

DCYF RFI Respondent Meeting

DCYF Service Array Redesign

October 14, 2019 from 1:00pm – 4:00pm

Department of Health and Human Services

129 Pleasant Street, Brown Building Auditorium



Agenda

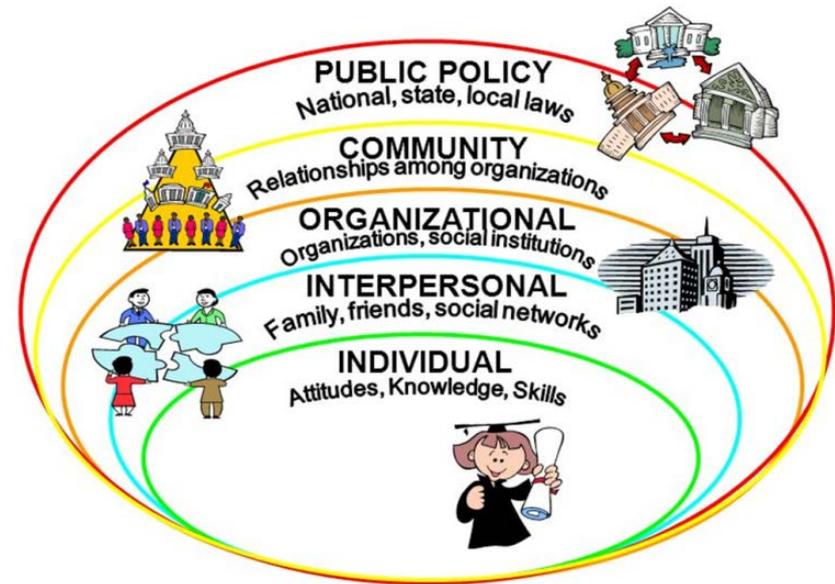
Welcome and overview of the meeting	30 min
Vision and review of the RFI	45 min
Next steps	15 min
Questions and answers	90 min



To meet the needs of NH children and families DHHS has enhanced the vision of the child-and-family serving system

“Child abuse and neglect is the result of the interaction of a number of individual, family, and environmental factors. Consequently, there is strong reason to believe that the prevention of child abuse and neglect requires a comprehensive focus that crosscuts key sectors of society (e.g., public health, government, education, social services, and justice).”

Social-Ecological Model



NH DHHS seeks to work with children and families in a more preventative, proactive, and holistic way

Primary & Secondary Prevention

Primary prevention activities are provided at the general population level. These activities include public education efforts regarding: safe sleep; infant & child care; developmental milestones; water, bike, and recreational safety; nutrition; etc. supported by the Division of Public Health and other DHHS Divisions.

Secondary prevention activities are provided to vulnerable communities. These activities include programs such as: family resource centers supported by the Division of Economic & Housing Stability; home visiting programs and the new Community Collaborations Grant programs supported by the Division of Public Health; and targeted protective factors education offered by the NH Children's Trust.

Tertiary Prevention

Tertiary prevention activities are provided to children & families specifically identified to be in need or at-risk. These include:

DCYF Voluntary Services, internally or community managed, for families identified as at-risk through a child protection assessment.

Voluntary Children in Need of Services (CHINS) services offered to prevent delinquency through juvenile justice.

Economic, food security, and housing services offered to families through the Division of Economic and Housing Stability.

Existing and newly authorized *children's behavioral health services* inclusive of Fast Forward, Mobile Response & Stabilization Services, & high-fidelity wraparound.

Mental Health & Substance Use Disorder Services provided to parents, guardians, and caregivers through the Division of Behavioral Health

Court Involved DCYF Cases

Child protective services where child abuse or neglect as defined by law has been founded and a child has been removed from the home or court involvement is required while the children remain home to ensure adequate oversight.

Juvenile delinquency cases where a child has been found to have engaged in delinquent behavior and is in need of court oversight to remediate future adverse behaviors.

"D-2" CHINS cases where a child is identified as having aggressive or dangerous behaviors requiring court oversight to compel appropriate treatment and mitigate risk.

