

Funding Opportunities:

Services that Help Prevent Kids in the Child Welfare System from Entering the Juvenile Justice System

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Introduction

When we don't give children the best opportunity for healthy growth and development, we put their future—and the future of our Commonwealth—at risk. Every year, thousands of children become involved with the child welfare system. The Department of Children and Families (DCF), the primary child welfare agency in Massachusetts, strives to protect these children from harm while also supporting children and their families on a positive path forward.

Keeping kids safe in the immediate term is DCF's primary mission, but DCF also is responsible for working with kids and their families to stabilize family environments and create plans for a child's longer term success. In particular, DCF has a role in providing supportive services to families in crisis so that they can best provide a safe environment that allows kids to thrive.

DCF cares for kids in many different settings. Some kids receive services in group homes while others are in foster care, either with a relative (kinship care) or with a foster family they do not know. But most of the kids under the care of DCF remain in their own homes. The supports available for these families are critical for providing some stability for families in crisis.

To do this work, DCF works with many partners. These partners include the families and extended families, the school system, local police, other state agencies, health professionals, and the non-profit organizations providing services to children and families. Effective communication and coordination among these partners, as well as adequate funding for necessary services, are

essential for the best outcomes for kids and their families.

Unfortunately, too many of our most vulnerable children are not getting all of the services they need, and the involvement with DCF and related services are not sufficient to keep these kids from getting in trouble and from ending up in the juvenile justice system.

According to [*Missing Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System*](#) from Citizens for Juvenile Justice, there are estimates that more than 7 out of 10 kids involved with the juvenile justice system have had involvement with DCF at some point in their lives. Kids in the child welfare system already face significant barriers to their long term health and success. For these kids, adding a stay of even just one night in a juvenile detention facility to their already-disrupted childhoods only makes it harder for these kids to get on a productive path.¹

² This research was funded in part by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of MassBudget alone, and do not necessarily reflect the opinions of the Foundation.

Outline

In the slides to follow we examine services funded through the state budget critical to helping kids and families involved with the child welfare system. We describe services that help families stay together, those that support kinship and foster care families, and services provided by other agencies and the school system.

Funding for some of these services has increased in the last few years, but is still not sufficient to meet the needs of our vulnerable children.

Each slide focuses on one line item in the state budget that helps kids:

Slide 4 – Family Support and Stabilization

Slide 5 – Services for Children and Families

Slide 6 – Family Resource Centers

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Slide 11 – Children’s Behavioral Health Initiative

Providing Supports to Vulnerable Children Living With Their Families

Most of the Commonwealth's vulnerable children live at home with their families. About 80 percent of the children involved with DCF are at home. Some of the most important services DCF provides for these kids are the ones that help support families while they are going through a difficult time. These services are essential to helping kids stay at home and help families work on their own unique challenges, while supporting stability for kids.

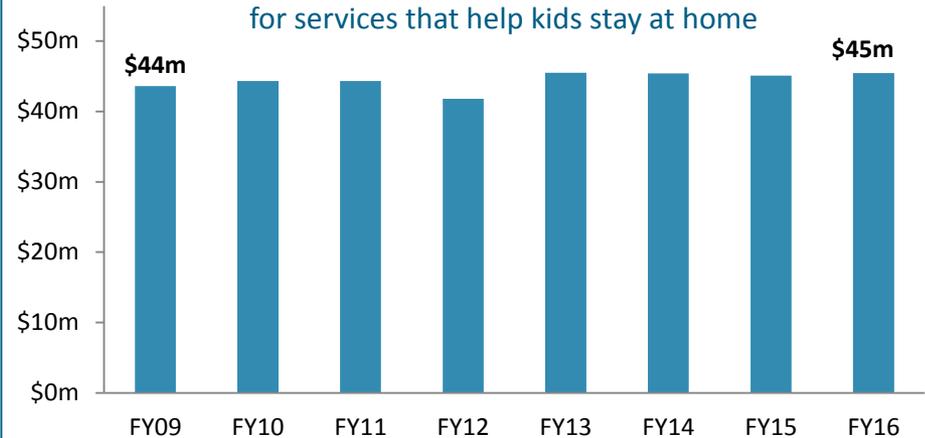
These services can include:

- Support to improve safety in the home
- Supervision and supports for parents and children to help improve family dynamics and create positive relationships
- Clinical assessments for kids
- Evaluations and diagnostic services for kids including physical, behavioral and mental health screenings
- Support for short-term temporary out-of-home placements for kids at risk of being removed from home
- Support for reunification

