



Department of Children & Families Monthly Update | Volume Two, Issue Ten

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Governor Patrick issues FY11 Budget Recommendation, House 2



The Governor’s FY11 Budget Recommendation, House 2 (H2), funds the Department’s FY11 state appropriations at **\$760.0M**. H2 represents a \$15.6M (-2.0%) decrease over FY10 available (post-9C available funds).

Major highlights include:

H2 consolidates DCF’s 11 appropriations into 5. Domestic Violence, Training Institute, and Roca are left as stand-alone appropriations while the other line-items are merged into two.

- Social Worker Services and Related Operational Support (4800-0015):
 - H2 language has DCF transitioning to a new service delivery model for certain functions currently performed by the Lead Agencies.
 - H2 provides adequate funding so DCF can avoid additional layoffs. Assumes DCF maintains an aggressive vacancy rate.
 - H2 includes an investment to support a project which is anticipated to increase the number of children eligible for SSI and Title IV-E and generate \$3.3M in increased General Fund revenue. Investment in project was in lieu of \$2.5M in service cuts.
- Services for Children and Families (4800-0038):
 - H2 assumes the following caseload assumptions:
 - Departmental Foster Care: 5,990 (level funded at FY10 available)
 - Intensive Foster Care: 2,050 (1% increase FY10 available)
 - Congregate Care: 1,570 (-10% decrease over FY10 available)
 - Adoption Subsidy: 9,550 (level funded at FY10 available)

FY11 Account Structure (new)	FY10 Account Structure
4800-0015 Social Worker Services and Related Operational Support	4800-0015 Admin, 4800-1100 Social Worker, 4800-0025 FCR, 4800-0030 Leads
4800-0038 Services for Children and Families	4800-0038 C&F, 4800-0041 Group, 4800-0036 SAIN, 4800-0151 ALPs
4800-0016 Roca Retained Revenue	4800-0016 Roca (no change)
4800-0091 Child Welfare Training Institute Retained Revenue	4800-0091 Training Institute (no change)
4800-1400 Support Services for People at Risk of Domestic Violence	4800-1400 Domestic Violence (no change)

Governor Patrick issues FY11 Budget Recommendation – continued from front

- Guardianship Subsidy: 2,990 (1% increase over FY10 available)
- Support and Stabilization: -7% decrease over FY10 projected spending (funded at a level between FY06 and FY07 spending)
- STARR: level funded at FY10 contract amounts
- H2 assumes a freeze to OSD's 766 Residential School rates.
- H2 includes funding to accommodate a 1.0% increase in Congregate Care and Support and Stabilization provider rates as a result of Ch. 257 rate calculation activities to occur in FY11.
- Child Welfare Training Institute (4800-0091) – H2 assumes a \$206K (9.7%) increase in funding over FY10 projected spending for the activities of the Child Welfare Training Institute. Represents a 40% restoration of the FY10 9C cut but still leaves us \$650K below historical funding levels (pre-FY09 9C cuts).
- Domestic Violence (4800-1400) – H2 assumes a -\$467K (-2.2%) decrease in domestic violence community and shelter based services over FY11 projected need (post 9C annualization).

Budget information specific to lead Agencies

H2 language has DCF transitioning to a new service delivery model for certain functions currently performed by the Lead Agencies.

The Governor's FY11 budget recommendation for DCF includes language that requires the Department to pursue a DCF operated model for service coordination and referral.

The language also gives the Department flexibility in the provision of utilization management of purchased services; allowing for a public-private partnership contract or a DCF operated system. The service coordination, referral and utilization management functions currently are all performed through the DCF Lead Agencies which are area-based contracts with non-profit organizations. The Lead Agency structure has been in place since FY2006.

Next steps

The Governor's FY11 budget recommendation is the first phase in the FY11 budget development process. Both the House and Senate Ways & Means Committees will present their budget recommendations later in the fiscal year which may or may not include the Governor's recommendations relative to the Lead Agency structure. Should the changes be included in the final General Appropriations Act, DCF will pursue a thoughtful planning and transition of functions over the course of FY11.

