

December 1, 2025

To: DCF Commissioner Staverne Miller

From: Children's League of Massachusetts

Re: Implementation of Family Support & Stabilization services

Dear Commissioner Miller,

As always, we appreciate the strong working relationship with your office in our shared goal of serving children and their families. In that spirit of collaboration, I'm writing today on behalf of CLM's member organizations to ask for some clarifying information about the implementation of Family Support & Stabilization (FS&S), in response to recent formal and informal communication shared with providers via Area Offices, and the presentation from Candice Gemski and Katherine Canada to providers on November 7.

These are areas where we are seeking clarification from DCF.

Budget status

Despite the FY26 budget increase that was secured for the FS&S line item specifically to match the anticipated need for the new procurement, and the lack of 9C cuts to date, there have been direct and indirect messages and signals from some Area Offices that there is a need to cut FS&S services due to budget cuts or shortfalls. It also appears that some specific offices have had actual cuts to their budget, are making cuts in referrals, are refusing services for youth in placement, and are closing open cases as budgetary, rather than clinical, decisions.

Questions:

What is the status of the FS&S budget, and is DCF actively restricting FS&S cases in order to meet a budget goal lower than FY2026 appropriations?

How does the overall DCF FS&S caseload for Q1 of FY2026 compare against the budgeted appropriation? If not, what is the variance and is this region-specific?

Will DCF commit to sharing budget updates uniformly throughout the network so that providers hear consistent and accurate messages directly from DCF (i.e., as opposed to through the Lead Agencies)?

Reductions in overall referrals

We understand that overall DCF has seen a diminishing caseload, and at the same time has expanded the FS&S services landscape by adding new programs and providers. However, we are seeing referrals for FS&S through the Lead Agencies are down in some regions. Furthermore, we might expect that from the increase budget and expanded network that more FS&S cases would be opened in order to support the shared goal of preventing youth from out of-home placement. We believe DCF signaled in the procurement an approach that would

allow a family to receive a varied array of services to address complex family needs and youth supports at the same time, as opposed to what we are seeing with restricting families to a single FS&S service at a time.

With the referrals below expected levels in some regions, providers of all sizes are already having to make difficult decisions about laying off staff. Overall, if the referrals aren't going to match what was signaled in the procurement and contracts some of those providers are going to have to return the contracts and it's going to be incredibly difficult to rebuild that network if it is in fact needed.

What is the overall DCF FS&S caseload for Q1 of FY2026 compared to Q1 FY2025? Where are there notable variances (i.e., regionally, by new/previously existing program models, by placement status, etc.)

What data does DCF have on referrals for multiple services, including compared FY2025 to FY2026?

What is the anticipated change (up or down) in caseload projected for FY2027?

Confusion about referral and service usage guidelines

We understand that the primary intention of FS&S is to serve intact families. However the RFR and subsequent message from DCF, including in the presentation on November 7, was clear that FS&S may be used for families with youth in out-of-home placement. Providers staffed and budgeted their programs with these expectations. However, in some Area Offices, DCF has messaged that youth in placement are not eligible for FS&S and those services are being closed, including some cases after there was a specific agreement to take a particular youth into placement with the condition that an FS&S service would be attached.

Adding to this confusion, the guide and chart (green/yellow/red) shared by Katherine Canada in the Nov. 7 meeting seems to put restrictive/definitive boundaries on decision-making regarding the use of FS&S services for youth/families meeting certain criteria, including youth in out-home-placement. The experience of providers is that offices are taking the chart guidelines at face value *without* opportunity for discussion about clinical needs as described by Katherine in the presentation.

Examples from providers about inconsistent case management

- We have many families that could benefit from continued support, but the standard is 3 months of Support and Stabilization. There are some area offices that are more rigid with this than others.
- When it's appropriate for a Support & Stabilization staff person to provide another service, the Lead will not accept the offer. Example: a child is returning home, and the focus is on getting the home and the caregiver ready, they won't switch the referral.
- S&S Services with another agency had been reopened to support a youth and their foster parent to help manage the youth's anger management challenges and their conduct in the foster home, until an outpatient therapist was identified to take over on a more permanent basis. Because of the long waiting lists and the inability to identify a HUB to allow the clinician to continue working with the family through MassHealth, the Lead extended the service for another month. However, at the time, a HUB still was not identified. S&S services were scheduled to be terminated on 11/7, regardless of



whether a HUB was identified or not. This foster parent was distraught over this, because she and the youth appreciated the support the S&S Services provided to them. We have since heard that a HUB has since been identified-but a timeframe was guiding the decision not clinical care.

Questions:

How is DCF engaging with providers, beyond the Provider Fairs, to ensure social workers and supervisors, understand the landscape of FS&S service offerings in order to make targeted and thoughtful referrals?

How is DCF ensuring consistent implementation of FS&S across regions/Area Offices, and holding regions accountable for good-faith discussion with providers about cases where FS&S may be appropriate to meet a clinical need?

Is there an explicit time limit being placed on FS&S services?

Is DCF restricting families to one FS&S service at a time?

Conclusion

Most of all what we are looking for is transparency from DCF on the situation so providers can adequately plan ahead from a budget and staffing perspective. Overall we certainly agree that FS&S is vital to closing DCF cases quickly. We feel that better communication and collaboration between the agency and the providers around FS&S case management would support this goal.

As always, CLM stands a resource to DCF for informal discussion and thought partnership on maximizing our services for children and families.

We appreciate your attention to these questions and look forward to continued conversation.

Sincerely,

Rachel Gwaltney
Executive Director
Children's League of Massachusetts

CC:

Candice Gemski, Deputy Commissioner for Clinical Services and Support

Katherine Canada, Assistant Commissioner, Services Network

Mary McGeown, Undersecretary for Human Services