

**IF NOT NOW, WHEN?
A CALL TO ACTION FOR
SYSTEMIC CHILD WELFARE REFORM
IN MASSACHUSETTS**



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ABOUT MASSACHUSETTS LAW REFORM INSTITUTE

Founded in 1968, the Massachusetts Law Reform Institute (MLRI) is a statewide nonprofit poverty law and policy center. Its mission is to advance economic, racial and social justice through a multi-pronged strategy that includes legal action, policy advocacy, coalition building, community engagement, and public awareness campaigns. MLRI specializes in large-scale initiatives and systemic reforms that: address institutional policies and practices that harm low income people; promote economic fairness and stability; and create pathways to opportunity and self-sufficiency for low income individuals, families and communities.

In addition, MLRI serves as the statewide poverty law support center for the Massachusetts civil legal services delivery system, providing substantive expertise to local legal aid programs and also to social service, health care and human service providers, and other community-based organizations that serve low income people.

MLRI coordinates two statewide legal information websites:

www.masslegalhelp.org (for individuals and social service providers seeking legal information to assist low income clients) and *www.masslegalservices.org* (for legal aid lawyers and advocates).

For more information about MLRI, please visit our website at *www.mlri.org* or contact Executive Director Georgia D. Katsoulomitis at GKatsoulomitis@mlri.org.



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EXECUTIVE SUMMARY

About this Report

Not too long ago, Massachusetts' child welfare system was a national model. Other states looked to Massachusetts for our effective child welfare policies and practices. Now, while we remain among the leading states on many other indicators of child well-being including education, health, and low numbers of teen births,¹ our leadership in child welfare has declined.

In the wake of the tragic disappearance in 2013 and later confirmed death of Jeremiah Oliver, a child whose family was involved with the Department of Children and Families (DCF), the state's child welfare agency, we as a Commonwealth are taking a hard look at how our child welfare system is, and is not, working to protect children. While this scrutiny arose from tragedy, it also provides the opportunity to make much needed improvements in the way we serve our most vulnerable families and children and regain our leadership in child welfare.

The Massachusetts Law Reform Institute (MLRI), in consultation with an advisory committee of child welfare experts from Massachusetts and from around the country, offers this Call to Action to begin to make changes in child welfare policies and practices in Massachusetts that will once again position the state as a leader in this area. The advisory committee consists of individuals who have led large child welfare and other family serving agencies, provided technical assistance to child welfare agencies, worked with advocates in other states to develop and implement successful reforms, and of individuals who have substantial experience with the Massachusetts child welfare system from many different perspectives.²

The Child Welfare League of America (CWLA) has already made a substantial contribution to addressing this challenge. The first step is getting DCF's house in order, and the CWLA's Quality Improvement Report outlines important recommendations towards that end. This report is intended to build upon the CWLA's report and help us look beyond DCF itself to building an integrated, aligned system of care.

We know how to do this.

The many recommendations in this report all boil down to the following: **We need to invest in front-end services to keep children safely at home and prevent DCF involvement and out-of-home placements whenever possible.** DCF cannot do this in isolation. Reforming the child welfare system does not stop at one agency. **It involves cross-agency coordination of multiple programs, services and supports that affect family and child safety, stability and well-being** and an examination of how these systems work together. Child abuse and neglect must be viewed as a public health issue, and as with any other public health issue, it is essential to address it through coordinated multi-level preventive approaches.

Once we have made adequate investments in preventive and family preservation services, then we should evaluate what works -- using solid and publicly available data -- to improve outcomes for children and keep them from going deeper into the system whenever possible, consistent with their best interests.³ We must create a culture of learning and innovation, not blaming and finger-pointing. This will require us to monitor our progress in achieving our agreed-upon child welfare outcomes, evaluate the data to assess what works and what does not, and use this learning to fuel innovation and design appropriate trainings for staff who work with these vulnerable families. The child welfare agency needs to share its data with the public to create transparency, build community ownership of the child welfare system, and establish accountability to the public and the legislature. In turn, the legislature needs to support the agency through robust funding and active engagement.

Child welfare requires a continuum of care from services to keep children at home, to case monitoring, and in some cases to out-of-home family-based or residential placements. It will always be the case that some children will need out-of-home placements in order to be safe. Many foster parents provide loving, nurturing homes in which children thrive. In most cases, foster care is intended to be short term, with the goal of returning home as soon as possible, and if not home with their parents, into permanent, stable, loving new homes. Children removed from their parents should be placed with kin whenever possible in order to maintain family continuity. Children in foster care should be placed in the least restrictive, most family-like setting possible, recognizing that some children's behavioral health needs are severe enough that they may need inpatient placement for periods of time.

A balanced response

Often after a tragedy involving a child in a child welfare agency's caseload, vigilance increases, child welfare agency caseloads increase, and the number of children that are removed from their homes increases. At the time of this report, this is what is happening in Massachusetts. This trend does not have to—and should not—continue in that direction. We cannot allow legitimate public outrage to push the system to spiral out of control. While scrutiny and correction is needed, what is also urgently needed is a thoughtful and proactive (not a reactive) response to ensure all the goals of our child welfare system—child safety, permanence and well-being—are met.

The first step in a more balanced response is to recognize that *child protection* and *strengthening families* are not in opposition. These goals are complementary, not competitive, and pitting them against each other creates a false dichotomy.⁴ They are integral components of the child welfare goals of protecting children and promoting their well-being. We keep children safe by strengthening their families, removing them only when it is not possible to keep them safely at home.

An integrated and aligned child welfare system

Finally, we must ensure that our duty to keep children safe is seen in the context of all of the other challenges facing at-risk families and families in crisis. Reforming the child welfare system to achieve optimal outcomes for children and families will require a holistic approach, an understanding of the multiple challenges facing many at-risk families, and a focus on collective impact and collaboration. Child welfare, physical, behavioral and public health, social services, and, education providers, as well as families and communities, all have a role and must partner together in an integrated, aligned system to improve the safety and well-being of families and children.

Recognition of these complexities, and a clear need to invest in front-end services that result in more stability and better child well-being overall, leads us to a key element of our recommendations—the creation of an integrated and aligned child welfare system in Massachusetts.

A stable, integrated and aligned child welfare system is one in which:

- ▶ DCF plays a critical role, in partnership with other systems, families and communities to improve the safety, permanency and well-being of families and children.

- ▶ Child abuse and neglect is treated as a public health issue, which entails a comprehensive approach that is owned by the community and involves active partnerships with other child-and-family-serving systems.⁵
- ▶ Families are meaningfully engaged at all levels of policy and practice formulation.
- ▶ There is an investment in up-front high quality, family-centered supports and services to prevent child abuse and to reduce the need for foster care.
- ▶ The child welfare agency has the funding and leadership it needs to carry out its public mandate to protect the most vulnerable families and children.
- ▶ The child welfare agency uses and shares data to create a culture of continuous learning, self-correction, public transparency and accountability.

This change will not come quickly. Success will require a commitment to sustained change over time and across administrations. We must act now. The children of our Commonwealth are our future and they deserve nothing less.

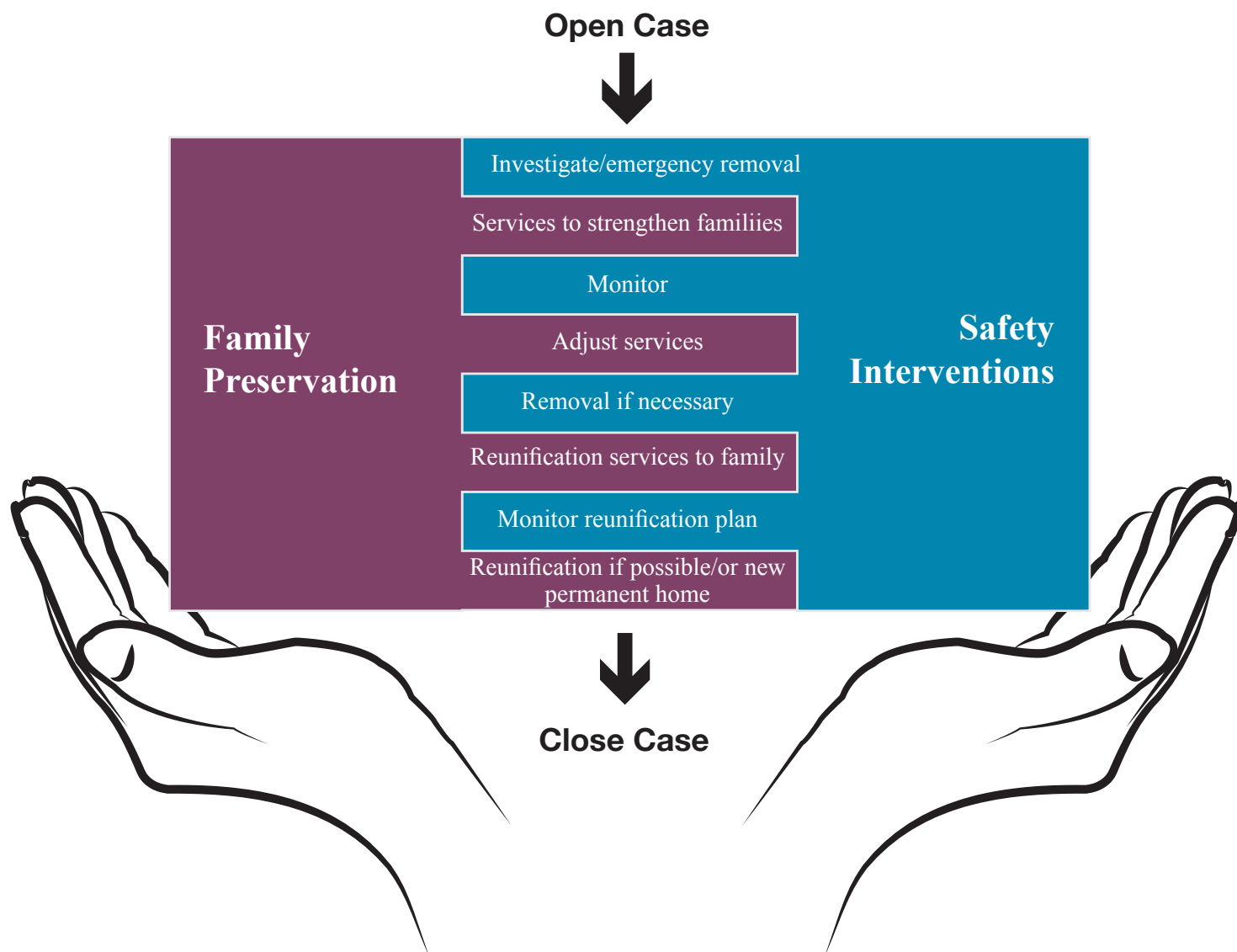


This report makes five major recommendations for building an integrated, aligned and effective child welfare system in Massachusetts:

- 1. Invest in key preventive and family stabilization services through an integrated and aligned system of care.**
- 2. Use, share and evaluate data effectively to identify what services and interventions work.**
- 3. Cultivate strong agency leadership, management, and front line social work.**
- 4. Adequately fund the Department of Children and Families and the preventive services of other state agencies serving at-risk and low-income children and families.**
- 5. Ensure that children who need to be in foster care can live in the least restrictive, most family-like setting possible, and have their needs met to ensure safety, permanency and well-being.**

The Interrelation of Keeping Children Safe and Strengthening Families

Child welfare's safety focus is related to and interwoven with family preservation. The balance between the two is maintained through constant monitoring and recalculating as the child's situation becomes clearer or changes.



When DCF intervenes, it investigates first to assess whether a child is currently experiencing abuse and neglect, and if so, acts immediately to protect the child. DCF must also assess whether a child is at risk of abuse and neglect. If so, sometimes this means immediately removing a child from his or her parents and placing the child in out-of-home care, but in most cases it means identifying and providing the services needed to keep a child safely at home.

DCF then monitors to ensure safety and adjusts services as needed to ensure they are adequate. If services provided cannot keep the child safe, DCF removes children to out-of-home placements.

For most children placed in foster care, the immediate goal is to reunify them safely with their family. This includes providing reunification services to the child's birth family. If children cannot be safely reunified with their parents, the goal is to place children in permanent, stable homes as soon as possible.

THE CURRENT STATE OF CHILD WELFARE IN MASSACHUSETTS

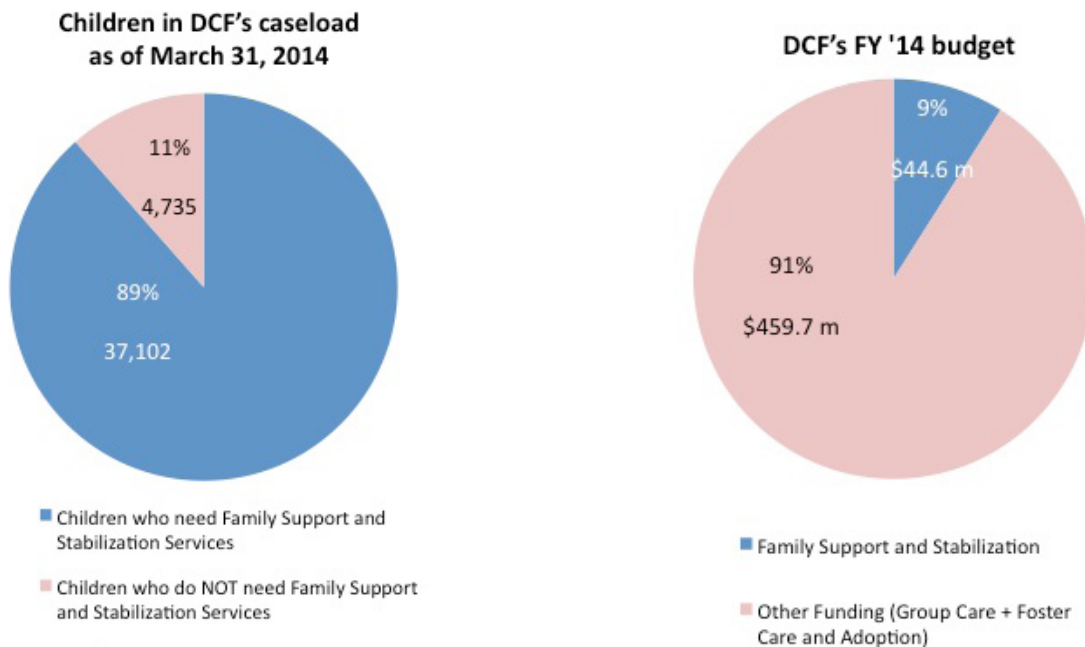
Here are the facts:

1. 88% of the children in DCF's caseload require family stabilization and support services to remain safely with their families, yet only 9% of DCF's FY 14 services budget funds family stabilization and support services.

Of the 41,837 children under age 18 in DCF's caseload, only 8,229, less than 20%, are in out-of-home placements. The other 33,608 remain with their parents under DCF's supervision.

Of the children in out-of-home placements, 3,494 have a goal of reunification with their parents.

This means that 37,102 children, or over 88% of the children in DCF's caseload, need services to remain safely with or return safely to their parents.⁶ However, only 9% of DCF's total services budget is allocated to the family stabilization and support services needed to keep children safely with their families.



Source: Massachusetts DCF Annual Reports

In most cases, families come to the attention of the child welfare system as the result of neglect, not of physical or sexual abuse. Of the abuse and neglect reports that DCF investigates, DCF finds neglect -- rather than abuse -- in approximately 74% of the cases.⁸ In cases involving neglect, the parents involved are often overwhelmed by poverty, addiction, or mental health issues, and/or a history of domestic violence, abuse and trauma.⁹ With adequate treatment and services many can be fit parents for their children—a better alternative, with successful stabilization services, than placing that child in care in these cases.

Research shows that children whose families receive services to keep them safely at home both avoid the trauma of separation from their parents and have better long-term outcomes than their counterparts in foster care.¹⁰

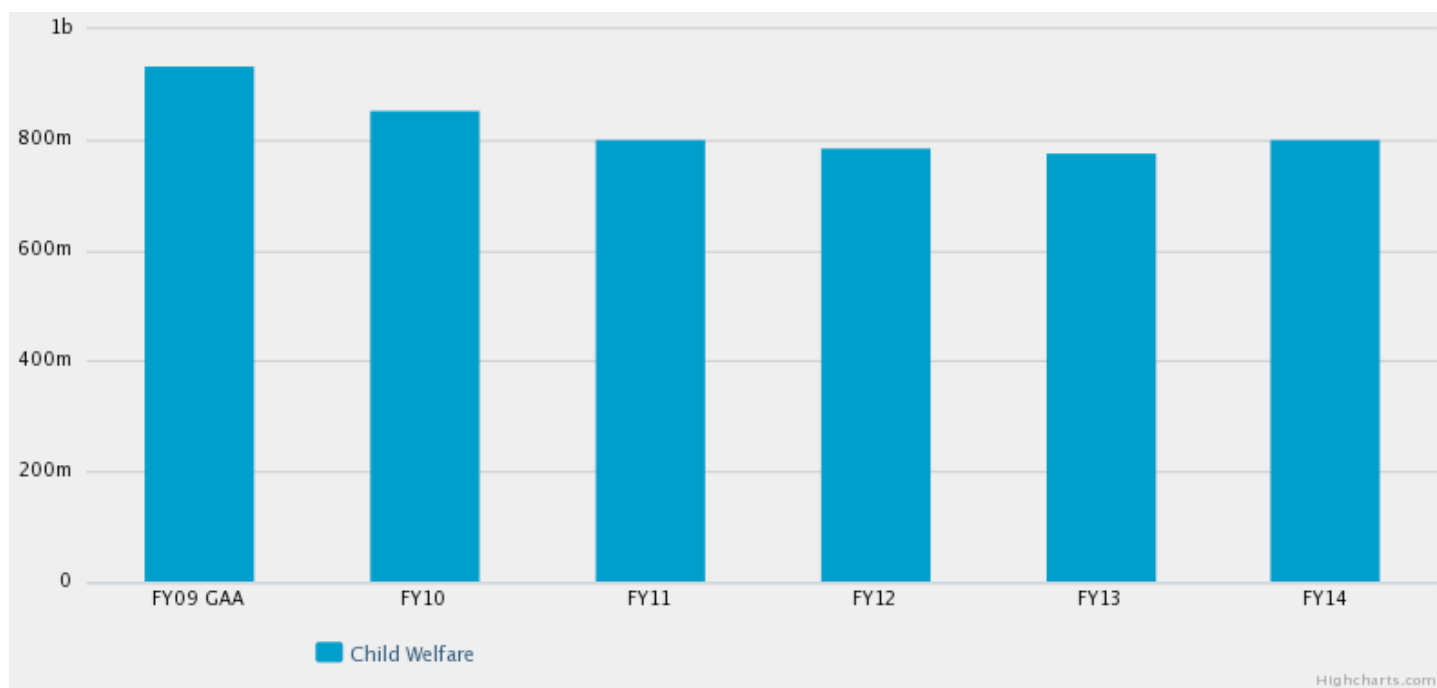
In contrast to Massachusetts, the Allegheny County Child Welfare Department in Pennsylvania, which has received national recognition for its funding of services to keep children safely with their families, spends 20% more of its budget on prevention than on placement.⁷

2. Since FY 2009, the DCF budget has been cut by 13%, a cut of over \$121 million, adjusted for inflation. This has seriously impacted DCF's ability to effectively perform its mission.