The current DCYF service array faces several challenges to best meeting the needs of children and families in NH

Challenges: DCYF service array today

- Availability of services is limited both in terms of location and program slots
- The range and type of services available today are insufficient to meet all needs
- Elements of the service array do not align with best practice
- Unable to manage outcomes of specific services for groups of clients
- Insufficient funding of providers to operate and manage their programs
- In general, families without a court-finding of abuse or neglect cannot be served with DCYF's most intensive services

Division for Children Youth & Families State Fiscal Year 2019 *(July 1, 2018 – June 30, 2019)*

of calls to central intake hotline: 30,993

of child protection assessments: 12,361

of family service cases: 1,685

Juvenile Justice cases: 2,858

Source: DCYF RFI, page 5



DCYF envisions a system that supports families before they are in crisis and regardless of their legal involvement

Goals of DCYF Service Array Redesign:

1. Decrease repeat reports of maltreatment
2. Decrease the number of children removed from their families
3. Decrease in the time it takes for a child to be reunified (or to achieve other permanency goals) where children have been removed from their parents

Source: DCYF RFI, page 5



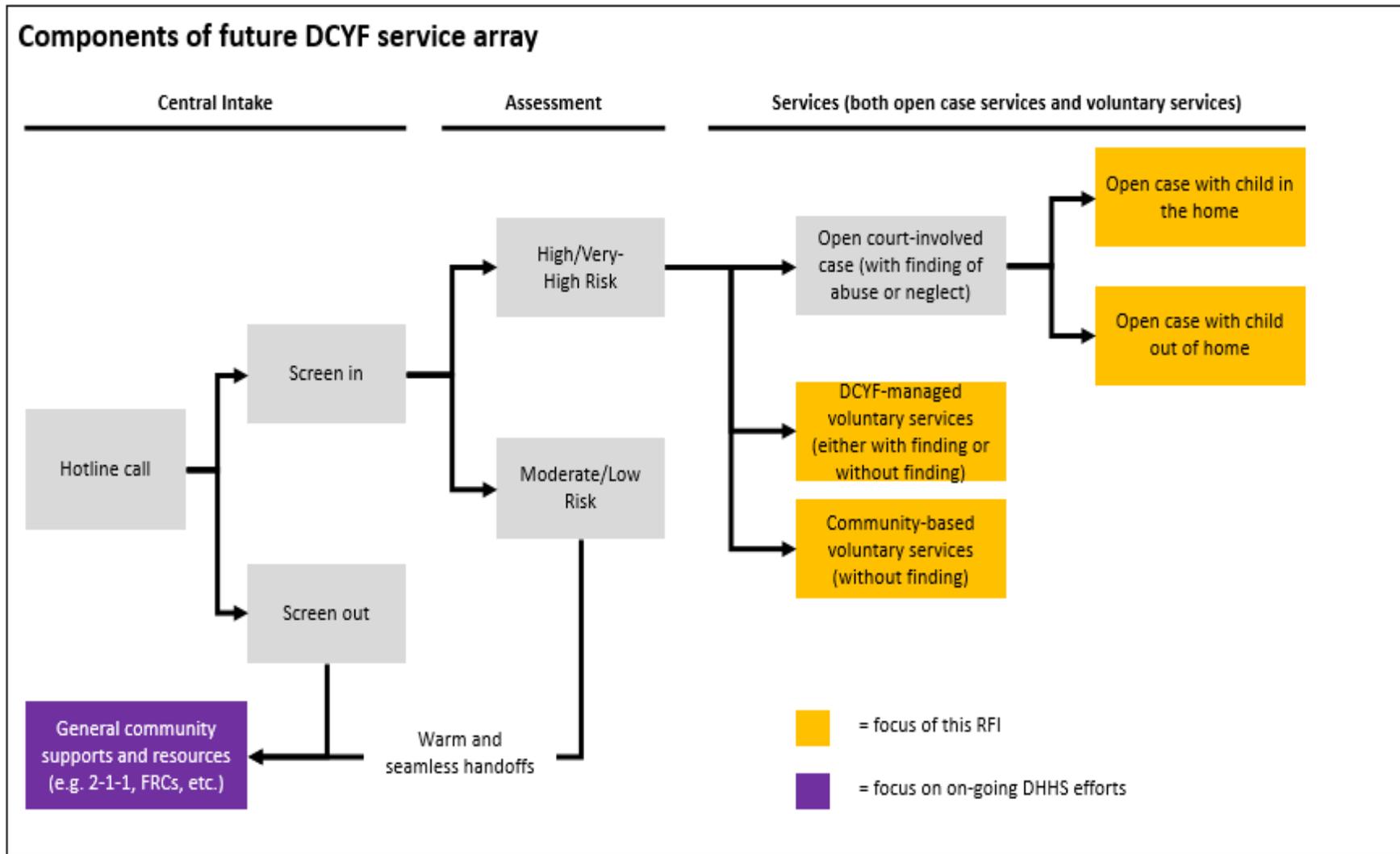
New state and federal funding will support DHHS to expand and elevate the services available to NH families

