



JURISDICTIONAL SCAN

STRONG FAMILIES

How do some **child protection agencies provide voluntary services?**

Many jurisdictions across the country provide voluntary child welfare services. While the name and the details of each program may vary slightly, the overarching goals are the same: engaging families; providing support and access to services; building family resilience and community connections; and maintaining children safely in their own homes.

[In-home voluntary services are part of an effective service continuum](#) that addresses prevention at various levels of risk, and provides timely, quality, and individualized services to protect and nurture children and families. Such services — and the children and families eligible for them — are in keeping with the spirit and intent of the Family First Prevention and Services Act (P.L. 115-123),¹ which supports evidence-informed interventions to help children safely remain at home by meeting families' service and treatment needs. Developing an effective service continuum that includes in-home voluntary programming requires a careful exploration of agency philosophy and approach, and a clear understanding of when and how courts should be involved. Questions to consider include:



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1. Is service provision holistic?
2. Is the agency structured and staffed in a way that allows for the timely provision of these services?
3. What other scaffolding, including provider capacity, might be necessary to support implementation?
4. When might it become necessary to involve the court?

As many child protection agencies explore ways to structure the delivery of a prevention service array, this jurisdictional scan summarizes the various approaches that child protection agencies are currently taking in the provision of voluntary services: [New Jersey](#),² [New York City](#),³ [Oklahoma](#),⁴ and [Washington](#).⁵ (For more information, please see detailed jurisdictional summaries, which are linked above.)

Initiation of voluntary services

All four jurisdictions begin the process with a safety and/or risk assessment to identify the strengths and needs of the family, and examine whether the child can remain safely in the home or if removal is needed. The decision to offer voluntary services is always made in conjunction with a supervisor, and often once an investigation has been initiated or completed.

The jurisdictions differ in the types of cases that are most often offered voluntary services. In New Jersey, New York City, and Washington, there is no specific type of case served most frequently, while staff in Oklahoma indicated their voluntary cases most often include families experiencing neglect and underlying substance abuse.

JURISDICTION	ASSESSMENT TOOLS	WHAT, WHEN, AND HOW
New Jersey	<ul style="list-style-type: none"> • Safety Assessment • Family Risk Assessment • Other Structured Decision Making (SDM) tools 	<ul style="list-style-type: none"> • Post-investigation • Willingness of family to participate is a significant factor • No specific type of cases
New York City	<ul style="list-style-type: none"> • Safety Assessment • Service Connect Instrument (SCI) 	<ul style="list-style-type: none"> • 80% of referrals from investigation team; 20% from community referrals • No specific type of cases
Oklahoma	<ul style="list-style-type: none"> • Assessment of Child Safety (AOCS) 	<ul style="list-style-type: none"> • Typically begins with investigation • Neglect and underlying substance use most common types of cases
Washington	<ul style="list-style-type: none"> • Safety Assessment • Structured Decision Making Risk Assessment (SDMRA) 	<ul style="list-style-type: none"> • Investigation or non-CPS intake • No specific type of cases

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Ongoing provision of voluntary services

The components of voluntary services are very similar across these four jurisdictions. Once an initial assessment is completed and the family has agreed to participate, the caseworker has a discussion with the family to determine the specific services required to meet their needs. As families engage in services, caseworkers and/or community providers assess progress to determine if the correct services are in place and whether the level of intervention needs to increase or decrease. Following the provision of services, there is another assessment to determine if sufficient progress has been made toward case goals. If so, the case is closed.

While the components are similar, implementation differs across jurisdictions, sometimes substantially. For example, all jurisdictions start with an assessment, but the assessment tool varies, as do the services available and the provision of those services. In New York City, services are managed by community-based providers in an effort to keep families in their neighborhood. In Oklahoma, a variety of support is available, including services to meet concrete needs, Safecare®, and Intensive Safety Services. Similarly, families in

Washington are also connected with community resources and are referred to higher intensity services — such as Safecare® or Homebuilders — when needed. In New Jersey, families may be offered Intensive Family Preservation Services.

The caseworkers assigned to voluntary cases also differ between jurisdictions. In New York City, contracted service providers work with the families. In the other jurisdictions, cases are often handled by caseworkers employed by the jurisdiction. In some jurisdictions, units are dedicated entirely to voluntary services, while some units handle mixed caseloads. The composition of a worker's caseload may also depend on the population density of the specific area; in Washington, there are enough voluntary services cases for dedicated teams in urban areas, but caseworkers in more rural areas may have a mix of cases.

In general, the level of risk dictates the frequency of visits. In Oklahoma, a caseworker must have at least weekly contact with the child and family, and bi-weekly contact with all the service providers. In New Jersey, the number of face-to-face visits is based on risk level, while caseworkers in Washington are required to make contact at least monthly.

