



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS
COMMISSIONER

August 27, 2019

The Honorable Donna M. Soucy
State House, Room 302
107 North Main Street
Concord, New Hampshire 03301

The Honorable Steven J. Shurtleff
State House, Room 311
107 North Main Street
Concord, New Hampshire 03301

Re: Status of Voluntary Services for DCYF Involved Families

Dear President Soucy and Speaker Shurtleff:

At recent public hearings on the effects of the continuing resolution ("CR") on Health and Human Services and other departments, legislators raised questions about the impact the CR was having on certain DHHS programs, including whether the Department was providing voluntary services to DCYF involved families. As is described in more detail below, DHHS is currently funding voluntary services. Given the questions raised at the hearing, and the need to ensure accurate information for the public, I would like to take this opportunity to provide you with an update on the Department's voluntary services program, including the number of clients served and the amounts expended.

Voluntary Services

DHHS continues to provide voluntary services, and is doing so under the CR. There was an additional appropriation for fiscal year 2019 for voluntary services, which was reflected in DHHS's budget request for the 2020-2021 biennium. As such, under the CR language and guidance provided by the Department of Administrative Services, the Voluntary Services funding is considered part of the base budget and is therefore appropriated under the continuing resolution. The Department confirmed this with Joe Bouchard at the Department of Administrative Services and Michael Kane at the Office of the Legislative Budget Assistance.

For the period from July 1, 2019 through August 23, 2019, the Department served at least 238 persons in 46 open cases through the voluntary services program. The chart below is based on billing data received by DHHS for voluntary services from July 1, 2019 through August 23, 2019. This data does not include services that have been provided where the provider has not yet billed DHHS. Because of the limitations of the data system used by DCYF (the Bridge's system), the amounts expended could include some services provided in FY 19.

VOLUNTARY SERVICE DATA FOR SFY20	Data through 8/23/19
OPEN CASES	46
CLIENTS SERVED	238
CLIENTS SERVED IN ASSESSMENT ONLY	2

Row Labels	Sum of PAID_AMT	Sum of FED_AMT	Sum of STATE_AMT
Accompanied Transportation	259.15	0.00	259.15
Clinics/Groups	505.00	0	505.00
District Office Miscellaneous	749.66	749.66	0.00
Home Based Therapeutic Services	15817.36	7082.4	8734.96
ISO - In Home	93084.6	41339.89	51744.71
Grand Total	110415.77	49171.95	61243.82

**SERVICES OFFERED IN
ASSESSMENT**

Child Health Support	451.88	451.88
----------------------	--------	--------

TOTAL SPENT IN GENERAL FUNDS	61243.82
TOTAL SPENT IN FEDERAL FUNDS (MEDICAID)	49171.95
TOTAL COMBINED DOLLARS	110415.77

As you know, voluntary services assists families who are often experiencing a crisis and connects them with community agencies to help address any barriers to meeting their child(ren)'s needs. Services include case management and potentially transportation, child health support, clinic/group or in home therapeutic services, and intensive service option services. Voluntary services benefit families by providing interventions and building support systems for parents to ultimately reduce the risk of abuse/neglect and prevent children from coming into out-of-home care.

In order to receive voluntary services, a family is required to have an open assessment or case for abuse and/or neglect. Once it is determined that the family can safely be served through

voluntary services, the Division may provide services through the open assessment or case. The services provided during an assessment can include short-term concrete supports identified as an emergent need or short-term in-home child health support for 60 days or less. If the family's needs require a more long-term or intensive service, a separate voluntary case must be opened.

The Department has received feedback from DCYF caseworkers regarding the positive impact voluntary services have on families in crisis. A few of those summaries appear below:

1. *This case involved a high-risk assessment with an incident of physical abuse in Spring of 2019, which also included the dynamic of an intense ongoing custody proceeding. This was a case that may have been difficult to adjudicate due the child changing his story depending on which parent he was with at which time, but which really required some type of intervention on the part of DCYF due to the seriousness of the concerns. When offered, the entire family agreed to open a voluntary service case and both households have met with a therapeutic provider to help mitigate risk, stabilize the situation, and build parenting and coping skills. The parents have gone from having a lot of outward anger towards one another to civilly co-parenting, and the in-home services have worked to significantly decrease the risk of further abuse in the household. One parent was able to admit maltreatment and mental health issues and was relieved and appreciative when we were able to offer help as opposed to potentially going to court adding further stress to the household dynamics. That parent has been working cooperatively and been engaged ever since. We have closed the assessment as "unfounded with reasonable concerns" and will likely be able to close the voluntary services case sometime in September, as opposed to having a very long assessment with no services, or a potentially unnecessarily long court case.*

