordinate this plan with DJJS especially where some offices of both Divisions are in the same building and where there are joint cases and common providers.
- It assumes the plan will be effective only if it is tested and updated.

Testing, Reviewing and Updating the State Office and Each District Office Disaster Plans

The maximum effectiveness of this plan is dependent on trained personnel to test the assumptions made and the directions provided. Periodic drills, outcome reviews and updating of information and direction is necessary for leadership and staff to maximize services to clients and to support staff during times of disasters.

Confidentiality

This plan includes employee phone numbers and addresses. This information is to be used only as required to implement this plan and is protected under RSA 91-A:5. Exemptions IV of Chapter 91-A ACCESS TO PUBLIC RECORDS AND MEETINGS. Unauthorized use is a violation of the Division's Code of Ethical Conduct and subject to disciplinary actions described in NH Personnel Rules, PER 1000.

DCYF Disaster Planning Chart

Major Responsibilities	Communications	Tracking/Locating
Care, custody and guardianship of children in Foster Care (especially children with high medical needs)	Parents, guardians, courts, GAL, CASA	Foster children, parents, guardians and foster parents
Provider payments - Child care, Foster Care, Adoptive parents, Community based and Residential Providers	All providers and recipients	All providers and recipients
Intake	General public and professionals reporting allegations of abuse and/or neglect	Current address
Assessment	Parents, foster parents, residential facilities	Current address
Family Services Placement/removal of children for abuse and/or neglect	Parents, guardians, foster parents	Foster children, parents, guardians and foster parents
Information Systems	Supervisors, staffs, administrators, program specialists	All DCYF clients and providers' information
Health information about children in foster care	Parents, guardians, foster parents	All Foster Children (especially children with high medical needs)
DCYF Staff	Supervisors and administrators	Absent or incapacitated staff
Leadership	Director, supervisors, administrators, DHHS Commissioner and Incident Command Center(Emerg Sup Function 8 (Health & Medical Service)	Absent or incapacitated leadership

The chart above identifies major components of the plan. It illustrates the relationships among responsibilities, communications and tracking/locating of clients and staff.

The major responsibilities listed above are critical to the Division's mission and legal obligations. When a disaster occurs, the Division will strive to fulfill these key responsibilities. Sharing key information at the time of a disaster requires effective communications with clients, providers, staff and others. The Division will use phones, cell phones and the public media (if necessary) to obtain information about children in foster care or children in residential care and to communicate to parents, providers and others the safety, location and well being of each child. The Division initial work at the time of disaster will be to locate and track clients, providers, staff and others in order to confirm the safety and location of each child and the availability of providers and staff to continue the delivery of services.

LEADERSHIP/COMMUNICATIONS

Continuity Plan

The Leadership continuity plan is activated when ordered by the Director or designee.

Emergency Procedures

The Director or designees:

- Provides direction and information to supervisors and state office personnel about actions to take in response to an impending or actual disaster and actions being taken by the Commissioner's Office;
- Informs supervisors to activate the District Office continuity plans in response to an impending or actual disaster (such as a hurricane);
- Informs State Office administrators to activate continuity plans in response to an impending or actual disaster (such as a hurricane);
- Uses media to communicate directions to staff, clients and providers when other forms of communications are not available or effective in responding to a disaster;
- Holds an emergency staff meeting within a couple of days of the disaster to update staff on the current situation and ask the staff to identify their needs and the needs of the Office;
- Uses the Central Intake Unit as a DCYF communications center when necessary;
- Coordinates the DCYF plan with the DHHS emergency management unit.

Supervisors:

- Inform staff of current conditions and actions to take;
- Provide direction for continued operations of DCYF programs;
- Implement the District Office continuity plans;
- Coordinate their actions with the D. O. Managers of Operations and other DHHS supervisors; and
- Communicates with DCYF Director or designee.

Intake

Continuity Plan

The Intake continuity plan is activated when ordered by the Director or designee and when the Intake Unit can no longer follow its usual procedures.

