



New Hampshire Department of Health and Human Services  
Service Array Redesign RFI

OFFICIAL RESPONSES TO VENDOR QUESTIONS  
RFI-2020-DCYF-01-REDES

#	Question	Answer
1.	<p><b>Section 1, Overview and Purpose, Subsection 1.2. Purpose, Subparagraph 1.2.1.</b> Can you clarify whether juvenile justice-involved youth, who do not necessarily have current child welfare system involvement, will be included in the population qualified for community-based voluntary services? If so, could you elaborate on how this population will be included in the definition of “candidate for foster care”?</p>	<p>No, at this time the Community Based Voluntary Services anticipated in this RFI are specifically for child protection families who are identified through a child protection assessment. The changes to the broader service array to provide an array of evidence based practices, will be available to the juvenile justice involved population.</p>
2.	<p><b>Section 2, Background Information, Section 2.1, The DHHS vision for child and family serving system, Subparagraph 2.1.2.</b> For the intended target population, is there a developed framework or a definition that will be used for “candidacy for foster care” and “immanent risk of entering care” (i.e. age range eligibility, reentry into care included, any other eligibility restrictions, etc.)?</p>	<p>That will be defined at a future date and information from this RFI can help inform that definition.</p>
3.	<p><b>Section 2, Background Information, Section 2.1, The DHHS vision for child and family serving system, Subparagraph 2.1.2.</b> If framework and/or definitions for “candidacy for foster care” and “immanent risk of entering care” are not yet set, are you seeking feedback on these through the RFI?</p>	<p>Feedback on this matter is welcomed.</p>
4.	<p><b>Section 2, Background Information, Subsection 2.1 The DHHS vision for a child-and-family serving system, Subparagraph 2.1.2.</b> Concept of right service at right time, who is deciding that?</p>	<p>Decisions regarding services are best made in concert with families, providers, and DCYF staff. It is the hope that by implementing a more robust needs and strengths assessment tool, such as the CANS, in conjunction with specific EBP’s, having providers who are certified in those EBP’s and</p>



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		educating staff, it will be easier for all parties involved to identify which intervention is right for the family.
5.	<p><b>Section 3, Funding and legislative change, Subsection 3.2, Detailed listing of funding and legislative changes.</b> How will it be determined which families are eligible for prevention services?</p>	Under Family First Preventative Services Act (FFPSA), eligible families or those who have children at risk of out of home placement. At this time, the services are not being funded with FFPSA funds, but we intend to implement the services to be ultimately consistent with FFPSA to support funding in future years. We anticipate using our risk assessment tools to assist in this decision, however the state is permitted to adjust its plan with the federal Administration for Children and Families and is keenly monitoring the activity in other jurisdictions to maximize the benefit for New Hampshire children and families.
6.	<p><b>Section 3, Funding and legislative change, Subsection 3.2 Detailed listing of funding and legislative changes.</b> With 12 month period, what does that mean?</p>	Under the FFPSA, Title IV-E dollars are available for service for a family for 12 months. Guidance suggested the possibility of re-occurring and multiple episodes of services. At this time, the services are not being funded with FFPSA funds, but we intend to implement the services to be ultimately consistent with FFPSA to support funding in future years.
7.	<p><b>Section 3, Funding and legislative change, Subsection, 3.1 Overview of funding and legislative change, Subparagraph 3.1.1.</b> Will preventative services be managed and paid for via DCYF or another entity- asking because the wording indicated it's for services "before DCYF involvement"?</p>	All of the services anticipated in this RFI are for services paid for by DCYF. Community Based Voluntary Services will be provided to families to have had a child protection assessment, who are in need of services, but who will not require an ongoing DCYF court case.
8.	<p><b>Section 3, Funding and legislative change, Subsection, 3.1 Overview of funding and legislative change, Subparagraph 3.1.2.</b> "Shape the types of services DCYF will offer" does that mean directly by DCYF state workers or by community and private providers, and if so how will allowable "evidence based practices" be made known and will that be far enough in advance for training to be completed and funded as potentially suggested via "significant increase in</p>	The anticipated services from this RFI will be provided by community providers, though often in partnership with DCYF. Through the procurement process applicants will be expected to propose which evidence based practices (EBPs), how they will implement the EBP with fidelity, and the rate/funding that they will require to do the same. We will welcome feedback from respondents on means to accomplish this.



