



full circle

RESEARCH – FRCQ INFRASTRUCTURE SUPPORT SYSTEM

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PURPOSE AND PROCESS

The Purpose of this Report

Leaders across the United States and New Hampshire have recognized that investment in the wellness of children, and in particular young children, is a key to reducing social and economic costs of a host of issues, and enhancing the success of not only our families, but our communities. As scientific data has continued to emerge supporting this theory, social and economic policy has begun to shift in response.

For decades New Hampshire has been home to an informal network of public and private organizations that offer high quality services to strengthen children and their families. In 1999 the New Hampshire legislature created the Wellness and Primary Prevention Council (WPPC) and gave it responsibility for ensuring quality prevention and intervention service for children and families (Title X, Chapter 126-M). In 2015 the legislature supplemented Chapter 126-M with language creating performance standards and a voluntary designation system for programs serving children and their families, as well as creating WPPC responsibility for developing and implementing the designation standards.

Designated programs are called Family Resource Centers of Quality (FRCQ), with designation being based on the national Standards of Quality for Family Strengthening and Support and NH Operational Standards for Family Resource Centers of Quality. 2016 has been a year of advancing the standards and beginning to designate programs as FRCQs. Concurrent efforts include:

1. WPPC completion of New Hampshire FRCQ Operational standards and the designation process for prospective FRCQs;
2. Certification trainings on the Standards of Quality for Family Strengthening and Support open to all professionals working in programs serving children and families (ongoing); and
3. Development of a business plan for FRCQs and a statewide infrastructure to support them.

The purpose of this report is to provide the information needed for another step necessary for a comprehensive launch of the FRCQ network:

4. Design of a statewide infrastructure system that will support the sustained success of a system of FRCQs in the state.

The Process

In 2016 Family Support New Hampshire (FSNH), a statewide membership association of Family Resource Centers and other family support and strengthening programs, hired Full Circle Consulting to conduct this research and facilitate a participatory design process for the infrastructure.

At project start, leaders from seven organizations in the field agreed to serve on a **Planning Team** for the project duration. This group guided the project plan, reviewed and offered input on research, recruited other participants in the project, and developed infrastructure options for Steering Team input.

The Planning Team recruited a broader group of 22 field leaders for the **Steering Team**. The Steering Team was charged with developing questions for research and offering input on proposed infrastructure design options

The New Hampshire Charitable Foundation and the Endowment for Health generously supported the cost of the project.

DATA SOURCES AND TERMS

DATA SOURCES

To develop this report Full Circle:

- Interviewed leaders and reviewed organizational documents from seven statewide networks providing infrastructure support to family support and strengthening organizations in other states (see **Exhibit 4** for details):
 - Family Resource Center Association, Colorado
 - Kentucky Family Resource and Youth Services Center, Kentucky
 - Maryland Family Network, Maryland
 - Massachusetts Family Center Network, Massachusetts
 - Pennsylvania Family Center Network, Pennsylvania
 - Five Protective Factors for Utah Families, Utah
 - Supporting Families Together Association, Wisconsin
- Interviewed leaders and reviewed organizational documents from six statewide networks serving other needs in New Hampshire;
 - Healthy Eating Active Living NH (HEAL NH)
 - Granite State Children’s Alliance
 - The New Hampshire Public Health Network
 - The Children’s Behavioral Health Collaborative
 - The New Hampshire Coalition Against Domestic and Sexual Violence
 - The Peer Recovery Support Services Facilitating Organization

- Reviewed field literature including:
 - [Advancing the Family Support and Strengthening Field Project, Survey Results and Strategic Recommendations](#), National Family Support Network and Robert Wood Johnson Foundation, 2016
 - [State Network Snapshot](#), National Family Support Network, 2016
 - [State Human Services Model: Colorado as a Case Study for Policymakers](#), The Aspen Institute, 2016
 - Conducted a gap analysis to inform development of the service platform for the future FRCQ infrastructure by facilitating a focus group of leaders from eight New Hampshire FRCs.

TERMS

CAPTA

Child Abuse Prevention and Treatment Act – provides funds for states to improve child protective service systems

CBCAP

Community-based Child Abuse Prevention programs, established by federal Child Abuse Prevention and Treatment Act Amendments of 1996

Facilitating Organization

An organization with the purpose of delivering services necessary for an infrastructure system (see Infrastructure System below).

Family Resource Centers (FRCs)

New Hampshire community-based organizations that support children and their families that self-identify as Family Resource Centers. This report uses the same term for like organizations in other states.

Family Resource Centers of Quality (FRCQs)

Family Resource Centers that are designated FRCQs by the WPPC.

Wellness and Primary Prevention Council (WPPC) is the council created by the NH Legislature in 1999 and responsible facilitating the development and delivery of wellness and primary prevention services for families and children.

Infrastructure System

For this report the term “infrastructure system” is seen as functions to include the National Family Support Network’s five functions common to a healthy infrastructure: activity coordination, representation advocacy, funding, evaluation, capacity building, and training and technical assistance (See Exhibit 3 for a full definition).

Family Support and Strengthening Networks

According to the National Family Support Network (NFSN) about one-third of states have networks supporting their FRCs (or other family support and strengthening programs, sometimes called FSSPs). These networks provide infrastructure (and sometimes other) services to family support organizations in their states. NFSN describes the networks as follows:

Family Support and Strengthening Networks work within a collective impact framework to ensure coordinated quality support for families. They connect, organize, and support programs working with families in a multi-generational, strengths-based, family-centered approach to enhance parenting skills, foster the healthy development and well-being of children, youth, and families, prevent child abuse and neglect, increase school readiness, connect families to resources, develop parent and community leadership, engage males and fathers, support healthy marital and couples relationships, and promote family economic success. These Networks enable practitioners, parents, policymakers, funders, and other stakeholders to share information and resources, research, ideas, and experiences toward achieving a collective goal of family well-being.

In New Hampshire, Family Support NH (FSNH) is often referred to as “the network” because it offers convening and other basic services to a voluntary membership of organizations serving families.

It is important to recognize that this project makes no assumption about what organization(s) or partnerships might serve in future infrastructure functions of the system. The project goal is to describe an effective infrastructure to support a system of FRCQs. The nature of the linkages in that system has yet to be determined, and may be determined as a part of this process.

Network

Most of the organizations researched in this report describe themselves as “networks.” This report uses the term network to describe them as well, for consistency with their practice. The use of the term “network” should not be confused with the aforementioned “network” of NH FRCs and FSSPs that comprise Family Support NH’s membership.

THE NATIONAL CONTEXT

Leaders across the United States and New Hampshire have recognized that investment in the wellness of children, and in particular young children, is a key to enhancing communities and states, and reducing social and economic costs of a host of issues. As scientific data has continued to emerge supporting this theory, social and economic policy has begun to shift in response, and institutions are developing to deliver services in an effective manner for children and families.

FAMILY SUPPORT NETWORK CHARACTERISTICS

The National Family Support Network provides technical assistance, advocacy, and activity coordination to family support networks across the country. Currently about one-third of states have networks providing infrastructure services to their FRCs. In 2015 and 2016 Omni Institute conducted a study of Family Support Networks for NFSN and the Robert Wood Johnson Foundation. The following context is paraphrased from the report, Advancing the Family Support and Strengthening Field Project, Executive Summary of Survey Results.

NETWORK STRUCTURE AND COMPOSITION

Statewide Family Support and Strengthening Networks vary substantially in history, structure, staffing, size and financing. Survey data reveal a diverse makeup of statewide Networks, with some recently formed and others with origins dating back to the 1980s. Networks vary notably across almost all metrics assessed in the survey; there is no one ‘typical’ Family Support Network.

- *One-half of surveyed Networks operate as independent nonprofits and the rest are part of a larger organization or operate with informal or grassroots structures.*
- *Network annual administrative budgets range from \$0 to over \$2.7 million, with some Networks relying on funding from a single source (most typically government) and others blending funding from a variety of sources.*
- *61% of Networks pass funding through to member organizations.*
- *Some Networks report no full- or part-time staff dedicated to Network activities, with others reporting the equivalent of over 10 full-time staff dedicated to the work of the Network.*
- *In 61% of Networks, organizations apply to be members; 44% of Networks require member dues, which may be a flat fee or based on member organizations’ operating budgets.*
- *Within Networks, the number of member organizations ranges from six to over 800, with a median of 27.*
- *Direct-service Network member organizations include centers or programs that are school-based, free-standing, or embedded in other organizations (e.g., health centers, home visitation agencies, Early Childhood Education, Head Start, larger human service nonprofits with Family Resource Centers as programs, etc.).*
- *A few Networks consist primarily of one type of direct-service member (i.e., school-based, free-standing, or embedded); most Networks, however, have diverse membership, with a mixture of different types of centers or programs serving families throughout the state.*

Strong Networks tend to have formal structures with dedicated staff and resources to support Network-level efforts. Strengths identified by Networks include formal and locally responsive structures with dedicated funding and staff. Opportunities for networking, collaboration within and across family-serving sectors, the development of learning communities, and knowledge-sharing all contribute to strong Network functioning. In addition, several Networks highlighted the dedication and commitment of their member organizations and their staff.