Adequate supports for vulnerable children while they are living with their families is particularly important. These supports increase child stability at home and at school, and they can help prevent further crises that could lead to children getting involved in the juvenile justice system.¹

Family Support and Stabilization

Since FY 2009, there has been no significant increase for services that help kids stay at home



Family Support and Stabilization (4800-0040) supports DCF's work with families whose kids are at home. Funding for these services has remained flat and is significantly less than funding for residential or foster care even though around 80 percent of kids involved with DCF are at home. It is difficult to determine if this funding level is enough to provide the high quality services that families need. But even with a rise in the number of open cases at DCF in recent years, funding has not increased significantly. Note: FY 2009 and FY 2010 data show spending, while FY 2011 through FY 2016 are budget appropriations.

Providing Supports for Children and Families in Foster Care

DCF strives to find the safest and most stable placement for a child who cannot be at home. With that in mind, DCF first looks for a family member (kinship care). Overall, about a quarter of the kids who need to be placed outside the home are placed with kin.¹ However, for DCF-involved kids who end up in the juvenile justice system, fewer than 10 percent had been in kinship care.²

If a kinship placement is not possible, DCF looks to place kids in a non-kinship foster home. Individualized services are provided that align with a child's permanency goal. For most children placed into foster care, reunification with their families is the goal. For some children though, permanent guardianship or adoption is the ultimate goal.

Foster care families (both kinship and non-kinship) receive a stipend from DCF as well as other supports that can be provided to the child, their parents, and the foster family. These supports include:

- counseling services for children and their parents
- substance abuse treatment
- services that help young parents towards reunification
- adoption assessments for kids in care over 12 months
- Post-adoption support services

These supports work best when kids are in safe and stable placements. The alternative, experiencing too many placements, often carries more challenges for these kids. For kids in the juvenile justice system with previous involvement with DCF, almost 40 percent of girls and 27 percent of boys had six or more placements.³

Services for Children and Families

Funding increasing recently, but still below FY 2009



State support for foster and kinship families is provided through the Services for Children and Families line item (4800-0038). DCF has experienced a sustained increase in the case load recently. Funding for these services has also increased modestly in the past few years. However, funding is still below pre-recession levels. Further, rates provided to foster care families cover about 80 percent of the expenses of caring for a child.⁴ Note: FY 2009 and FY 2010 data show actual spending, while FY 2011 through FY 2016 are budget appropriations.

Providing Convenient Access to Services for Families Who Need Support

For struggling kids and families, finding out what services can help and are available to them can be a confusing process. Family Resource Centers are a starting point providing families with information and referrals to services provided by the states' human services agencies, local public schools, and other local and state agencies all in one place.

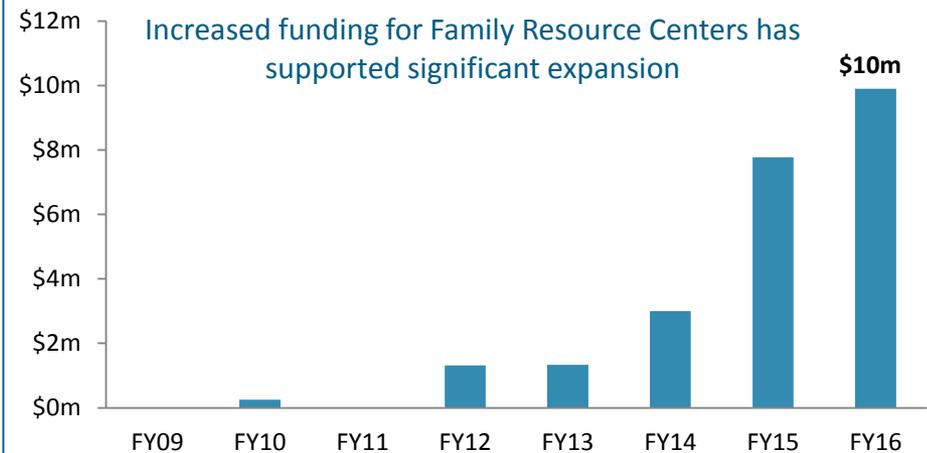
There are currently 18 centers, with at least one in each county. These centers provide services such as:

- Information or referral to housing/shelter assistance, information about benefits such as SNAP, WIC, and TANF
- Information on how to access services for behavioral and mental health needs
- Assistance with health insurance or substance abuse
- Referral to educational services including special education, GED, ESL and early education
- Support groups
- Child Requiring Assistance services provided by DCF—including onsite intake screening and assessment

Centers have a licensed clinician, a family support worker, and a school liaison to help families get the services they need. Intake screenings are done for kids between the ages of 6-18 to determine which services are appropriate.