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	resources to support...” or are entities/organizations anticipated to pay for that themselves?	
9.	<p><b>Section 3, Funding and legislative change, Subsection, 3.2, Detailed listing of funding and legislative changes, Subparagraph 3.2.2.</b></p> <p>Can we get clarity on what aspects of residential and prevention services will be implemented by DCYF by 2021? What specific services and expansion opportunities will be pursued by DCYF in SFY 20 and 21 or will that be addressed in another RFI and if so when?</p>	The residential components of the system are not part of this RFI, though we anticipate implementation of the same by September 30, 2021. We anticipate that procurements for community based voluntary services and multiple EBPs will be issued successively over the coming months and throughout the biennium. We welcome feedback from respondents on how to best accomplish this goal.
10.	<p><b>Section 3, Funding and legislative change, Subsection 3.2 Detailed listing of funding and legislative changes, Subparagraph 3.2.3.</b></p> <p>What services might be envisioned to be developed and what DHHS divisions will provide thought leadership and tactical oversight?</p>	We welcome feedback in this RFI on what EBPs would best meet the needs of New Hampshire’s Children and Families. We are regularly engaged with the Division of Public Health, the Division of Behavioral Health, the Division of Economic and Housing Stability, and the Division of Long Term Supports and Services as well as our Medicaid partners in these efforts.
11.	<p><b>Section 3, Funding and legislative change, Subsection 3.2 Detailed listing of funding and legislative changes, Subparagraph 3.2.4 and 3.2.5.</b></p> <p>System of Care (SB14) defines bullet 2 around how the wrap around care is provided to children in residential care (review SB14 for this)? Since most of those children are products of parent(s) who have unmet needs or are unstable, where do services and associated funding for them fit in? Is that the intent of 3.2.5 bullet 3?</p>	The wrap around care provided in the System of Care is intended to identify supports the involved youth and their families. The Community Based Voluntary Services identified in 3.2.5 and throughout are for families found to have high/very high risks and who are involved in a child protection assessment. It is possible, but not necessary, that those occur concurrently.
12.	<p><b>Section 3, Funding and legislative change, Subsection 3.2 Detailed listing of funding and legislative changes, Subparagraph 3.2.5.</b></p> <p>Can you clarify if the authorized budgetary amounts listed include the projected federal match dollars under Family First implementation, or do these amounts only include budgeted state funding?</p>	The listed amounts refer to funds in the SFY20/21 biennium. FFPSA dollars will not be available until SFY22, though we anticipate that new services developed pursuant to this RFI will ultimately align with FFPSA to allow for federal support in future years.



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13.	<p><b>Section 3, Funding and legislative change, Subsection 3.2 Detailed listing of funding and legislative changes, Subparagraph 3.2.5.</b> Is there are vision around how the funding will be deployed in bullet 2 and 3, and for what specifically it will fund? Might that include rate adjustments to pay for impact areas like higher wages to more qualified, highly trained staff? Will there be RFP processes for those funds and program enrichments?</p>	<p>It is anticipated that the services procured following this RFI will result in contracts with providers to provide EBPs. It is also anticipated that through that process rates will be struck to fully support the cost of providers offering the EBP. We specifically welcome feedback from providers on these issues in this RFI.</p>
14.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.1 Overview, Subparagraph 4.1.2, Components of Future Service Array</b> Components of Future Service Array includes no specific components or types of services- what is it intended to illustrate? Appears to denote the process used today?</p>	<p>The chart is intended to demonstrate the service points for which this RFI is seeking feedback. While some of those service points are available today, some, such as Community Based Voluntary Services, are not.</p>
15.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.2 Home-Based Service Array for families involved with Juvenile Justice and Child Protective Services Subparagraph 4.2.1.</b> Could you provide clarification on the differences between “Home-Based Service Programs” and “Community-Based Voluntary Services” (i.e. eligibility criteria for youth, intensity of service, staffing qualifications, etc.)?</p>	<p>Community Based Voluntary Services are intended for high-risk families who have received child protection assessments but whose allegations of abuse/neglect were unfounded. The Home-Based Services refer to all of the non-residential services that DCYF pays providers to provide to children and families. The specific criteria sought will be established by the EBPs selected. We welcome feedback from providers on this point.</p>
16.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.2 Home-Based Service Array for families involved with Juvenile Justice and Child Protective Services Subparagraph 4.2.1.</b> Can a provider apply to provide both home-based service programs as well as Community-based voluntary services?</p>	<p>A provider may provide both.</p>



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17.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.2 Home-Based Service Array for families involved with Juvenile Justice and Child Protective Services Subparagraph 4.2.2.</b> Are these focused on community based programs for 12 months prior to admission to a residential provider- i.e. is that the gatekeeper for residential providers, meaning any child referred to a residential provider must have gone through the 12 months of EBP's services first?</p>	No. While it is hoped that non-residential services are available and capable of meeting the needs of children, this is not a prerequisite to residential care if residential care is clinically indicated.
18.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.2 Home-Based Service Array for families involved with Juvenile Justice and Child Protective Services Subparagraph 4.2.4.</b> Does this indicate each <i>current and future</i> provider will go through the competitive bid process and not all will be chosen to be a provider, or just "new" providers and services will go through the competitive procurement process? If the later, when will current providers go through the competitive procurement process and when will certification no longer occur and "set rates" be replaced?</p>	It is anticipated at this time that the current community based service array will remain in place and that the new EBPs will augment that service array.
19.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.2 Home-Based Service Array for families involved with Juvenile Justice and Child Protective Services Subparagraph 4.2.1.</b> Where does preventive/protective care fall in this discussion? What is the difference between referral types?</p>	RFI focused on DCYF-involved families, though there are other efforts involving broader child and family serving system as referenced in prior sections of the RFI.
20.	<p><b>Section 4, Future service array components and goals, Subsection 4.3, Community-based</b></p>	This will be determined based on the proposals that are submitted. It is up to vendors to determine what clinical component or services may be