The majority of Networks expressed financial concerns for the network itself. Financial issues were the most frequently mentioned challenges of current Networks. Financial concerns include

increased demand for services in a climate of stagnant or decreasing funding for programs and centers; state deficits; locating funding for the Family Support field; and insufficient resources to support Network-level coordination and administrative activities. Member organizations often volunteer their time to support Network-level efforts and Networks may struggle to keep members active and engaged in the context of limited resources.

The characteristics and qualifications of member organization direct-service family-support staff vary within and across Networks. *Similar to variation in Network structure and composition, there is no ‘typical’ Family Support workforce. Networks indicated that worker qualifications are often locally defined and set by individual communities based on the needs and characteristics of the populations served. Furthermore, qualifications will vary within a Network based on position and role within the family center or program. That is, specific positions, grants, or programs may have required qualifications and trainings whereas other positions or programs may not.*

The Strengthening Families Protective Factors Framework guides Network and member activities. *All but two Networks report using the Center for the Study of Social Policy’s Strengthening Families Protective Factors Framework, an approach that is grounded in the research literature and is designed to reduce child abuse and neglect through strengthening families, parenting, and child-development knowledge. Some Networks report that adherence to the Strengthening Families Framework is a requisite to membership, requiring staff at member organizations be trained on the Protective Factors and/or the Standards of Quality for Family Strengthening and Support, which incorporate the Protective Factors Framework.*

Networks play a critical role in the professional development of the Family Support workforce. *Networks support the development of the workforce by requiring or promoting training across a wide array of areas to meet the complex needs of families and communities. Trainings may be based on member needs and priorities, and many Networks implement standards of quality. Most also promote training in parent education, resource and referral, child abuse/neglect, parent leadership, and community development. Networks foster training and professional development through conferences or regional meetings, or through financial support for staff to obtain designations and credentials.*

Networks support member organizations to provide high-quality services. *Most Networks support member capacity through training, technical assistance, and building programmatic capacity via program implementation support, quality assurance, and promotion of best practices.*

Just over half of Networks provide funding support to their members, and just over half support their members’ own fund development efforts.

About three-quarters of Networks provide and maintain a data tracking system, whereas about one-half provide member-level and Network-level data analysis and evaluation reports.

Furthermore, all Networks provide coordination for their members by supporting member connections, cooperation, and collaboration.

NETWORK IMPACT ON FAMILIES AND COMMUNITIES

Networks report a wide range of positive impacts on families and communities through their members, including strengthened parenting and the factors that protect against child abuse and neglect; improved high school graduation rates for teen parents and reduced teen pregnancies; increased family access to health coverage and health care; increased economic self-sufficiency; increased access to resources; and improved skills of the staff who work directly with families. Overall, by examining both the impacts on individual families and on the staff working directly with those families, Networks prioritized improving service quality, strengthening parenting and increasing access to services.

PRIORITY ON BUILDING MORE NETWORKS

Based on the recent studies demonstrating impact in areas where strong networks support FRCs, the National Family Support Network has adopted a priority for establishing new state networks. In addition to a set of internal actions it plans to take, NFSN suggests the following systems change actions nationally. These provide important context for contemplating both funding and policy resources for a New Hampshire infrastructure.

- *Support efforts at the federal level to increase funding for child abuse prevention through child welfare finance reform.*
- *Support efforts at the state and county levels to re-prioritize child welfare funding to provide additional support for child abuse prevention including exploring capacity building to help states and counties think about child welfare and child abuse prevention in an integrated way.*
- *Explore potential opportunities with the components of the Elementary and Secondary Schools Act that prioritize early childhood and specify funding that could be used to support early learning.*
- *Identify gaps in states' coverage for Family Support and Strengthening services, and provide recommendations for them to be addressed through the establishment of Family Support and Strengthening Networks.*
- *Encourage funders to allocate resources to seed and develop new Family Support and Strengthening Networks.*

THE NEW HAMPSHIRE CONTEXT

CREATING FAMILY RESOURCES OF QUALITY

For decades, New Hampshire has been home to an informal network of organizations, public and private, that offer high quality services to strengthen children and their families. **Exhibit 1** shows a 2016 map of New Hampshire FRC locations today including those contemplating becoming FRCQs; **Exhibit 2** shows a map of the broader catchment areas of Comprehensive Family Support Services (CFSS) contracts with the Department of Health and Human Services. The majority of FRC programs are offered on-site and are community-based while CFSS services are mainly home visiting and regionally-based.

In 1999 the New Hampshire legislature created the Wellness and Primary Prevention Council (WPPC) and gave it responsibility for ensuring quality prevention and intervention service for children and families (Title X, Chapter 126-M, See **Exhibit 6**).

In 2015 the legislature supplemented Chapter 126-M with language creating performance standards and a voluntary designation system for Family Resource Centers of Quality serving children and their families, as well as creating WPPC responsibility for developing and implementing the designation standards.

Designated programs are called Family Resource Centers of Quality (FRCQs), with designation being based on a program's use of the national Standards of Quality for Family Strengthening and Support, NH Operational Standards for Family Resource Centers of Quality, and other application elements demonstrating a program's organizational health and commitment to quality programming.

It is the hope that the number of FRCQs will expand over time such that most New Hampshire families with children can access high quality services.

WHAT NEW HAMPSHIRE FRC LEADERS NEED

In November, 2016 Full Circle Consulting facilitated a focus group of FRC leaders contemplating pursuing the FRCQ designation. The purpose of the discussion was to learn more about what leaders need from an infrastructure system for FRCQs.

Focus Group Participant Description

- Nine organizations participated in the focus group.
- Participant organizational annual budget size ranged from \$141,000 to \$9 million.
- Staff size ranged from 3.5 to 22 full-time-equivalent staff members (FTE); in larger organizations, not all staff were dedicated to the FRC itself.
- Participant organization types included nonprofit and government (CAP agencies).
- A revenue profile of participants follows:
 - 8 receive some foundation grants
 - 8 receive some gifts from individuals or businesses
 - 7 receive event revenue
 - 6 receive some fees for services
 - 6 receive some fees for government contracted services
- Seven organizations had current plans to achieve FRCQ designation. Two were interested but have not made an organizational commitment to pursuing the designation.

Expected Benefits of the FRCQ Designation

Participants cited the following anticipated benefits of achieving FRCQ designation:

- Increased staff pride due to recognition of their quality work;
- A heightened positive profile for family support and strengthening services;
- More funding through the following:
 - Designation will help programs compete for grants
 - Eventually funders may adopt FRCQ designation as the standard
 - Participants hope there might eventually be some state funding for FRCQs
- Metrics to complement anecdotes in telling the story of what we're doing.

Services Participants Would Like

Training

All participants stated they would benefit from affordable, frequent, easy to access training both in terms of field best practices and organizational best practices such as measuring impact.

Participants also said a centralized, current web-based list of available trainings provided by others would be helpful. For example, a participant noted the NH Center for Nonprofits offers quality organizational trainings now. An infrastructure system should not duplicate this but making it easier for FRCQs to find available trainings would be helpful.

Marketing

Participants would benefit from centralized marketing and messaging that is easily accessible to parents, funders and partners. This is also expected to generate better quality referrals to participant services.

Advocacy

Although some of the larger FRCs have some advocacy capacity, all agreed that having statewide capacity for advocacy on state- or national-level issues would be very helpful.

That said, participants noted others are doing related advocacy, and work should be coordinated, not duplicated.

Relationship Development

Participants would like state-level support in developing relationships with potential supporters they find challenging to connect with individually, such as businesses.

Shared Center-Level Services

Some participants noted with state-level infrastructure in place there may be potential for shared services (such as the Seacoast Early Learning Alliance system). This was of more interest to small organizations.

Participants also noted a state-level infrastructure might be able to connect FRCQs with one another for resource sharing where applicable (for instance a large FRCQ might be available to provide fee-for-service bookkeeping services for a smaller one).

Work Principles for the Infrastructure

Participants discussed bigger picture approach to infrastructure-level work in partnership with the FRCQs. Participants hope to capture the benefits of having a strong state-level infrastructure while minimizing some of the challenges they experience with other networks, or that other states describe in their networks. Principles articulated by participants included:

- The infrastructure needs to be designed in a way that *minimizes potential drawbacks, such as competition for funding or burdensome data collection.*
- The infrastructure needs *flexibility to benefit FRCQs according to their individual organizational needs.* There is wide variation in size and capacity amongst the FRCs.
- The FRCQ system infrastructure should be *built in alignment with other designations and network requirements where possible* to avoid conflicting standards and mis-aligned data collection requirements. Each FRC already has other state- and national-level designation programs in which it participates (such as Recovery Services designation, Healthy Families America accreditation and others).
- The infrastructure should *avoid duplication of services* with networks already working on the behalf of FRCs. For instance Spark NH is doing some advocacy and relationship development with businesses.
- The infrastructure should *avoid the creation of “a new mouth to feed,”* and should seek existing local, regional, or statewide capacity to perform needed services.
- The infrastructure should not dictate curriculum.

If Not, Why Not?

