New Hampshire Comprehensive Assessment for Treatment (CAT) Program

About the program

The New Hampshire Department of Health and Human Services (DHHS), Division of Children, Youth and Families (DCYF) undertook an intensive redesign of the service array it offered to become more accessible, effective, and aligned with best practices. The Comprehensive Assessment for Treatment (CAT) program, launched in June of 2021, ensures that all children and youth in New Hampshire receive conflict-free assessments to determine behavioral health and related service needs.

The CAT acts as a collaboration hub among multiple state agencies (child welfare, juvenile justice, Medicaid, courts, the Office of the Child Advocate) and an array of service endpoints (care management entities, local school districts, hospitals, substance use disorder providers). New Hampshire DHHS funds CAT by blending and braiding different federal authorities and funding streams under the Families First Prevention Services Act, SAMHSA, and other sources.

CAT Process Workflow

- Maximus receives referral via secure email
- Maximus reviews and contacts the referral source if additional information is needed
- Maximus assigns the referral to the assessor who contacts the referral source and other members of the child's treatment team to schedule interviews
- Assessor conducts all interviews and completes the CANS
- Assessor submits the assessment to a quality reviewer
- Licensed clinicians complete a review of the assessment and the Determination Report - if level 5 is recommended a physician will review the determination
- Maximus disseminates the Determination Report to required participants
- Maximus provides Determination Report to the court for the 60 day court review

From referral to dissemination of the Determination Report, the process will take approximately 14 days for Expedited Referrals* and 30 days for Non-Expedited Referrals.

**Expedited Referrals occur when the referred child or youth is currently in a detention setting, psychiatrically hospitalized, or already admitted to a facility designated as a QRTP on an emergent basis at the time of referral.*

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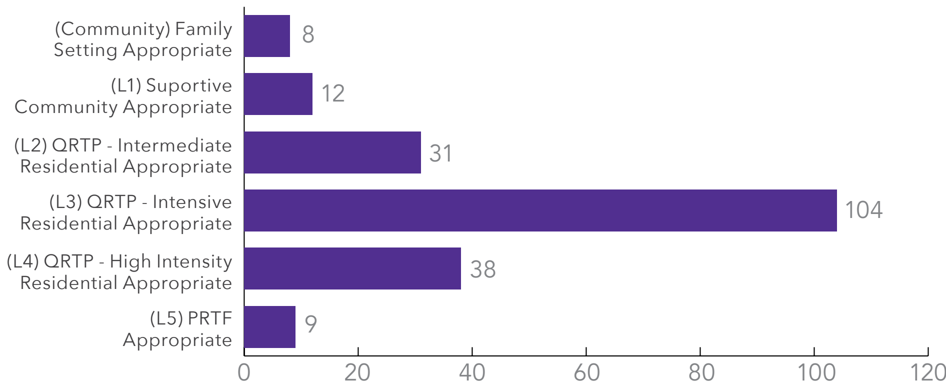

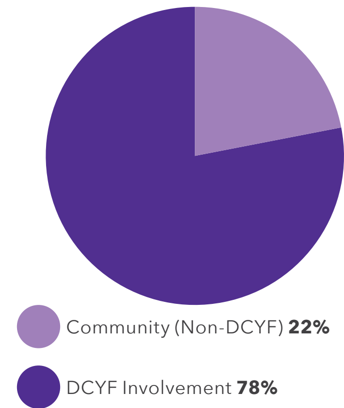

How the program works

Children are referred to the CAT program by DCYF. When a child presents needs beyond the current services offered or requires a higher level of care, management entities and other designated entities within the service array help determine the appropriateness of receiving residential treatment and creating an individualized recommendation for the child's care.

With active participation by the child, parent/guardian, and the referral source, the assessor works closely with the child's treatment team. Using proven tools like the Child and Adolescent Needs and Strengths (CANS) instrument supplemented with clinical questions, the assessor applies an evidence-based approach to recommend the level of services and identify goals and protective factors. This method produces consistent longitudinal data to which Maximus provides in-depth analytics to continuously identify actions the state can use to improve service across all sectors.

The CAT assessment includes a caregiver needs and strengths module to ensure parents, guardians, and other caregivers meet the child's needs within the family unit. Data analysis identifies staff training and family support opportunities, helping caregivers identify a child in crisis and serve youth with eating disorders or substance abuse disorders.

Program performance

A core objective of the CAT program is to provide the most appropriate level of care in the most appropriate setting. In the first year of operation, the CAT program achieved a **30% reduction** in the number of children referred to the highest level of care by utilizing all available community resources and guiding youth to the most appropriate setting for care.

A second core objective is to increase the number of referrals from the community – from a parent, teacher, or community therapist – rather than from the courts. **Over 20%** of referrals in the first year came from the community, increasing these children's access to these services.

Key Points

- Comprehensive, statewide design
- Blending and braiding authorities, funding, and resources
- Centralized collaboration hub to deliver consistent services across program areas
- Conflict-free assessors employing proven instruments and methodologies
- Data-driven, evidence-based analytics informs continuous improvement