

Beyond Child Protective Services:

Reimagining family support by investing in community-based voluntary services

By Sean Alexander and Sara Israelson-Hartley

Connecticut and New Hampshire are trying to transform how state agencies support children and families. Officials are investing in community-based, voluntary services for families without open child protection cases. By investing up-stream, outside of child protective services (CPS), officials are hoping to create more just and effective systems that provide support for caregivers and children before crises emerge and empower families by offering voluntary services that may help prevent more punitive or coercive interventions.

On June 9, 2022, the Government Performance Lab spoke with leaders in New Hampshire and Connecticut who shared insights from their journeys to reimagine family support.

KEY TOPICS:

- 1. Families with high needs, but no safety concerns, want ways to access services without involving CPS.**
- 2. Connecticut and New Hampshire officials are testing how CPS can coordinate with, and lend support to, community service providers.**

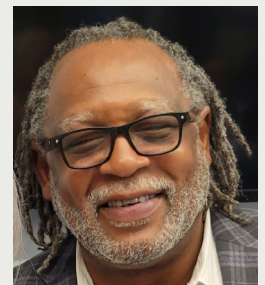
1 Families with high needs, but no safety concerns, want ways to access services without involving CPS.

Before recent reforms, a lack of access to support outside CPS led to worse outcomes for children and families. There were either too many CPS cases being opened, limiting families' access to services, or families were outside CPS and didn't receive services at all.

"The reality is that [child protection systems] have an awful lot of authority over parents, and parents feel anxious about us. We wanted to set up services outside CPS so it didn't feel like surveillance, or like it had any coercive elements." —Joseph Ribsam

Budget pressures in New Hampshire meant DCYF was unable to serve children without an open CPS case. Families with high needs – including the one-third of families who were investigated and not assigned a case yet flagged as likely to return to CPS – were unable to receive DCYF-funded services until their needs became a crisis that required an official CPS response.

Panelists



Michael C. Williams
Deputy Commissioner of Operations at the Connecticut Department of Children and Families (DCF)



Joseph Ribsam
Former Director of the Division for Children, Youth and Families (DCYF) at the New Hampshire Department of Health and Human Services

Legislative and policy changes allowed DCYF to begin offering voluntary services to families. The 2017 budget allocated funds to establish a new Community-Based Voluntary Services (CBVS) program so families could receive services without an open CPS case. Since then, New Hampshire has implemented additional services that seek to support families who are investigated and assessed as high need, yet don't have an open CPS case.

Families in New Hampshire strongly advocated that this new program be kept at arm's length from DCYF. For example, after a family is referred to Community-Based Voluntary Services, they no longer have meetings with a member of the child protection staff. While data about the program is shared with DCYF to support performance improvement efforts, individual-level data is not shared with child protection social workers, even if the family becomes re-involved with DCYF.

In Connecticut, DCF had authority for children's mental health *and* for child protection, but too many children who started with mental health services also ended up with an open CPS case. Children with chronic mental or physical health needs or a developmental disability often faced barriers to accessing appropriate care unless they had an open CPS case. Families too often gave up custody of their children to access more intensive treatment programs, including residential care.

“These are not families who are abusing or neglecting their children. They are trying to meet their children's needs. They should be able to access services without suffering the indignity of a child protection case.” —Michael Williams

Connecticut transitioned the mental health function of its agency to a contracted provider that operates separately from its child protection function. Because there is a firewall between CPS and the new [Voluntary Care Management Program](#), families can now access mental health services for their children without any CPS interaction.

In both states, new services are deliberately not embedded in the child protection system, nor are they run by CPS staff. Family-level data is also kept entirely separate.

Elevating Families' Voices

In both states, families have been advocates for these system transformations and included as partners during the design and implementation phases.

In Connecticut, parents led the “Custody to Care” movement, which advocated for removal of the requirement that a parent relinquish custody of their child to access treatment. Additionally, DCF receives advice from a standing group of people with lived experience.

