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Dear Colleagues,

I hope both you and your loved ones remain healthy and safe during these unprecedented times.

**I am excited to share DCYF's first Procurement Forecast**, which is intended to summarize the results from our Request for Information and share new details about our plans to improve the DCYF service array, including information about several anticipated new service procurements or expansions for 2021. These investments will supplement – not replace – our existing array of services and help fill important gaps in our ability to address the needs of NH families.

**This work began with a desire to learn from others who serve children and families.** In September 2019, we issued a Request for Information (RFI). I remain extremely grateful to the 50 organizations and individuals who shared their perspective on the DCYF service array. Your tireless dedication and willingness to collaborate with DCYF is essential to ensuring we effectively serve our state's children and families.

Using what you shared through the RFI, DCYF worked to **distill your insights and turn them into a strategy and plan for our first round of procurements**. DCYF spoke to experts in the field of child welfare and colleagues in other states, held focus groups with staff and parents with lived DCYF experience, and analyzed both qualitative and quantitative data. I am excited to share with you the results of this hard work and deep thinking on how to best position our array to serve families.

Over the next year, DCYF plans to release procurements for and/or work with other NH DHHS divisions to expand several new evidence-based service models that focus on preventing further contact with DCYF, keeping children at home with their families by preventing entries into foster care, and sustaining families who have reunified after foster care. These services, each approved on the Title IV-E Prevention Services Clearinghouse, are:

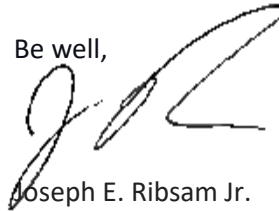
- Multisystemic Therapy®
- Homebuilders®
- Intercept®
- Healthy Families America® – *using Child Welfare Protocols*
- Child-Parent Psychotherapy®

These programs will join other service investments made for children and families, marking yet another set of milestones for New Hampshire's child-and-family serving system. Over the past two years, DCYF has launched several new/expanded programs including Community-Based Voluntary Services, Strength to Succeed, Roadmap to Reunification, the Foster Care Nursing program, the Specialized Medical Evaluation program, and the Family Violence Prevention Specialist program and Master Licensed Alcohol and Drug Abuse Counselor program (both co-located with DCYF District Offices) – alongside other DHHS

investments in the broader System of Care like enhancing Residential Treatment Services for Children's Behavioral Health and Comprehensive Assessment for Treatment (both RFPs recently released by the Division of Behavioral Health).

We at DCYF will continue to explore, research, and identify how these models work within our system and the need to adjust our service array over time, including potential opportunities to add or expand other services. Thank you for your continued partnership and for your commitment to New Hampshire's children, youth, and families.

Be well,

A handwritten signature in black ink, appearing to read 'JER', is positioned above the printed name of the signatory.

Joseph E. Ribsam Jr.

Director

Division for Children, Youth, and Families

NH Department of Health and Human Services

**Disclaimer:** This document is intended to provide information regarding DCYF's anticipated plans for future procurements. This document is not binding. DHHS reserves the right, at its sole discretion, to alter the plans described in this document which may include not initiating or cancelling certain procurements without notice. This document is not intended to be a request for additional information. This document does not supersede the requirements stipulated in subsequent solicitations (e.g., RFPs, RFAs), which proposers should rely on when responding. In order to protect the integrity of the procurement process, DCYF may not respond to additional inquiries or requests outside of the official procurement process.

## I. Background on DCYF's service array redesign and purpose of this forecast

The New Hampshire Department of Health and Human Services (DHHS), Division for Children, Youth and Families (DCYF) is working to redesign the DCYF service array to enhance the Department's ability to keep children safe, preserve families, and enable them to thrive.

The current DCYF service array faces several challenges to best meeting the needs of children and families. First, the availability of services is limited both in terms location and program slots. Second, the range and type of services available today are insufficient to meet all the physical, psychological, emotional, and basic needs of NH families. In particular, the lack of concrete supports to address economic needs is notable given that roughly 80% of allegations reported to DCYF are for neglect (which is linked to and exacerbated by the effects of poverty). Third, elements of the service array do not align with national best practice or future federal expectations. Fourth, the existing service system does not enable DCYF to fully monitor outcomes of specific services for groups of clients. Finally, the existing service system does not sufficiently fund providers to operate and manage their programs.