The FY 2009 budget allocation for DCF was \$934.7 million when adjusted for inflation. The current DCF budget is \$121 million less than it was in 2009 in actual purchasing power (i.e., as adjusted for inflation.)¹¹

The FY 2015 allocation (which has not been finalized at the time of this report's printing)¹² will not close this gap.

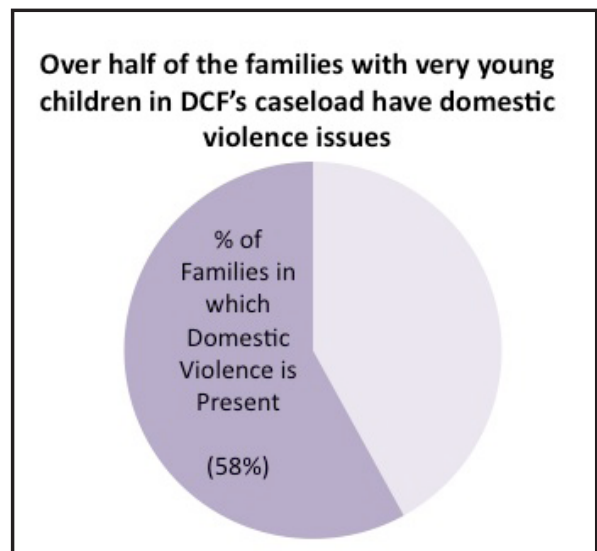
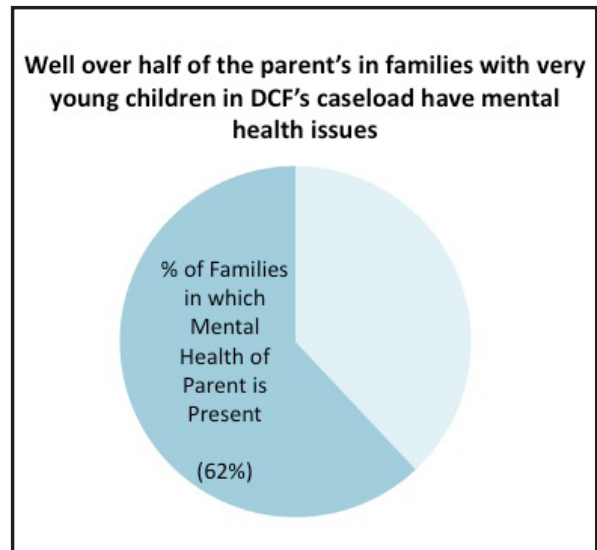
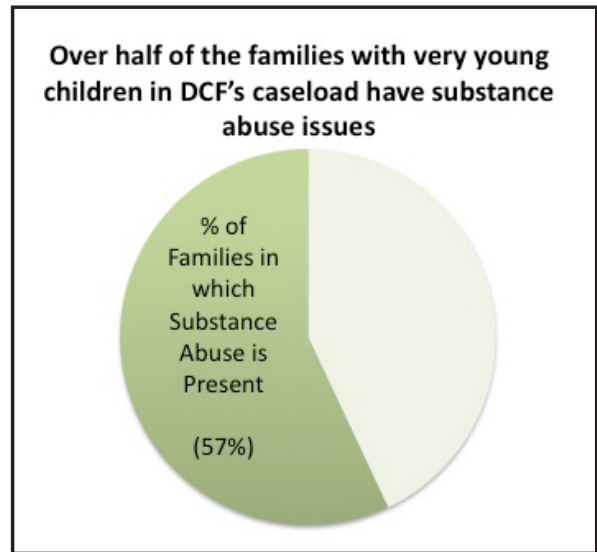
DCF budget allocations have decreased by \$121 million, adjusted for inflation, from FY 2009 to FY 2014¹³



3. Three of the major challenges facing families in the DCF system are substance abuse, mental health issues and domestic violence.¹⁴ Services and interventions to identify at-risk families to address these problems must be provided early on to avoid risk of harm and keep families out of the DCF system.

In addition to socioeconomic factors that can increase stress on families, three of the greatest risk factors for child abuse and neglect and for DCF involvement are parental substance abuse, parental mental health issues and domestic violence.¹⁵

The Commonwealth is currently examining how to best coordinate its response to substance abuse¹⁶ and has also made efforts to improve mental health and domestic violence services. Incorporating a child welfare focus into this response will help to ensure that more parents who are experiencing these issues will get the help they need, and be able to safely parent their children. This focus on addressing family issues early on could potentially keep significant numbers of children safe and out of the child welfare system.¹⁷

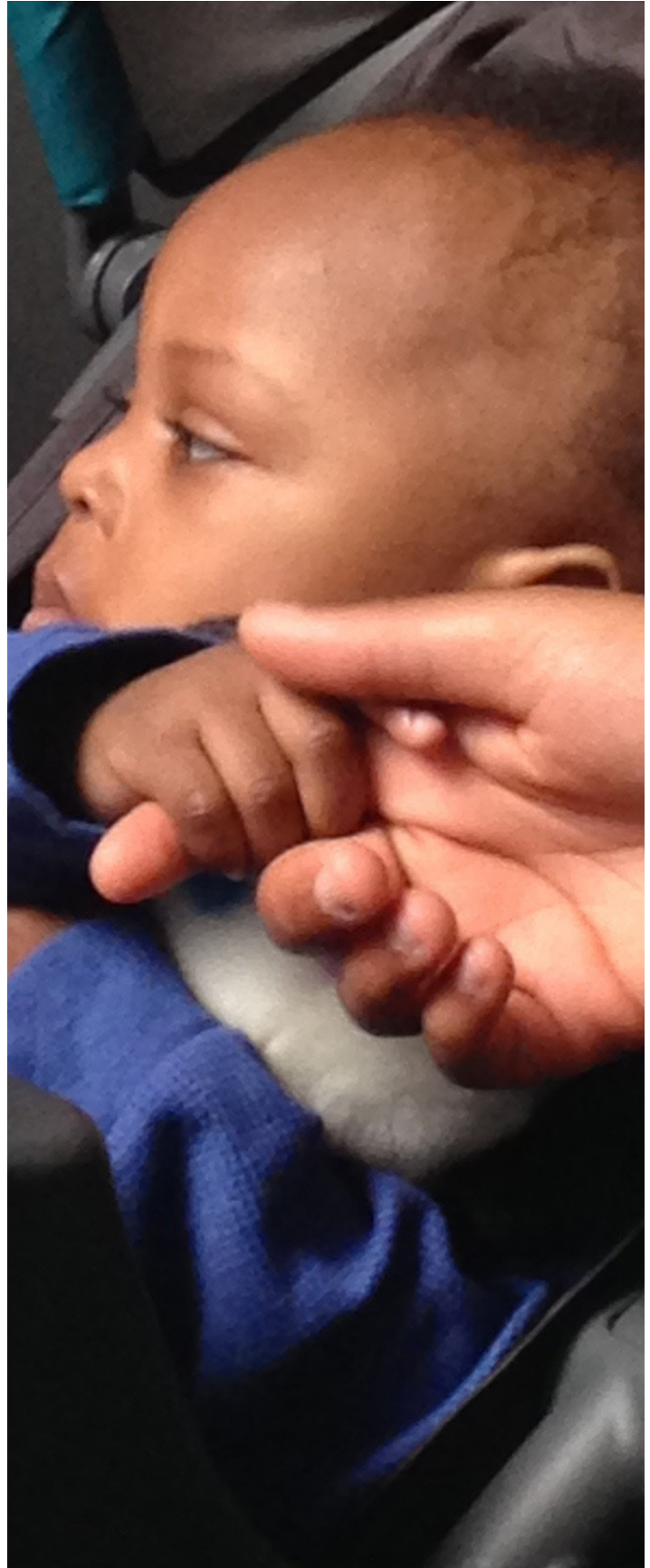


4. Homelessness and housing instability is another major problem for vulnerable families. The lack of coordination between the shelter system and DCF unnecessarily puts children at risk.

Although Massachusetts law prohibits DCF from removing children from their families or failing to reunify them solely on the basis of homelessness, the rules of our shelter system and lack of coordination between DCF and our shelter system, put children at unnecessary risk.

Currently, the Department of Housing and Community Development (DHCD), the state agency that runs the family shelter system, has a rule that many homeless families are not eligible for emergency family shelter unless and until they have become so desperate that they have had to stay overnight, with their children, in a “place not meant for human habitation.”¹⁸

State law prohibits DCF from removing or failing to reunify children solely because their families are homeless. In those situations, state law imposes on DCF the duty to provide shelter to the family.¹⁹ However, DCF does not recognize or operationalize this duty, instead relying solely on the domestic violence and DCHD shelter systems as the sole sources of shelter. Also, there is insufficient coordination between DCF and DHCD surrounding child reunification among homeless families in shelter.²⁰



5. Although Kinship Care maintains stability and family connections and reduces trauma for children who must be removed from their parents, greater investment is needed to make this option available to more Massachusetts children in foster care.