The participant groups that had not made a commitment to pursuing the designation cited the following questions and concerns. (Those participants have plans to attend trainings to learn more):

- The infrastructure, and/or its funders, may require a level of data sharing with which they are not comfortable out of concern for client privacy. Specifically some groups are not open to sharing (or perhaps collecting) client-level data such as income level of participants.
- The program’s board has not yet decided the added value is clear.
- Some of the standards are not yet clear, such as requirements regarding location and space.
- Staff capacity is limited; it’s not clear capacity is adequate to meet the FRCQ standards at this time.

STATE-LEVEL INFRASTRUCTURE, LOCAL IMPACT

New Hampshire has numerous examples of high-impact, local level work that is greatly enhanced by the existence of a state-level coordinating entity. The model is working successfully across fields from domestic violence to public health. The existence of quality state-level coordination and infrastructure support helps local level groups access federal and large-scale private funds, information about best practices from other communities and states, and enhances the collective strength of local communities in advocating for policy and other changes.

By looking at the best systems operating in New Hampshire today, we can learn about organizational approaches particularly well-suited to our small-government, primarily rural state.

A PICTURE OF HOW INFRASTRUCTURE IS DELIVERED

THE ORGANIZATIONS WE STUDIED

The Planning Team selected the following seven statewide FRC organizations to review. These organizations represented a range in terms of scale (from no staff and no annual budget through ten staff and a \$27 million budget), organizations served (public school centers, nonprofit centers, and others), and scale of government involvement (from fully initiated and funded by state government to no state government involvement).

Family Resource Center Association, Colorado

An independent nonprofit serving a network of Family Resource Centers.

Kentucky Family Resource and Youth Services Center, Kentucky

A state agency (cabinet-level) that coordinates an entirely public network of FRCs. Kentucky’s fully public system is unique nationally.

Maryland Family Network, Maryland

An independent nonprofit that serves as an infrastructure network for both FRCs and the Childcare Resource and Referral system for the state.

Massachusetts Family Center Network, Massachusetts

A program of the quasi-state Massachusetts Children’s Trust. This program is structured such that the Family Center Network counts no independent expenses although it has three staff people; training and other services are provided through larger programs the Children’s Trust hosts and offers to many types of organizations.

Pennsylvania Family Center Network, Pennsylvania

An all-volunteer loose affiliation of leaders, the PA network convenes FRC leaders for dialogue and information sharing.

Five Protective Factors for Utah Families, Utah

Five Protective Factors for Utah Families offers training in the Five Protective Factors. Any organization with staff that has completed the training is considered a member of the network.

Supporting Families Together Association, Wisconsin

SFTA is a statewide network serving both FRCs and the Child Care Resource and Referral network. 99% of funds are DCF funds for CCR and R; FRCs have very little funding but SFTA works to include them in programming as appropriate.

The Planning Team selected the following six NH statewide organizations to review. They represented a similar range of size, purpose and type:

Healthy Eating Active Living NH (HEAL NH)

HEAL NH is a program of the Foundation for Healthy Communities and is charged with leading the implementation of New Hampshire's statewide Healthy Eating Active Living plan. It serves local communities with HEAL programs; in the past it has offered community grants for this work but presently offers technical assistance as its primary service.

The Children's Behavioral Health Collaborative

The Children's Behavioral Health Collaborative is charged with leading the implementation of the New Hampshire Children's Behavioral Health Plan.

The New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV)

The NHCADSV is an independent nonprofit that advocates on domestic and sexual violence issues, supports the work of NH's local domestic violence shelters and programs, and passes through public funding to the centers.

The New Hampshire Public Health Network

The New Hampshire Public Health Network is a newly-described state-level entity supporting the activity of New Hampshire's 13 regional Public Health Networks. It is the only "network of networks" of the groups studied. Of the 13 networks, some are affiliated coalitions of members and some are independent nonprofits offering public health services. The NHPHN is housed inside the NH Department of Public Health.

Granite State Children's Alliance

The Granite State Children's Alliance is an independent nonprofit that supports a network of Child Advocacy Centers across the state. In addition to supporting the network, GSCA also "owns" four of the centers in its nonprofit structure. It has creatively approached staffing, for instance helping the statewide centers jointly hire one shared development director, rather than each center trying to support a full time or part time position on its own.

Peer Recovery Support System Facilitating Organizations

In 2016 Harbor Homes, a multi-service New Hampshire agency, contracted with the New Hampshire Division of Behavioral Health to offer “facilitating organization” services to a growing network of Peer Recovery Support System organizations. Peer Recovery organizations are emerging as a critical component of addressing the opioid crisis in New Hampshire. The organizations and network have some similarities to the NH FRC network in that the organizations have most often developed from a grassroots, local base and offer services that are non-clinical in nature.

STRUCTURE, STAFF, AND MONEY

Organizational Structures

The organizations we reviewed fell into the following structural categories:

1. Independent nonprofit organization (5)
2. Programs hosted in a larger nonprofit organization or by a nonprofit fiscal sponsor (4)
3. Programs hosted in a state agency (2)
4. Independent state agency (1)
5. Informal network of volunteer leaders (1)

Single-System versus Dual-System Infrastructure

Most of the organizations in this study serve a single statewide network – of FRCs or in the case of NH groups, other direct service providers, communities, or networks.

Two of the FRC networks, Maryland and Wisconsin, offer infrastructure to both FRCs and the Childcare Resource and Referral Network. These organizations describe the benefits of this arrangement as increasing scale, increasing available funds for programs that ultimately serve a very similar set of families, and increasing cross-fertilization of ideas when members are convened.

Both groups reported one small-scale drawback of this arrangement: some dilution and complexity of message in describing what the network does.

In New Hampshire the CCR and R infrastructure functions are managed by Southern NH Services. NH DHHS issues a contract for these services every 5 years.

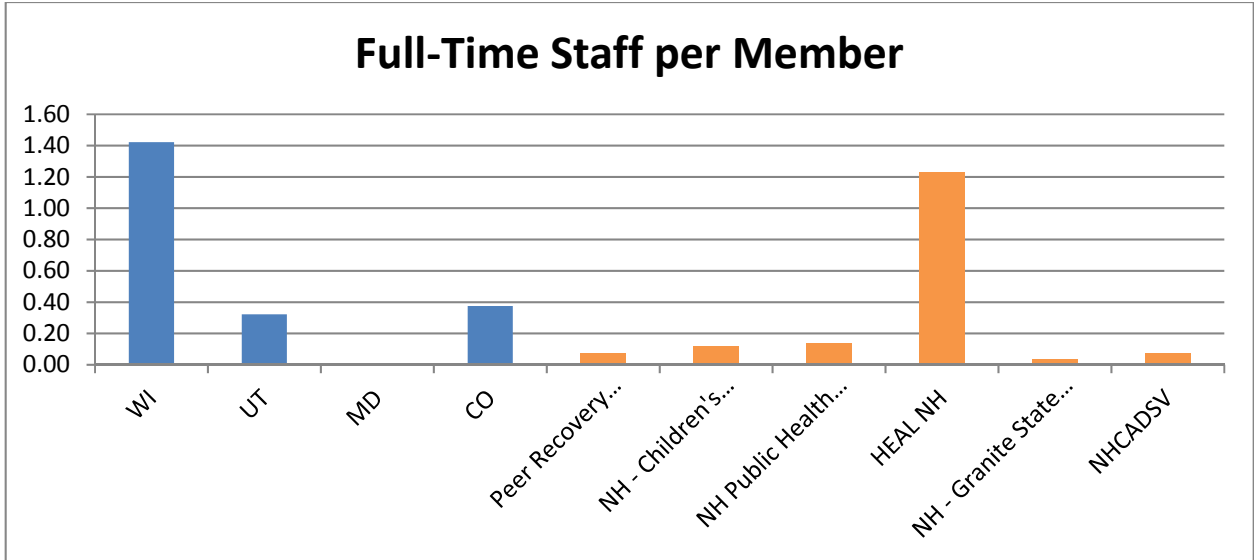
Number of Members Served

Family Resource Center networks serve between 8 and 816 organizations (MA and KY, respectively). New Hampshire networks served between 8 and 50 member organizations. Because of this large variation in size we have examined staffing, revenue and expense relative to both the number of members and the number of state residents to gain better insight on relative scale.

Staffing

With the exception of Pennsylvania which is all-volunteer, the networks we studied had some paid staff. (MA has three staff positions which are paid through a larger organizational budget – program expenses are not available separately.) In a few cases, the staff functions are a portion of work for broader staff positions. All interviewees were able to estimate the total full-time-equivalent staff members for their networks.

Of the organizations with paid staff, capacity ranged from 0.5 to 1.5 FTEs per member.



When we look at full time staff capacity relative to total state population, we see very similar patterns.

Organizational Budget

Revenue for the Infrastructure Functions

The networks we studied were funded in many different ways, but most often through a portion of federal grants coming in to the state. The primary funding sources for FRC networks, excluding pass-through funds to members, were:

- CAPTA funds (federal)
- CBCAP funds (federal)
- Early Head Start Funds (federal, MD only, through CCR and R network)
- State Department of Children and Families funds (WI only, through CCR and R network)
- Direct state legislative allocation (CO and KY)

Revenue for NH Networks

Infrastructure funds in New Hampshire vary significantly. As with the FRC groups, funding is dominated by one or two sources for each and they include:

- CDC funds for public health work (infrastructure is a small portion of larger contracts for the NH Public Health Network)
- VOCA and VAWA funds for domestic and sexual violence work
- National funds from the National Children’s Alliance (for CAC work)
- Foundation funds (92% of HEAL NH revenue, with other funding from the CDC)
- A blend of NH General Fund, federal and other funding for the Peer Recovery Support Services system.