To contribute to a stronger child-and-family-serving system in NH, DCYF needs to enhance the services that DCYF offers to ensure they are more effective, accessible, and aligned with national best practices. Services should better meet the full range of needs presented by NH children and families. Services should also be accessible to families in their community. Recent funding and legislative developments, including the federal Family First Prevention Services Act (FFPSA), will also shape the nature of services offered by placing greater emphasis on evidence-based and contracted services.

Over the coming months, DCYF plans to procure new or expand existing evidence-based service models to prevent families from requiring future DCYF intervention, keep children at home with their families by preventing entries into foster care, and sustain families who have reunified after foster care. These services are intended to supplement our existing array of Home-based Therapy (HBT) and Individual Service Option (ISO) services, focusing particularly on populations or family situations where DCYF believes new investments could better achieve our goals.

In anticipation of these procurements, we have undertaken a research and planning process. DCYF's Request for Information – released in State Fiscal Year 2020 – was the first step in this phase of the work. DCYF received 38 responses from nearly 50 organizations (including several collaborative responses). Respondents made suggestions around specific needs and service models that they felt should be considered by DCYF. In addition, respondents shared their perspective on challenges that DCYF should work to address through the subsequent service contracts. The service provider community, in particular, was well represented among respondents, providing invaluable insights from those likely to provide future services.

Recognizing that the bandwidth of both the provider community and DCYF limits the number of new service models that can be implemented at a given moment in time, a team of staff used the RFI and supplemental research to identify the initial set of evidence-based service models that could serve as a foundation for our long-term work. While DCYF will continue to plan and research other opportunities to supplement the existing service array, we have identified five evidence-based service models for the initial round of new procurements. In the sections that follow, we further explain each aspect of this work.

We hope that this forecast gives members of the provider community the information you need to consider whether these services might be a fit for your organization and so you can plan accordingly.

## II. DCYF's process for selecting initial service investments

DCYF's anticipated set of initial investments to supplement the service array is the product of collaboration and research within DCYF, across DHHS, and between DHHS and outside stakeholders. Below is a brief summary of the main lessons and insights that emerged from that process.

[DCYF's Request for Information released in Fall 2019](#) focused on two aspects of our future service array: community-based voluntary services (CBVS) and the home-and-community based services provided by DCYF. For the former, RFI responses provided vital insights that were reflected in the [CBVS RFP released in April 2020](#). For the latter, responses to the RFI helped DCYF develop an initial perspective on how to begin our research efforts for the new service array.

After completing the RFI response review, DCYF held focus groups with parents with lived experience in the system as well as DCYF's frontline caseworkers, supervisors, and program staff across child protection and juvenile justice. In addition, DCYF conducted interviews with experts, model developers, and peer agencies in New England and beyond. The purpose of these conversations was to enhance DCYF's understanding of family needs, key gaps in our current service array, and high-potential services elevated in the RFI responses. Moreover, because RFI responses were largely submitted by providers, we also wanted to engage perspectives not represented in the RFI respondent list. Leveraging our internal data, DCYF conducted quantitative analysis of allegations of abuse and neglect as well as risk factors affecting families in our system that often lead to removals. DCYF also reviewed a sample of real-life cases to assess whether services under consideration would address the family situations and needs we see in our system that often lead to entries into out-of-home care. Finally, we considered each service against a range of factors including: the strength of the model's evidence base, alignment with the community's needs and preferences, capacity of NH DCYF and prospective providers to implement, and the likelihood of financial sustainability through various funding sources. This final step helped DCYF prioritize the set of services to include in this initial round of procurements.

Below is a summary of some of the main insights from this collective work.

- *Frequently cited models in RFI:* Some of the service models most frequently mentioned by RFI respondents include Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, Health Families America, Parents as Teachers, Multisystemic Therapy, Motivational Interviewing (which has been incorporated in DCYF's new community-based voluntary services program), and Positive Solutions for Families.
- *Build a portfolio of services including both flexible and specialized models:* Based on the advice received from NH service providers through the RFI as well as conversations with parents, staff, experts and peers, DCYF plans to procure a range of services that taken together could serve a wide range of family situations and needs.
- *Center on family voice and empowerment:* Treating families with respect and dignity should be a leading value of this work. Within service delivery, this means that providers and DCYF staff alike need to prioritize and be equipped to offer authentic engagement of caregivers, youth, and children throughout service delivery. To that end, we have sought to select service models that center around family voice and will seek out partners who similarly make that a priority. In addition, we have sought to select models that tailor service delivery to the individual needs of families and empower them.
- *Promote statewide access, particularly in rural areas:* DCYF is committed to ensuring services are available across the state. In the past, delivering services in rural areas has proven challenging in NH. To help address these barriers, DCYF anticipates granting vendors the flexibility they need to develop and propose creative service delivery solutions. RFI respondents provided several ideas for solutions