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	<p><b>voluntary services for families involved with the child protection system.</b> Will there be a clinical component to voluntary services or is it just case management?</p>	<p>included. There is a question in the RFI about voluntary component and enhanced clinical services and we encourage feedback from respondents on this topic.</p>
21.	<p><b>Section 4, Future service array components and goals, Subsection 4.3, Community-based voluntary services for families involved with the child protection system.</b> What will voluntary services look like for agencies that do bid when it comes to interactions between a family's service providers? Will they have to switch contracts?</p>	<p>It is important to think about system holistically. Our expectation is that if engaged with voluntary services, provider would work with the person's other providers. We encourage feedback from respondents on this topic.</p>
22.	<p><b>Section 4, Future service array components and goals, Subsection 4.3, Community-based voluntary services for families involved with the child protection system.</b> What if high/high risk family declines voluntary services?</p>	<p>DCYF will not have legal authority to compel families to participate. This service line depends on DCYF and Providers ability to engage families and resolve changes without placing blame.</p>
23.	<p><b>Section 4, Future service array components and goals, Subsection 4.3, Community-based voluntary services for families involved with the child protection system.</b> Is there going to be a component of communicating with medical providers as far as voluntary services? And what are forward communication strategies with medical community?</p>	<p>Voluntary services start with assessment due to allegation. Voluntary service provider should be working with whoever the family is working with. If you have ideas on this, add to your proposal. We encourage feedback from respondents on this topic.</p>
24.	<p><b>Section 4, Future service array component and goals, Subsection 4.3, Community-based voluntary services for families involved protection system.</b> Is there a way to get referrals at the beginning of the assessment as a family resource center? There is a great</p>	<p>Some of this is cultural and should be improved as we build the voluntary service component as well as some of the secondary prevention efforts, which are outside of the scope of this RFI. DCYF staff may know early in the assessment process what supports would benefit the families, but in the current context of available services and assessments caseloads, this has been a challenge.</p>



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	benefit to warm hand offs. If DCYF is overwhelmed, there is a benefit for FRC stepping in.	
25.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.3 Community Based Voluntary Services for families involved with the child protection system</b></p> <p>Has the standardized risk assessment tool been chosen yet, and if so, can it be shared which tool is being used?</p>	DCYF uses Structured Decision Making Risk Assessment developed by the National Council on Crime & Delinquency. The Bureau of Children’s Behavioral Health also used the Child and Adolescent Needs and Strengths (CANS) tools. DCYF is currently considering means to integrate CANS into Child Protection and Juvenile Justice.
26.	<p><b>Section 4, Future service array components and goals, Subsection 4.3 Community-based voluntary services for families involved with the child protection system.</b></p> <p>How do you envision case management from a family’s perspective? What does that look like?</p>	We envision that any case management model used will help the families identify what their needs are, asses basic needs, assist them with resource and referrals, and increase parental resilience and protective factors so that they can safely and appropriately care for their children while using natural and community supports. We encourage feedback from respondents on this topic.
27.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.3 Community Based Voluntary Services for families involved with the child protection system, Subparagraph 4.3.3; and 4.3.4.</b></p> <p>Is this the FAST Forward program? Also alluded to in 4.3.4.?</p>	Fast Forward is a substantively similar, though different, program than the Care Management Entity identified in SB14.
28.	<p><b>Section 4, Future Service Array Components and Goals, Subsection 4.3 Community Based Voluntary Services for families involved with the child protection system, Subparagraph 4.3.5</b></p> <p>High acuity and court involved appears to denote the children who may require residential or out of home placement and this indicates they’d be overseen by DCYF staff, so how does DBH fit into that?</p>	This is outside of the scope of this RFI, however, the Bureau of Children’s Behavioral Health is partnered with DCYF on the redesign and procurement of enhanced residential services for children and youth.