Funding type	Program/source	Division	Amount (biennium)
State funding	Voluntary services	DCYF	~ \$7.5 million
	Additional resources for DCYF	DCYF	~ \$21.8 million
	Systems of Care	CBH	~ \$20 million
	Parental assistance program fund	DPH	~ \$3.3 million
Federal funding	Family First Prevention Services Act funding	DCYF	Varies – <i>Federal match in funding if a family/child is eligible</i>
	Community collaborations grant	DPH	~ \$500,000

Source: DCYF RFI, page 5 - 6



Through its future service array, DCYF aims to provide families with the right service, at the right place, at the right time



The DCYF Service Array Redesign RFI asks questions about two areas of the future DCYF service array

**Home-based
services**

**Community-based
voluntary services**



DCYF will advance division goals by redesign and expanding **home-based services**, using EBPs where possible

Current state

The current home-based service array is comprised of three service types, each provided by a mix of certified provider organizations

Vision

Redesign and expand home-based services to support children at home or reduce the time it takes to reunify or find a child a permanent home, using EBPs wherever possible

What we ask

DCYF is interested in learning more about the EBPs that would best meet the needs of NH families, the capacity of providers to deliver those EBPs, and how DCYF could support providers

Changes to the system

- Increased focus on **contracted services**.
- **Statewide coverage** (many ways to achieve that goal)

Source: DCYF RFI, page 8 for background and page 11 for questions



DCYF will advance division goals by redesign and expanding **home-based services**, using EBPs where possible

Sample list of approved EBPs by Title IV-E Prevention Services Clearinghouse

Mental Health

- Parent-Child Interaction Therapy
- Trauma Focused-Cognitive Behavioral Therapy
- Multisystemic Therapy
- Functional Family Therapy

Substance Abuse

- Motivational Interviewing
- Multisystemic Therapy
- Families Facing the Future
- Methadone Maintenance Therapy