For more information and greater detail on H2, including line-item language, visit the Governor's budget website at:

www.mass.gov/bb/h1/fy11h1. [\[top\]](#)

Five state agencies join parents, providers and schools to promote violence-free learning and living environments

Public/Private effort focuses on reducing the use of restraint and seclusion

In response to growing concern about restraint and seclusion use in child-serving settings, the Commonwealth has organized a cross-secretariat effort to reduce and prevent their use. Capitalizing on the Department of Mental Health's nationally recognized, successful 10-year initiative and their significant reductions in use statewide, the Secretaries of Health and Human Services and Education jointly launched the Massachusetts Interagency Restraint and Seclusion Prevention Initiative.

This Initiative, which officially kicked-off in May 2009, brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Early Education and Care (EEC), Elementary and Secondary Education (ESE) to work in partnership with the Office of the Child Advocate and parents, youth, providers, schools and other community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing, in particular the use of restraint and seclusion. The vision for the multi-year effort is that all youth serving educational and treatment settings will use trauma informed,

positive behavior support practices that respectfully engage families and youth. Specifically, the partner agencies aim to ensure that treatment and educational settings use behavior management techniques that reflect current knowledge about the developmental impacts of early traumatic experiences.

Research has demonstrated that the use of restraint and seclusion can lead to physical injuries and be emotionally traumatizing for children, especially those who have already experienced trauma in or out of the home. Restraint and seclusion can also be harmful to staff working in schools or residential settings and lead to injuries and significant workforce turnover. Work of the initiative is guided by a 40 member Steering Committee and will focus on data gathering and analysis, training and convening of providers and schools, and development of new policies and regulations.

Support for Initiative is being provided through the Department of Mental Health (DMH) and a grant to the Department of Children and Families (DCF) from Casey Family Programs. For more information or to view a copy of *The Massachusetts Interagency Restraint and Seclusion Prevention Initiative Charter* please visit:

www.mass.gov/dcf. [\[top\]](#)

Building Bridges of Understanding, a case based training on psychotropic medications

Problematic practices of child psychopharmacology in young children are the focus of a case based training that is being delivered to the Boston Region this month. The curriculum entitled "Building Bridges of Understanding" was developed by an interagency work group that was organized over a year ago in response to growing concerns about very young children on psychotropic medications. Working together with the Metro Boston Area of the Department of Mental Health and a group of prominent community psychiatrists, the work began with a series of focus groups that took place in January of 2009 that clarified what the most critical concerns were that DCF staff were experiencing in regards

to this issue. With the help of Heather Walters, Chief of Child Psychiatry at Boston Medical Center and David DeMaso, Chief of Psychiatry at Children's Hospital, a very specific curriculum was developed to address these concerns. The training is unique in that it borrows from a model developed by Dr. Demaso, and that is geared to teaching practicing physicians. The learning is focused around a case discussion with supporting references and tools.

In "Building Bridges," the discussion/learning is facilitated by representatives from DCF in partnership with our community psychiatrists, Dr. Raveendran from North Suffolk Mental

Health and Teddi Hughes RNCS from The Home for Little Wanderers. As follow-up to the training, the community psychiatrists will be available for case consultation in the area offices from now until June.

We are very excited by the response to this training which has been very positive so far. We have completed pre and post tests, and those results will be available soon. The hope is that this project will help staff feel more confident in understanding and addressing these very important issues. Plans are in place to offer a "Booster" training later in the year to understand whether the positive effects of this training are long lasting. [\[top\]](#)

Governor signs Executive Order supporting workers impacted by Haiti Earthquake

As part of the Patrick-Murray Administration's continued efforts to provide relief and resources to individuals impacted by the Haiti Earthquake, Governor Patrick signed Executive Order 520, which establishes a catastrophic leave donation program to support impacted employees in the state workforce.

The order allows for state employees to donate earned vacation and personal leave time to co-workers who have relatives in Haiti and need time to care for family members or travel to the country. Under the supervision of the Human Resources Division (HRD), guidelines will be developed for employees wishing to donate.

