

# Multi-system Policy Framework for Family and Child Well-being<sup>1</sup>

## AT A GLANCE

A resource for advocates, system leaders, and communities | April 2024

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This “at a glance” document accompanies the full report, *Meeting Family Needs: A multi-system policy framework for child and family well-being*. Its purpose is to help child welfare and human services public officials, advocates, and community members move forward on prevention-focused change. More specifically, it aims to support leaders who seek to fill the gaps in broader economic supports and human services programs—such as stable and adequate income, housing supports, health services, child care, and utility and food aid—that drive families into the child welfare system unnecessarily. These actions would shrink the child welfare system while better supporting both families and children. Both the full report and this “at a glance” companion respond to an emerging consensus across the social service sector and in communities nationwide: that there is a need to create a family and child well-being system that buoys families facing adversity and helps them thrive.

This “at a glance” companion resource is meant to support leaders and jurisdictions that start out at many different stages of the process of building an integrated and holistic family and child well-being system. For some, this framework could offer a place to start or a first step; for others, who are much further along on the journey, it will offer ideas about next steps to magnify the impact.

This resource is also meant to offer ideas that are useful both to people deeply involved in child welfare and to public officials, advocates, and individuals with lived experience across economic supports, caregiving, and health and human services policy areas. Creating a broader and deeper safety net for families will engage all of these audiences, and progress towards the broad goal of child welfare prevention will require all of them to contribute.

*Chapin Hall is working in partnership with the Doris Duke Foundation to create a meaningful alternative to the child welfare system. This resource was created in conjunction with the [Foundation’s Opt-in for Families initiative](#), a project designed to demonstrate the principle at the core of this framework: that it is possible to meet families’ needs families in a more humane and appropriate manner, and to prevent child welfare involvement.*

## Why Now: The Need and the Opportunity

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The child welfare system was founded with the goal of protecting children from harm. Yet there is a deep mismatch between the tools available to child welfare to achieve this goal, such as investigations and foster care, and the needs of families. Research provides a vivid picture of the intertwined economic and social strain affecting millions of families daily. In 2022, about one in eight children (12.4%) lived in poverty. Even more—one in five—experienced food insecurity,<sup>2</sup> while a stunning one in four spent over 50% of their household income on housing in 2020.<sup>3</sup> Living and raising children at the edge of scarcity demands a level of resourcefulness and resiliency that taps caregivers’ mental and physical capacity—as economic hardship degrade family dynamics in tandem with caregiver mental health, well-being, and parenting capacities.<sup>4</sup>

The policies that could address these challenges—including stable and adequate income, housing supports, health services, and utility and food aid—are critical to keeping family needs from becoming crises. Tragically, however, the nation has never sufficiently invested in these upstream supports to meet families' needs. Thus, because of a shortage of appropriate services and supports coupled with administrative red tape and a fractured social service system, help is out of reach for many families in need.

As a result, an enormous number of American families find themselves in a *system gap*—an abyss between health and human services systems where supports are insufficient or unattainable, on the one hand, and a child welfare system that has the wrong interventions to meet the need on the other. Families facing adversity are often erroneously sent to the child welfare system for support that it, by design, does not provide.

This pattern results in two great harms. First, family needs go unmet, leaving children less safe and families at risk of entering the system again. National data show that millions of families are reported to child protective services and screened out without receiving any services at all, while millions more are investigated for child abuse and neglect yet receive no services.<sup>5</sup> Second, this results in a vast overreach of the child welfare system—and intrusive child welfare involvement itself creates stress and damage to families, even though they receive no help. Nearly 40% of all U.S. children, and more than 50% of Black children, experience an investigation by age 18.<sup>6</sup>

But this grim picture is not the whole story: this moment offers an opportunity to move toward fixing this historic failure. Within the child welfare system, there is increasing momentum in a new direction—one that prevents child welfare involvement by ensuring that family needs are addressed earlier, through an *integrated and holistic child and family well-being system*. Child welfare leaders clearly see the need for change and have been given a powerful tool with passage of the Family First Prevention Services Act, which explicitly supports investment in prevention services for families.

In the broader systems of health, human services, economic support, and caregiving, there is also momentum for change. In areas as disparate as economic supports (for example, through the Child Tax Credit and the Earned Income Tax Credit), health care, child care, paid family and medical leave, housing supports, nutrition supports, and other areas, recent national and state legislation gains have expanded help for families. In some cases, those expansions were temporary and have been reversed, but they have created energy for the next battles. In other cases, improvements remain in place. Thus, leaders and community members across the spectrum of supports that help families are poised to take important next steps.