that could expand the operational feasibility of programming (e.g., telehealth, non-traditional staffing models, remote staffing, variable daily rates reflecting the increased cost of rural service provision).

- *Equity and inclusion in system involvement and service delivery:* DCYF is committed to delivering services equitably across many different groups and communities. DCYF intends to collaborate with vendors to start to address those inequities through ensuring services meet the needs of families of all backgrounds and using quality assurance and contract management to monitor outcomes for all groups and improve practices. DCYF is eager to partner with providers that recognize and are working to redress the historical legacy of racial inequality.
- *Provide adequate funding for service delivery:* DCYF and RFI respondents agree on the importance of paying the full costs for new programs. To address this priority, DCYF plans to ask providers to be thoughtful about and reflect the variety of costs they will incur to provide an evidence-based service model in their budgets in response to solicitations. To ensure the long-run viability for services, providers should expect DCYF to leverage a mix of state and federal funding including IV-E under FFPSA and Medicaid.
- *Collaborate and coordinate with providers to improve service delivery:* High-quality service delivery requires consistent care, attention, and collaboration between all those involved. DCYF intends to make seamless, coordinated delivery a priority for these new services. DCYF will work with contracted providers to develop clear processes to coordinate services, as well as train and support our internal staff to effectively play their role in this effort. In addition, providers should expect to partner closely with DCYF and other contracted vendors during service implementation, and through data-driven contract management to monitor performance and adjust practices to achieve positive outcomes for families.
- *Select and sequence service procurements based on capacity and ability to implement:* Our work to redesign the DCYF service array does not take place in a vacuum. Elevating and expanding a system of services in the context of an existing ecosystem will take time and hard work on the part of both providers and DCYF. Recognizing this, we plan to incrementally build on what already exists in New Hampshire, filling gaps over time.

### III. Anticipated initial investments in services

Based on the learnings and insights detailed in the section above, DCYF identified several evidence-based service models in which it intends to initially invest. See below for summary information about these service models.<sup>1</sup> These models would not replace the existing service array, but rather supplement it in key areas. That said, we believe these new services will lay a critical base from which to build. Over the long-term, DCYF will continue to monitor and evaluate the success of these programs, re-allocating resources and adding new services to meet the needs of NH families.

#### Anticipated initial investments

##### 1. Multisystemic Therapy®

Multisystemic Therapy® (MST) is an alternative to residential programs that treats the externalizing behaviors of youth in their home communities. MST's target population is families with youth age 12-17 who are at imminent risk of entry into out-of-home care. Teens with antisocial, delinquent, and

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<sup>1</sup>More detailed information about these service models can be found at the [Title IV-E Prevention Services Clearinghouse](#) and [California Evidence-Based Clearinghouse for Child Welfare](#).

externalizing behaviors are a strong fit for this program, while youth experiencing suicidal ideation or other more serious behavioral health needs are not.

DCYF anticipates procuring MST first among the services on this list. Focus groups and other sources of input identified MST as a high-potential service for youth served through DCYF's Juvenile Justice Services, though DCYF anticipates using it for other families as well. Because it was approved for Title IV-E funding under FFPSA, DCYF anticipates being able to sustain MST through a mix of state and federal funding. In addition, we believe NH is capable of supporting MST programs across the state, particularly because it was one of the top models identified by RFI respondents.

## **2. Intercept®**

Intercept® is an intensive in-home service designed to prevent children from entering out-of-home care. The target population is families with children ages 0-17 who either have serious emotional or behavioral problems or have experienced trauma, including abuse and/or neglect. Intercept® works with families who require skill development and support to strengthen family functioning.