***Intake Supervisor will*:**

- Determine if it is safe for the CPSWs to report to the Central Intake Office;

- Contact State Office to determine if Intake could be moved to a temporary new site(s) if it's unsafe to report to the Central Intake Office;
- Obtain the status of each district office and their contact information if they have moved to a different site;
- Activate the phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- Review referrals and give highest priority to Level 1 referrals for assessments;
- Provide paper forms for documenting referrals if Bridges is not available;
- Contact law enforcement when child is in danger and referral cannot be made to a district office;
- Request additional staff when it's not possible to respond to level 1 calls;
- Use Intake as a DCYF communications center when requested by the Director or designee.

Intake CPSWs will:

- Report to the Central Intake Office unless instructed to report to a temporary site by Supervisor or State Office;
- Contact local law enforcement when child is in danger and referral cannot be made to a district office;
- Determine as soon as possible if a call is a Level 1 referral;
- Document referrals on paper forms if Bridges is not available.

ASSESSMENT

Continuity Plan

The assessment continuity plan is activated when ordered by the Director or designee and when the District Office can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- Activate phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- Review referrals and give highest priority to Level 1 referrals for assessment;
- Determine if it's safe for the CPSW to complete the assessment before, during and after the disaster strikes;
- Provide forms for documentation if Bridges is not operational;
- Assign additional staff (Family Services, Permanency, Adolescent or Foster Care CPSWs) if there is not sufficient assessment staff;
- Establish a core team of staff, if possible, to carry out critical assessment and family services tasks;
- Document delays in Bridges (or on paper if necessary) in responding to all referrals according to policy;
- Instruct staff to work with law enforcement regarding any emergency removals, especially if the courts are not available; (If law enforcement officials are not available, the law allows

JPPOs to take emergency custody under RSA 169-C: 6 Protective Custody and RSA 170-G: 16 IV.)

- Triage all other assessment functions for new and open assessments based on child safety and availability of staff;

Assessment CPSW (or assigned CPSW) will:

- Determine best method of conducting the assessment when the standard procedures cannot be followed. For example additional collateral contacts may be made to assure the child is safe when a child cannot be seen in person;
- Notify local law enforcement when there is imminent danger to a child;
- Document all efforts made in Bridges (or on paper) to insure the child's safety;
- Contact his or her Supervisor periodically regarding their own safety;

FAMILY SERVICES

Continuity Plan

The family services continuity plan is activated when ordered by the Director or designee and when the District Office can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- Activate phone tree to contact staff when staff cannot or should not go to the office or when usual communications cannot be followed;
- Assign staff (Family Services, Permanency, Adolescent or Foster Care CPSWs) as needed to check on each foster child's condition, location and on-going needs;
- Ensure birth and foster parents and residential providers of all foster children in open cases are contacted;
- Review family service cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, children in the process of being removed from their homes and all other children.

Family Services CPSWs will:

- Contact all birth and foster parents and residential providers of all children in open cases to collect information about:
    1. Their current and future locations,
    2. Needs for medical information and/or prescriptions for every child,
    3. Any other specific needs they have during and/or after the disaster.
- Provide foster parents information about how to contact DCYF during or after the disaster;
- Contact law enforcement when the courts are not available and a child must be moved for safety reasons from their home or current placement (If law enforcement officials are not available, the law allows JPPOs to take emergency custody under RSA 170-G: 16 IV.);

- Document in Bridges (or on paper if necessary) all delays or postponements of case plan required activities, child and parent visits, court hearings, administrative reviews, etc.;
- Contact his or her Supervisor periodically regarding his/her own safety.

FOSTER PARENTS

Disaster Planning

When a disaster strikes, these are some of the things you can do before, during and after the disaster.

Prior to a disaster

Foster Parents can:

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and hurricanes to children. Plan to share responsibilities and work together as a team.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address **the special needs of persons with a disability**. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you can't return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the "meeting place" and how to contact one another.
- Ask an out-of state friend to be your "family contact" <u>and share this information with your DCYF or DJJS case worker</u>. After a disaster, it's often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact's phone number.
- Discuss what to do in an evacuation. Plan how to take care of your pets.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children's school to find out what their emergency plan is.
- Post DCYF or DJJS case worker's number and inform all family members.

If a disaster strikes:

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.