New Hampshire is engaging parents who have experienced the child protection system as they design and implement the current program; parents' opinions drove the decision to keep the new community-based services separate from DCYF.



2

Connecticut and New Hampshire are testing how CPS can coordinate with, and lend support to, community service providers.

Even though New Hampshire and Connecticut's new community-based services are delivered outside CPS, the child welfare agency still seeks to support these services, including identifying priority populations, designing services tailored to the needs of those families, managing performance, and administering funding.

“We meet monthly with the program to set goals, review data, and discuss performance. The meetings aren’t punitive. We all recognize that we’re trying something new together. We want it to work, and everyone is invested in making it work. It’s about having that dedication to improvement and figuring out what works.” —Joseph Ribsam

In New Hampshire, the Community Based Voluntary Services program prioritizes families who are assessed as likely to be re-reported and re-enter the CPS system. Program staff are working to reduce eligibility screens and other administrative barriers, while also trying solution-based casework and motivational interviewing — flexible models that help them offer care tailored to families' needs. The program is driven by families' goals and strives to connect families to community resources and natural support so the program can eventually step back. (See box on page 3: “Using Data to Drive Success”)

New Hampshire's CPS staff meets regularly with Community Based Voluntary Services providers to discuss potential improvements. By taking an active role in their contract management and performance improvement efforts, the state has identified earlier opportunities to improve service delivery, which is especially helpful as the CBVS program grows from early implementation to a more mature program model.

Connecticut's priority is children with mental health diagnoses: those who have psychiatric illnesses, or who have faced trauma, and whose needs have become highly complex and often externally presenting. To meet those needs outside of a CPS setting, Connecticut created a new community-based Voluntary Services Agency. The new agency offers families mentoring, outpatient services, and more intensive treatments.

Both jurisdictions have also found ways to secure additional funding for new services using [Family First funds](#), federal money that states can use to pay for prevention services that allow potential foster-care candidates to stay with family members. New Hampshire named families who have experienced a child protection investigation as a candidate population, Connecticut named children with mental health needs.

Staff in Connecticut's central agency also maximize funding by following up when private insurers refuse to cover services.



“Our service system has always been in need of resources. But moving services out of the CPS agency and into the community doesn’t save money. You’re expanding the service system and you can’t do that cheaply. If we saw reductions in the CPS budget, we had to make sure those dollars went to the new community-based services. A dollar-for-dollar shift had to occur.”

—Michael Williams

What next?

Connecticut and New Hampshire both hope to expand their community-based voluntary services to more populations.

New Hampshire’s new program currently serves the highest-need families, but providers envision expanding to families with moderate needs. Providers have also considered how families could be referred before becoming DCYF-involved (e.g., another community-based organization or self-referral.) To support either iteration, DCYF has explored funding the expansion through Title IV-E under the Family First Prevention Services Act.

Connecticut plans to focus on how community-based services can better serve children involved with the juvenile justice system – particularly boys of color with trauma and mental health needs. These boys are too often transitioned into foster care instead of receiving adequate, supportive, evidence-based treatment.



Using Data to Drive Success

In New Hampshire, DCYF officials and Community-Based Voluntary Services staff realized program enrollment rate was too low.

They identified two hypotheses:

- 1) Families were not enrolling because providers couldn’t initiate contact, or
- 2) Families were declining services after meeting a CBVS staff person face-to-face.

Turning to available data, officials saw that more than 90% of families with a face-to-face meeting chose to enroll. Yet only 45% of referred families were seen face-to-face.

CBVS staff weren’t struggling to positively pitch their program; rather, they were struggling to quickly and consistently meet referred families for the first time.

DCYF and providers recognized they could increase enrollment rates by having a quick and efficient intake process, as well as choosing to hire employees with lived experience.

Following a conversation with community providers, every program team chose to adjust some aspect of their enrollment strategies. As a result, **enrollment rates improved from 45% to 70%.**

The [Government Performance Lab](#), housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are also able to provide experiential learning.

© Copyright 2023 Harvard Kennedy School Government Performance Lab