A Note on Dues

Just three of the 11 organizations interviewed to date charge dues to members. Some have a clear principle that dues are counter to their mission of fiscally strengthening their members. On the other hand, dues-charging organizations consider the principle of members’ fiscal support of the services they

are receiving an important principle. When dues are charged they are small (less than \$500 per member in all cases), so dues are not a significant revenue source.

Expenses for Networks

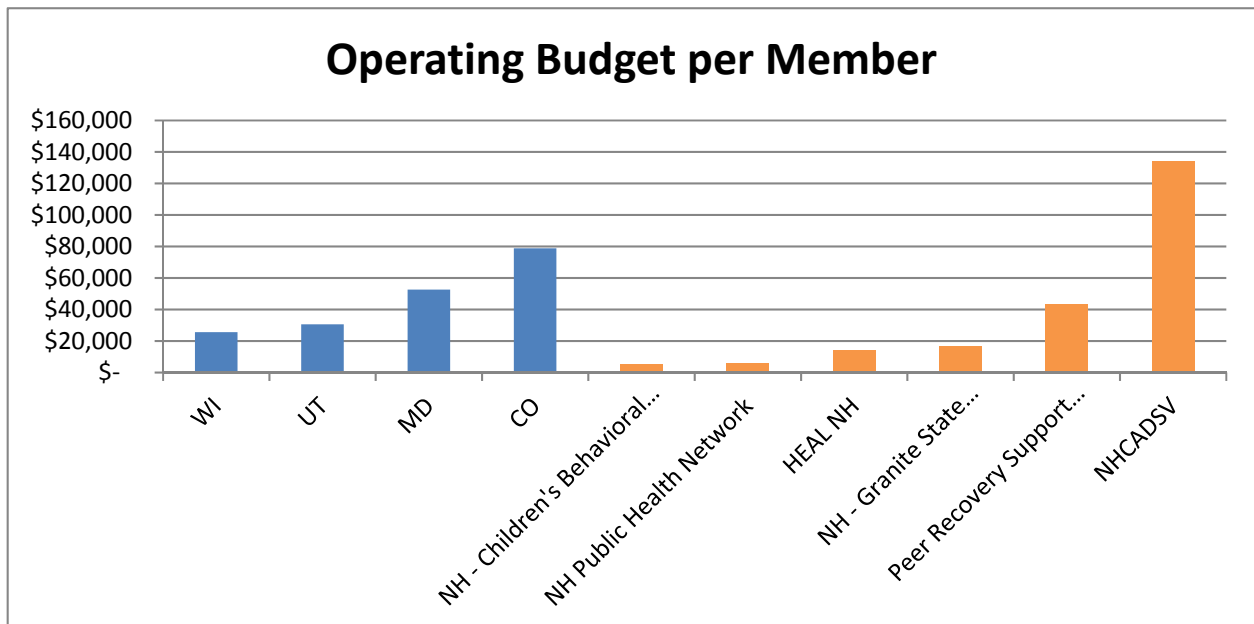
Operating expenses for infrastructure organizations varied from \$1,800 per member (KY) to \$78,000 per member (CO). The range appears to be aligned with the range of expectations for work being performed by the infrastructure organization itself.

For example, in Colorado the network, an independent nonprofit, is leading the effort to develop a tailored software system for data collection and evaluation. This is described as an intensive and important effort. In Kentucky, data collection is integrated into an existing state data collection system used for entities beyond the FRC network, so costs are not counted as FRC-specific costs.

As importantly, in every state with a network housed at a public agency, there is a separately organized and funded advocacy organization related to the field (including in NH organizations). This is because state employees generally cannot advocate, and advocacy is considered essential for moving policy and funding objectives forward in every state. This research project did not examine the separate advocacy organizations for scope or cost.

Although this may sound obvious, it's important for planning the NH FRCQ network. To put it simply, low-expense infrastructure organizations do less work. In some cases like Pennsylvania, other critical work is at the aspirational stage. In other cases, a different entity is available to do the work.

Once the functions of the New Hampshire FRCQ infrastructure are determined and an organizational structure or host is determined, an adequate plan will be necessary for funding all expenses, even if in some cases those functions might be served by a partner. For example, if the focus group suggestion for exploring Spark NH's business relationship expertise resulted in Spark NH taking on work for the FRCQs, that additional work might still have cost that needs funding.



Pass-Through Funding to Members

Of the groups we studied, all but four (PA, NHPHN, NH CBH and HEAL NH) pass funds through to members. In most FRC-network cases, there were a core of funded members, and the network offered some services to a set of unfunded member organizations as well (for instance, training on a fee-for-service basis).

Pass-Through Revenue Sources

Pass-through funds for FRCs included:

- CAPTA funds (federal)
- CBCAP funds (federal)
- CC and R funds (various federal and state including Early Head Start and Race to the Top, for dual-member networks only)
- Direct allocation from state legislatures

Pass-through funds for others included:

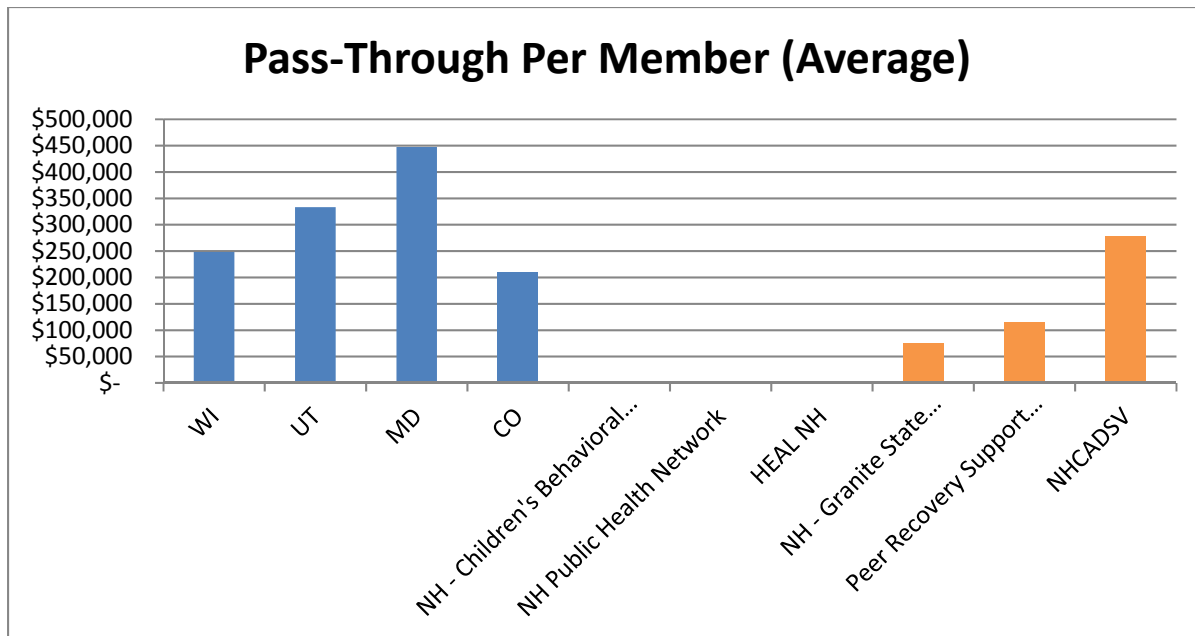
- VOCA and VAWA funds (federal)

Pass-Through Amounts and Purposes

Most pass-through fund arrangements include funding for both program and operations. In most cases the infrastructure organization reported use restrictions coming from the state or federal source, but quite a few also reported their own network restrictions as well (on use, or with requirements such as data collection requirements).

Allocation formulas varied as well. In many cases allocation is determined by the funding source. In some cases, the infrastructure organization made the decision to give every organization an equal amount, and in some cases amounts are related to budget size or the size of the population being served.

In all cases, infrastructure organizations noted the pass-through funds don't cover all costs related to operating the local/ member organizations. Typically, it appeared that pass-throughs might be covering about 25% of member center expenses, and members are raising other revenue from foundations, events, or other sources.



OTHER LESSONS FROM THE FIELD

In addition to the quantitative data above, our research included interviews with organizational leaders designed to surface key strengths, challenges, and insights to inform the process of designing the NH system.

The More the Merrier?

The majority of infrastructure service organizations (not all) reported their services being offered to a wide range of organizations in some manner. This came about in two forms:

One Infrastructure for two Groups

In two states the infrastructure serves both FRCs and CCR and R groups. In both states, the two systems are viewed as serving overlapping or very similar populations. Benefits of this system were seen as greater scale, the opportunity for sharing in funding resources (for instance including FRCs in a parent café program funded through CCR and R funds), and greater opportunity for cross-fertilization of ideas.

A challenge of this system was increased complexity of message in describing what the network does and what the outcomes are.