2. *When I was assigned this family, it was evident that the family both wanted supports and needed them. Due to the availability of voluntary services, we had the opportunity to offer the kind of support this family desperately needed. The family worked with a provider weekly to target and ensure their ongoing needs were met. Working together with the provider and family, DCYF was able to identify the underlying issues this family had been dealing with. The voluntary case made it possible for the Division to case manage and get services into the home that would have not been possible otherwise. The family was open to receiving help and consistently worked with both DCYF and the in-home provider. Since the voluntary case was opened there have been no new assessments for the family, which, given the family's history, speaks volumes about the family's efforts and progress. In the future, I hope that more families can benefit from voluntary cases. When we can work in partnership with families, anything is possible.*

3. *I worked with a family through a voluntary services case in which the father was overwhelmed caring for his four children while living with his parents and trying to find housing. At the time of the assessment, he did not have strong coping skills or disciplinary skills, and would resort to physical discipline. Through the voluntary services case I was able to introduce in home therapeutic services, which he reported to be extremely helpful for him. He was able to develop coping skills for his stress, and process his relationship with his own parents that lead to the unsafe*

factors in his relationship with his children. Between 2017 and 2018, DCYF received three assessments regarding this family, but has not received a referral since the voluntary services case closed.

An additional benefit here was that this father felt like DCYF had helped him – something that he did not feel we had been able to do before. He reported that he did not feel like DCYF was the enemy anymore, and that we cared about him and his children. I have heard this sentiment repeated from families when I ask them if they need any help and offer voluntary services. They are surprised that DCYF is actually able and willing to help and work with them, when they have seen DCYF as “the enemy” in the past. Even if voluntary services are not used, being able to ask the question often sets the family up to have a better working relationship with a DCYF worker.

The value of voluntary services cannot be overstated. While the funding and reinstatement of this program was an important step, these types of services have been unavailable since the program was suspended in 2010. The Department has worked diligently over the last year to relaunch voluntary services including developing appropriate policies, training staff, and modifying its information technology systems as part of its deliberate and targeted re-implementation of the program. However, even with the successes described above, and the increasing use of voluntary services in DCYF cases, there is more work to be done. Once the budget is adopted there will be additional funds to meet the needs of DCYF involved families. Additionally, over the next year, a goal of the Department is to add a community based voluntary services component that does not always require DCYF case management. Funding for this is in the version of the budget that passed the legislature and we hope that it remains after the current budget impasse is resolved.

The Office of the Child Advocate recently raised questions as to whether services have been offered to all families for whom abuse or neglect allegations were unfounded, but were assessed to be at high or very high risk of abusing or neglecting their children. The Department’s goal is to have a system that ensures all of these families receive the supports necessary to ensure a safe and healthy home for their children. That goal, however, is a longer term one that involves not only the Department, but the State as a whole. Every year there are nearly 2,000 families that are identified as high risk despite not having a finding for abuse or neglect. While voluntary services are an important component to addressing the needs of these families, it will take cumulative changes across the system to truly change this statistic. Part of serving these families includes providing supports before a report of possible abuse or neglect is ever made to DCYF. This might include the provision of prevention-oriented parenting or family strengthening services, affordable housing, quality childcare, mental health services and supports for the children - as well as the parents, and substance use recovery and supports. That collective system change has begun and will be ongoing, with substantive support from the governor and the legislature, as well as critical community partners and stakeholders. This is evidenced by the funding of important components of the new 10-Year Mental Health Plan, the System of Care for Children, the Doorways initiative, the Delivery Reform Incentive Payment Waiver Program, as well the

The Honorable Donna M. Soucy
The Honorable Steven J. Shurtleff
August 27, 2019
Page 5 of 5

increasing number of initiatives funded by the Casey Family Foundation and local charitable organizations.

Again, the steps taken by the legislature to reinstate and grow the Department's voluntary services program are positive steps in this system transformation. I look forward to continuing to work with you as we fight to ensure all children in New Hampshire are free of abuse and neglect.

Sincerely,



Jeffrey A. Meyers
Commissioner