## The Vision—and Practical Steps to Get There

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To seize this moment of urgency and of opportunity, this framework suggests a vision for an *integrated and holistic family and child well-being system*. This vision can guide both child welfare communities and the communities engaged in advocating for and providing economic, caregiving, health, and social services supports. The approach must be grounded in a shared responsibility and accountability across human services to prevent the unnecessary separation of families, and it must be informed and led by families and communities. While child welfare cannot forge the well-being system alone, it can partner, serve as a catalyst for, and colead the work.

The framework is designed to be at once both *visionary and practical*, crystallizing this vision in actionable terms. It describes how public systems and programs as diverse as Temporary Assistance to Needy Families (TANF), the Child Tax Credit, Medicaid, and Title IV-E can meet in the space between systems to create a new system response and reduce the role of child protective services (CPS). By implementing components of this framework, jurisdictions can fill the existing gap in family engagement and service delivery, reducing the overreliance on the child protection system.

## The Framework At A Glance

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The framework consists of two key elements: (1) assessing *foundational conditions for change* and (2) choosing actions that will move the community-wide service system closer to the vision, using the *six components of system change*. Eventually, communities seeking change will build strength in all six of the components, but the starting point and the path will depend on existing needs, strengths, and opportunities.

**Assess foundational conditions for change.** In considering how to get started, users of the framework must assess the strengths and weaknesses of their community service array and child welfare practices as they affect the experiences of families and communities. For example, assessment may focus on programmatic strengths and gaps; strengths and gaps for particular families and neighborhoods, especially those most marginalized; and capacity or lack thereof for collaboration. Two *foundational conditions for change* are especially important for facilitating change:

1. Shared leadership with families with lived experience<sup>7,8</sup>
2. Collaboration, synergy, and shared accountability across human services programs and agencies

Agencies that are not far along on the first criterion—that is, they are not closely connected with people who have lived experience of the system and do not have regular mechanisms for seeking feedback and sharing decision-making—are not yet ready for the action phase of a major change effort. However, exploring the community's needs, strengths, and priorities for prevention services and related infrastructure using this framework could be a way to start building the necessary relationships and creating the capacity to implement change. Similarly, agencies that do not have strong collaborative relationships with human services and health partners are likely not ready to develop an action plan, but they can use this framework to jump-start the needed conversations.

**Choose actions based on the six components of system change.** The core of the framework consists of six types of practical steps a jurisdiction can take towards the vision of comprehensive change, as summarized below:

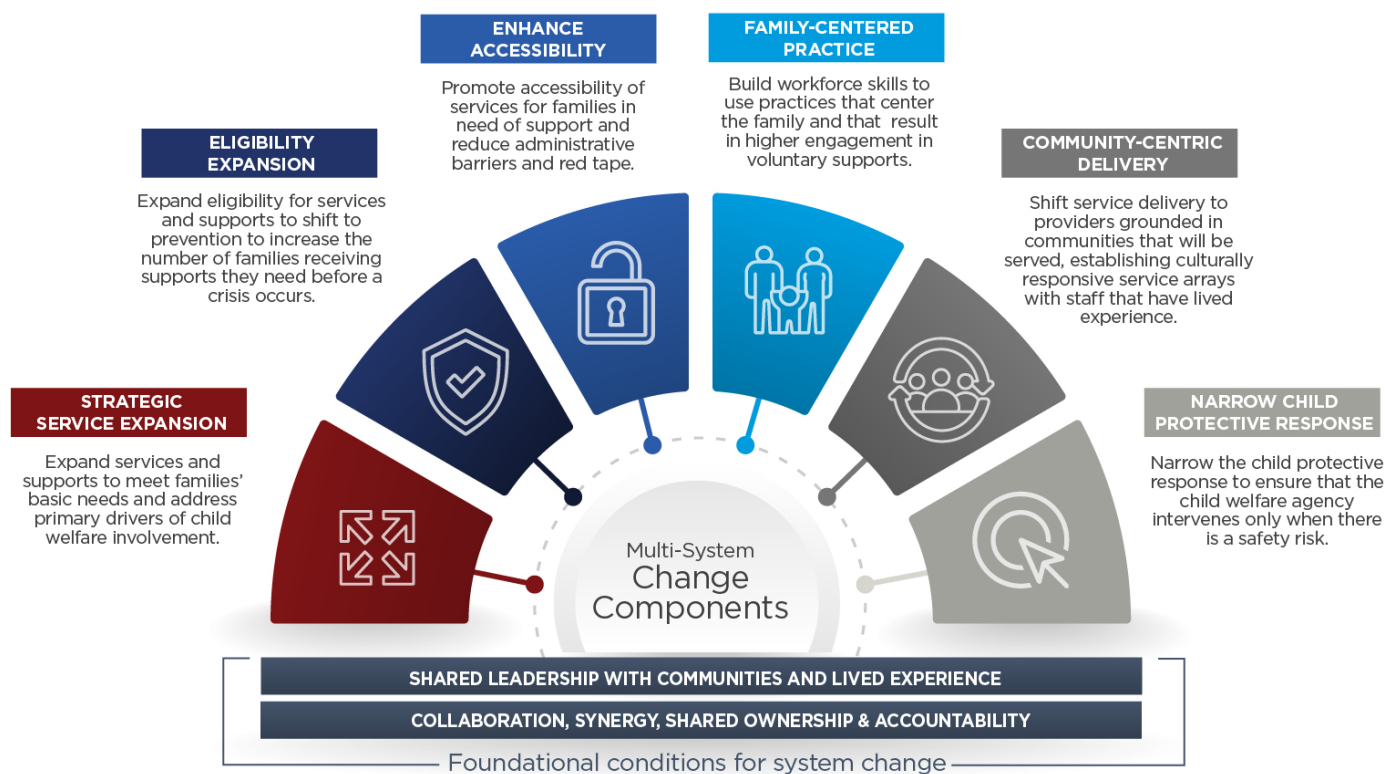
- **Strategic Service Expansion:** Expand services and supports to meet families' basic needs and address primary drivers of child welfare involvement. Depending on the jurisdiction, consider expanding childcare, home visiting, Medicaid, or TANF supports in a way that benefits these families most at risk.<sup>9</sup>
- **Eligibility Expansion:** Expand eligibility for services and supports to shift to prevention to increase the number of families receiving supports they need before a crisis occurs. For example, eligibility for mental health services under Medicaid should be broadened beyond a narrowly defined "medical necessity" criterion.
- **Enhance Accessibility:** Promote accessibility of services and supports for families in need of support and reduce administrative barriers and red tape. This would entail promoting a range of strategies for families to gain access to services that already exist.
- **Family-Centered Practice:** Build workforce skills to use practices that center the family and result in higher engagement in voluntary supports. Examples might include investing in a prevention practice model or reimagining assessment.
- **Community-Centric Delivery:** Shift service delivery to providers grounded in communities that will be served, establishing culturally responsive service arrays with staff that have lived experience. This may involve making procurement practices more accessible to community-based organizations, expanding provider types (for example, peer supporters and community health workers), and reducing administrative burdens on providers.

- Narrow Child Protective Response:** Narrow the child protective response to ensure that the child welfare agency intervenes only when there is a safety risk. Establishing better preventive services alone is not enough to reduce overreliance on child welfare. It's necessary at the same time to alter the laws, processes and behaviors that drive families to the attention of child welfare. For example, this could involve statutory change to mandatory reporting laws and child neglect definitions or new guidelines for child protective decision making.

Eventually, a successful prevention strategy will include all of these, but every agency—after reflecting in partnership with advocates, community leaders, service providers, people with lived experience, and colleague agencies—may choose to start in a different place. Ideally, though, they will start with actions that are doable and will also make a major difference to families' lives.

## How to Use the Framework

### Meeting Family Needs: A Multi-System Policy Framework for Child and Family Wellbeing



We envision the child welfare and broader health, human services, economic supports and caregiving communities using this framework in several different ways to make progress on this vision. In particular, we propose the following three approaches, knowing that individual leaders and communities will surely identify many more.

**Approach #1: Using the framework as a catalyst to build stronger collaborations with people with lived experience and across agencies.** In jurisdictions where one readiness condition or the other is substantially lacking, we would encourage using this framework to kick off conversations and build relationships. We anticipate that it could stimulate excellent shared discussions around issues such as:

- How do families with lived experience see the system mismatch described above? What service and access gaps and what mismatches or failures within the child welfare system are most striking to them?
- How might the agency, advocates, and people with lived experience jointly collect data or otherwise work through some of these questions of priorities?
- What service and access gaps and what mismatches or failures within each of the agencies are most striking to people engaged (as public officials, people with lived experience, or advocates) across the human services systems?
- How might these different systems jointly collect data or otherwise work through their perspectives on the obstacles and the opportunities for change?