Service to Multiple Membership Tiers

Most of the FRC infrastructures served several tiers of membership. It was common to have a core group funded through the infrastructure. The core group had clear expectations/ commitments as a condition of funding, usually other services (like training) in addition, sometimes a written MOU to document the relationship, and participated in data collection and evaluation.

The infrastructures often serve a wider group of FRCs (or FRC-like organizations as well), with less intensive services. For instance, they might invite a wider group to trainings, or include a wider group

in implementing and advocacy strategy. This was generally seen as a “floating all boats” type of strategy.

The one drawback articulated by a group with this approach is the potential to exceed organizational capacity by trying to serve too many groups with a light touch.

Advocacy is a Must, and Should Inform Structure Choices

Every group interviewed described advocacy as a core function of the system in their state and field.

All infrastructure systems based at state agencies stated they did not have advocacy as one of their functions due to conflict of interest, and further indicated that a separate, independent advocacy organization was fulfilling that function on behalf of the network.

It is worth a moment to highlight the Utah system, which has developed an independent Parent Advocacy Center (PAC). Member organizations offer trainings to local parents, and parents lead advocacy for policy change rather than the FRCs doing it.

As leadership reviews options for the New Hampshire FRCQ infrastructure system, it will need to carefully consider the options for fulfilling the advocacy role for the FRCQ system. If a state agency holds some core functions, a separate entity may need to be tasked with coordinated advocacy.

Flexibility to Meet Range of Capacity Needs

New Hampshire FRC leaders indicated the need for flexibility to meet the needs of a membership that ranges greatly in scale and capacity. This was a key issue for all the peer organizations as well.

Infrastructure organizations responded to this challenge in some of the following ways:

1. No variation in services (some organizations offered set funding or training, for instance, regardless of member capacity);
2. Tiered membership (for instance members with capacity to meet certain standards may qualify for funding, but other members may qualify to participate in training and TA at a different level);
3. Peer-to-Peer Member Connections (the infrastructure organization may connect a small organization to larger one with more capacity in an area of need).

Funding Competition – Managing an Innate Issue

Focus group participants indicated concern about the potential for funding competition between the infrastructure and the FRCQs.

All interviewees except one (which had not yet applied for funding) indicated this is a natural tension in a system that has local members and some form of central coordinating entity.

Infrastructure organizations have responded in different ways including:

1. Committing to never competing with local members, including calling foundations in advance of an application to ensure that new funding would not reduce funding to any members;
2. Committing to ongoing dialogue with members on all potential funding sources, with a goal of agreement on a good strategy for each opportunity;
3. Willingness to enter into direct competition with members for funding opportunities.

Strong Infrastructure can Enhance Funding Opportunities

There were many, many examples of instances where the existence of a strong statewide system opened up new or greater opportunities for funding for members. Some examples:

- A large foundation that would never fund transport vans for children's programs did fund a statewide request when pitched by the infrastructure entity, framing the need as a statewide transportation issue related to state transportation funding gaps.
- Race to the Top funding for Parent Cafes – a statewide entity was able to include FRCs in the implementation of Parent Cafes using Race to the Top funding for CCR and R, thus expanding a successful model and bringing resources to FRCs they otherwise could not have used.

System-Wide Data Collection and Evaluation is Hard

In short, every group requires some form of uniform data collection for evaluation purposes. And, everyone involved in this research project indicated an appreciation for the benefits of consistent, quality, outcomes data.

The systems reporting the least stress about this work are integrating into well-established, externally required systems (for instance, the KY statewide human services data system, or the National Child Advocacy Association data collection system).

In the majority of circumstances, establishing evaluation measures, data collection protocols and where necessary, software systems, is described as difficult, labor-intensive, expensive work. Significant components of the challenge include integration with the data collection members must also conduct, and limited staff capacity for data entry and collection.

Many infrastructure groups tie data expectations to funding for this reason. For instance funded groups might be required to collect and report certain data. But unfunded groups might be asked to report on a voluntary basis, or not asked to report data.

Confidence in Fiscal Sustainability is related to Relationships more than Funding Source

Most groups reported 75% or greater confidence in continued fiscal sustainability. All groups related their confidence level to the strength of their relationships with state legislators (regardless of whether the funding was primarily state funding). Although most cited some concern about how the recent state and federal elections could impact their organizations or their clients, they also cited optimism about emerging data about the value of FRC services in making significant, cost-effective change.

DESIGNING THE NEW HAMPSHIRE SYSTEM

After review and consideration of data demonstrating effective models for delivering infrastructure, the Steering and Planning Teams for this project recommend that the FRCQ infrastructure be delivered through a central facilitating organization operating collaboratively with others to offer services that will result in an expanding field of high quality services for families.

RECOMMENDED FUNCTIONS

The facilitating organization should be responsible for a full spectrum of services to FRCQs and it should strategically evaluate whether and how to hire staff, contractors, or engage with collaborators on any of them.

- Provide leadership to develop the statewide system of FRCQs
- Coordinate the designation and re-designation process with the WPPC
- Identify shared measurements for family outcomes
- Establish a data system (not necessarily a new platform) capable of collecting key FRCQ outcome measurement data
- Collect, analyze, and report FRCQ outcome data
- Support FRCQs with cutting edge/ current training and resources in order to continuously improve quality

- Collect and disseminate best practice information to FRCQs
- Convene FRCQs in a Community of Practice sharing model
- Promote collaboration about FRCQs across state agencies
- Support emerging FRCQs to gain strength for eventual designation
- Marketing/ branding of FRCQs, raising public awareness, raising awareness with statewide partners and potential partners
- Raise funds for the infrastructure/ system
- Identify funding opportunities for FRCQ operations and programs
- Participate in national networks on behalf of FRCQs, and help FRCQs to connect to larger/ national networks on an individual basis
- Pass through state or other funds, including the work of allocation, monitoring and reporting
- Promote cross-system collaboration with FRCQs and other partners
- Work with FRCQs to increase quality
- Assist FRCQs in increasing operational efficiencies, for instance through support in negotiating individual or group contracts or developing shared purchasing agreements
- Educate policymakers, communities, and community groups on FRCQ best practices

RECOMMENDED CONSTITUENCIES

The Steering and Planning Teams recommend that at this time the facilitating organization serve two constituencies:

1. Existing FRCQs (there is one at the time of this report) and
2. Emerging FRCQs (FRCs that have indicated interest in becoming FRCQs).

RECOMMENDED ORGANIZATIONAL STRUCTURE

The Steering and Planning Teams recommend that that facilitating organization either be an independent nonprofit organization or operate as a program of a nonprofit organization.

COST ESTIMATES

The FRCQ facilitating organization will have the job of supporting the sustainability and quality of FRCQs (in conjunction with or on behalf of others such as the WPPC).

In order to assess what it might cost to do this work and do it well we have taken a narrower look at only those peer organizations that are “full-service,” or that serve all core functions the proposed NH FRCQ organization will (see Full Service Definition, Exhibit 3).

The FRCQ facilitating organization may collaborate or contract with others for some services. However, the cost of those services will still exist – they are not being provided to FRCs or FRCQs now. Additionally, the research report indicates the facilitating organization will need to lead on most of these functions as there are not pre-existing systems to carry out core work. For example, there is no existing set of evaluation measures or a common database for information-gathering in the field. This is like the NHCADSV situation, in which the system had to develop its own tailored database for data-gathering. It is unlike the Granite State Children’s Alliance situation, in which all members are utilizing a previously existing national database for information gathering.

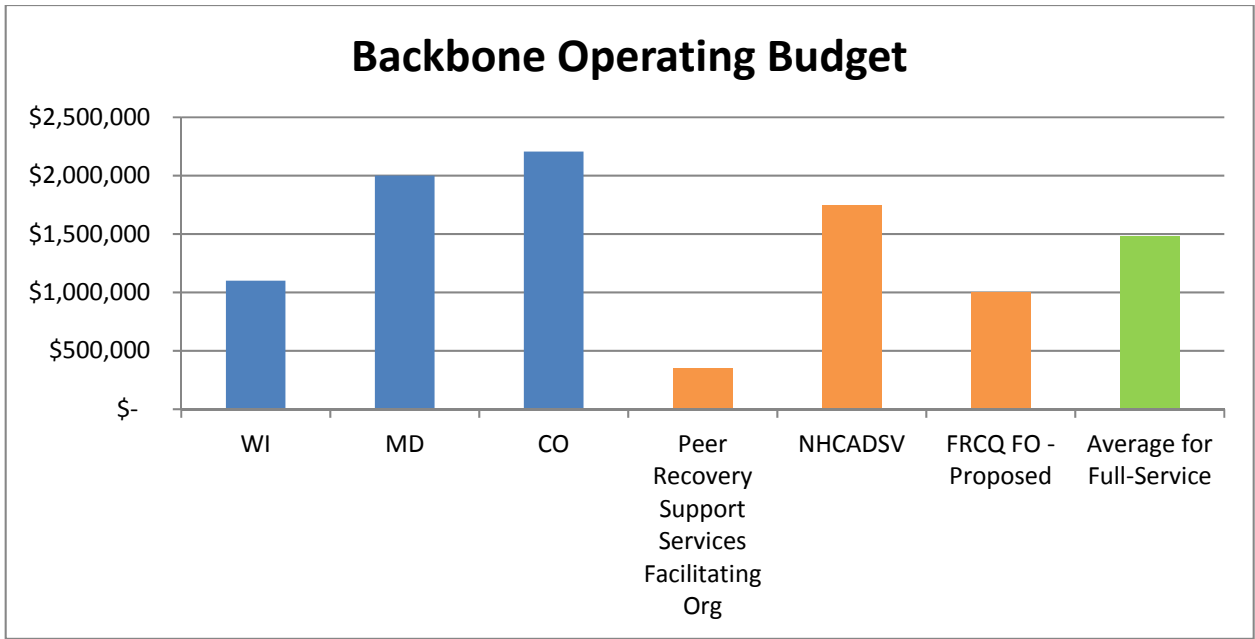
Specifically this comparison includes *family support networks in Wisconsin, Maryland, and Colorado* and the *Recovery Peer Support Services system and NH Coalition Against Domestic and Sexual Violence*.