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29.	<p><b>Section 5, Program Requirements, Subsection 5.1</b>  <b>Note to respondents, Subparagraph 5.1.1.</b>          How many youth across the state do you estimate will qualify for these programs? If possible, can data be provided by geography (region, county, or DCYF service area), service type (Home-Based Service Programs vs. Community-Based Voluntary Services), and system involvement (child welfare vs. juvenile justice vs. dually involved)?</p>	<p>Approximately 2,000 families per year are identified as high/very high risk through the use of the SDM Risk Assessment tool. This is the target population for Community Based Voluntary Services.</p> <p>Approximately 3,000 children/youth per year are served through open DCYF family service cases and approximately 3,000 children/youth per year are served through open DCYF juvenile justice cases. These are the initial target populations for the broader service array efforts.</p>
30.	<p><b>Section 5, Program Requirements, Subsection 5.1</b>  <b>Note to respondents, Subparagraph 5.1.1.</b>          Unclear what this means? Whether a family/child eventually comes under DCYF or not, is it intended to mean DCYF must be the referral source into preventative services versus schools, doctors, and community programs like YMCA, B&amp;G club or others who may recognize a child or family at risk?</p>	<p>This RFI is focused on services for families who are involved, through a child protection assessment, family service case, or juvenile justice case with DCYF. There are other efforts referred to in the background section of this RFI for the broader child and family serving system. This note is intended to communicate the need for the services developed by this RFI to be available statewide.</p>
31.	<p>How will vendors provide a high level of care and wraparound services for those who don't have insurance or don't qualify for services but need them? Is there any discussion of how this increased volume will impact CMH services?</p>	<p>Services procured in the furtherance of this RFI will be paid for by DCYF regardless of insurance. There are many families who touch multiple systems, so DCYF, DHHS, and the provider community must work together to integrate with the family being served.</p>
32.	<p>Is this benefiting foster families and if so, how?</p>	<p>This RFI can be impactful on relative caregivers because they and the children they care for will receive services.</p>
33.	<p>Is there a way that a family can self-identify? If a family does receive help, is there plans to push costs back on families?</p>	<p>At this time, the services anticipated in this RFI are targeting families involved with DCYF through Child Protection and Juvenile Justice. State law changed in recent years to eliminate parental reimbursement for voluntary child protective services and voluntary CHINS through the juvenile justice system.</p>
34.	<p>Do EBP include promising practices?</p>	<p>At this juncture, we are open to consideration of all levels of EBPs. FFPSA will ultimately only reimburse states for EBPs when 50% meet the "well supported" standard. However, this is a rapidly evolving space and we</p>



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		encourage providers to respond to the RFI in consideration of all levels of EBPs.
35.	How does DCYF expect agencies to train in EBP?	We encourage feedback from respondents on this topic. We anticipate that providers will be able to support these obligations through the development of an appropriate rate in their contract. There may also be opportunities to consider start-up costs to support implementation, the development of centers of excellence, and funding identified for this purpose associated with SB14.
36.	Are State regulations going to change when we create new regulations? Will the requirements for workers change re: education level etc.?	Because different EBPs have different requirements, we anticipate that these will be primarily addressed in the terms of provider/EBP specific contracts.
37.	Is there a way to use some of this money even if we don't have the services all figured out?	The funding identified for this purpose in the SFY20/21 budget was made non-lapsing. It was understood that there was going to be a process that would take time to implement. Additionally, DCYF currently has voluntary services overseen by DCYF staff and these funds will support those ongoing efforts.
38.	Do you anticipate authorization of services to be longer than 90 days?	EBPs typically identify timeframes for the intervention. We should plan along the lines of what the EBP identifies rather than historical units of service provision for DCYF services.
39.	How is data used to inform the system?	We encourage feedback from respondents on this topic. We anticipate utilizing data from DCYF Systems, the SDM assessment tools, the CANS, and many other sources.
40.	Are we already considering collecting CANS data and having a centralized database?	Yes, that is being considered. We encourage feedback from respondents on this topic.
41.	CANS is great for looking at strengths/needs for older children. Are you considering assessment tools for younger children?	Yes, we are looking at this. Some other states have modules with CANS that differ from what is used in the current NH version. We encourage feedback from respondents on this topic.
42.	Considering provider investments in EBP, systems, data tracking, for how long may contracts be issued? Especially if they are increasing workforce?	We intend to use information gathered through RFI for this purpose. Contracts terms can range.
43.	Is there a way to provide some money at the beginning of the contract?	Infrequently, the Department will provide funds at the beginning of a contract to start the process. If respondents identify this as a barrier in the RFI, this



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		will help informing the decisions the department makes related to this topic in future procurements.
44.	What is plan regarding foster homes and two weeks component?	The two-week component being referenced is related to the availability of federal reimbursement for residential care and is outside of the scope of this RFI.
45.	Is there any thought about third trimester reporting regarding abuse coming in while parent is still pregnant?	This is outside the scope of RFI. However, DCYF has no legal authority to intercede before child is born. However, there is significant work happening in this space through Plans of Safe Care and we encourage the development of this and related ideas through the Plan of Safe Care implementation efforts.