These and other questions could potentially serve to build relationships and institutions that would strengthen readiness for the next phase: action planning.

**Approach #2. Using the framework to create, expand, or sequence action plans** in the context of strong existing relationships with people with lived experience and across health/human services partners. In communities and states where the readiness conditions are stronger, the framework can serve as a basis for strengthening commitment, turning a general vision into an action plan, expanding an existing action plan, or more explicitly sequencing actions to reach the goal. For example, if an existing action plan to strengthen preventive services only addresses two or three of the components, falling short of what is needed for system transformation, the framework could help the group identify actions in the other areas. Or, if the existing plan is narrowly focused on particular segments of economic or social supports, the framework could stimulate thinking about other areas that would be beneficial to work on collaboratively. For example, shifting the focus to Medicaid or child care in a jurisdiction that has focused on income.

**Approach #3. Using the framework to engage the child welfare community in existing work by the health/human services/caregiving systems.** We expect that the first users of the framework will often be the child welfare community. However, we hope that in some jurisdictions where the child welfare agency is not deeply engaged in a prevention focus, other health and human services communities—whether agencies, providers, people with lived experience, community leaders, or advocates—might use the framework themselves, to draw child welfare into the conversation. For example, the health agency in a state with a recent Medicaid expansion may realize that it now has new tools to address behavioral health issues affecting parents and children and decide to engage the child welfare system in strategic planning to draw on this new capacity.

### Sources and assistance in using the framework

The full framework includes a complete list of sources and jurisdictional examples designed to support action and effective use of the framework. Users of the framework may wish to explore these sources and examples more deeply to understand what is possible and how it could be done.

# Multi-System Policy Framework for Family and Child Well-being: At a Glance

**System Change Components** essential to building a meaningful alternative to child welfare.



## Strategic service expansion

To prevent contact with child welfare systems and promote thriving, families require access to a diverse array of voluntary, accessible supports and services to meet a range of child and family needs. While every jurisdiction will require a different strategic approach, it may be particularly helpful to consider increased investment in evidence-informed or promising interventions that (a) aim to meet families' basic needs, as a foundation for family and community stability across diverse beneficiary populations<sup>10</sup> and (b) address specific family needs that are primary drivers of child welfare involvement.<sup>11</sup> Notably, funding a support or service is not enough; low supply and barriers to access can still exist. Strategies to enhance engagement of community-based providers, promote a strong workforce, and ensure access to the services can be deployed in conjunction, as discussed later in this framework.

(a) Invest in increased supports to meet families' basic needs, including:

- **Economic and concrete supports** to promote economic stability and mobility, such as housing, nutrition, child care, and cash.
- **Family resource centers**, community-based hubs that offer a range of supports, resources, and opportunities designed to strengthen and connect families while promoting the relational health and family networks that bind supportive communities.
- **Community action agencies** connect families to services, including high-quality early education, job training for parents, stable and affordable housing, food and concrete supports, and utility assistance.

(b) Invest in services designed to address primary drivers of child welfare involvement.

- **Substance use services designed specifically for caregivers.** Knowing that traditional SUD treatment programs and modalities often do not fit with the needs and circumstances of families, wide availability of services designed specifically for caregivers (such as models that integrate family therapy and SUD support or that provide child care during treatment sessions) could greatly increase accessibility and relevance.<sup>12,13</sup>
- **Accessible behavioral health and wraparound supports for youth,**<sup>14,15</sup> acknowledging that young people need behavioral health supports embedded in the places that are most familiar, such as schools and local clinics, and that are equipped to address both routine stresses and acute crisis needs.
- **Culturally specific services and programs** not only consider the role of race and culture as integral to developing solutions to challenges families face, they are also developed by and for people of color.
- **Services and supports specifically targeting formal and informal kin caregivers,** such as expanding access to certain benefits and programs for relative and fictive kin caregivers, creating new or more robust services specifically for kin (for example, kinship navigation models), or revising statutes and protocols around which families receive financial support for caring for children in their homes and at what amounts.
- **Home visiting programs,** voluntary supportive services that provide critical parenting supports and connections to community resources for families with young children.