Color Coding:

Family Support Networks from Other States
Infrastructure Organizations from NH, Including FRCQ Hypothetical
Average for Full-Service Organizations (excluding FRCQ Hypothetical)

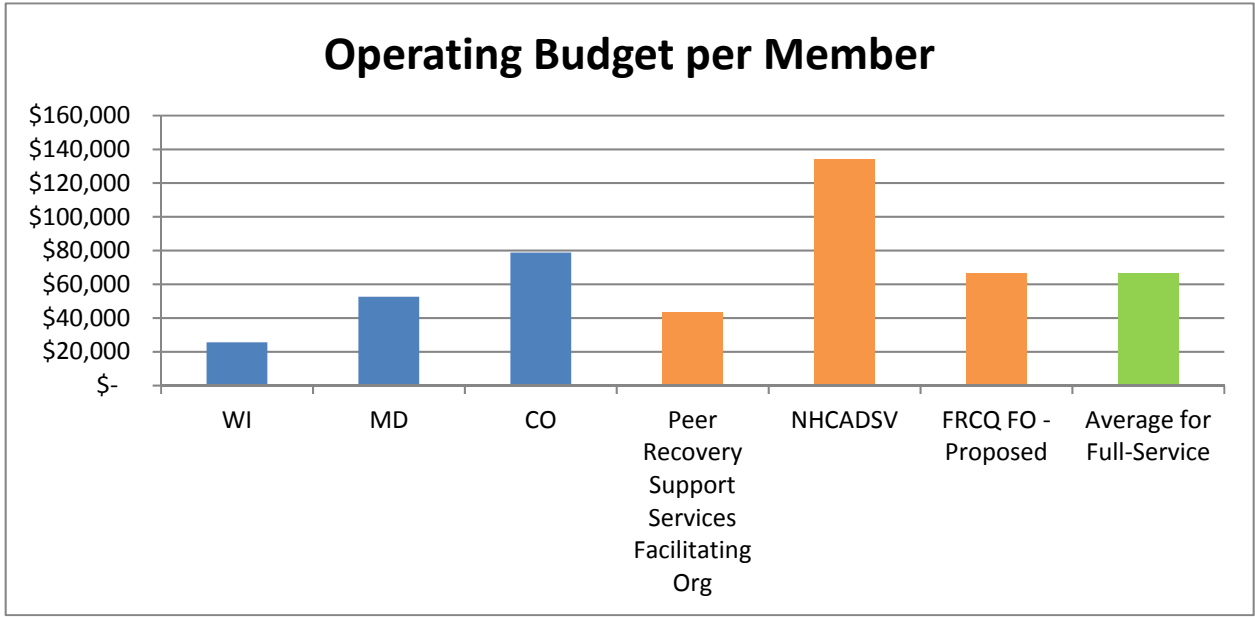
Capacity Trends for Full Service Infrastructure Organizations

These charts include only the organizations independently offering a full suite of infrastructure services (activity coordination, representation advocacy, funding, evaluation, and capacity building – see last page for details). Some of the organizations in the research offer a full suite of services, but significant staff capacity is contributed by a different organization without the ability to capture costs, so they are not included.



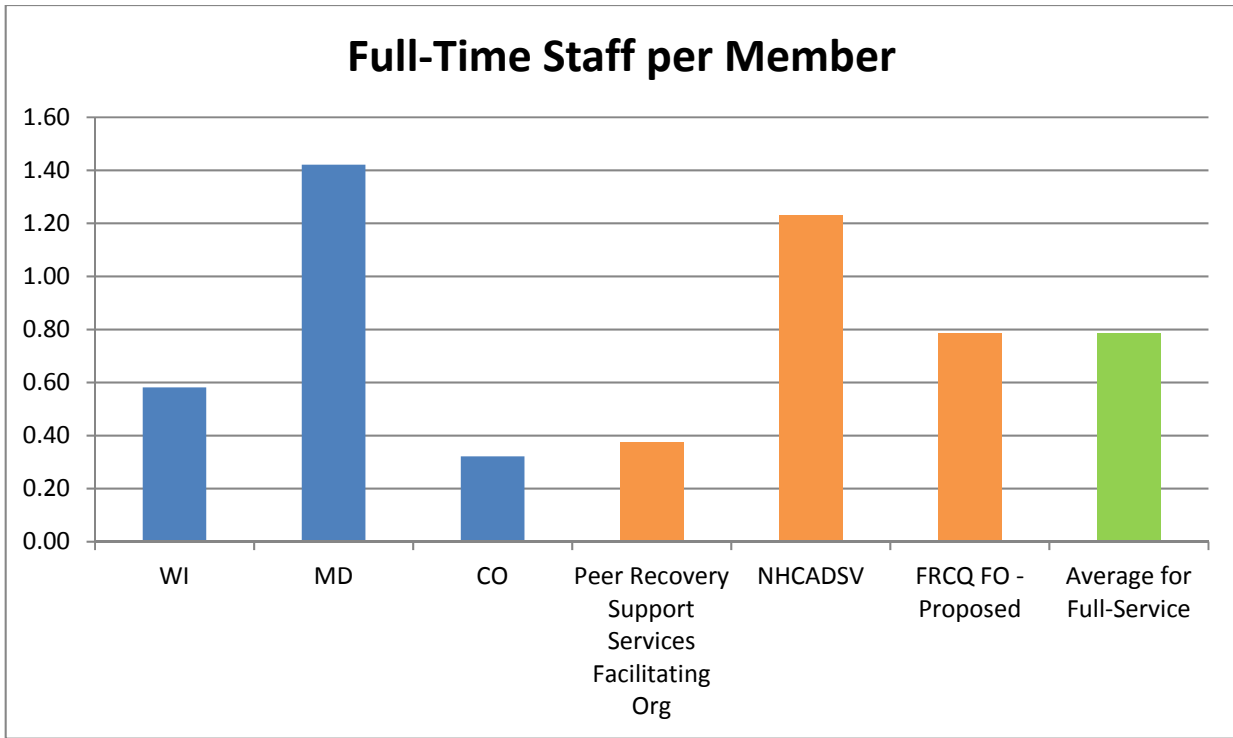
Assumptions for FRCQ facilitating organization:

- 15 members (all FRCs today that exist in 2017)
- Multiplied 15 by the *average operating budget per member* of other full-service organizations
- Using this formula the annual operating budget would be \$1,005,000 annually



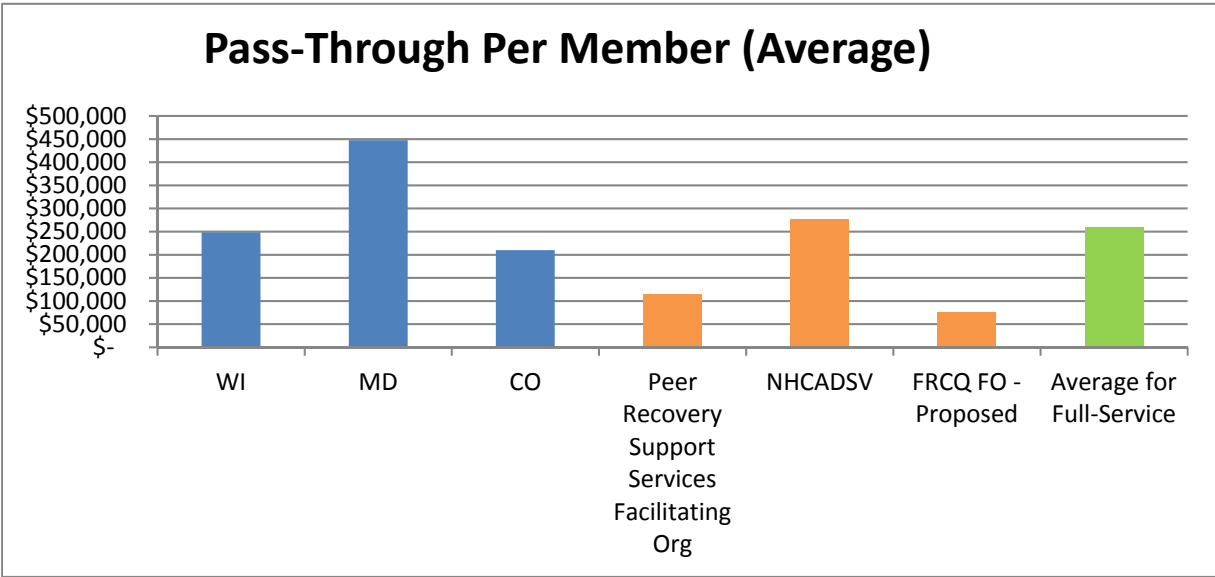
Assumptions:

- See assumptions above. Using these calculations, the *average operating budget per member for the FRCQ facilitating organization would be about \$67,000.*



Assumptions for FRCQ facilitating organization:

- Assumes the FRCQ facilitating organization would have the *average number of staff per member: 0.8*. This would be a total of 11.75 full time equivalent staff members. Again, this does not mean the organization would have to have or sustain 11.75 full time equivalent employees – it could contract out and/or partner with existing organizations. But it does indicate it would probably take 11.75 full-time equivalents to provide the suite of services necessary to sustain a high-quality system of FRCQs.