Massachusetts places 22% of the children who are in out-of-home placement in kinship foster care. This is below the national average of 27%.²¹ Greater investment is needed to make this option available to more children who cannot remain at home. In Massachusetts, White children are placed in kinship care at much higher rates than African American and Latino children.²²

A substantial and growing body of literature establishes the benefits of kinship care for children involved in the child welfare system. These include greater well-being, stability, permanency, and maintenance of connections to the child's community, cultural and linguistic heritage, and family. Studies also show that children in kinship care are more likely to remain in their same neighborhood, be placed with siblings, and have consistent contact with their birth parents (where appropriate) than children in foster care.²³

A large body of research establishes that children in kinship care are less likely to experience multiple placements compared to children in non-kin foster care.²⁴ In addition, fewer children in kinship care report changing schools than do children in non-kin care.²⁵



6. Although the Massachusetts foster care system performs well on some indicators in comparison with other states, too many children in foster care are experiencing multiple placement moves, failing to receive enough family visitation, and re-entering foster care after leaving it.

Placement stability:

Children in Massachusetts experience more placement disruptions than the national average. For example, only 77.4% of children in care for under a year experienced two or fewer placement settings, compared to the national average of 85.9%. For children who have been in care for more than two years, only 24.2% have experienced two or fewer placement settings, compared to the national average of 32.8%.²⁶

Length of stay:

Massachusetts does a good job reuniting children with their families quickly compared to the national average (children who are reunified spend an average of 5.6 months in foster care, compared to the national average of 7.6 months).²⁷ Nonetheless, 26% of children in foster care spend more than two years in foster care and 10% spend more than four years.²⁸

Family Visits and Placements:

In the case of *Connor B. v. Patrick*, a U.S. District Court judge found that although DCF policy requires children in care be given the opportunity for at least monthly visits with their parents and siblings, the evidence suggested this happened infrequently. The Court cited a study which found that only 37.6% of children in DCF's care were afforded monthly visits with parents and only 20.9 with siblings.²⁹ Similarly, although children are expected to be placed in foster homes near their siblings and other family members (unless such a placement is not safe), 31.9% of children in DCF custody were placed outside their local home area.³⁰

Re-entry rates:

In Massachusetts, 15.6% of children in foster care who are reunified with their parents re-enter foster care within one year of reunification, compared to the national average of 11.9%.³¹

7. Too many older youth in Massachusetts age-out of foster care with no permanent families, placing them at high risk for poor long-term life outcomes including incarceration, teen pregnancy, and chronic unemployment.

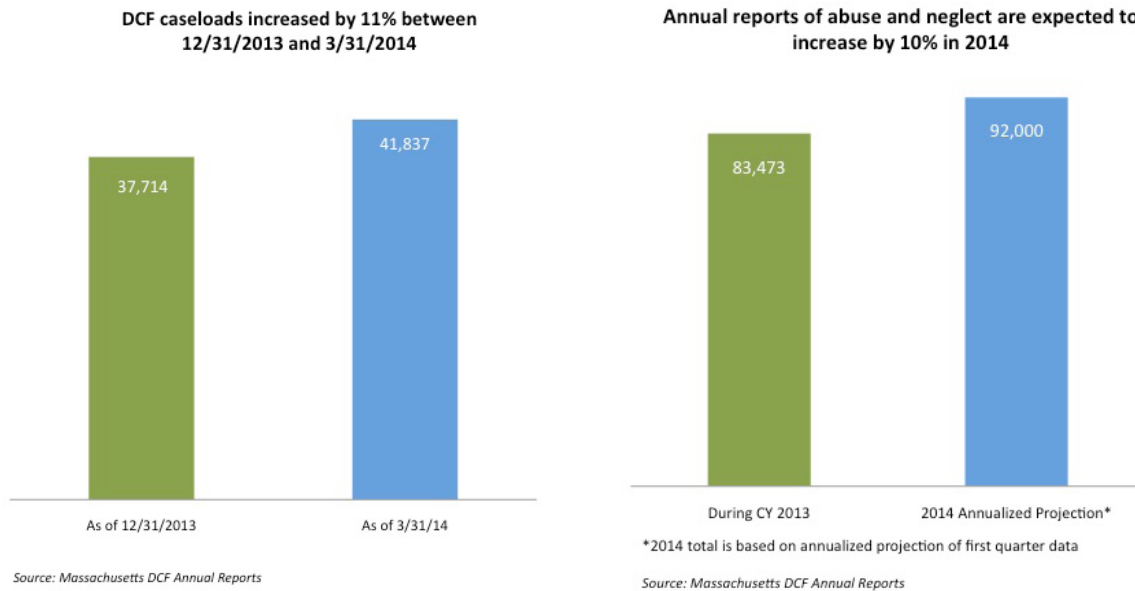
Massachusetts has one of the highest rates in the United States for youth aging out of foster care without a permanent home.³² The average length of stay in foster care for young people who age-out of care is three years, with an average of nine placements.³³

Other indicators point to inadequacies in the foster care system's permanency planning for older youth, including high numbers of adolescents in congregate care facilities (MA's overall rate of congregate or institutional care is higher than the national average),³⁴ an unusually large percentage of youth in placement with "APPLA" ("Alternative Planned Permanent Living Arrangement") as a permanency goal (in excess of 20% of youth in placement)³⁵ and a concerning number of adolescents who run away from care.³⁶ Finally, a large percentage of young people (40% overall and over half of girls) who are held in pre-trial secure detention facilities by the Massachusetts Department of Youth Services (DYS) are also involved with DCF.³⁷ Most of these young people have very low-level offenses and in some cases they are being held in youth jails simply because there is no available placement for them at DCF.

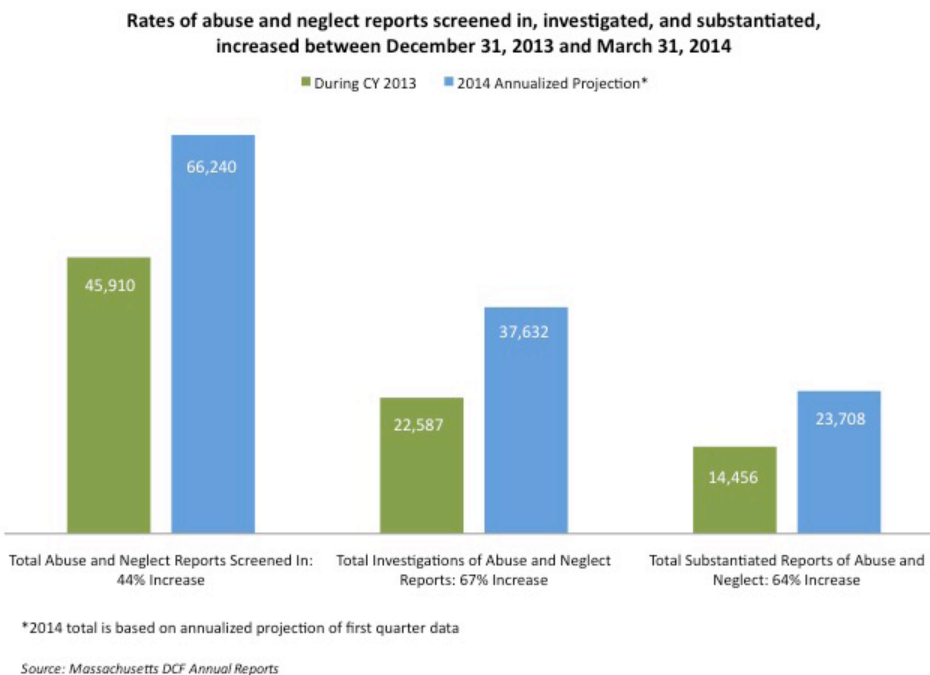
While further analysis is needed to determine what is driving Massachusetts' high age-out rate, research from around the country has consistently documented that young people who lack permanency and age-out of foster care are disproportionately likely to become homeless, unemployed, incarcerated, pregnant, or simply disconnected from the supports they need to thrive.³⁸

8. Child removals and caseloads³⁹ increased substantially after December of 2013 when Jeremiah Oliver's disappearance became public, putting significant pressure on DCF staff and resources

Caseload increases happen frequently after a well-publicized death of a child under the agency's supervision. Reports of abuse and neglect have risen by 10% since December 2103, reflecting increased public vigilance. Caseloads have increased by 11% during that time period.