JURISDICTION	ASSESSMENT TOOLS	WHAT, WHEN, AND HOW
New Jersey	<ul style="list-style-type: none"> • Permanency units handle all cases • Resource specialists are available to assist caseworkers • Providers are involved in comprehensive case conference with the family 	<ul style="list-style-type: none"> • Mixed caseloads • Face-to-face visits based on risk level
New York City	<ul style="list-style-type: none"> • All preventive services are delivered through community-based providers • Standards for providers are outlined by Administration for Children's Services (ACS) 	<ul style="list-style-type: none"> • Case planners carry no more than 12 cases at one time • Supervisors have no more than five case planners

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Oklahoma	<ul style="list-style-type: none"> Family Centered Services (FCS) caseworkers Child Safety Meeting (CSM) determines level of services needed 	<ul style="list-style-type: none"> Caseworkers dedicated to voluntary services in urban areas Mixed caseloads in rural areas Maximum of eight cases per worker Contact is at least weekly
Washington	<ul style="list-style-type: none"> Family Voluntary Services (FVS) caseworkers Families are connected to community-based resources outside of agency 	<ul style="list-style-type: none"> At least monthly visits (two visits per month are required when children 5 years old or younger are living in the home) Caseworkers dedicated to voluntary services in urban areas Mixed caseloads in rural areas

Oversight and supervision

In most of the sample jurisdictions, supervisors are responsible for reviewing all voluntary cases every month, monitoring adherence to the visitation requirement, and supporting any decision-making regarding the family. In Washington, for example, an area administrator completes a monthly review of 10% of all open voluntary cases.

Since services are contracted out to community-based service providers in New York City, the child protection agency has developed a clear set of guidelines on staffing structure and expectations for practice. Providers are then evaluated on their ability to meet these standards.

JURISDICTION	STAFF SUPERVISION
New Jersey	<ul style="list-style-type: none"> Supervision is key to developing workforce Ongoing focus on training and development
New York City	<ul style="list-style-type: none"> New York State Office of Child and Family Services developed standards for community providers used in ongoing monitoring and evaluation Provider Agency Measure System (PAMS) scorecard to show performance
Oklahoma	<ul style="list-style-type: none"> Supervisory framework guides case management around safety evaluation, needs assessment, decision-making, and supervision to frontline staff Supervisors review cases monthly (at a minimum) with staff and must provide approval during critical junctures in a case

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JURISDICTION	STAFF SUPERVISION
Washington	<ul style="list-style-type: none"> Supervisors review all cases every month Area administrator completes monthly review of 10% of all open FVS cases

Closing voluntary services

Voluntary cases typically are provided for a short period of time, often four to nine months. In New Jersey, the family's involvement with the agency is terminated once all protective concerns are addressed. To determine whether to close a case, caseworkers assess risk, examine behavior change and the family's progress toward meeting their goals, and determine what lasting supports are in place or needed. Caseworkers are encouraged to hold a Family Team Meeting. Final

closure of cases with higher risk levels — as determined by the Structured Decision Making Risk Re-Assessment — requires review by a higher level supervisor. In New York City, the closure of a high-risk case by a community-based provider requires the presence of an ACS representative who acts as a conference facilitator. In Oklahoma, caseworkers complete an AOCS to document the child is safe, and supervisor approval is required. In Washington, decisions about case closure are made in conjunction with a supervisor.

JURISDICTION	DURATION	DECISION TO CLOSE
New Jersey	Family's involvement with the agency is terminated once all protective services concerns are addressed	<ul style="list-style-type: none"> Careful examination of risk Family Team Meeting to ensure proper supports are in place for the family Higher level supervisor must approve
New York City	Length of time depends on the type of service	<ul style="list-style-type: none"> For high-risk cases, a case closure conference is required with a representative from ACS
Oklahoma	About four to six months	<ul style="list-style-type: none"> AOCS to document the child is safe Aftercare plan is developed with the family prior to case closure
Washington	No time limit, but cases are typically open three to six months	<ul style="list-style-type: none"> FVS caseworker and supervisor jointly decide to close case based on reduction or risk, and/or elimination of the safety threat

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Relevant case data

While all four jurisdictions report data on the number of children and families served, tracking outcome data,

particularly after voluntary services are closed, is more challenging and not necessarily widespread.

JURISDICTION	KEY DATA
New Jersey	<ul style="list-style-type: none">Approximately 85% of all cases served by the department are voluntaryAmong children offered Family Preservation Services, 86% have remained at home 12 months after receiving services
New York City	<ul style="list-style-type: none">In FY2017, 19,494 families, representing 44,445 total children, received prevention servicesFamilies that complete preventive services have a lower rate of repeat maltreatment than those that do not (2.6% vs. 14.3%)
Oklahoma	<ul style="list-style-type: none">In state FY2018, 2,086 families were served by the agency's voluntary servicesOf all children served by intensive-level services during the first three years of the waiver demonstration project period, 80% remained at home and all have not re-entered the system or been re-referred within 12 months
Washington	<ul style="list-style-type: none">In 2017, 31.2% of children served by FVS were involved in a screened-in CPS intake after case closure

- 1 To read the law, go to <https://www.congress.gov/bill/115th-congress/house-bill/1892/text?q=%7B%22search%22%3A%5B%22hr1892%22%5D%7D&r=1>
- 2 Interview with staff from the Division of Child Protection and Permanency, New Jersey Department of Children and Families, January 14, 2019.
- 3 Interview with staff from the Division of Prevention Services, New York City Administration for Children's Services, February 1, 2019.
- 4 Interview with staff from the Oklahoma Department of Human Services, Child Welfare Services, January 11, 2019.
- 5 Interview with staff from the Washington State Department of Children, Youth and Families, January 22, 2019.

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