- Evacuate, if advised to do so.
- Check for damage in your home.
- Use flashlights not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.
- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your CPSW or JPPO when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.
- Copied extensively from the Disaster Preparedness for Families of Children with Special Needs, Florida Institute for Family Involvement

SPECIAL INVESTIGATIONS UNIT

Continuity Plan

The Special Investigations continuity plan is activated when ordered by the Director or designee and when the Unit can no longer follow its usual procedures.

Emergency Procedures

Supervisor will:

- Contact each member of the Unit when staff cannot or should not go to the office or when usual communications cannot be followed;
- Determine if its safe for the CPSW to complete the assessment before, during and after the disaster strikes;
- Provide paper forms for documentation if Bridges is not operational;
- Request additional staff if there isn't sufficient staff to complete assigned assessments;
- Document delays in Bridges (or on paper if necessary) in responding to all referrals according to policy;
- Instruct staff to work with law enforcement regarding any emergency removals, especially if the courts are not available;
- Triage all other assessment functions for new and open assessments based on child safety and availability of staff.

Special Investigations' CPSW (or assigned CPSW) will:

- Determine best method of conducting the assessment when the standard procedures cannot be followed. For example additional collateral contacts may be made to assure the child is safe when a child cannot be seen in person;
- Notify local law enforcement when there is imminent danger to a child;
- Notify the local DCYF Office that a child may need to be placed and that it may be necessary to file petitions in the local district or family court;
- Document all efforts made in Bridges (or on paper) to insure the child's safety;
- Contact his or her Supervisor periodically regarding their own safety.

RESIDENTIAL SERVICES

Continuity Plan

Emergency Procedures

Residential Providers will:

- Implement the emergency plans developed under the Bureau of Child Care And Standards rules He-C 4001.14 Prevention and Management of Injuries and Emergencies;
- Contact the D.O. CPSW or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child or contact the DCYF central office in Concord if the D.O. is not available;
- Identify placement changes that may be necessary; and
- Provide name and location of new site if re-location becomes necessary.

Supervisors and/or CPSWS will:

- Document all information received about a child in residential care;
- Contact parents and provide available information;
- Determine if there are available foster homes or other residential facilities for a child who may need to be transferred; and
- Assist in the transfer of the child when requested.

INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

Continuity Plan

The Interstate Compact continuity plan is activated when ordered by the Director or designee and when the Deputy Compact Administrator can no longer follow the usual procedures.

Emergency Procedures

Deputy Compact Administrator will:

- Identify children in the geographic area affected by the disaster;

- Contact the local office responsible for the supervision of the child's placement;
- Obtain information about the child's location and condition;
- Notify the sending state's administrator about the child's location and condition;
- Document any collected information on paper forms (if Bridges is unavailable) about the child and send it to the sending state's administrator when phone service is restored.

STAFF SUPPORT

Continuity Plan

The staff continuity plan is activated when the District Office Supervisor has determined that staff has been impacted by an actual or potential disaster, or other significant event that interrupts usual procedures in that office.

Emergency Procedures

***Supervisor will**:*

- Determine that an event is anticipated or has occurred that has the potential to impact staff's ability to maintain usual procedures in an office;
- Contact DCYF administration regarding employees needs for assistance;
- Assess whether staff may benefit from services of the Employee Assistance Program, the NH Disaster Behavioral Health Response Team, or other local resources;
- Contact the Employee Assistance Office (271-4336) to request assistance for staff (and if necessary, their families), or to review the local resources the D.O. would like to utilize;
- Arrange a site for the EAP to meet with staff.

CPSWs (or other DCYF staff) will:

- Keep their supervisor informed regarding the impact of a disaster or significant events that may impact their work or pose a safety risk to themselves or to their families;
- Make themselves available to E.A.P. or other designated resources for assistance;
- Contact his or her Supervisor periodically regarding his or her own safety, or the safety of their family, if that is at issue.

BRIDGES

Continuity Plan

The continuity plan for the automated case management system, Bridges, relies on IT staff to:

- Perform a hard back up (every Sunday) which is an electronic picture stored in Bridges (This is done at APS on tape); and
- Perform a soft back up (each evening), which is an update of what has occurred that day.

In addition, the Department is developing an emergency plan for backing up all automated systems that includes Bridges.