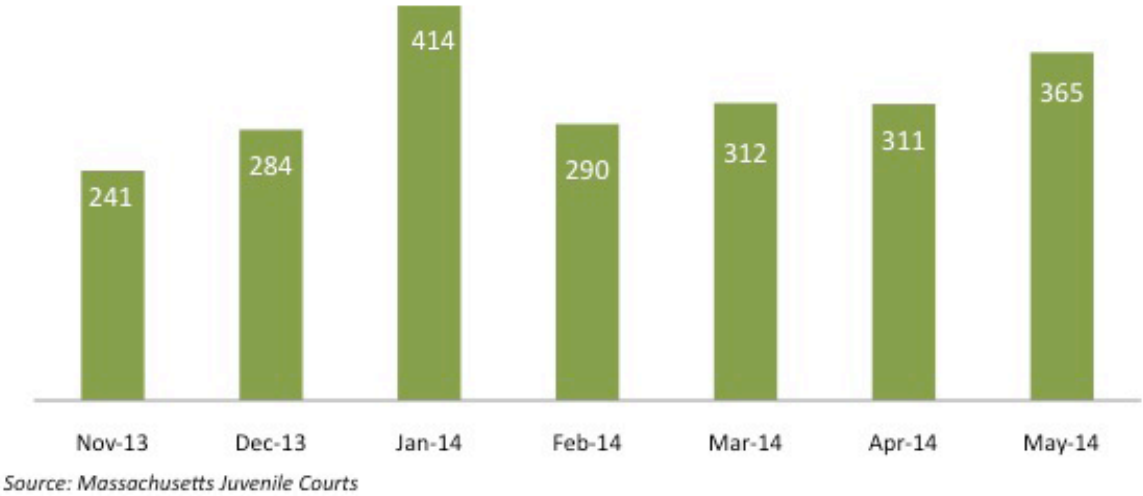


The number of reports of abuse and neglect that DCF has investigated has increased since December 2013, in part due to increased number of reports and in part from a new directive from the Commissioner, dated December 30, 2013, requiring that all reports for children under age six which present any one of several risk factors (young parents, or parents of any age with a history of substance abuse, domestic violence, mental health issues, or unresolved childhood trauma) be investigated



In addition, immediately following the public disclosure of Jeremiah Oliver's disappearance, DCF's rate of filing Care and Protection petitions to remove children from their parents, increased by 46% (from 284 cases filed in December 2013 to 414 cases filed in January 2014). Rates have decreased somewhat since January 2014, but are still not back down to pre-January rates 2014, and in May 2014 the number of Care and Protections cases increased again to 365.

Number of care and protection cases filed statewide increased dramatically between December 2013 and January 2014 and remained high



Increased caseloads highlight the need to provide prevention and early intervention services to keep children out of the child welfare system when possible. Young children are in frequent contact with other systems such as health, public health, early childhood education. These systems should coordinate efforts to intervene before children become at serious risk of maltreatment



The facts are clear: Massachusetts must focus on proactive strategies, invest in front-end preventive services and create an integrated, aligned, cross-agency child welfare system.

This is not only the right thing to do for our children, it is the smart thing to do for the future of the Commonwealth.

RECOMMENDATIONS

Massachusetts can be in the forefront of child welfare practice once again. Based on our own experience and the experience of other states, we know what to do.

1. INVEST IN KEY PREVENTIVE AND FAMILY STABILIZATION SERVICES THROUGH AN INTEGRATED AND ALIGNED SYSTEM OF CARE.

a. Appoint an ongoing inter-agency child welfare commission to design and implement a coordinated system of care for the Commonwealth's most vulnerable children and families.

► Commission membership should be coordinated by the Secretary of Health and Human Services and/or the Office of the Child Advocate, and should include all primary child-and-family-serving governmental agencies both inside and outside of the Executive Office of Health and Human Services (EOHHS). It should also embody community-wide ownership of child welfare by including community institutions, individuals who are currently involved with or alumni of the child welfare system, and non-provider child welfare advocates.⁴⁰

- Child-and-family-serving agencies include health, public health, education, systems that address substance abuse, mental health, education, domestic violence, homelessness, and housing instability, and agencies that oversee income support and workforce development.

► The purpose of the inter-agency commission should be to review, analyze, prioritize and implement those recommendations from this report, and from the reports of the Child Welfare League of America, The Office of the Child Advocate, and the State Auditor, which require inter-agency coordination. This Commission could:

- Develop and implement annual goals for building an integrated, aligned system of care,
- Implement the Children's Impact Statement process (see below),
- Identify the services most frequently and urgently needed by families in the child welfare system,
- Identify gaps in needed services, and
- Develop proposals for providing those services.

b. Require Children's Impact Statements⁴¹ for proposed cuts in child welfare, substance abuse, mental health, domestic violence, and family homelessness services.

- This could be implemented by the inter-agency commission.
- In the event of a contemplated reduction in any service to children and/or families (through budget reduction, regulation, legislation or otherwise) -- in the areas of substance abuse, mental health, domestic violence, income support, workforce development, and homelessness services to children and families -- the agency that administers the program shall draft a Children's Impact Statement analyzing the impact of the proposed cut on children and families and on the child welfare system.⁴²

c. Invest in services to keep and return children safely home with their families whenever possible.

- Increase funding for effective DCF-administered family stabilization and support services needed to strengthen families and keep children safely at home⁴³

Family Stabilization and Support services are solution-focused, family-centered, home-based services designed to assist families by improving parenting and family functioning while keeping children safe. Family therapy, skill-building, and safety planning, as well as crisis support, are included in this model.

▶ Reinvest federal and state funds that are freed up as the result of increased federal funding and flexibility into effective child welfare services.

- Ensure Massachusetts is investing Title IV-E demonstration project savings into more effective services. Cost savings resulting from foster care and group care reductions and other program reforms need to be reinvested in high-quality and proven services for parents and children.⁴⁴
- Ensure that state funds saved as a result of Medicaid funding for the Children's Behavioral Health initiative (CBHI) are invested in needed child welfare services that don't meet CBHI's medical criteria.

▶ Use the MA differential response system⁴⁵ effectively by providing the services upon which any effective differential response system is built.⁴⁶

d. Invest in Family Resource Centers.

▶ Family Resource Centers provide information and referral services to families for a wide range of issues, family and parenting support, services for Children Requiring Services (as defined by Chapter 240 of the Acts of 2012). They connect families to services from DCF, the Department of Mental Health, the Department of Transitional Assistance and the Department of Developmental Services. It is also hoped that they will have liaisons with the local schools, and collect data and report outcomes, services provided, client feedback and gaps in services.⁴⁷

▶ Family Resource Centers are an important community-based element of an integrated system to protect children and strengthen their families.⁴⁸

▶ Some Family Resource Centers have already been established, and many have created effective programs on shoestring budgets. In order to be a coordinated effective network of integrated community-based services, the Family Service Center network needs considerably more funding.⁴⁹

e. Coordinate services to implement a two-generation strategy for children at greatest risk by promoting the economic well-being of their families.

▶ Two-generation strategies are premised on the understanding that promoting children's welfare requires promoting the well-being of their families.⁵⁰

- These strategies includes a special focus on interventions to reduce family poverty through integrated supports focused on increasing economic stability, promoting economic mobility and opportunity, and creating a path to self sufficiency for low income families. For example, the approach targets programs that focus on job training and workforce development; access to affordable child care; asset building; and improving parents' access to the Earned Income Tax Credit, food assistance; stable and affordable housing; and other programs and public benefits that provide family economic stability. A two-generation strategy combines this focus on family economic stability with programs that maximize opportunities for their children to succeed, including access to high-quality pre-school programs and convenient health care services.

▶ Use data to identify a target population that needs services from multiple agencies.⁵¹

▶ On a pilot basis, provide flexible solution-focused case management for those families identified as being involved with multiple state agencies and using a disproportionate share of DCF resources in order to:

Examples of successful collaborations between child welfare agencies and research institutes include: the California child welfare agency's collaboration with the University of California at Berkeley, and the collaboration that 22 states have with Center for State Child Welfare Data at Chapin Hall at the University of Chicago. DCF could enter into such a collaboration with a university in Massachusetts, Chapin Hall, or with another research institute.

- Explore repackaging services to most effectively address the needs of the family
- Provide counseling using an evidence based framework to help families move to self-sufficiency⁵²
- Assess the extent to which anti-poverty measures such as income supports, unemployment compensation, and job search supports positively the adults and children in this population and develop recommendations based on these findings.

► Organizing this process and providing needed information to the professionals involved could be a function of the inter-agency commission proposed in recommendation 1(a) above.

f. Enforce DCF's duty to keep homeless children safely with their families

- Revise emergency shelter eligibility rules that deny shelter to many homeless families with children until they have slept in a place not meant for human habitation so as to reconcile this state policy with DCF's mandate to protect children.⁵³
- Train all DCF staff, leadership, management, and front-line workers, as well as Juvenile Court judges and personnel, and lawyers representing parties in Care and Protection proceedings, on the state law that prohibits DCF from removing or failing to reunify children with their families due to homelessness, and on DCF's duty to provide shelter when homelessness is the reason that children are at risk. Also provide funding for DCF to provide shelter when families are not eligible for DHCD-funded shelter.
- Reinststate a memorandum of understanding between DHCD and DCF that provides a procedure for reunifying children and their parents in shelter. The eligibility requirements for shelter and for reunification currently work at cross-purposes and needlessly prevent family reunification.
- Train personnel in the DHCD-funded shelter system to prevent unnecessary filings of abuse and neglect reports for minor shelter rules violations and preserve much needed DCF resources.

2. USE, SHARE, AND EVALUATE DATA EFFECTIVELY TO IDENTIFY WHAT SERVICES AND INTERVENTIONS WORK

Using and sharing data effectively creates a culture of ongoing learning, quality improvement, transparency and public accountability. For too long DCF has neglected to maintain, use and make publicly available much of the data about its progress in achieving the basic outcomes expected of any child welfare agency. Data that is made publicly available is often out of date, or not usable because it is not broken down into meaningful units. Stating clearly and publicly what DCF's expected outcomes are and providing the data by which the agency and the public can measure its progress towards these outcomes is essential in assessing what works and what does not, clarifying DCF's mission, getting buy-in from staff and the public, and identifying where improvement is needed.

Massachusetts should take advantage of the latest innovations in data integration and data analytics. Systems across the country are beginning to integrate data from multiple sources and to use predictive analytics⁵⁴ in order to more effectively serve families and children. Some states are partnering with universities to implement sophisticated data analytics using predictive modeling to identify risk factors.

a. Define and publicize the outcomes necessary for DCF to fulfill its core mission; maintain, assess and make publicly available the data needed to measure DCF's progress in achieving those outcomes.