## Eligibility expansion

Expand eligibility and target beneficiary populations to shift toward prevention, increasing the number of families receiving services and supports before a crisis occurs. Eligibility rules associated with social programs—including but not limited to major federal programs like title IV-E, Medicaid, and TANF—have historically allowed for intervention with families predominantly after a crisis has occurred or needs have deepened, missing the opportunity to intervene early and in a truly proactive manner. While that tendency typically remains, some federal policy changes and demonstrations in recent years have provided an opportunity for states to expand eligibility to focus more on prevention, collectively signaling a policy direction across the health and human services continuum toward upstream prevention and holistic care. By expanding eligibility rules to reach families more broadly—either by offering service eligibility at the population level or by adapting eligibility criteria to reach families earlier—systems can proactively promote thriving, obviate more expensive and intrusive downstream services such as child welfare, and bring increased funding and revenue maximization to upstream prevention. Research demonstrates that state policy options for increasing access to economic and concrete supports are associated with decreased risk for child welfare involvement. For example, expanding eligibility by increasing income limits, eliminating asset tests, and establishing categorical eligibility across programs can reduce the risk for child welfare involvement. States with more flexible program policies for child care subsidies (including flexibility around eligibility) for child welfare-supervised children have, on average, fewer child removals than other states.<sup>16</sup>

- **Redefine “medical necessity” for Medicaid-funded mental and behavioral health services**, proactively addressing hardship and traumatic life events without stigmatizing or pathologizing the experiences that often accompany poverty, racism, and community hardship.
- **Eliminate policies restricting access to TANF income**, including time limits and more severe sanctions for noncompliance.
- **Build Family First community pathways**, mechanisms that families can use to access Title IV-E–funded prevention services outside the traditional child welfare service delivery and case management context. This would effectively expand Title IV-E prevention services upstream, well beyond the traditional child welfare population.



## Enhance accessibility

Promote accessibility of services and supports by building upstream infrastructure and referral pathways, reducing administrative barriers, and deploying strategies to proactively reach families in need. Too often, families do not use the services and supports that are available to them because they are too difficult to access. It is estimated that between 20% and 50% of households do not use public benefit programs for which they are eligible.<sup>17,18,19</sup> This take-up gap is partly attributable to systems and providers failing to reach families—with information, eligibility screens, navigation, and referrals. Moreover, administrative burdens, such as time spent researching programs, filling out forms, waiting to speak to enrollment staff, or engaging in complex eligibility processes deter families from receiving services for which they are eligible. Stigma keeps some families away. These barriers to accessibility compound existing inequities, falling disproportionately on people of color. In order to connect families with supports, public agency staff and providers must assume the burden of making supports and services accessible for families, rather than relying on families to demonstrate their motivation or ability to navigate siloed programs as a prerequisite for support.<sup>20</sup>

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- **“Warmlines” or universal navigation infrastructure available that all families can access.** While child welfare currently receives referrals through a “hotline,” whereby suspected maltreatment is reported, child welfare leaders and diverse human services partners envision a “warmline”—online, phone, and in-person infrastructure for navigation and referrals that can be accessed outside the child welfare system.
  - **Interagency referral pathways with “no wrong door” to access prevention supports.**<sup>21,22</sup> Key referral pathways are coordinated across child- and family-serving systems, allowing families to seamlessly access a full array of specialized family services supported by diverse agencies, community organizations and funding streams.
  - **Holistic screening and assessment strategy,** centered on family-led identification strengths as well as economic, social, and parenting needs. In an integrated child and family well-being system, especially one utilizing a “no wrong door” approach, such an assessment could be administered on a voluntary basis at various entry points to identify needs early and determine eligibility for appropriate supports available across systems.
  - **Diversion from child welfare.** Families coming to the attention of the child welfare agency are consistently offered referrals to voluntary supports and navigation services as needed at every point of “diversion” from the system (for example, being screened out at the hotline or having investigation closed without an open case).
  - **Information campaigns and outreach to promote awareness of services and supports** to increase family engagement and participation in services and supports.
  - **Reduce administrative burdens for families to access supports.** Administrative burdens often stymie service accessibility. Administrative burdens are barriers that increase the costs—in terms of time, money, and psychological distress and anxiety—to those eligible for programs to apply for and maintain enrollment.
  - **Prioritize meeting basic needs prior to more intensive services,** acknowledging that families often need to have their basic needs met before they can fully engage in more intensive services such as family therapy or behavioral health treatment.<sup>23,24</sup>



