

IV. ACCREDITATION OUTCOMES FOR NEW HAMPSHIRE CHILDREN AND FAMILIES

An amendment to NH Senate Bill 86 requires NH DCYF to report back to the NH legislature, among other stakeholders, on the development of outcomes that COA accreditation may have for the children and families of New Hampshire. Specifically, the legislation required DCYF to:

1. Assess the impact of accreditation on the number of abused and neglected children;
2. Assess the impact of accreditation on the nature of their abuse and neglect;
3. Assess the impact of accreditation on the relationships between such children and their families.

The development of outcomes related to pursuing, achieving and maintaining national accreditation, and the management of those outcomes is an admirable and worthwhile task. Measuring results, developing clear outcome measures to guide and evaluate organizational efforts, increases the likelihood that services will provide positive results for children and families. However, the outcomes required in Senate Bill 86 create a dilemma for DCYF. First, DCYF is asked to measure impacts based on a process that has not yet occurred, and for which the Division currently has not received the authority to pursue. Second, DCYF is asked to measure impacts in two areas over which it has no control and COA accreditation cannot address. The number of abused and neglected children and the nature of their abuse is not the sole responsibility of DCYF. Significantly improving the health, safety and development of all of New Hampshire's children will take the talents, hard work, and long-term commitment of people from all walks of life. Across the state, communities and their elected leaders must expand and intensify their efforts to provide avenues for children and youth to succeed. Giving all children the opportunity to grow up healthy and strong will require flexibility, tenacity, teamwork, and a willingness to invest sufficient resources to get the job done.¹²

Community awareness, community outreach, public education and development of partnerships are areas that can have an impact of the number of abused and neglected children and the nature of their abuse and all areas are addressed in some fashion by the COA standards. These areas are

¹² Child Welfare League of America. (2003). *Making Children a National Priority: A Framework for Community Action*. Washington, DC: CWLA Press.

impacted even more by the availability of the individual District Office Supervisors to engage in the necessary community outreach and be relieved from ongoing case supervision.¹³.

While DCYF may not be able to control the unknown number and nature of abused and neglected children, the Division can address and measure the results of, and COA accreditation can impact, staff efforts for those children and families who are made known to the Division. DCYF staff, in consultation with CWLA, believes that the underlying question posed in Senate Bill 86 is "Will COA accreditation have an impact on the safety, well-being and permanency efforts for abused and neglected children made known to DCYF?" We believe that the answer to that question is "yes" and have developed three outcomes with 14 indicators to measure that impact.

COA does require organizations to develop and measure outcomes and has specific standards that address this requirement. In general, COA requires that the organization, in each of its programs and on an ongoing basis, measures service outcomes and the achievement of service goals for all persons served, including at least one of the following: change in clinical status; change in functional status; health, welfare, and safety; permanency of life situation; and another quality of life indicator of the organization's choice.

In developing the outcomes, a small working group, consisting of DCYF Bureau of Quality Improvement and program staff, and the CWLA consultant, established several broad criteria to guide its work:

- ✧ The outcome measures needed to use existing data sources;
- ✧ The outcome measures needed, whenever possible, to support the efforts reflected in the Child and Family Service Review Program Improvement Plan;
- ✧ The outcome measures needed to address the safety, well-being and permanency efforts for those children in the care or custody of DCYF;
- ✧ The outcome measures needed to be supported by COA standards.

¹³ Refer to the discussion of supervisory workloads in Section III of this report.

The working group believes that the above criteria have been met for all of the outcomes that follow:

Outcome #1 – Children are protected from abuse and neglect

Indicator 1.1 – Initiation of the first contact with a child, who is the alleged victim of abuse or neglect, will occur, as outlined by policy, in 100% of cases.

Indicator 1.2 – Abuse and neglect assessments will be completed within the required 60-day timeframe in, at least, 85% of cases.

Indicator 1.3 – Instances of repeat maltreatment, as defined in the Child and Family Service Review, will be 2.5% or lower.

Indicator 1.4 – Children are removed from unsafe living arrangements in 100% of those cases that warrant such a removal.

Outcome #2 – Children are safely maintained in their own homes, when possible and appropriate.

Indicator 2.1 – Data regarding the type of abuse or neglect situations indicated by DCYF will be collected and reported in 100% of founded assessments.

Indicator 2.2 – A comprehensive Family Assessment, including a Risk Assessment and a Safety Assessment, will be completed for 100% of screened-in reports of child abuse or neglect.

Indicator 2.3 – Services to family members, as indicated by the comprehensive Family Assessment, will be provided or arranged in 90% of cases.

Indicator 2.4 – Risk of harm to children and efforts to keep families intact are managed by DCYF through the timely development of a family-centered case plan in 90% of cases.

Outcome #3 – Relationships between children and families are maintained.

Indicator 3.1 – Families and children, whenever appropriate, will be actively involved in developing their case plans in 90% of cases.

Indicator 3.2 – Visiting schedule and arrangements, between children in out-of-home care and their families and siblings, will be indicated in the family-centered case plan in 100% of cases.

Indicator 3.3 – Children in the care of DCYF, other than Low-Risk cases as determined by the SDM process, who are within the state, will have a face-to-face contact with a DCYF worker, at least, monthly in 90% of cases.

Indicator 3.4 – Children in the care of DCYF, who are outside of the state, will have a face-to-face contact with a professional, at least, monthly in 90% of cases.

Indicator 3.5 – Families of children in the care of DCYF will have, as appropriate, at least monthly face-to-face contact by a DCYF worker in 90% of cases.

Indicator 3.6 – Maternal and paternal relatives of children will be explored as placement resources in 90% of cases.