- Build on DCF's progress in engaging current and alumni clients of DCF by including them in defining the outcomes that the Massachusetts child welfare system is expected to achieve⁵⁵, and also include other stakeholders both within and outside of DCF.
 - This includes both surveying these populations for their feedback about what outcomes are needed, and also including these stakeholders directly in the outcome setting process.
- As in the federal Child and Family Services Review (CFSR) state review process, Massachusetts child welfare goals should be set at high levels that can't be met in one year. Progress towards those goals should be measured over time.

Examples of successful collaborations between child welfare agencies and research institutes include: the California child welfare agency's collaboration with the University of California at Berkeley, and the collaboration that 22 states have with the Center for State Child Welfare Data at Chapin Hall at the University of Chicago. DCF could similarly enter into a collaboration with a university in Massachusetts, Chapin Hall, or with another research institute.

b. Make DCF and provider data, as well as data from consumer and external partners, available to a research institute for sophisticated analysis and reports to identify trends, disparities and service gaps; to address problems; and to develop best practices.

- ▶ See inset on partnerships with research institutes

c. Report data to the public in a timely, user-friendly and accessible manner.

- ▶ Think creatively to develop online interactive data dashboards.
- ▶ Disaggregate data into meaningful units to show significant differences such as between area offices, between racial and age groups, and between the use of different kinds of services.

d. Use data to explain DCF policy, share stories of success, and make the case for needed funding.

- ▶ Sharing success stories and positive outcomes is important because it builds public confidence in the agency and helps make the case for needed funding.

e. Integrate the Child Welfare Institute, DCF's training arm, into the partnership between the child welfare agency and the research institute in order to use this data and analysis to identify training needs, design high quality training for social workers and management staff, and serve as an innovation hub for best practices

- ▶ This would enable DCF to use this data and analysis to identify training needs, design high-quality training for social workers and management staff, and serve as an innovation hub for best practices

f. Review and rationalize DCF's current reporting requirements to ensure they target the data that is most important for the public to know and that they require that data be presented in a meaningful and comprehensible manner. Eliminate reporting requirements that are burdensome without being useful.

3. CULTIVATE STRONG AGENCY LEADERSHIP, MANAGEMENT, AND FRONT-LINE SOCIAL WORK.

A well-functioning child welfare agency requires effective leadership at the top, strong management throughout and a well-trained and well-supported front-line workforce. The work of a child welfare agency is both extremely challenging and extremely important. Even with far more robust funding than DCF currently has, the challenges will always be enormous and, unfortunately, crises will occasionally arise, regardless of best efforts, due to the nature of the work and the deep fragility of many of the families DCF services. It takes a very committed, collaborative and visionary Commissioner to lead such an agency, especially at this time when systemic changes are needed and expected. Additionally, the ranks of management have been cut too deeply during the recession and must be restored. DCF must provide high-quality ongoing training, coaching and support for social workers in addition to the goal of creating a realistic caseload ratio of 15:1.

The Next Commissioner

a. The next Governor should be able to have full confidence in the leadership and management skills of his or her Commissioner, and in the Commissioner's demonstrated commitment to the mission of child welfare.

- ▶ The Governor must have confidence in the DCF Commissioner and support the Commissioner and the agency. When tragedies occur, the Governor and Commissioner must insist on accountability and a thorough review to identify what went wrong and how any identified problems identified can be addressed.

b. The Commissioner must communicate effectively to the public to gain public support and buy-in for its mission.

- ▶ The Commissioner must also be a strong advocate for the financial and other resources the agency needs.⁵⁶

Management

c. Management staffing should be thoroughly reviewed. Many important management positions have been lost at the central office level, the regional office level and the area office level⁵⁷

- ▶ Specifically consider staffing levels in the legal, policy and continuous quality improvement departments. Also, as the CWLA recommended, ensure that substantive expertise in substance abuse, mental health and domestic violence is available to social workers on a reliable basis.⁵⁸

Social Workers

At the core of DCF practice is the relationship between the social worker and the family. The worker's ability to build trust with families, identify and provide effective supports, and make the tough decision about whether a child can remain safely with his or her parents, depends on the social worker having the time, training, support and access to services that is necessary for good social work.

d. DCF's social worker account must be sufficiently funded to bring caseloads to the 15:1 ratio that DCF negotiated with its union. At this time caseloads are very high due to an increased volume of cases at many stages of the DCF process.⁵⁹

- ▶ As caseloads decrease with increased investment in front-end services, the workforce can be reduced while maintaining national standards for caseload ratios.

e. Consider re-instituting the teaming approach⁶⁰

- ▶ This approach could give social workers the support they need in handling challenging cases and in making the toughest calls about when a child can be kept safely at home with services, when a child must be removed, and when the child can be returned home with services.⁶¹

f. If DCF is committed to Structured Decision Making[®] and safety mapping tools to improve safety and risk decision making, it should negotiate the full implementation with its union, ensuring adequate training and supervision, and use them consistently and rigorously in every area office.⁶²

g. Social workers, supervisors and agency staff at all levels need ongoing training, coaching and support.

MA was the first state in the nation to implement “teaming” in which workers in a “team” share cases with one or more primary social worker(s) for each case, go out on home visits with other team members, participate in group supervision sessions sharing information and advice about all the cases in the unit. Reported benefits included: ● workers had more confidence in their decisions and believed they were serving families better, ● workers made more informed decisions and had more opportunities to set up services, talk with relatives and find community support, ● trust increased on the part of families that DCF was there to help them, ● workers could often close cases earlier because they could get support services in place more quickly, ● workers had more support and safety, both physical and psychological.⁶³

4. ADEQUATELY FUND THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE PREVENTIVE SERVICES OF OTHER STATE AGENCIES SERVING AT-RISK AND LOW-INCOME CHILDREN AND FAMILIES.

a. Restore DCF to its 2009 funding level of \$934.7 million as adjusted for inflation, while ensuring accountability

- ▶ Ensure accountability through regular reporting of the data necessary to measure DCF's progress towards clearly stated outcomes.
- ▶ Adequately fund the preventive services that other agencies provide

b. Funding should be targeted to investing in a strong continuum of care.

- ▶ This includes effective prevention and family stabilization services, kinship and non kin foster care when necessary and residential treatment to meet children's treatment needs.
- ▶ These investments must be carefully studied so we know their effects and can ensure that ineffective interventions are scaled back in favor of those that achieve positive outcomes for children.

c. Require accountability for funding allocations by imposing and enforcing clear reporting requirements that measure progress towards clearly defined outcomes.

5. ENSURE THAT CHILDREN WHO NEED TO BE IN FOSTER CARE CAN LIVE IN THE LEAST RESTRICTIVE, MOST FAMILY-LIKE SETTING POSSIBLE, AND HAVE THEIR NEEDS MET TO ENSURE SAFETY, PERMANENCY AND WELL-BEING.

Foster Care

a. Ensure that the trauma of separation is mitigated in foster care by placement with kin and siblings when possible, frequent family contact, stable placements, and prompt, safe and effective family reunification when possible. Review federal and state data, to determine where additional attention and practice or policy reform may be needed.

Specifically, evaluate the following areas and set goals for improvement:

- ▶ Minimize multiple placements and placement disruptions.
- ▶ Increase parental and sibling visitation for children in foster care, and ensure that siblings are placed together whenever possible.
- ▶ Increase placement with kin ensuring that children of all races and ethnicities have equal opportunity for such placements.
- ▶ Evaluate the factors driving the high rates of residential placements to ensure they are necessary to meet the treatment needs of children;
 - Increase the number of older youth in family-like settings.
 - Ensure that youth are not inappropriately moving into the juvenile justice system when their needs could more appropriately be addressed in the DCF system.

Timely reunification and permanency planning

b. The risk to children and teens associated with aging out of foster care with no permanent home has been well documented. Accordingly, it is critical that the entire child welfare system take responsibility for ensuring meaningful progress toward permanency (including reunification) is made for all children.

- ▶ Provide services for families to ensure that treatable issues can be addressed as quickly and effectively as possible.
- ▶ Strengthen Family Finding – both while the case is pending and as a long-term solution.⁶⁴
- ▶ Research and develop policies to reduce the number of youth who run away from care.
- ▶ Explore the use of “APPLA”⁶⁵ as a permanency goal for youth.

Working effectively with older youth including youth who are at-risk for aging out

c. In general, having a significant population of young people aging out of foster care with no permanent home reflects a failure in achieving the fundamental goals of our child welfare system, particularly given the grim outcomes for youth who age out.⁶⁶ All young people, regardless of where they live, need the support and presence of caring adults in their lives as they enter into early adulthood. The preferred outcome is for youth to find permanent homes through reunification, adoption or guardianship. Massachusetts has a responsibility to help all older youth in the child welfare system succeed by:

- ▶ Fully implementing the recommendations set forth in the Aging Out Task Force report from 2008,⁶⁷ in particular Recommendation 3 regarding the need for all youth to have permanent, caring adults in their lives.
- ▶ Investigating why Massachusetts has such a high rate of youth aging out of care and make recommendations regarding how to reduce this number.

CONCLUSION

This is a Call to Action, not a prescription. We hope it serves as a catalyst for robust discussion, and that some of its recommendations serve as the basis for policy in the next Gubernatorial Administration, and legislative session. MLRI is committed to advocating, together with our allies and policy makers, for viable changes which will enable the Commonwealth to invest in front-end preventive and family stabilization services. We will work to develop an integrated and aligned system in which multiple agencies, community institutions and clients of the system, work together to protect children and strengthen their families.