DCYF chose to include a more flexible service like Intercept® because it can respond to a broad range of needs identified through our research and planning process. Many families with DCYF child protection cases have a variety of needs that require longer-term support, care coordination, and direct clinical interventions. Intercept® is designed to provide that kind of care. Furthermore, because Intercept® is already delivered in some parts of NH by Youth Villages, we believe that it could offer a strong foundation for high-quality intensive family preservation services. Because Intercept® was approved for Title IV-E funding under FFPSA, DCYF anticipates being able to sustain it through a mix of state and federal funding.

## **3. Homebuilders®**

Homebuilders® provides intensive in-home counseling, skill-building, and support services designed to prevent children from entering out-of-home care. The target population is families with children ages 0-17 who need intensive family stabilization and support to prevent removal or successfully reunify. Families experiencing crisis and in need of intensive skill development are a good fit for Homebuilders®, whereas families with parental SUD or other needs that cannot be sufficiently addressed in 4-6 weeks are not.

Homebuilders® is an appealing model because of its short but extremely high “dosage” resulting in frequent contact and support for families in crisis. In 4-6 weeks, families receive ~40 contact hours by a clinician before stepping down into other less intensive supports or services. As a result, DCYF believes Homebuilders® could fill an important gap responding to the most acute situations where immediate stabilization and support is necessary to prevent a child from being removed from the home – distinct from other family preservation models or our existing service array. Because Homebuilders® was approved for Title IV-E funding under FFPSA, DCYF anticipates being able to sustain the program through a mix of state and federal funding.

## **4. Healthy Families America®**

Healthy Families America® (HFA) is a home visiting program designed to reduce the risk of maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. HFA traditionally focuses on new or expectant families with children at-risk of child maltreatment or adverse childhood experiences, and enrollment

begins prenatally up to three months after birth. However, under HFA's Child Welfare Protocols<sup>2</sup>, the enrollment period can be extended for families with a child up to 24 months of age if referred by the child welfare system on a voluntary basis. NH DHHS currently funds HFA services for families statewide through the Division of Public Health Services (DPHS).

More strongly leveraging HFA would give DCYF an additional way to serve some of NH's most vulnerable families. DCYF currently refers to HFA programs at a smaller scale (e.g., some families where an infant has been exposed to substances prenatally but a child protection case is not warranted might be referred to HFA) but we believe many more families who come into contact with DCYF could benefit from this service. HFA was among the top models identified in the RFI, and respondents encouraged DCYF to build on the services already in place. Because HFA was approved for Title IV-E funding under FFPSA, DCYF anticipates being able to help expand and sustain HFA through a mix of state and federal funding in partnership with DPHS.

## 5. Child-Parent Psychotherapy®

Child-Parent Psychotherapy® (CPP) is a mental health intervention that is designed to treat trauma-exposed children ages birth to 5. CPP treatment focuses on how the child's and/or caregivers' trauma histories affect the parent-child relationship and the child's development. CPP supports and strengthens the caregiver-child relationship to restore the child's sense of safety, attachment, and improve the child's functioning.

We anticipate that CPP could help in a variety of case types and family situations, but particularly following reunification and/or placement into relative care. An important factor in selecting CPP from among several promising mental health evidence-based practices is that many NH providers are already certified to offer it. CPP was also among the top models identified in the RFI. Because CPP was approved for Title IV-E funding under FFPSA, DCYF anticipates being able to sustain the program through a mix of state and federal funding.

## IV. What potential proposer organizations can expect moving forward

NH DCYF will share more information about each of these services in forthcoming procurements, including expectations for proposer organizations. DCYF anticipates that solicitations will be released on a rolling basis throughout Calendar Year 2021, which will be published on the Department's website at <https://www.dhhs.nh.gov/business/rfp/index.htm>. A vendor conference will be held for each solicitation to provide information prior to the proposal submission date.

DCYF cannot respond to any questions regarding this document, but will address questions as part of forthcoming procurement processes. We are restricted from releasing any information on active solicitations or procurements. We cannot provide information to one party that would provide them with an advantage or insight into a future procurement.

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<sup>2</sup> HFA's National Office provides guidance to HFA providers on implementation when working with child welfare referred families. HFA's guidance is expressed through Child Welfare Protocols, which maintain existing model requirements while offering additional guidance related to enrollment, caseload management, and more. See HFA's website for more details (<https://www.healthyfamiliesamerica.org/protocols-child-welfare/>).