Evacuees From Boston And Neighboring Massachusetts Communities

Emergency Procedures:

Director or designee will:

- Provide direction and available information about evacuees and possible needs to supervisors;
- Coordinate actions with the Commissioner's Office and the Department's emergency management unit.

Supervisor will:

- Contact the State Office for available information;
- Activate phone tree if emergency occurs during non-business hours;
- Respond to requests for assistance required by evacuees such as registration, foster homes, legal assistance, prescriptions (Red Cross for assistance), etc;
- Identify available foster homes and residential facilities in the D.O. catchment's area able to take children on an emergency basis;
- Coordinate emergency responses with other Divisions of the Department;
- Review referrals and give highest priority to Level 1 referrals for assessment;
- Triage all other functions based on the child's safety and availability of staff.

FOSTER FAMILY PROVIDER EMERGENCY PAYMENTS

Continuity Plan

The Foster Family emergency payments plan is activated when ordered by the Director or designee and when usual payment procedures cannot be followed:

Emergency Procedures

The DCYF Financial Administrator or designees will:

- Request a detailed report of all open cases and authorizations in Bridges;
- Prepare manual invoices based on service authorization information;
- Code funding sources for each invoice by checking child's eligibility paper file;
- Forward coded claims to OCOM; and
- Notify county administrators of emergency payments.

Note the Office of Business Operations, Bureau of Finance will give priority to client invoices during an emergency period.

ELIGIBILITY DETERMINATIONS: FOSTER CARE

Continuity Plan

The eligibility determinations continuity plan is activated when ordered by the Director or designee and when eligibility determinations cannot be made following usual procedures.

Emergency Procedures

The Fiscal Services Supervisor will:

- Activate the phone tree to contact Fiscal Specialists when Staff cannot or should not go to the office or when usual communications cannot be followed; and
- Instruct Specialists to use paper forms for eligibility determinations if Bridges is not operational.

Fiscal Specialists will:

- Run summary reports from New Heights and Bridges to be used as reference if normal computer access is lost;
- Maintain at least 2 weeks of forms, adequate supplies and computer records to be used if Bridges is not operational;
- Contact his or her Supervisor periodically regarding their own safety and ability to do their regular work; and
- Document reasons for unusual delays when eligibility determinations cannot be completed in the usual timeframes.

Chapter 2

Disaster Response Kits

DCYF District Offices

Each District Office is to take the Unit and Function Plans and place them in a binder with contact information for staff, supervisors, clients and others as described in the Disaster Response Kit (See outline below). This kit includes up to date client reports periodically generated by Bridges and Foster Workers concerning the location of foster parents and residential facilities and children in their care. It also includes paper forms for Assessments, Family Services, Foster Care eligibility, court forms and other paper forms necessary to document the Division's usual work.
The kit is to be used when Bridges is not operational or when staff does not have access to Bridges but can carry on their regular work.
Supervisors must have access to these kits 24 hours a day in case a disaster strikes when a supervisor is at home.

A second kit needs to remain in the Office and be accessible to all supervisors and staff.
All supervisors and staff need to be briefed about the contents and use of the kit and reminded of the value of having up to date information especially when disasters strike.

DISASTER RESPONSE KITS

DCYF

District Offices

1. Up to date phone numbers, home and e-mail addresses for:
   - S.O. Director, Child Protection Administrator and Assistant Administrators
   - D.O. Supervisors
   - CPSWS
   - DOMOs
   - Support Staff

2. Up to date phone numbers, home and e-mail addresses for:
   - Birth parents of children in foster care
   - Foster parents and children in their care
   - Foster parents emergency locations
   - Residential facilities

3. Names and phone numbers of schools attended by foster children
4. Disaster Continuity Plans
    - D.O. Succession plan
    - Intake plan
    - Assessment plan
    - Family Services plan
    - Foster Parents
    - Special Investigations Unit
    - Residential Services
    - Interstate Compact On Placement Of Children
    - Staff Support
    - Bridges
    - Evacuees From Boston And Neighboring Communities
    - Foster Family Provider Emergency Payments
    - Eligibility Determinations-Foster Care
5. Paper forms for Assessments, Family Services, Interstate Compact, etc. if Bridges is not available
6. Alert levels