This idea was prompted by DCF social workers who wanted to participate in relief efforts. The Department will be flexible to ensure that our staff impacted directly (or indirectly) by this devastating tragedy can focus on their family and loved ones. If there is anything more that the agency can be doing, please let us know—we will do our best to make it happen. [\[top\]](#)

Family Resource conversion to i-Familynet

The Family Resource conversion to i-Familynet project started in March of 2007.

When we began the project, we set out to:

- Provide **visibility** into the foster home process
- Keep **one record of a home**, even as it evolves over time (governance, service mix, etc.)
- **Standardize the process** for assessing homes, but provide for variation where appropriate (service, type of home, etc.)
- Recognize a **home as a complete entity** where appropriate, not as a single caregiver
- Provide a **summary view of a home** so that the right people can see its status, any outstanding issues, etc.
- Create a **system that guides the process**, rather than just documenting it when it's done

The conversion process was done in two phases. Phase I which happened between May and September of 2008 moved all the Intensive Foster Care, Adoption Contract and Unaccompanied Refugee Minor Program family resources to i-Familynet. Hands-on trainings were offered regionally to provider

staff and there have been a series of on-going follow up trainings in the past year and a half.

In preparation for Phase II Regional and Area Directors received an overview, each Area Office and ADLU attended Family Resource Policy Review training and efforts were initiated to prepare homes for conversion. Phase II launched in early November and hands-on training was provided to each Area Office or ADLU over a ten week period. After their final day of training, that night the family resources from the office were converted to i-Familynet and staff began working the next day in the new system.

Ongoing webinar trainings have been conducted (and are continuing through the spring) for workers, supervisors and managers. Additional hands-on trainings are also scheduled for February and March. In addition, a monthly e-newsletter is distributed which highlights best practice and answers FAQs.

At this point, all DCF and provider homes are on i-Familynet (about 8,000 in total) supporting the transfer of family resources with a full history to anywhere in the Commonwealth. [\[top\]](#)

Highlight on Initial Assessment

DCF's new Integrated Casework Practice Model (ICPM) establishes the framework, structures and processes, expected outcomes, and underlying core values for DCF's involvement with children and families. Through the ICPM, DCF's involvement with children and families focuses on families' strengths, and seeks to build parenting capacities that will support safe, secure, and permanent homes. The new approach also ensures consistency in casework practice and provides opportunities for children, families and their support systems to be actively engaged and empowered in decision-making.

One of the new components of ICPM is a Differential Response to allegations of child abuse and/or neglect. During the past two decades, differential response systems have been implemented in more than two dozen States across the country. Differential response provides an opportunity for a child welfare agency to respond to a report of child abuse or neglect based on the level of severity of the allegation, the unique circumstances of a case and the individual needs/strengths of a family. Through a differential response approach agencies are able to target resources to more efficiently and effectively assess the needs the needs of the family and determine whether further services are necessary to protect the children and strengthen the family.

The DCF model of differential response provides for assignment of a screened in report of abuse or neglect for either a CPS Investigation or a CPS Assessment response track. Currently about 20 – 25% of 51As are being screened in as Initial Assessments. The Department has the authority under Chapter 119, Section 51B to conduct either an Investigation or an Assessment in response to a 51A report.

What is an Initial Assessment?

The Initial Assessment is the first phase of the CPS Assessment response. Initial Assessments are conducted on cases where the level of severity of the allegations of abuse or neglect does not rise to the level requiring a DCF investigation response. For example, a 51A report that is screened in may be assigned for Initial Assessment when there is a reasonable cause to believe that the child(ren) are impacted by neglect of a caretaker. Allegations of sexual abuse or serious physical abuse are not assigned for an Initial Assessment.

The purpose of an Initial Assessment is to engage the family in an immediate, collaborative, information-gathering effort focused on determining: 1) the safety of the child(ren); 2) the impact of parent action or inaction on the child; 3) the potential risk of any future abuse or neglect; and, 4) whether DCF services are needed. All families assigned for Initial Assessment will have an initial contact from the Social Worker within two (2) business days and the first home visit will be made within four (4) business days.