END NOTES

¹ See KIDS COUNT 2013 Data Book at <http://www.aecf.org/m/resourcedoc/AECF-2013KIDSCOUNTDataBook-2013.pdf#page=43> p. 41.

² Members include an alumna of the DCF system, former commissioners, a provider, advocates, an attorney representing families, academics a child welfare foundation, and the child advocate.

³ By “going deeper into the system” we mean needing more intensive interventions including out-of-home placements, residential out-of-home placements, or crossing over into the Juvenile Justice system.

⁴ The CWLA report makes this point at page 13.

⁵ For more information on child welfare as a public health issues see, *Child Welfare League of America: Special Issue, Preventing Severe Maltreatment-Related Injuries and Fatalities: Applying a Public Health Framework and Innovative Approaches to Child Protection*, Vol. 92, No.2, 2013

⁶ DCF Annual Report as of March 31, 2014. Provided by Massachusetts Department of Children and Families.

⁷ Information provided by the Allegheny County Department of Human Services for FY 2013.

⁸ This is a conservative estimate drawn from DCF’s 2010 Child Maltreatment Statistics issued in November 2012, <http://www.mass.gov/eohhs/docs/dcf/reports/report-child-maltreatment-2010.pdf> page 37 Table A1. Duplicated and Unduplicated Child Maltreatment Counts by Type of Maltreatment during January 1 - December 31, 2010 – Children in Investigations. This estimate is conservative because it assumes all reports of physical and sexual abuse are also included in the number of reports for neglect, and deducts all reports of physical and sexual abuse from the total count of neglect complaints.

⁹ A substantial body of literature establishes that these challenges are a function of the conditions in the communities in which they live. Berger, L. M. (2005) Income, family characteristics, and physical violence toward children. *Child Abuse & Neglect*, 29(2), 107-133; Edleson, J. L. (1999) The overlap between child maltreatment and woman battering. *Violence against Women*, 5(2), 134-154; Mills, L. G., Friend, C., Conroy, K., Fleck-Henderson, A., Krug, S., Magen, R. H., Thomas, R.L., Trudeau; J. H. (2000) Child protection and domestic violence: Training, practice, and policy issues. *Children and Youth Services Review*, 22(5), 315-332.; Sheldon-Sherman, J. Wilson, D & Smith, S. (2013) Extent and Nature of Child Maltreatment Related Fatalities: Implications for Policy and Practice. *Child Welfare*, 92(2), 39–56; Substance Abuse and Mental Health Services Administration (SAMHSA) & U.S. Department of Health and Human Services. (1999) Blending perspectives and building common ground: A report to congress on substance abuse and child protection. Retrieved from <http://aspe.hhs.gov/hsp/subabuse99/subabuse.htm>.

¹⁰ See, Child Protection and Child Outcomes: Measuring the Effects of Foster Care Joseph J. Doyle, Jr., Dec. 2007, http://www.mit.edu/~jjdoyle/fostercare_aer.pdf; Child Protection and Adult Crime: Using Investigator Assignment to Estimate Causal Effects of Foster Care, http://www.mit.edu/~jjdoyle/doyle_jpe_aug08.pdf ; In addition, realities of the foster care system in Massachusetts should be considered: there are limits on how many loving foster parents are available, many children in foster care experience multiple placements, and many age out with no permanent homes.

¹¹ DCF’s FY budget is \$797.8 million, which is \$813.6 million as adjusted for inflation.

See MassBudget, Budget Browser comparing FY 09 allocation and FY budget: <http://www.massbudget.org/browser/subcat.php?c1=709&c2=14&id=Child+Welfare&inflation=cpi&budgets=14b709#comparisons>

¹² The House allocated \$819.3 million for DCF and the Senate allocated \$822.7 million.

¹³ Graph from MassBudget and Policy Center’s, Budget Browser, <http://www.massbudget.org/browser/subcat.php?c1=709&c2=14&id=Child+Welfare&inflation=cpi&budgets=14b13b12b11b10b709>

¹⁴ See footnote 9

¹⁵ The data in the charts to the right is from DCF’s tiered analysis of families of children ages seven months to three years. The data did not show how many of these families had more than one of these issues.

¹⁶ Promising developments include the Governor’s new plan to combat opiod abuse, see <http://www.bostonglobe.com/metro/2014/06/10/governor-patrick-unveils-multi-pronged-response-opiate-problem-massachusetts/YEy8IWLvPp4ukvm9cjV33L/story.html> and the Interagency Council on Substance Abuse and Prevention, see <http://www.mass.gov/governor/administration/councilscabinetsandcommissions/subabuseprevent/>

¹⁷ For an account of the strain on the Massachusetts substance abuse treatment system, see <http://www.bostonglobe.com/metro/2014/03/14/substance-abuse-treatment-system-massachusetts-overtaxed-heroin-crisis-surges/3Jy3bb7sv5SuUhLAG0PukK/story.html>

¹⁸ 760 CMR 67.06 (1)(a)4 and (f)6.d.(ii)

¹⁹ DCF’s legal obligation to provide emergency shelter to families in situations where the family’s lack of housing is the reason for a potential removal of a child or the barrier to reunification arises under G.L. c. 18B, section 2(11) as well as 110 CMR 1.11, and has been confirmed in *Franks and Adams v. Gallant and others, Sup. Court Civil Action No. 93-4339 and Connolly v. Carlisle, Superior Court Civil Action 93-3159*.

²⁰ A Catch-22 that has made it difficult to reunite children with parents who are homeless is that, under DHCD rules, families are not eligible for shelter if they don’t have custody of their children, but DCF will not reunite children with their parents if they are

homeless and not in shelter. To address this problem DCF and the MA Department of Transitional Assistance (DTA), the agency that previously ran the family shelter system, entered into a Memorandum of Understanding (MOU) under which the reunification and entry into shelter could happen simultaneously to satisfy both agencies' rules. As of the date of this report, DHCD has not reaffirmed this MOU which has caused problems for homeless families whose children are in DCF custody.

Compounding these problems, DHCD has recently taken the position that it will no longer provide "Temporary Emergency Shelter Interruptions" (TESI's) to families who lose eligibility for DHCD shelter because their children are temporarily removed by DCF. This policy means that these families will be barred from returning to a DHCD shelter for a full year even if DCF is prepared to reunify the children within that time. This will either create an impediment to reunification and increase foster care costs or put more of a burden on DCF to provide shelter to families who are ready to be reunified.

²¹ <http://datacenter.kidscount.org/data/Tables/6247-children-in-foster-care-by-placement-type?loc=23&loct=2#ranking/2/any/true/868/2621/12995>

²² According to DCF's Monthly Operations Statistical (MOST) Reports, the overall Kinship Foster Care rate in Massachusetts in 2013 was 25.9%. The rate for white children was 31.5%, for African American children 19.9% and for Latino children was 19.7%.

²³ Conway and Hutson, Center for Law and Social Policy (CLASP), *Is Kinship Care Good for Kids?*, March 2007 pp 1-2.

²⁴ Conway and Hutson, p 1.

²⁵ Conway and Hutson p. 1.

²⁶ Child Welfare Outcomes Report 201 (latest year available) at: http://www.acf.hhs.gov/sites/default/files/cb/cwo08_11.pdf. In Connor B. v. Patrick, available at <http://www.childrensrights.org/wp-content/uploads/2013/11/2013.11.22-Findings-and-Rulings.pdf>, the Court found that a serious shortage of foster homes in Massachusetts, combined with inadequate recruiting, resulted in children not being placed in homes that matched their needs, p. 29.

²⁷ Child Welfare Outcomes Report 2011 at: http://www.acf.hhs.gov/sites/default/files/cb/cwo08_11.pdf

²⁸ DCF Annual Report 3/31/14.

²⁹ Connor B. v. Patrick, p.76. The study was by the Children's Rights Center, a division within the National Council on Crime and Delinquency, which was retained by the plaintiffs to perform a study of DCF case files.

³⁰ Connor B. at page 25. It should be emphasized that monthly visits are far from optimal. Many children need far more frequent contact in order to maintain stability in their relationships with their families, and to mitigate the trauma of being separated from their parents.

³¹ Child Welfare Outcomes Report 201 (latest year available) at: http://www.acf.hhs.gov/sites/default/files/cb/cwo08_11.pdf

³² <http://datacenter.kidscount.org/data/tables/6277-children-exiting-foster-care-by-exit-reason?loc=23&loct=2#ranking/2/any/true/868/2632/13051>

³³ See DCF quarterly reports at "Exits from Placement." See also Aging out Task Force report available at http://www.tbf.org/~media/TBFOrg/Files/Reports/DSS_Report_0522.pdf

³⁴ <http://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=23&loct=2#ranking/2/any/true/868/2623/12995>

³⁵ See generally DCF quarterly reports available at <http://www.mass.gov/eohhs/docs/dcf/reports/>

³⁶ DCF quarterly reports. See note 29.

³⁷ *Unlocking Potential: Addressing the Overuse of Juvenile Detention in Massachusetts*, Citizens for Juvenile Justice (March 2014), at 12, available at <http://cfjj.org/unlockingpotential.php>

³⁸ See *18 and Out: Life After Foster Care in Massachusetts*, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) (April 2005). See also *Preparing Our Kids for Education, Work and Life: A Report of the Task Force on Youth Aging Out of DSS Care* (2008) (hereinafter "Aging Out Task Force Report"), available at http://www.tbf.org/~media/TBFOrg/Files/Reports/DSS_Report_0522.pdf; Courtney, M. E., Dworsky, A., Cusick, G., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago: Chapin Hall Center for Children at the University of Chicago.

