



LEADERSHIP LESSONS

TRANSFORMING CHILD WELFARE SYSTEMS

How is New Hampshire building a 21st century child strengthening and family well-being system?

Q & A with Chris Tappan, associate commissioner, Human Services & Behavioral Health, New Hampshire Department of Health and Human Services (DHHS)

Across the country, families and child welfare leaders alike grapple with the same fact: rather than supporting families to safely care for and nurture their children, the current child protection system is designed to respond to maltreatment after it occurs, often separating children from their parents and placing them in foster care. Faced with this reality, some leaders are mobilizing to transform the system. With experience at both the state and national levels, Christine “Chris” Tappan returned to New Hampshire and DHHS to build partnerships across the state that seek to transform the current system into one that strengthens child and family well-being.

What does a 21st century child well-being system mean to you?

In New Hampshire, we are moving away from the traditional child welfare system and **building a child well-being and family strengthening system that serves all families**. Our Parent Partners have been our most profound collaborators in this work, early on offering this quote that I now take with me everywhere: “When can we move away from this ‘welfare’ language? It means nothing to anybody, and all it does is bring stigma to us. Isn’t our work about strengthening families?”



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Why is transformation needed?

We have good child protection and juvenile justice systems, but we don't want to just make the old systems better. We want to fundamentally move away from the public's belief that it is solely the function of the child protection agency to keep kids safe after they have entered the child welfare system, and move toward the idea of collective responsibility and an emphasis on prevention. We needed a big word and a big vision to express this, which is why we use "transformation." We let people know out of the gate that we were throwing everything up into the air.

How did New Hampshire begin this journey toward transformation?

I came back to work in New Hampshire in June 2017, amidst a crisis of high-profile child deaths. The system was in complete chaos and many people, from families to staff to advocates, were fairly hopeless. In December 2016, the Center for the Support of Families completed an independent review of our child protection system, which gave us a starting point for our transformation work. Since I had worked in New Hampshire twice before, I came back with relationships, especially with providers, staff, and key stakeholders, including law enforcement, judges, and CASAs, and I had a group of people who were ready to mobilize. When I returned to DHHS, I initially ran the child protection agency, but I wanted a partner who was highly skilled, experienced, courageous, and ready to work in this space with me, so I hired Joseph Ribsam as the new director of our Division for Children, Youth and Families.

Following the report from the Center for the Support of Families, the first thing we did was establish the Child Welfare Systems Transformation Inter-Agency team, which included a broad group of stakeholders, such as parents, staff, medical professionals, law enforcement, educators, legislators, advocates, and providers.

I also leveraged the fact that human services was part of a broader Department of Health and Human Services, and included experts in TANF, food stamps, and housing that had never partnered with us before. We used the Better Together model across all our child welfare and juvenile justice services, and formally engaged a parent partner consultant and a foster parent consultant to help us lead this work.

Next, the team developed a four-pronged strategy to create a sense of urgency for transformation and simultaneously move upstream while fixing the current system:

1. **Respond** to the recommendations in the report
2. Recognize and **strengthen** efforts that are working well
3. **Innovate** practice to meet the needs of kids and families
4. **Construct** a safer tomorrow today, for all kids

The team developed a statement to guide our work: A safer future for our children begins with a robust and unyielding focus on promoting health and well-being, and the prevention of trauma caused by child abuse and neglect, realizing the future requires more than reforming our child protection system. It requires transforming the child serving and family support

Right from the beginning, we said, 'Because reform isn't good enough.'

— CHRIS TAPPAN,
ASSOCIATE COMMISSIONER, HUMAN SERVICES & BEHAVIORAL HEALTH, NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

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systems in every community. With an unyielding sense of urgency, it's time to transform tragedy into substantive and systemic change in New Hampshire.

Who are your key partners and champions?

One of our most critical partners is public health. In New Hampshire, we are fortunate to have a consolidated umbrella health and human services agency; we are one of the only states in the country that has so many allied programs under one roof. Historically, child welfare and public health were the two most siloed organizations in the department, but now those relationships have grown exponentially. We were one of the first awardees of the [Community Collaborations to Strengthen and Preserve Families](#) grant through the Children's Bureau, which allowed us to embed a child welfare staff member in public health and cross-pollinate. Through our [Whole Families Approach to Jobs in New Hampshire](#), we've also connected our child welfare transformation efforts to improving the economic well-being of families. Many of the families referred to the child welfare system are facing substantive financial hardships that impact child safety and well-being. Strengthening partnerships with other state agencies, employers, transportation, child care, and housing providers is key to providing smoother pathways to economic mobility.

I also had the chance to link arms with state leadership in Education. They are in this too; it's not an "us" and "them" anymore. We are looking at universal as well as targeted approaches, and the partnership has been incredibly powerful. Another key partner and champion has been our first lady, Valerie Sununu, who has a background in and passion for early childhood care and education, and who started bringing people together around early childhood needs. The governor's mansion is called the Bridges House, and over the last couple of years, she has made it available for us to do just that — build bridges across sectors with key stakeholders to build on our transformation efforts.

In New Hampshire, we have 424 legislators, one of the largest legislative bodies in the U.S. When I came back, there were a number of legislative proposals on the table regarding child welfare, some of which were very appropriate and some that were not. We sorted through hundreds and hundreds of bills that wanted to tweak this and change that. We consistently said, "We're going to take a step back and explain the big picture, then we'll zero in on what you want to change." There were multiple legislative committees and commissions that were looking directly at our agency, and sometimes the director and I — or our partners — were at the legislature every day, explaining,



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clarifying, and exploring policy solutions. We try not to be overwhelmed by the number of legislators but to think instead about how to rally and engage them. We talk to legislators about how to bring family support programs, health care, mental health care and substance abuse treatment to their local areas, and how they can be champions of our transformation approach in their local communities and with their constituents. The legislative support we have received, from both sides of the aisle, has been amazing.