## Family-centered practice

Build workforce capacity and skills to use practices that center the family, build rapport, and sustain trust. For too long, child welfare and other human services systems have been characterized by coercive, punitive, and directive interactions between the workforce and families. This increases the experience of trauma and sense of mistrust already felt by families, stigmatizes those in need, and inadvertently builds barriers between the family and the individual who is ostensibly intended to help them. Casework practice too often centers on advancing externally driven service plans and expectations, where the family’s failure to comply is associated with an implicit or explicit threat of deeper system involvement. As a result, some of the families who need help the most avoid services and resources, further increasing their risk for downstream child welfare involvement. For a voluntary child well-being system to work, families must see the system and the workforce that represents it as supportive and nonthreatening. The following promising strategies would result in a higher rate of engagement in voluntary supports because families will feel comfortable and empowered engaging with the social service workforce. Note that this change component could be particularly effective in conjunction with component #5 below by promoting such practices among a workforce of community members and lived experts.



- **Invest in a prevention practice model.** Use a common model of prevention practice that articulates the values, principles, skills, competencies, and practice behaviors that can optimally be manifested by all social service professionals, providers, and partners engaging with families. The model should move toward maltreatment prevention and child and family well-being.
- **Reimagine assessment tools and processes** that are rooted in family strengths rather than pathology. Engage families differently in discussions about what help might be most responsive, focusing on promoting family engagement and normalizing help-seeking behavior.
- **Implement motivational interviewing** to create affirming and transformative service experiences by providing a framework for workers and clinicians to reach, engage, and empower families. With no formal educational requirements, Motivational interviewing is often well suited for a diverse workforce of community members or lived experts.<sup>25</sup>



## Community-centric delivery

Shift service delivery to providers grounded in communities that will be served and those with lived expertise. Historically, government funds have been distributed to service providers through procurement and funding mechanisms that favor well-resourced organizations with robust administrative capacity and providers with staff who meet traditional educational and credentialing criteria. This results in a service delivery system that lacks cultural concordance and connection to the communities it serves, compromising its ability to reach families and diminishing its effectiveness. Further, resources and jobs are channeled to those already enmeshed in the dominant power structure. Meanwhile, workforce shortages and high turnover have hampered social service systems nationally, as traditionally credentialed staff seek employment in other roles. A shift toward culturally responsive service arrays and providers that are reflective of local context and needs will be achieved through changing policy to encourage nontraditional provider classes, adjusting procurement practices, and limiting administrative burdens that are prohibitive to many providers. In conjunction with the framework's first foundational condition for change, service design and delivery will be led by served communities.

- **Expand the provider class** to engage community members and lived experts with nontraditional professional credentials—such as peers and community health workers—who live within the communities they serve and whose lived experiences mirror those of their clients.
- **Shift to equitable procurement and contracting practices.** As stated in the Harvard Kennedy School Government Performance Lab's publication *The Journey to a Well-Being-Oriented System*, jurisdictions should focus on "ensuring service arrays are culturally responsive and reflective of local contexts and needs by adjusting procurement practices to include more proximate providers" (p. 18).<sup>26</sup>
- **Reduce administrative burdens on providers** that are required to receive public funds such as extensive paperwork, data collection and reporting, and unclear business processes. These burdens indirectly contribute to the cost of delivering services and too often cause small and community-based providers to opt out of receiving public funds and providing services. Reducing administrative burdens could alleviate the provider shortage currently hampering the mental and behavioral health field.



## Narrow child protective response

Building an integrated and holistic family and child well-being system will strengthen access to supports that families need to thrive. However, establishing this alternative, alone, is not sufficient to stem society's over-reliance on child welfare. To create a child well-being system that includes appropriate use of child protective services, systematic efforts must be made to alter the architecture, processes, and behavior that erroneously drive families to the attention of child welfare. The child welfare agency will intervene only when there is a safety risk. All other families must be intentionally directed toward the integrated and holistic family and child well-being system.

- **Modify child neglect statutes** that include in their definition of neglect families' financial inability to provide for their child without exemptions—so that parents are not penalized for lack of financial means alone.
- **Revise or enhance mandated reporter statutes and training** to promote consistent decision making and make mandated reporters aware of options, other than calling the child welfare hotline, that may be more appropriate and responsive to observed family needs.
- **Capacity-building and decision-making tools for hotline workers** to improve their ability to distinguish between poverty and neglect within child welfare referrals.<sup>27</sup>

## Endnotes

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