³⁹ DCF caseload includes all cases in which DCF is involved at any stage: investigation, receiving services at home, in out-of-home placement, reunited with parents with cases open, awaiting adoption or guardianship.

⁴⁰ A proposal for an Interagency Child Welfare Commission was included in a bill filed in the MA legislature this session (S.27/H.85 An Act Relative To Children In The Care, Protection and Custody of the Commonwealth). The drafters of that bill deserve credit for this proposal. This recommendation changes some of the proposed composition and mission of the proposed interagency task force.

⁴¹ Additional information about some models of Children's Impact Statements is available from the author of this report.

⁴² We recognize that families need services beyond these four areas, but propose these as a starting point because they are such prevalent issues among families in the DCF caseload.

⁴³ The CWLA report noted that focus group participants shared grave concern about insufficient availability of supports and services including long waiting lists especially for early education and child care, substance abuse assessment and treatment, and housing assistance. (CWLA report p. 29). The report did not make recommendations to increase services or funding for greatly needed

services.

⁴⁴ Massachusetts' Title IV-E demonstration "... titled *Caring Together*, is a joint undertaking by the Massachusetts Department of Children and Families (DCF) and the Department of Mental Health (DMH) to design, price, and implement residential program models that best support child, family, and system outcomes and that foster family and youth engagement. The demonstration seeks to increase permanency for children in residential care settings, improve child safety and well-being, prevent foster care re-entry, strengthen parental capacity, and promote positive youth development." Profiles of the Title IV-E Child Welfare Waiver Demonstration Projects Volume II: Demonstrations Active as of Federal Fiscal Year 2013, James Bell Associates, Inc. April 2013, pp. 32-33.

⁴⁵ Differential response in Massachusetts is intended to enable DCF to respond to allegations of child abuse and/or neglect based on the unique circumstances of a case and the individual needs/strengths of a family. This includes two tracks: Investigation or Assessment, depending on the severity of the allegation:

- Investigation Response: Generally, cases of sexual or serious physical abuse, or severe neglect will be assigned to the CPS Investigation Response. The primary purpose of the Investigation Response is to determine the safety of the reported child, the validity of an allegation and person(s) responsible, whether continued DCF intervention is necessary and to assess risk to the child.
- Assessment Response (Initial Assessment): Generally, moderate or lower risk allegations, are assigned to the CPS Assessment Response. The primary purpose of the Assessment Response is to determine if DCF involvement is necessary and to engage and support families. This response involves a review of the reported allegations, assessing safety and risk of the child, identifying family strengths and determining what, if any, supports and services are needed.

After either the Investigation or the Initial Assessment response, a determination is made as to whether the child can safely remain at home and whether the family would benefit from continued DCF involvement. If DCF involvement continues, a Comprehensive Assessment and Service Plan is developed with the family. Integrated Case Practice Model Fact Sheet at <http://www.mass.gov/eohhs/docs/dcf/icpm-general-fact-sheet.pdf>

⁴⁶ The CWLA report noted at page 24 of its report that DCF's ICPM/differential system is at a crossroads in its development and use, and noted that the system has been poorly supported due to lack of staffing, not well-integrated into practice, and not well received in many DCF area offices in the State. The CWLA made a number of suggestions for improvement, but did not mention the need to increase services to support the system. DCF had made it clear that services are a fundamental component of its differential response system. It distinguishes the Initial Assessment Track of the differential response system from the traditional investigation track by its focus on "determin[ing] what (if any) supports and services [the] family needs" as opposed to the focus on determining the validity of the abuse or neglect allegation in the investigation track. Because providing services is fundamental to the differential response system, the system can not work without adequate funding for services as is the case now. See DCF's power point on the ICPM model at <http://www.mass.gov/eohhs/gov/departments/dcf/integrated-casework-practice-model-icpm.html>

⁴⁷ Family Resource Centers were required as a means of delivering community based services to children requiring assistance pursuant to Chapter 240 of the Acts of 2012 An Act Regarding Families and Children Engaged in Services which went into effect November 5, 2012. As of November of 2015 the Secretary of EOOHS is required to develop a network of family resource centers around the state. For more information about family resource centers, see [eohhs-and-dcf-frc-community-meeting-presentation-9-2013](http://www.mass.gov/eohhs-and-dcf-frc-community-meeting-presentation-9-2013).

⁴⁸ Another effective program currently in place in Massachusetts is Home Visiting in which. For more information on Home Visiting in MA see <http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/home-visiting/>

⁴⁹ In the FY 2014 budget, total pre-pilot funding was \$850,000. For the FY 2015 budget, the Senate would increase funding to \$8.3 million, and would require the network of FRCs to work with EOHHS, EEC, and municipal police departments to provide emergency assistance to runaway children when the juvenile court is not open. As of when this report went to press, the final budget allocation for family resource centers had not been determined.

⁵⁰ See <http://www.aecf.org/blog/a-two-generation-strategy/>

For an in depth look at five two-generation frameworks, see a study done for the Center for the Study of Social Policy at http://www.cssp.org/publications/Two-or-More-Generation-Frameworks_A-Look-Across-and-Within.pdf

⁵¹ Populations to focus on could be: a low opportunity geographic area, families involved with multiple agencies or families who need a disproportionate share of state child welfare resources:

⁵² See. For example Crittenton Women's Union Bridge to Self Sufficiency at http://www.liveworkthrive.org/research_and_tools/bridge_to_self_sufficiency

⁵³ This eligibility restriction, which was adopted in 2012, could have been addressed and possibly prevented by a children's impact statement process. At this point, an interagency child welfare task force could address the problem by recommending how funding should be allocated in order to protect children from harm due to lack of a safe place to sleep.

⁵⁴ Increasingly, systems are looking to improve decision making through automated, statistical tools broadly referred to as “Predictive Analytics” or “Predictive Risk Modeling.” The hope is that technological innovations of the last decade, coupled with an increased availability of high-quality electronic case management data, will allow child welfare agencies to develop risk assessment tools that can be used to more accurately and efficiently triage the many children reported for possible abuse or neglect each year.

⁵⁵ Starting under commissioner Harry Spence, DCF has had a parent representative who now coordinates the Parent Advisory Committee. This group developed a parent survey which has been distributed by a group of parents. Note, the CWLA report also recommended developing both survey and in person mechanisms for soliciting input from children, youth, families, partners, collaborators, other stakeholders, and community members on a regular basis Recommendation V.3, page 39.

⁵⁶ See also, CWLA recommendations II.1, pp. 20-23 Finding and Recommendations for Shared Responsibility and Leadership.

⁵⁷ The CWLA report makes detailed recommendations about specific additions needed to central, regional, and area office staffing. We particularly emphasize and support the need to supplement central office continuing quality improvement and data management staff, as well as central office policy and legal staff. We also support the CWLA’s recommendation of one Area Director for each area office. (See CWLA recommendations IV.1 at pp. 45-46).

⁵⁸ The CWLA recommended that DCF add to its central office staff 2 full time policy positions, and 2 additional positions in the MA Child Welfare Institute (DCF training program) (p. 45). Although they did not recommend additional quality improvement staff, the CWLA did emphasize the importance of enhancing DCF’s quality improvement capacity (pp. 37-39). The CWLA recommended restoring the 6 regional offices and placing in each one person to oversee quality improvement and case reviews (p. 45). CWLA recommended restoring one area director for each area office and assigning to each area office one licensed/credential specialist for each of the following areas: substance abuse, mental health, and domestic violence. We agree that each of these positions appears to be very important in enabling DCF to perform its mission, and to play its role in carrying out these recommendations.

⁵⁹ The CWLA suggests that DCF maintain in place for now its December 2013 directive that DCF screen in and investigate all cases for children up to age six that present specified risk factors, even though this directive drives social worker caseloads up. We do not oppose this recommendation for the present time with the proviso that it is essential that DCF focus on bringing its agency caseload back under control even as it hires additional social workers to bring individual social worker caseloads to agreed-upon ratios.

⁶⁰ See, “The Power of Teaming in Child Welfare, Case Studies of Lynn and Attleboro Area Offices, Massachusetts Department of Social Services,” Joanne Edgar, Consultant to the Marguerite Casey Foundation and Casey Family Programs, August 2005.

⁶¹ According to Peter MacKinnon, the president of the DCF Chapter of SEIU local 509, the current union contract could provide room to weight cases in such a way as to allow for a limited number of caseloads to accommodate the teaming model. This might allow teaming to be piloted on a limited basis if DCF were in agreement about trying it.

⁶² The CWLA report made a similar recommendation. For information about both Structured Decision Making® and Signs of Safety See “Safety and Risk Assessment Frameworks: Overview and Implications for Child Maltreatment Fatalities,” by Pecora, Chahine & Graham, file:///C:/Users/Susan/Downloads/Casey%20special%20issue%20of%20Child%20Welfare%20Journal%202013%20(2).pdf pp. 147-149.

⁶³ “The Power of Teaming in Massachusetts.” see footnote 60

⁶⁴ Family Finding is a national program that locates relatives of children in foster care and encourages them to provide emotional support or even a permanent home for these children. For more see: <http://dukeendowment.org/our-work/piloting-family-finding-program-our-strategy#sthash.IRXIizqq.dpuf>

⁶⁵ APPLA is Alternative Planned Permanent Living Arrangement

⁶⁶ See Courtney, M. E., Dworsky, A., Cusick, G., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago: Chapin Hall Center for Children at the University of Chicago.

⁶⁷ See Aging out Task Force Report.

ABOUT THE AUTHOR

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