Homeland Security Advisories

The Department is participating in the emergency alert system developed by the US Department of Homeland Security. This alert system is activated when there is a potential terrorist attack. Supervisors need to be aware the alert system is a color-coded level system based on the terrorism threat. The alert levels are:

- Yellow—Elevated Risk of Terrorist Attack
- Orange—High Risk of Terrorist Attack
- Red—Severe Risk of Terrorist Attack

"**Alert Level YELLOW**" is now the Department's normal operating posture." For each Alert Level, the Commissioner's Office expects each agency or unit within DHHS to take steps such as ensuring DCYF phone tree is up-to-date to respond to the alert level.
Supervisors will be given information from the DCYF Director or designee to implement the DCYF continuity plans when the alert levels are raised to a higher level.
Supervisors need to review the DCYF and related sections of the Alert System and inform their staffs.

A copy of the Alert Levels can be found behind the Homeland Security Advisories tab in this Plan. On the next page is the Operational Levels For Emergencies chart that describes in one place the levels by types of emergencies.

Chapter

4

Connections to DHHS

The DCYF Disaster Preparedness Plan has been drafted with the understanding that DCYF is dependent on other Department units to complete its work e.g. Medicaid. Interruptions in Medicaid and other Department programs and services will have a serious impact on DCYF clients and operations. For these reasons the DCYF Disaster Preparedness Plan must be coordinated with the Department's Disaster Guidelines for Managers and Staff (See a copy in the APPENDIX). DCYF Supervisors are encouraged to work closely with the District Office Managers of Operations (DOMOs) and other DHHS Supervisors in preparing for and responding to disasters.

Chapter 5

Recommendations

1. Continue the development and implementation of the DCYF plan.
2. Train supervisors and administrators about plan implementation.
3. Train staffs about emergency procedures.
4. Review and update the plan periodically.
5. Test the plan periodically.
6. Revise the plan, if necessary, when the Department revises its District Office Disaster Guidelines for Managers and Staff.
7. Further design the District Office plans to reflect local conditions e.g. nuclear power plants, flood prone areas, electrical outages, etc.
8. Produce periodic reports regarding the location of foster parents and foster children.
9. Work with DJJS to establish plans for: communications with providers, the sharing of client information at the time of a disaster and the temporary re-location of staffs.
10. Develop and implement plans for informing foster parents and staff about preparing for disasters and what actions (safety, communications, location) they need to take when a disaster strikes.
11. Review a sample of cases to determine if medical information (health status and prescriptions) for each foster child is up to date;
12. Work with DJJS and BCCLS to obtain remaining residential provider emergency plans.
13. Develop working agreements, especially about sharing confidential information, with the NH Red Cross and the National Center for Missing And Exploited Children (NCMEC) to locate missing children.
14. Work with the Department of Education to obtain emergency plans for each school district.
15. Ensure all paper files are in file cabinets with no files in the bottom drawer to avoid damage from minor floods.
16. Explore the possibility of developing mutual aid agreements with communities bordering NH.
17. Work with DJJS and/or BCCS&L to review residential facilities such as Cedarcrest to ensure communications, relocation sites and back up equipment for medically fragile children is in place.
18. Research what roles community based service providers and volunteers can/should play in meeting the emergency needs of clients and the Division.

APPENDIX

District Office Phone Tree
State Office Phone Tree
DHHS Disaster Guidelines for Managers and Staff
Emergency Management Directors by District Office
Staff, Child and Family Support Information
Residential Services Emergency Response Plans
Homeland Security Advisories

REFERENCES:

Child Welfare Matters-Coping with Disasters: Tips for Child Welfare Agencies, Spring 2006
Coping With Disasters: A Guide for Child Welfare Agencies, January 1995
Disaster Preparedness For Families Of Children With Special Needs
Gulf Coast Hurricanes: Lessons Learned for Protecting And Educating Children, May 11, 2006
Preparing For An Emergency: The Smart Thing To Do

ARTICLES

Helping Children and Adolescents Cope with Disasters: Ten ways to help

N.H. Bureau Of Emergency Management: After The Disaster

Coping with Disaster: Tips For Adults

Preparing For An Emergency: The Smart Thing To Do