For families involved with DCF, getting access to the services they need can be a challenge. Providing information and more convenient access in one place helps connect these families facing significant challenges with the services they need.

Family Resource Centers



Funding for Family Resource Centers (4800-0200 & 4000-0051) has increased each year since a law expanding the network of centers passed in FY 2012. Prior to that funding supported a few centers which provided services to kids under 6 years old. Implementation of the new law accelerated in the FY 2014 budget. The current FY 2016 budget increase should allow for continued expansion this year. For a list of centers, see <http://frcma.org/>. Note: FY 2009 through FY 2014 data show actual spending, while FY 2015 and FY 2016 are budget appropriations.

Resources for Caseworkers Working With Families

DCF caseworkers work directly with families to design case-plans, coordinate services and provide the support that families and kids need. Caseworkers, with the help of families and other partners, make important decisions that affect where kids are placed during their involvement with DCF, as well as where kids will live after their DCF involvement.

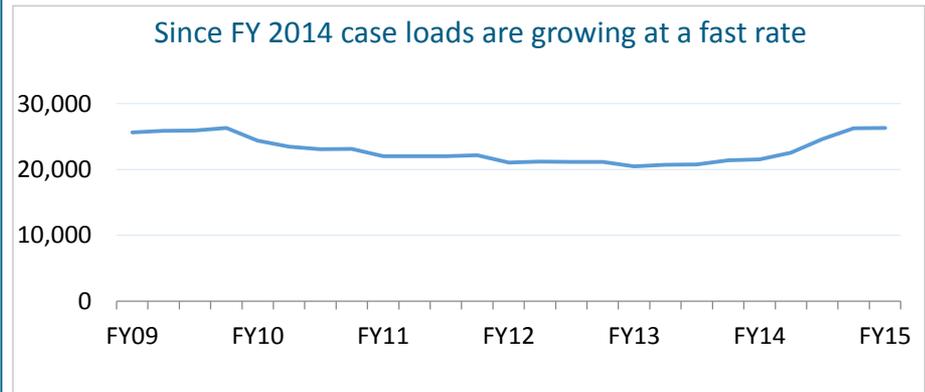
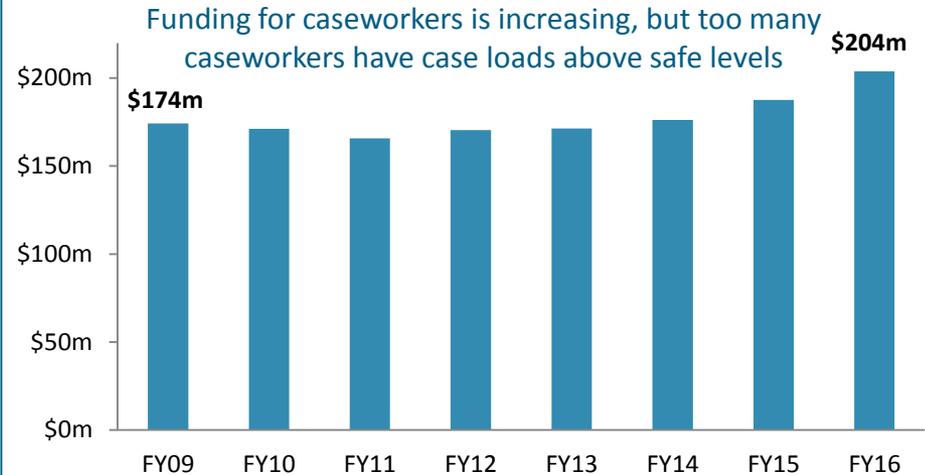
Working with families and partners to create a plan, building relationships and developing trust, assessing the strengths and needs of families, and other similar activities, all take time and require frequent thoughtful contact with clients.

In Massachusetts, caseworkers have a relatively large number of cases making it difficult to spend the time needed with each family. Over the last year DCF caseworkers have averaged just under 20 cases, and that number is rising.¹ About half of all caseworkers—approximately 1,000—had more than 20 cases.² It is worth noting that the Child Welfare League of America has stated that 15 cases or families per caseworker is the maximum safe level.³

Giving caseworkers safer case load levels could help them spend more time with families and earn the trust that is needed to help these families keep their kids safe and on a positive path at home and at school.