Assumptions for FRCQ facilitating organization:

- A key role for full-service peers is passing through state or federal funds. For the purposes of this analysis we assumed a \$75,000 pass-through per member once all systems are established. The average per member is \$259,000 in this pool.
- One variation of note: some infrastructure organizations are passing through nearly all the operating funds needed to run each member organization. Some are passing through funds covering only a percentage of needed funds, and members raise the balance.

Summary

In summary, an infrastructure organization that will serve all key functions of a healthy support system for FRCQs will need deep capacity. Based on the experience of similar organizations serving similar functions, we would expect the organization would look as follows:

Annual Operating Budget:	\$1,005,000 total, or \$67,000 per member.
Staff Capacity:	11.75 full time equivalents (not necessarily employees)
Pass-Throughs:	An organization of this scale would/ should be capable of providing about \$250,000 in annual pass-throughs to members.

EXHIBIT 2: NH COMPREHENSIVE FAMILY SUPPORT CONTRACT CATCHMENT AREA

FRC Catchment Areas 2016

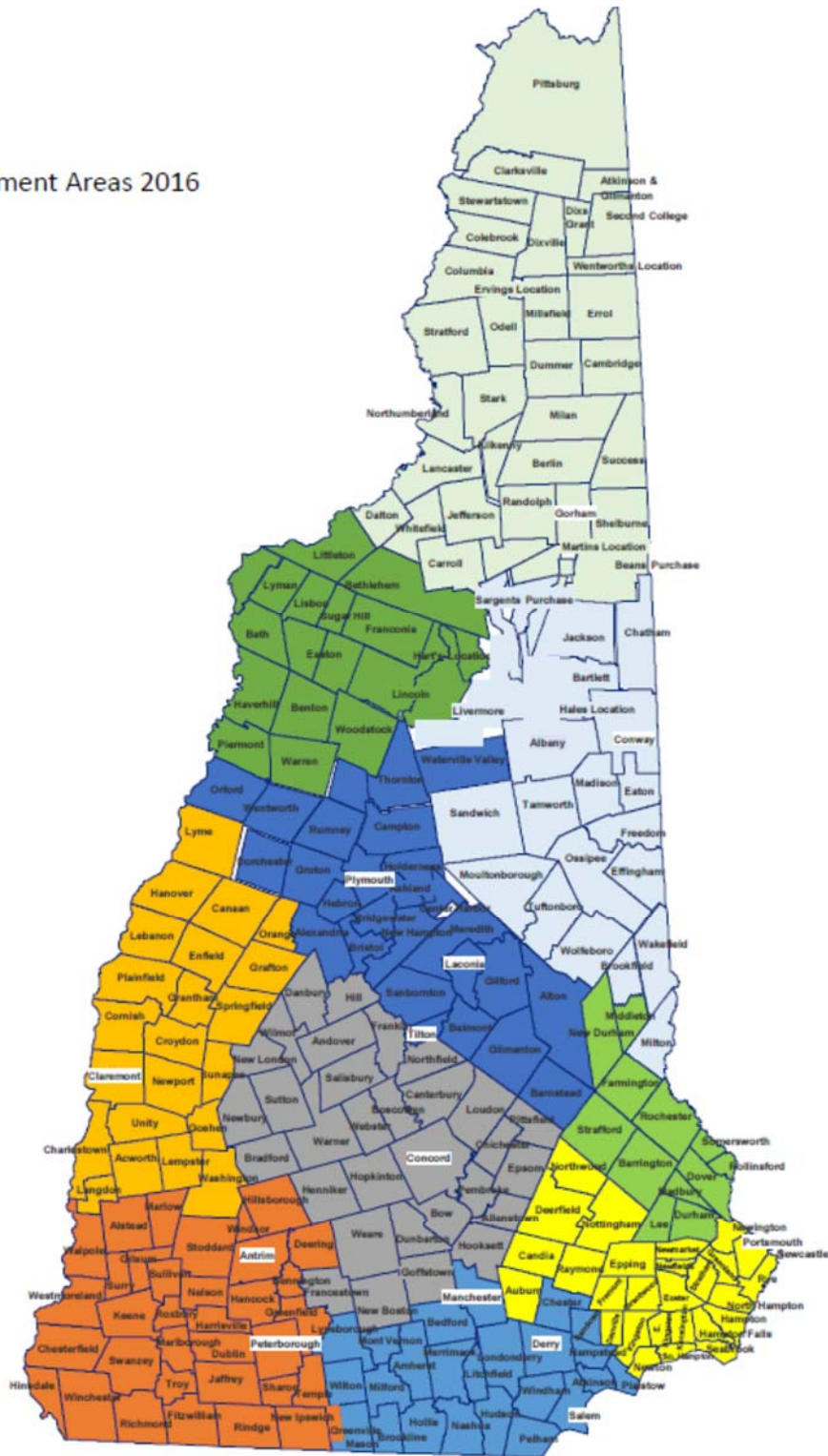


EXHIBIT 3: FULL-SERVICE INFRASTRUCTURE ORGANIZATIONS

The 2015 National Family Support Network survey used the following list of infrastructure functions as a guide for evaluating services provided by each Family Support Network. In the business model analysis, we have included organizations that self-described as providing all of these functions in our list of full-service organizations.

Activity Coordination

- Serve as coordinating body for state
- Increase connectedness, coordination, cooperation, and collaboration amongst members.

Representation Advocacy

- Policy and Legislation (e.g., Local, State, or National Level)
- Visibility and Public Awareness (e.g., Marketing & Branding Activities for Members)

Funding

- Direct funding to Members
- Capacity building/technical assistance to support Members' own fund development efforts

Evaluation

- Member-level data analysis and evaluation reports
- System-level data analysis and evaluation reports
- Provide and maintain data tracking system

Capacity Building

- Organizational Capacity building (e.g., Financial Management Systems, HR Policies)
- Programmatic Capacity building (e.g., Program Implementation Support, Quality Assurance, Promotion of best practice)

Training and Technical Assistance

Peer review

EXHIBIT 4: PROJECT PARTICIPANTS

Steering Team Members (asterisk indicates Planning Team member also)

Endowment for Health	Kim Firth
Family Assistance Advisory Council	Mary Lou Beaver
Family Support NH	Karen Welford*
Family Support NH	Kristen Vance*
Family Resource Center Directors	
The Family Resource Center, Gorham	Jen Buteau
The Upper Room	Brenda Guggisberg
TLC Family Resource Center	Maggie Monroe-Cassel*
Community Action Partnership of Strafford County	Halen Gori
Easter Seals NH FRC and Child Development Center	Erin Boylan*
NH Charitable Foundation	Christina LaChance
NH Children's Trust	Keryn Bernard-Kriegl*
NH Department of Education FCE	Richard Feistman*
NH Department of Public Health Services	Rhonda Siegel
NH Division of Children, Youth and Families	Thom O'Connor*
	Sue Watson*
	Terry Smith
NH Division of Family Assistance (for TANF)	John Shea
NH Fiscal Policy Institute	Rep Frederick Berrien
NH House of Representatives	Sen David Waters
NH Senate	Middleton McGoodwin
NH Superintendents (network)	Laura Milliken
SPARK NH	Linda Paquette
The Advocacy Hub	Erin Boylan*
Wellness and Primary Prevention Council	Heidi Petzold
NH Department of Public Health Services	Elizabeth Lawrence
NH Department of Public Health Services	

Focus Group Participants

Community Action Partnership of Strafford County	Betsy Andrews Parker
Families First Health and Support Center	Georgie Clark
Greater Tilton Area Family Resource Center	Michelle Lennon
The River Center	Margaret Nelson
The Children's Place	Carolyn Hughes
The Children's Place	Rep. Mary Stuart Gile
Family Resource Center at Gorham	Jen Buteau
Salem Family Resources	Cindy Jury
Whole Village Family Resource Center	Susan Amburg

Interviewees

Family Resource Center Association, Colorado
Kentucky Family Resource and Youth Services Center, Kentucky
Maryland Family Network, Maryland
Massachusetts Family Center Network, Massachusetts
Pennsylvania Family Center Network, Pennsylvania
Strengthening Families Utah, Utah
Supporting Families Together Association, Wisconsin
Healthy Eating Active Living NH (HEAL NH)
Granite State Children's Alliance
The New Hampshire Public Health Network
The Children's Behavioral Health Collaborative
NHCADSV

Mark Kling
Tonya Cookendorfer
Linda Ramsay
Karole Rose
Leslie Reicher
Deb Comstock
Jill Hoiting
Terry Johnson
Joy Barrett
Neil Twitchell
Christine Aliberti
Lynne Schollett

EXHIBIT 5: NH FRCQ STANDARDS

One page summary by Amy Lockwood

An FRCQ will:

Service Provision

1. Be open to all families with children
2. Offer five services that promote protective factors:
 - a. Parenting support and education
 - b. Opportunities that promote social interaction for children and youth, parents, and other caregivers
 - c. Supports for children birth to age 5
 - d. Information and referral
 - e. Promotion of family economic success, including facilitating access to concrete supports
3. Operate programs promoting both child development and caregiver capacity
4. Provide other services needed by community or requested by WPPC

Location and Space

Family Resource Centers of Quality are places that are open and accessible to all families. FRCQs offer programs and services flexibly to serve the needs of their community.