What challenges have you encountered on this journey?

Connecting the dots. Transforming the child welfare system isn't just about fixing child protection. It's critical to work across all the federal agencies, including the Administration for Children and Families and the Children's Bureau, the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration. For example, many available funding streams allow us to make more profound change for families, but it can be challenging to leverage the connections between those funding streams.

We are also bringing national conversations back to New Hampshire, and helping stakeholders across the state connect the dots between our efforts and the national dialogue, including Casey Family Programs' [21st century vision](#), as well as leadership at the Children's Bureau and the Administration for Children and Families. I've been able to emphasize that the leading philanthropic organization and leaders at the federal level are also saying, "This isn't working. What do we need to do differently?"

You are never going to have this conversation just once. The CDC's work on violence prevention programs describes a constant feedback loop with six levels of rotation. It's similar to the work on dissemination and capacity-building. While it may at times feel tedious and draining, "aha" moments happen that refill our cups — because then staff and providers don't feel alone, they feel connected to the transformation. Our efforts are all about connection; no one wants to feel that they're doing this work alone.

We also had to pay attention to the workforce, and unpack our culture and climate. When I came back to New Hampshire, I could see that staff were traumatized — they had been bashed in the media, trust was low in the community, and psychological safety was in crisis. One of my first organizational changes was to create the position of a safety program specialist to take the lead on embedding [safety science](#) in our work. We looked at each office to see what could be done to enhance physical safety for staff, and also addressed psychological safety: we implemented a safety committee run by staff, and a peer-to-peer trauma-informed support network. Ultimately, we found that we lacked sufficient clinical capability to meet the needs of our workforce in the case of a child death or serious injury, and legislators gave us funding for a new clinician who will be available around the state to work with our staff.

Everything that is downstream is on the right on our organizational chart, and everything that is preventive is on the left hand side. We are doing that visually to push people to see that this is what we are trying to do: lighter touch interventions on the left, deeper interventions on the right.

We can work together to not overcomplicate it, but we cannot tell people that this change is going to be simple.

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How have you generated momentum?

In the beginning, the interagency team was our primary communication mechanism. In addition to communications from our DCYF director, our commissioner of DHHS was also messaging from the top and I was messaging from the middle. We used a variety of strategies, including internal staff and leadership meetings, the interagency team, and speaking engagements at different forums. For example, when legislative and committee meetings were discussing child well-being, or talking about economic mobility and poverty, we participated in the conversation and made the link to child protection and child welfare.

In the last year, we have ramped up our on-the-ground community organizations, including, for example, [Family Resource Centers](#), many of which are comprehensive family support programs funded through TANF, home visiting, maternal and child health, and state general fund dollars. We are also leveraging our public health centers and networks. As we move into the next stage of our strategy, we are planning a series of three-hour community forums — starting early in 2020 in each of our 10 regions — to explain how we are transforming as well as planning for implementation of the Family First Prevention Services Act.

Finally, we put out a request for information (RFI) to transform our service array, which is a big change; we've never done an RFI before and our contracts have historically been very prescriptive. We had

a community forum to be transparent about this approach and engage stakeholders. We heard a lot of concerns and questions but also a lot of hope.

How will you know when you've been successful?

We need to track both quantitative data points and personal stories. We've partnered with the [Harvard Kennedy School's Government Performance Lab](#) to advance our data-driven performance efforts and we are seeing some initial positive signs, such as decreasing caseloads and staff turnover, which we think is resulting in the number of kids exiting care finally surpassing the number of kids entering care. We have also increased the number of kids being served in their own home versus kids coming into care.

Data has also pointed to other indicators we need to address; for example, we have had an exponential increase in the number of calls to the child abuse/neglect hotline. We've learned that there is a lack of clarity about where families and people who are concerned about them can go for services. In response, we are building up our Family Resource Centers and our 2-1-1 line, and exploring options for new interoperable technology platforms like [Unite Us](#) (also used in [Live Well San Diego](#)), a secure platform that links interactions across different agencies and organizations, so that there is a continuity of information that makes it possible to track what happens after a referral is provided.

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How is New Hampshire building a 21st century child strengthening and family well-being system?

An individual can live in an environment that presents them with a chance of an adverse experience every day, or in a healthy environment that helps them be resilient and experience less adverse challenges. That's what this is all about.

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We hope to see fewer calls to the hotline, and, simultaneously, an increase in calls to 2-1-1 and places offering prevention services. At the same time, we hope parents, youth, relatives, foster parents, staff, and other stakeholders will tell us that their experiences are changing, and that, at a minimum, things are better, smoother, and they are getting what they need sooner.

Finally, we want to see improvement in key child level outcomes, including reductions in the number of kids experiencing [adverse childhood experiences \(ACEs\)](#). We are starting to screen for ACEs everywhere, from pediatric offices to Family Resource Centers, and educating parents to do their own screenings on their children and themselves. We have an ACEs

commission, and are thinking through how everything we do connects with the [social determinants of health](#). We are working on our State Health Improvement Plan, which we want to call the State Wellness Improvement Plan, because a wellness system is what we aspire to. That's what we are moving towards — we're not focused on fixing the situation for an individual family or community, but supporting wellness and belonging for everyone.

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