Funding for DCF Caseworkers (4800-1100) has increased recently, but so has the DCF caseload which is over 26,000 cases and at its highest level since the fourth quarter of FY 2009. Recent funding levels have not been sufficient to maintain safe case load levels.

DCF Caseworkers



Training for the Caseworkers Working With Families

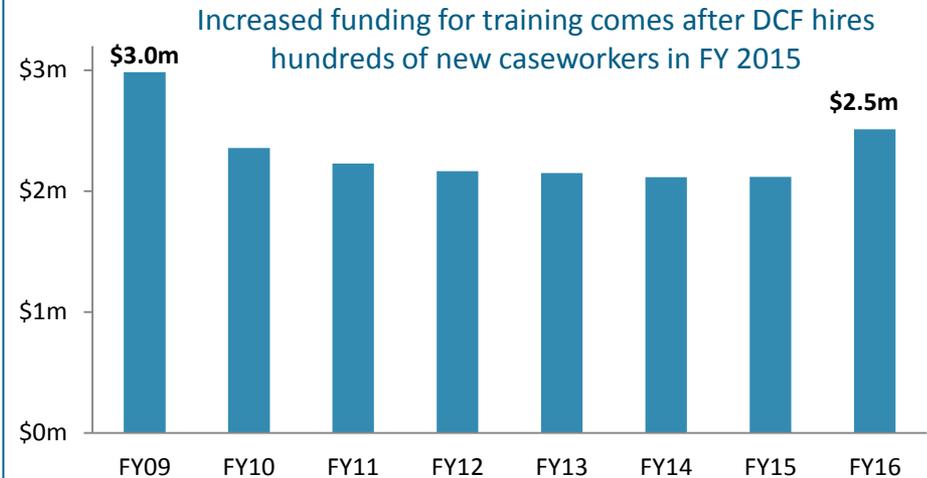
The Massachusetts Child Welfare Institute (MCWI), currently housed in DCF, provides trainings for DCF employees. The primary training program prepares newly hired caseworkers to work with clients. This month long program covers the entire DCF process and is essential in preparing caseworkers to work with families, keep kids safe, and design case plans which give kids and families the best chance for future success.

MCWI also delivers other training courses. Managers and supervisors can take part in the Management Professional Development Program which enhances managers' knowledge and skills in working with staff, in responding to trauma, and in managing finances and more.

MCWI provides opportunities for continuing professional development and training workshops on specific topics. Training topics include: Teens and Adolescents, Autism, Substance Abuse and many other subjects which help DCF caseworkers provide better service to the families and children on their case load.

Training is crucial in preparing new caseworkers to work with children and families facing significant challenges, in order to keep kids safe and on a positive path.

DCF Training



The Child Welfare Training Institute (4800-0091) is supported by federal reimbursements received under Title IV-E of the Social Security Act. In FY 2015, the training budget did not receive an increase even as DCF hired hundreds of new caseworkers. The FY 2016 budget for training increased 20 percent (by \$415,000.)

Advocating for Children and Families

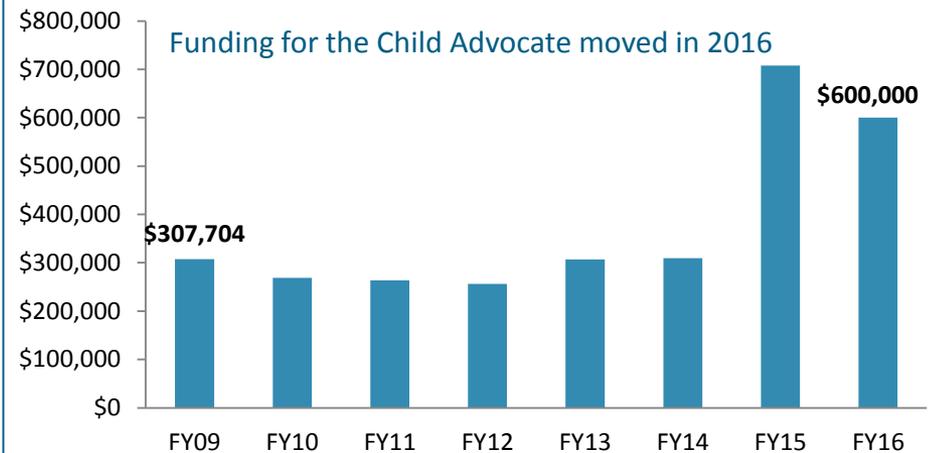
The [Office of the Child Advocate](#) (OCA) acts as an independent voice for the children and families of Massachusetts reviewing and evaluating how the state delivers services. A primary goal of the OCA is to make sure that kids are getting what they need to be successful.