In-Home Parenting Skill-Based

- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers

Source: DCYF RFI, page 8 for background and page 11 for questions



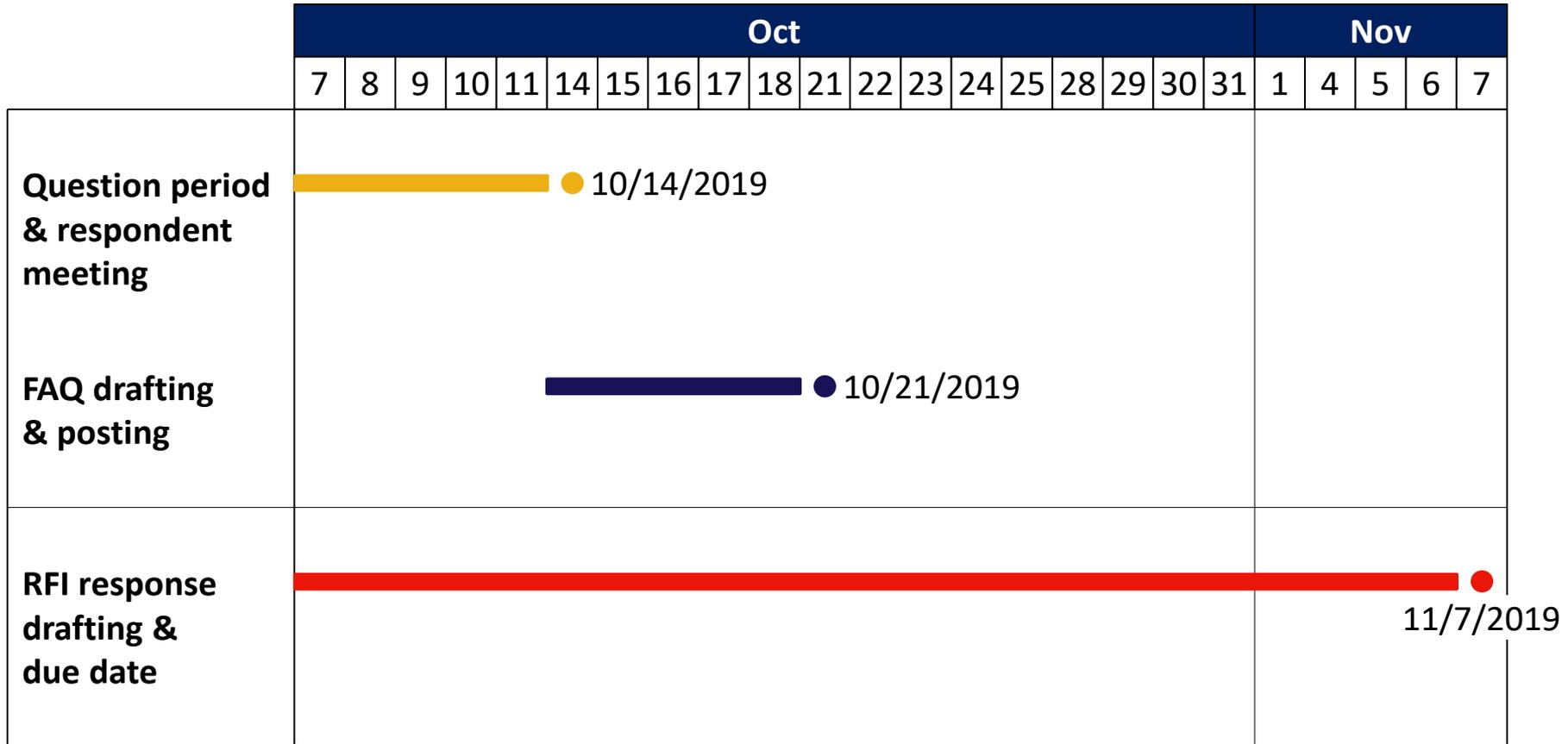
Community-based voluntary services will expand the channels through which DCYF can serve families

Current state	Approximately 2,000 families per year are identified as at high-risk of future maltreatment. However, DCYF has been unable to serve all of these families through traditional court-order services
Vision	DCYF seeks to build an array of voluntary services, one of which would be a community-based service (e.g., family receives case management from local community organization)
What we ask	DCYF is interested in gathering the input of stakeholders on how a community-based voluntary service should operate , including by asking about potential case management models, funding, and how DCYF can support providers that deliver such services
Changes to the system	<ul style="list-style-type: none">• Entirely new component of the service array• Increased focus on contracted services• Statewide coverage (many ways to achieve that goal)

Source: DCYF RFI, page 9 for background and page 11 -12 for questions



Responses to the DCYF are due on November 7th



From FAQ posted to RFI responses due
2 weeks and four days



Submissions should be made by e-mail and should contain four pieces of information

Submissions can **only be made by email**. Email your responses to:

- **To** - DHHS-contracts@dhhs.nh.gov
- **cc'd** - Jennifer.Hackett@dhhs.nh.gov

Responses are due by **11:59pm EST on November 7th, 2019**

We encourage both collaborative responses (e.g., multiple organizations or people submitting together) **and individual responses by one organization/person.**

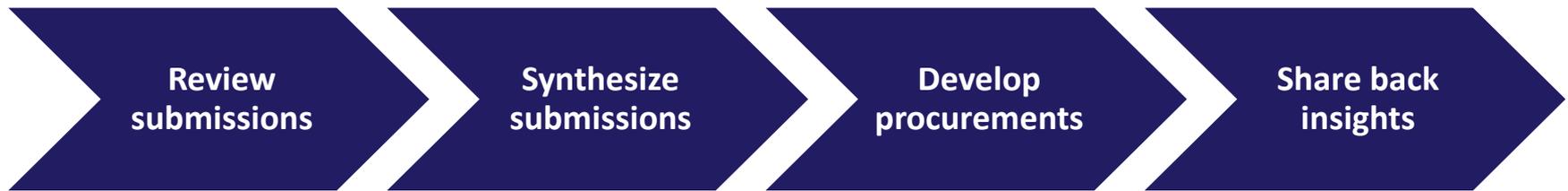
In your submission, please include:

1. **The transmittal cover letter**, including your name, title, telephone number and e-mail address.
2. **Table of contents**, including the contents listed here and their corresponding page numbers.
3. **Executive summary**: an overview of the Respondent's organization and which demonstrates the respondents understanding and reason for responding.
4. **Answers to the RFI**, which can include a response for all or some of the questions asked in the RFI. You do not have to respond to every question.