Staffing

5. Have skilled, trained staff open to new practices and quality standards
6. Have adequate number of staff (can collaborate)
7. Train staff in the Principles of Family Support, the Strengthening Families Framework, and the Standards of Quality for Family Strengthening and Support
8. Be committed to staff development

Organizational Structure

9. Have a clear organizational structure that meets community, staff and family needs
10. Be or be part of a healthy nonprofit organization
11. Have adequate funding and a long-term sustainability plan

EXHIBIT 6: WPPC ENABLING LEGISLATION

Title X Public Health CHAPTER 126-M WELLNESS AND PRIMARY PREVENTION COUNCIL Section 126-M:1

126-M:1 Purpose; Intent. –

I. The general court recognizes:

(a) That children are the future of New Hampshire.

(b) That prevention and early intervention services to prospective parents, parents with very young children, and adolescents who will inevitably become parents have a positive effect on their own and their children's wholesome development and success.

(c) That New Hampshire cannot afford the enormous human and financial costs associated with child abuse and neglect, low birth weight babies, and poor school performance which crisis management efforts in many cases and in the long run can neither remedy nor alleviate.

(d) That, as programs in many states around the country and in other nations have demonstrated, investment in prevention and early intervention services save future costs, including the costs of lost productivity and lost taxes, by reducing the need for corrective programs, incarceration, out-of-home placements, special education, and other remedial services particularly for disadvantaged families and families with young children who are at risk medically, socially, and educationally.

(e) That primary prevention and family support services are most effectively provided at the community level with coordination, encouragement, and financial help from the state.

(f) That public expectations of government performance are rising, as are demands for reducing both public and social costs, and that taxpayers increasingly want social programs in particular to be delivered more effectively, to be more efficient and responsive, and to demonstrate measurable progress in improving both individual and community wellbeing.

II. The intent of this act is to encourage, facilitate, and promote primary prevention and early intervention efforts of the state and local communities by creating and supporting a formal network of family resource centers as the basis for moving the state toward a more comprehensive strategy to improve the health and wellbeing of New Hampshire's children and families.

Source. 1999, 276:1, eff. July 1, 1999. 2015, 117:1, eff. Aug. 7, 2015.

Section 126-M:2

126-M:2 Definitions. – In this chapter:

I. "Wellness and primary prevention services" may include, but are not limited to:

(a) Parenting education.

(b) Parent support groups.

(c) Developmentally appropriate infant and toddler care.

(d) Play groups for families with young children.

(e) Home visiting.

(f) Before and after school programs.

(g) Tutoring.

(h) Mentoring.

(i) Job readiness.

- (j) Literacy and educational opportunities.
- (k) Skill building.
- (l) Health and developmental screenings for children.
- (m) Information and referral.
- (n) Outreach and community development initiatives.
- (o) Recreational opportunities.
- (p) Health promotion.
- (q) Illness and injury prevention.
- (r) Community service and diversion activities.

II. "Family resource centers" means places in communities that are open to all families to provide wellness and primary prevention services and that partner with families to empower them so that families and communities thrive.

III. "Family resource center of quality" means those family resource centers which have met the criteria required for designation by the council.

Source. 1999, 276:1, eff. July 1, 1999. 2015, 117:2, eff. Aug. 7, 2015.

Section 126-M:3

126-M:3 Wellness and Primary Prevention Council Established; Membership; Terms of Office; Organization; Meetings. –

I. There is hereby established a wellness and primary prevention council which shall consist of 18 members as follows:

- (a) Six members appointed by the governor, 4 of whom shall be representatives of family resource centers from geographically distinct areas, one of whom shall be a medical provider, and one of whom shall be a parent or consumer.
- (b) One member of the house of representatives, appointed by the speaker of the house.
- (c) One member of the senate, appointed by the senate president.
- (d) The commissioner of health and human services, or designee.
- (e) The commissioner of the department of education, or designee.
- (f) The administrative judge of the district court, or designee.
- (g) The attorney general, or designee.
- (h) The director of the New Hampshire Early Childhood Advisory Council, or designee.
- (i) The executive director of the New Hampshire Children's Trust, or designee.
- (j) The president of Family Support New Hampshire, or designee.
- (k) The director of the New Hampshire Coalition Against Domestic and Sexual Violence, or designee.
- (l) The executive director of New Futures, or designee.
- (m) A representative of the National Alliance on Mental Illness New Hampshire, appointed by the alliance.

II. The term of each member in subparagraphs (b) through (g) shall be coterminous with their term of office. The terms of the remaining members shall be for 3 years. Vacancies shall be filled for the remainder of the term in the same manner and from the same group as the original appointment.

III. (a) The council shall elect a chairperson and vice-chairperson from among its membership. The council shall establish rules of order and procedure, including quorum requirements, at its first meeting.

- (b) Council members shall serve without compensation, provided that legislative

members of the council shall receive mileage at the legislative rate when attending to the business of the council.

(c) The council shall, to the extent of available funds, seek a coordinator of wellness and primary prevention programs, to assist the council in the performance of its duties. The department of health and human services shall provide information and administrative support to the council as is reasonable and requested by the council.

IV.. The council shall meet at least monthly during its first year, then at least quarterly thereafter. The council shall convene at the call of the chair when deemed necessary by the chairperson.

Source. 1999, 276:1, eff. July 1, 1999. 2015, 117:3, 4, eff. Aug. 7, 2015.

126-M:4 Duties. – The council shall facilitate the development and delivery of wellness and primary prevention services by:

I. Identifying, redirecting, and developing appropriate federal, state, and private funding sources to ensure to the extent possible that:

(a) Existing family resource centers and other community programs providing wellness and primary prevention services for families and children are able to continue to provide quality programs, develop mechanisms to collaborate with each other, and monitor progress in their ability to promote the health and development of the families and children in their communities; and

(b) Communities wishing to develop similar programs and collaborations receive access to technical assistance and available funding from appropriate members of the public and private sector.

II. Assisting in the transmission of state and federal funds which are designated to be utilized in addressing issues related to the wellbeing of families and children in communities. The council may, among other things, assist executive branch agencies in contracting with family resource centers and other community programs to provide wellness and primary preventive services.

II-a. Developing standards of quality to be met to receive the designation as a family resource center of quality. An advisory group shall assist the council in assessing compliance with the standards of quality. The advisory group shall consist of council members and professionals in delivery of services associated with family resource centers. Final decisions of compliance with the criteria set forth by the council and the designation of family resource centers of quality shall be made by the council, in conjunction with the department of health and human services.

III. Assessing, in partnership with agencies that work in cooperation with community-based family resource centers, the current statewide status and providing ongoing monitoring of the availability of family resource centers and other community programs providing wellness and primary prevention services.

IV.. Compiling and reviewing research, statistical data, and other relevant information from sources within New Hampshire and around the country for purposes of advising the 3 branches of government with respect to issues confronting children and families in New Hampshire. This would include, but not be limited to, demographic data, vital statistics, "Kids Count" data, school system data, case data from the courts, the department of health and human services, the department of education, and other executive branch departments,

expense information related to services and programs provided to children and families, crime records, and university research.

V. Working with existing organizations and other relevant state and private entities to develop new, and where appropriate, enhance existing mechanisms for program quality assurance, technical assistance in program development, and community databases that can be used by local communities to monitor progress toward their established goals.

VI. Serving as an institutional forum and catalyst for the discussion of issues relating to children and families through seminars, forums, special studies, and other means within the limits of available state, federal, and private funding.

VII. Providing information and recommendations to the general court, governor, executive branch departments, the courts, and other public officials, departments or agencies concerning the status and condition of children and families.

Source. 1999, 276:1, eff. July 1, 1999. 2015, 117:5, eff. Aug. 7, 2015.

Section 126-M:5

126-M:5 Report. – The council shall submit a report no later than November 1 each year to the speaker of the house, the president of the senate, and the governor. This report may include recommendations, if any, for legislation to improve wellness and primary prevention services to children and families in New Hampshire.

Source. 1999, 276:1, eff. July 1, 1999.

Section 126-M:6

126-M:6 Receipt of Funds. – The council is authorized to receive funds from federal and state agencies and programs, private entities, charitable entities, and any other source.

Source. 1999, 276:1, eff. July 1, 1999