Some of the kids involved with DCF do not meet their service goals, and instead of reuniting with family or experiencing a successful adoption, they experience failed placements, juvenile justice involvement, or worse.

When kids don't receive the services they need, the OCA works with the families and the agencies involved to keep kids safe and to ensure kids and families receive quality services by:

- Helping families resolve problems with state agencies
- Reviewing incidents that lead to serious child injury or death at state agencies
- Reviewing reports of abuse and neglect in out-of-home settings (preschool, foster care, group homes, etc.)
- Making recommendations based on their work to improve the services children and families involved with the state receive.

Office of the Child Advocate



The Office of the Child Advocate (0930-0100) received \$600,000 in the FY 2016 budget, \$100,000 more than the OCA received for general operations in FY 2015 (In FY 2015, the OCA received \$200,000 for a special project that concluded during the year). Prior to FY 2016, funding for the OCA was in the Governor's Office in line item 0411-1005.

Providing Supports for Children and Families in School

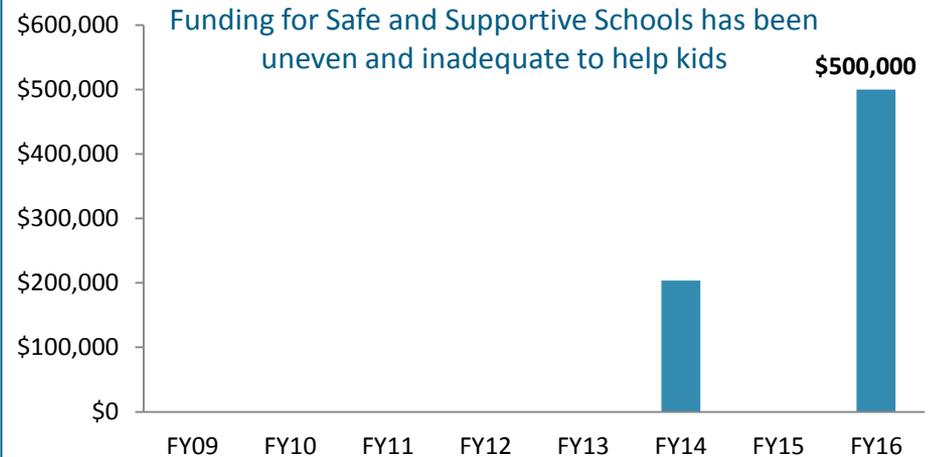
For kids involved with DCF, instability can be harmful. Removal from one's home can be traumatic and moving through too many placements after that only adds to that trauma. School instability can have similarly negative effects on kids, making learning more difficult.

There is increasing recognition that non-academic challenges, such as health, mental health, and family issues can be barriers for students. The Safe and Supportive Schools program helps schools address these barriers.

In 2011, the Children's Behavioral Health Task Force created tools and frameworks for schools to increase their ability to address these barriers. This group recommended that DCF and school systems work more closely together, provide more training for educators on students' social and behavioral needs, and add staff capacity within districts and schools to lead the effort (see the [Final Report](#).)

Kids involved with DCF are especially vulnerable to having difficulty at school. Ultimately, the goal is to get DCF and the school system on the same page, understand what these kids need at school, and be better able to provide the support to meet those needs so kids can be successful.

Safe & Supportive Schools



Up to this point, funding for Safe and Supportive Schools (7061-9612) has not been sufficient to actually implement wide-ranging mental and behavioral health services in Massachusetts schools, as was envisioned in the 2008 law and by a subsequent state task force. In fact, funding was eliminated for FY 2015 by a mid-year (9C) cut to the budget.

Providing Behavioral Health Services to Vulnerable Children

Children involved with DCF often need intensive services as they work to build a safer future, either at home, with extended family, through guardianship, or with adoption. Kids involved with DCF have often experienced trauma that can result in these kids acting out. The Children’s Behavioral Health Initiative (CBHI), a crucial partner for DCF, supports behavioral health services for these kids.

