



Integrating Services to Strengthen Children, Youth, and Families and Prevent Involvement in the Child Welfare System

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) has been working with researchers, human services agency leaders, and persons with lived experience to visualize, describe, and document models of primary prevention within human services, including the prevention of child maltreatment. To support this goal, ASPE contracted with Mathematica and the Center for the Study of Social Policy (CSSP) to conduct case studies of innovative prevention approaches that integrate human services. The brief highlights initiatives from this *Case Studies in Supporting Prevention Through Program Integration* project that used service integration and agency collaboration to (1) increase protective factors, (2) prevent child maltreatment and reduce substantiated reports, and (3) prevent homelessness among youth aging out of foster care.

INTEGRATION FOR PREVENTION: EXAMPLES IN PRACTICE

Six initiatives that participated in the *Case Studies in Supporting Prevention Through Program Integration* project focused on the child welfare system (Box 1). Although these initiatives were geographically diverse and provided a range of services for the populations they served, their collective experiences pointed to four key themes for successful human services integration to prevent child welfare system involvement (Figure 1). We detail each theme and provide associated examples in the following discussion.

Figure 1. Key themes for successful integration





Involve community members and organizations in planning, designing, and implementing an integrated services approach

Involving residents, community leaders, and community-based organizations in developing and implementing their approaches helped sites build buy-in for services and ensured that the supports met community needs and reflected community and cultural values. Four sites had formal processes for community engagement.

- Families First DC (FFDC) used community members’ feedback to develop an ongoing survey for family assessments that was culturally resonant. Each FFDC Family Success Center had a Community Advisory Council that met every month to assess emergent community needs and brainstorm services to meet them.



Focus on establishing trust and relationships with families they serve to repair harm

Sites emphasized the importance of developing relationships and promoting trust and safety for families. Staff from four sites noted that some families had a deep mistrust of services or programs associated with child welfare agencies due to a legacy of deficit-based service delivery and family separation. To remedy this mistrust, states (1) partnered with community-based organizations (CBOs) that community members trusted, (2) kept support services as distinct and stand-alone from child welfare as possible, and (3) oriented services around strengthening families and building on their assets and resources.

- In the Maine Foster Youth to Independence (FYI) initiative, the local housing authority was supposed to receive referrals of youth exiting foster care from the state child welfare agency. However, many youth did not want to continue contact or communications with the child welfare agency. FYI partnered with a trusted youth homeless shelter to identify youth eligible for the program.



Use a person-centered approach to implement services

A person-centered approach focuses on meeting families where they are to address their expressed needs and goals and to prevent them from falling into crises or deeper involvement in the child welfare system. To do this, four sites employed service navigators or case managers who worked individually with participants to assess their interests and goals and connect them with partners that could help them achieve those goals.

- Boulder County IMPACT Partnership used a care coordination team to help families receive appropriate supports, such as Medicaid, and access the right systems based on their needs.

Five sites also provided concrete supports to address families’ individual urgent needs, prevent crises, and enable them to work on their goals. These supports included vouchers and gift cards to pay for rent and utilities, diapers and baby formula, groceries and cleaning supplies, and personal hygiene products, as needed by particular families.

- The Ohio Children’s Trust Fund provided a \$500 gift card to families participating in an evidence-based home visiting program.



Braid flexible funding sources to respond to communities’ varied needs

The study sites were creative in braiding federal, state, and local funds to offer a holistic set of services to participants. For state-led initiatives, braiding happened at the state level, enabling community-based staff to focus on families’ and individuals’ needs, rather than tracking allowable services.

- Georgia State of Hope used Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (PSSF) funds to make small grants—typically under \$50,000—to local organizations. To braid the funding sources at the state level, staff in the Georgia Division of Child and Family Services matched the services that State of Hope grantees provided with eligible services that [CBCAP](#) and [PSSF](#) fund.

Box 1. Case study sites

The *Case Studies in Supporting Prevention Through Program Integration* project included nine sites. Six of these sites focused on the child welfare system, including by preventing child welfare involvement for families with low incomes and addressing housing instability and homelessness for youth exiting foster care:

- **Boulder County IMPACT Partnership (IMPACT).** IMPACT supports young people and families engaged with multiple systems, such as the juvenile justice and child welfare systems. Multiple partners work to address the root causes of challenges that bring youth to the attention of these systems.
- **Families First DC (FFDC).** FFDC funds Family Success Centers in three wards in the District of Columbia. Staff at the centers offer service navigation to meet families' broad needs, community-centered programming, and provide emergency materials and supplies for stabilization when needed.
- **State of Hope.** This initiative, operated by the Georgia Division of Family and Children Services, funds networks of nonprofit partners, such as CBOs, government agencies, and philanthropic organizations, to implement projects that can prevent foster care involvement. The projects address education, trauma-informed practices and awareness, caregiving, and economic self-sufficiency for families.
- **Foster Youth to Independence (FYI).** FYI, a joint initiative of the Maine Department of Health and Human Services and the Portland Housing Authority, supports young adults between ages 18 and 25 who have experienced foster care and need housing support. The initiative helps participants find and keep housing—including through direct housing vouchers and by connecting them to services that promote education, employment, economic mobility, and self-sufficiency.
- **Ohio Children's Trust Fund.** This site implements the online version of the Positive Parenting Program+ (Triple P+). The initiative provides free parenting courses, and interested families can receive supplemental coaching from accredited parent educators. Families who receive home-visiting support also receive a gift card for basic needs due to elevated financial risk identified during an assessment.
- **Oregon Department of Human Services Family Support and Connections.** Family Support and Connections helps families with low incomes by connecting them to a Family Advocate. Advocates use home visits to help families address emergent needs, reduce stress, and increase protective factors to prevent child abuse and neglect.

FOR MORE INFORMATION

This is one in a series of briefs highlighting key considerations from the U.S. Department of Health and Human Services Convening on Advancing Primary Prevention in Human Services. For other briefs in this series, see <https://aspe.hhs.gov/primary-prevention-human-services>.

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