The results of an Initial Assessment are documented in a 51B report.

A significant difference between Initial Assessments and Investigations is the conclusion. For Initial Assessments, there is no "support" or "unsupport" decision on the allegation. Rather, the Initial Assessment determines whether or not there is a concern about risk for future maltreatment. At the conclusion of an Initial Assessment, there is no identification of a 'perpetrator', and therefore no information on the allegations will be available to future employers during a Background Records Check.

What is the Difference between an Investigation and an Initial Assessment?

While both a DCF Investigation and an Initial Assessment are designed to determine whether there are danger factors impacting child safety, there are significant differences in focus and expected conclusion:

The Initial Assessment Response provides a new, less intrusive way for DCF to become involved and engaged with families who may need help from the Department in addressing issues of neglect or safety for their children. It is part of the Department's overall efforts to better focus our efforts on strengthening families and keeping children both safe and at home.

Investigation

Purpose: Detection of Maltreatment

Focus: Determine validity of allegation

Authority: MGL Chapter 51B

Introduce DCF involvement as Investigation

Conclusion includes:

- Identification of victim
- Identification of perpetrator
- Determination of fault
- Support / unsupport of allegation
- Listing of perpetrator on Central Registry

Initial Assessment

Purpose: Engagement and helping

Focus: Determine what (if any) supports and services a family needs

Authority: MGL Chapter 51B

Introduce DCF Involvement as Assessment of Safety and Family Needs

Conclusion includes:

- Identification of which family members need services or support
 - No identification of perpetrator
 - No determination of fault
 - Decision as to whether there are concerns of safety or risk that warrant DCF services or no concern or minimal risk of future abuse/neglect
- No alleged perpetrator discoverable on BRC for employment **[top]**

DCF and Children's Hospital kick-off exchange program

On February 16th DCF and Children's Hospital are kicking-off an exciting new exchange program.

Over a year ago a cross agency work group was formed to share concerns that arise in the course of working together, particularly regarding complex diverse families living in the inner cities. The work group is comprised of representatives from Children's Hospital Child Protection team, DCF Medical services, DCF Diversity Initiatives Project Manager, and the Boston Region. Eight social workers from Children's and eight social workers from the Boston Region were selected to participate in this pilot.

DCF participants will have the opportunity to spend a day at Children's and will experience a wide range of activities. Children's Hospital participants will spend a day in the area office being exposed to a wide variety of typical DCF experiences.

The goal is to promote increased understanding of each other's challenges and to improve our collaborations. The exchange program represents one of three joint efforts that CHB and DCF are engaged in to address shared challenges. Joint case presentations and joint trainings are also in the works. Many thanks to the considerable efforts of those that have worked on developing and overseeing this project! [\[top\]](#)

Announcements

- This month, the **DCF Boston Region** will begin a worker exchange program with staff from Children's Hospital. Staff from Children's will spend a day in a DCF office and staff from DCF will experience a day at Children's. For more information, please contact Terry Flynn, Boston Regional Director.

- **The Harbor Area Office** held a potluck fundraiser to support victims of the Haiti earthquake. Participating staff brought dishes to contribute and each person paid to enjoy the lunch. The office raised more than \$1200, which included participation from regional and other offices; the event was a great success.

- On February 1st, the **Hyde Park Nurturing Father's Program** graduated 12 men from their three month, group based program intended to help men develop nurturing attitudes and skills. For more information on the Nurturing Program Curricula, or the Family Nurturing Center of Massachusetts, please visit: www.familynurturing.org

- Tuesday, March 2nd is **International White Ribbon Day**. This is the 3rd Annual statewide White Ribbon Day Campaign in Massachusetts. This year the event will be held a few weeks later to coincide with Women's History Month. Your participation in this event will send a powerful message to your community about the value of men and women working together to achieve freedom from the violence and oppression in our homes and communities that affects all of us. For more information or to sign up to be a White Ribbon Day Ambassador, please visit: www.janedoe.org/whiteribbonday. [\[top\]](#)

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