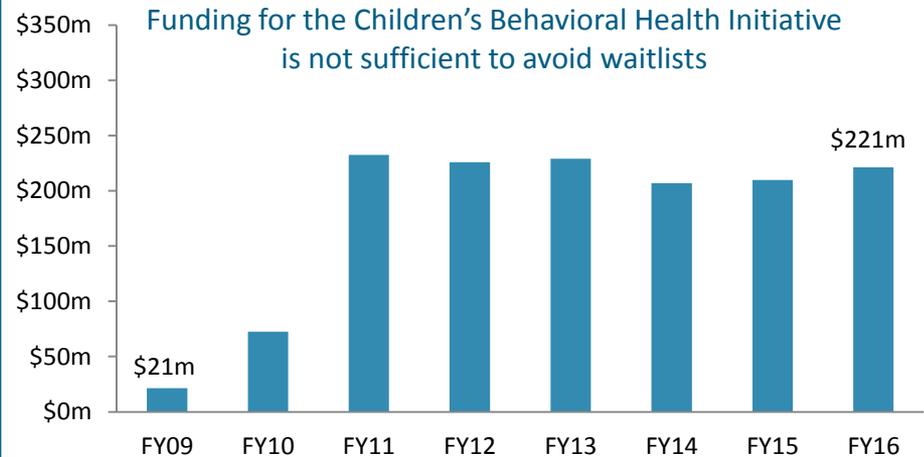
When a case is opened, DCF caseworkers ensure that a child is screened by a physician or nurse within 7 days to identify a child’s behavioral health needs as quickly as possible. This assessment looks at a child’s behavior, mood, energy level, sleeping habits, social skills, and school performance.

The caseworker, in consultation with behavioral health service providers and other team members, determines services that best meet the child’s needs while considering the ultimate goal for the family.

A CBHI coordinator helps coordinate comprehensive mental health, social service, and other services for the child and family. The individualized “wraparound” service plan reflects the perspectives of the child and family and is designed to promote home and community life.

Appropriate behavioral health services can be essential for addressing emotional trauma and helping provide stability for children and families.

Children’s Behavioral Health Initiative



The CBHI (1599-7050 & 4000-0950) is the result of a lawsuit against the state (known as *Rosie D.*) that successfully argued that MassHealth had failed to meet its obligation under federal Medicaid law to provide Early Periodic Screening Diagnosis and Treatment services to children with serious emotional disturbances.

The program phased in between FY 2009 and FY 2011. Funding has since decreased contributing to some waitlists for services.

Notes & Sources

- All Funding inflation adjusted to FY 2016.

Slide 2

1 - Citizens for Juvenile Justice. (2014). *Unlocking Potential: Addressing the Overuse of Juvenile Detention in Massachusetts*. Retrieved from <http://www.cfjj.org/unlockingpotential.php>

Slide 4

1 - Citizens for Juvenile Justice. (2015). *Missed Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System*. Retrieved from <http://www.cfjj.org/>

Spending data for FY 2009 and FY 2010 provided by Exec. Office of Administration and Finance.

Slide 5

1 - Massachusetts Budget and Policy Center (2015). Infographic: *Every Kids Needs a Family*. Retrieved from http://www.massbudget.org/report_window.php?loc=Every_Kid_Needs_a_Family.html

2 - Citizens for Juvenile Justice. (2015). *Missed Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System*. Retrieved from <http://www.cfjj.org/>

3 - Citizens for Juvenile Justice. (2015). *Missed Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System*. Retrieved from <http://www.cfjj.org/>

4 - DeVooght, K., Child Trends, & Blazey, D. (2013). *Family Foster Care Reimbursement Rates in the U.S.* Annie E. Casey Foundation, Casey Family Programs & Child Trends. Retrieved from <http://www.childtrends.org/wp-content/uploads/2013/04/Foster-Care-Payment-Rate-Report.pdf>

Spending data for FY 2009 and FY 2010 provided by Exec. Office of Administration and Finance.

Slide 6

Spending data for FY 2009 and FY 2010 provided by Exec. Office of Administration and Finance.

Slide 7

1 - Data from SEIU

2 - Data from SEIU

3 – Child Welfare League of America. Retrieved from <http://66.227.70.18/newsevents/news030304cwlacaseload.htm>. The Council on Accreditation recommends caseload levels of no more than 18 for caseworkers – see <http://coanet.org/standard/pa-cps/14/>. Determining what a safe caseload level is can be difficult though. Gail Tittle notes that factors can include the specific needs of the child and family, experience of the caseworker, the exact job functions a caseworker is responsible for, the geographic area covered and other factors. See Caseload Size and Best Practice Literature Review. (2002). Retrieved at http://cfrc.illinois.edu/pubs/lr_20021101_CaseloadSizeInBestPractice.pdf.