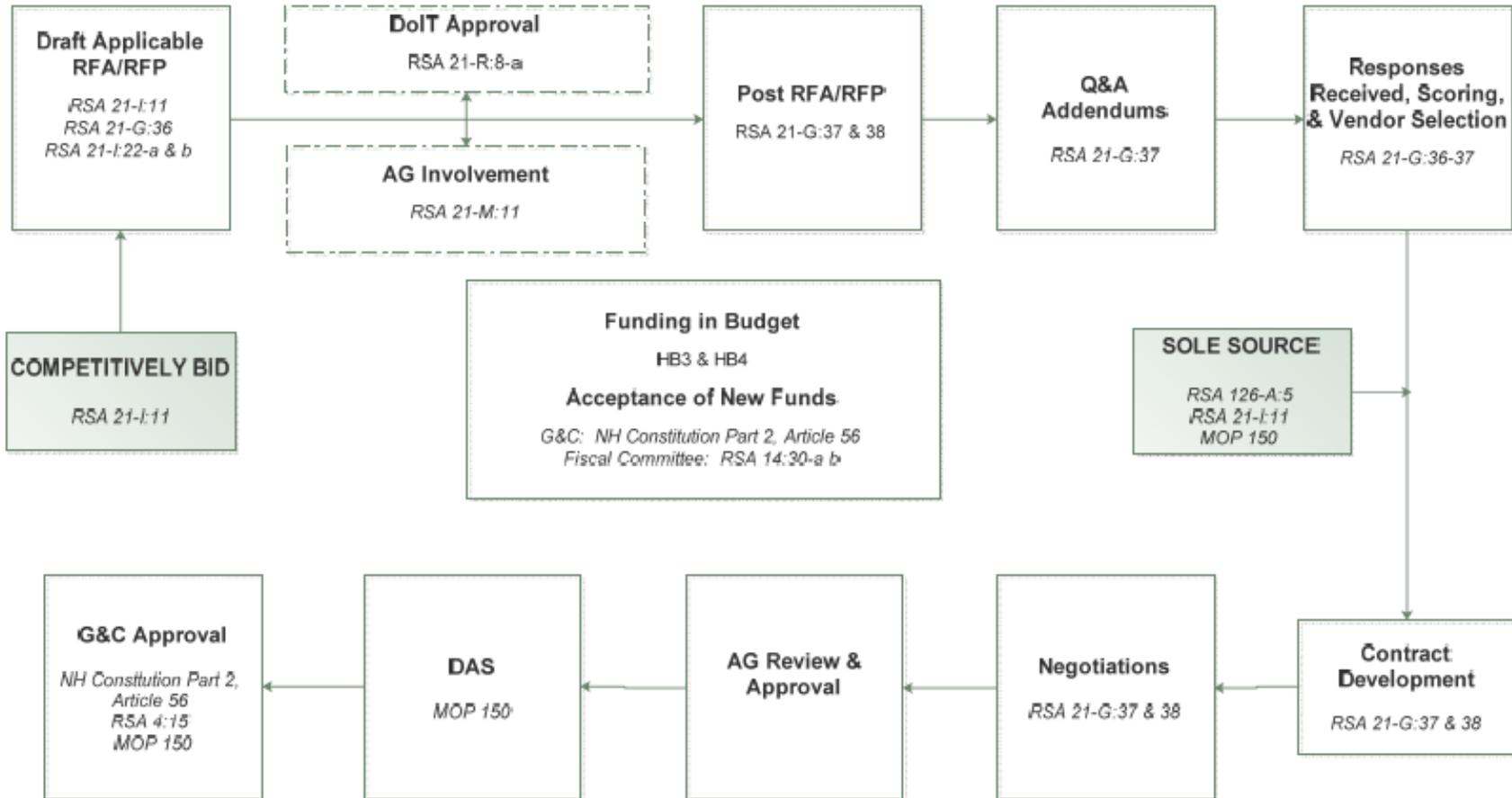


After submissions are due on November 7th, DHHS and DCYF will review all responses and use them to shape next steps

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The procurement process at DHHS begins with DHHS drafting and posting a solicitation and ends with approval by NH G&C



APPENDIX:



Home-based services questions

1. What are the most important EBPs that the Division for Children, Youth, and Family's needs to add to its service array to stabilize the family, strengthen protective factors, address basic and economic needs, and prevent further maltreatment or entry to out-of-home placement?
 - Of those identified, which do you recommend DCYF prioritizes as it establishes new EBPs?
2. Of the EBPs approved in the Title IV-E Prevention Services Clearinghouse, do any of these EBPs currently operate today in New Hampshire? At what scale and where? By whom are these programs funded?
3. Of EBPs **not** currently approved in the Title IV-E Prevention Services Clearinghouse, do any of these programs currently operate today in New Hampshire? At what scale and where?
4. What EBP(s) is your organization currently capable of or capable of quickly implementing that would benefit children and families in NH?
5. Are there additional anticipated start-up costs, and if so, what would they be?
6. What rate would be necessary to support the sustainable provision of the EBP?
7. What would be the anticipated time of implementation?
8. What could DCYF do to support service providers in New Hampshire incorporating EBPs into their existing programs to make them more effective and eligible for new resources?
9. What needs assessment tools, used for either service planning or outcomes assessments, would be most helpful to assess children and family's strengths and needs?
10. What other opportunities, challenges, issues, or factors should DCYF consider as we prepare to procure these new services?
11. What could DCYF provide to ensure service availability statewide, including the rural parts of New Hampshire?



Community-based voluntary services

1. We envision case management and care coordination as the core components of *Community-based voluntary services*.
 - What are the most effective case management and care coordination models we should consider for structuring this program?
 - What case management and care coordination models are most effective at addressing the basic and economic needs associated with a higher risk of entering the child protection system?
 - What are the EBPs (included in the Title IV-E Prevention Services Clearinghouse, the California Clearinghouse, or identified elsewhere) that could be utilized within the case management and care coordination aspects of a community-based voluntary services program?
2. How could the system be designed to ensure that children, youth, and families served through *Community-based voluntary services* have access to other available services, such as those anticipated in Subsection 4.2, as needed?
 - In that circumstance, should the Community-based voluntary service provider offer those services directly? For example, through an agreement with another provider or through a referral to DCYF to authorize an additional service line?
3. Is your organization currently capable of establishing a *Community-based voluntary services program* as described in this RFI?
 - What would be the anticipated time to start-up?
4. In your estimation, how much money will it cost to provide a *Community-based voluntary services* program and how many families would your organization be able to serve?
 - You may provide estimated cost information in whatever format makes sense for you. If helpful, use the table below to consider the kinds of costs to include. Alternatively, you can share your anticipated cost in a “per family total” or “per family per day” rate.



Community-based voluntary services

Type of cost	Est. cost overall for program
Start-up costs (e.g., planning, training or licensing fees for new program model)	
Direct costs to serve families (e.g., staff, supplies, transportation)	
Indirect costs to support an effective organization (e.g., facilities, leadership staff, functions shared across your org.)	
Anticipated # of families served per year for this cost	

5. Should *Community-based voluntary services* be procured as one statewide contract or regionally? If regionally, how should the regions be structured?
6. What could DCYF provide to ensure availability of *Community-based voluntary services* statewide, including the rural parts of New Hampshire?
7. It is anticipated that establishing *Community-based voluntary services* program will reduce the recurrence of child maltreatment, reduce the recurrence of referral for child protective assessments, and reduce the need for out-of-home placements. Given those outcome goals, what interim metrics should we consider to assess progress in delivering this service and success of the service?
8. What other opportunities, challenges, issues, or factors should DCYF be considering as we prepare to procure these new services?



DHHS Solicitation Tools

Name	Use
Request for Proposal	Vendor proposes goods or services and the price.
Request for Bid	DHHS specifies the goods or services, vendor proposes price.
Request for Application	DHHS defines the goods or services sought and the amount of funding available.

