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Department of Children & Families

Joint Hearing of the House and Senate Committees on Ways & Means

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Good afternoon Vice Chair Friedman, Vice Chair Donato, and distinguished members of the Joint Committee on Ways & Means. My name is Linda Spears and I am the Commissioner of the Department of Children and Families. Thank you for the opportunity to update you on the important work of the agency, our service improvements, current priorities, and the Governor's Fiscal Year 2022 budget proposal.

I vividly remember sitting before the committee at Needham Town Hall this time last year and the heaviness in the room that day. We all felt something looming but couldn't have imagined how drastically our lives would soon change. One day later, Governor Baker declared a State of Emergency. Five days later the pandemic had already turned child welfare, as we know it, upside down.

Before I begin, I want to acknowledge the heartbreaking report released by the OCA last week on the death of David Almond. The facts of this case are extremely upsetting, and the decision made to reunify the boys is incomprehensible and does not at all represent child welfare best practices.

I know you share DCF's conviction that every child deserves to live in a safe home, where they can thrive, free from harm. Immediately following David's death, DCF took action to address critical issues raised, including urgently reviewing internal policies and practices to reduce safety risks for children. The Department has structures in place that would have provided checks and balances on this case. Area office senior managers made serious errors and have been held accountable.

Immediately after David's death, the Department reviewed all cases in the office to assure child protective concerns were being addressed, replaced the management team with proven veteran DCF leadership and began intensive supervision and substance abuse retraining with all staff. As the OCA investigated, we worked to address the practice gaps identified internally, including adding structure to the assessment of child safety risk and parental concerns prior to reunification and creating a Director of Disability Services, whom we are in the process of hiring, who will be an experienced child welfare practitioner collaborating with statewide and regional disability coordinators and focusing on one-on-one consultations with area offices.

When there is a complex case or a difference of opinion about the direction of the case, Area Office leadership must convene an Area Clinical Review Team meeting with the casework management team to take a more comprehensive look at the facts of the case and the factors that may be impacting child safety risk, such as untreated mental health, substance misuse, or domestic violence. The Department's specialty social workers with expertise in these specific areas may also participate in these meetings. The Department is piloting a new protocol to improve efficacy and consistency of these reviews.

DCF will implement all of the recommendations from the OCA report through our system reform work and I am open to continuing discussion of the work going forward should there be an oversight hearing.

As the OCA's findings demonstrate, child safety is the work of many people and stakeholders. DCF is committed to working with our child-serving stakeholders so there is a more durable safety net for children, both at home and in the community, and that parents are supported in the process. The death of David Almond occurred against the backdrop of an unprecedented pandemic, which required the Department to shift away from the gold standard of child welfare – in person visits.

The complexity and emergent nature of our work, along with prior investments in the Department, enabled us to remain nimble in response to our critical child protection responsibilities, while leveraging virtual and video technology to maintain meaningful contact and mitigate the spread of COVID-19 consistent with state and federal guidance. Prior to the pandemic, there were no national best practices for video conferencing. In March 2020, the Department issued a four-page guidance with practice tips for video conference visits that aligns with COVID-19 guidance issued by the federal Children's Bureau. In May of this year, DCF will revise virtual visit guidance from March 2020 to address post-COVID-19 use of telehealth strategies in child protection as a supplement to routine in-person visits.

The pandemic has highlighted the importance of our past and on-going investments in technology to ensure we are able to remain connected not only to each other but also with the families we serve. Importantly, the Department's after-hours Child-at-Risk hotline has remained fully operational throughout the pandemic and social workers continued to respond to all emergencies in-person and when serious child safety concerns arose. Having already equipped the majority of frontline staff with mobile devices eased the initial transition to videoconference visits, in accordance with federal guidelines.

As PPE became readily available and we learned more about the virus, child visitation and non-emergency investigations transitioned back to in-person, and social workers are using a blend of in-person and virtual for routine visits. DCF social workers are in the process of being vaccinated as part of Phase 1 of the Commonwealths vaccination plan.

Early in the Baker-Polito administration, the Department hired its first medical director and a part-time child psychiatrist, expanded its statewide nursing staff from five to seven, and added 29 medical social workers, one for each DCF office. Dr. Linda Sagor and her team have been nothing short of extraordinary, collaborating with DPH experts, supporting congregate care providers, reviewing all suspected and confirmed COVID-19 cases reported to the Department, and training social workers to use PPE and protect themselves and others. In fact, the federal Children's Bureau chose Dr. Sagor to present a webinar on COVID-19 social worker safety for child welfare agencies from all 50 states.

While meeting the demands of the pandemic, DCF has remained on course and moved critical priorities forward. As many of you know, in September 2015, the administration initiated a historic system-wide reform, overhauling key policies for the first time in years and modernizing systems and operations to more efficiently serve children, families, and foster families.

Our second phase of reform, targeting the foster care system, is approaching a significant milestone with the implementation of a new foster care policy. Written with input from regional foster parent forums over several years, and in collaboration with SEIU 509, the union representing frontline social workers, the policy is grounded in the latest child safety research and best practices to address the specific needs of children in foster care. Importantly, the policy will increase support for foster families, streamline home licensure so we can onboard homes more quickly while maintaining our stringent safety standards, and establish a formal support system for kinship foster parents.

Today, I will expound on these efforts and what's ahead in the way of reforms, none of which would be possible without the sustained support from Governor Baker, Secretary Sudders, and you, the Legislature. On behalf of the Department, I thank you for your support. I am also very grateful to Rep. Donato for his continued dedication to our work and the needs of the children we serve.

In partnership with the Legislature, the Administration has added \$257 million to the Department's budget from FY15 through FY21, a 31% increase in funding. The Governor's FY22 budget proposal adds an additional net \$3.6 million, after accounting for one-time COVID expenditures in FY21, to annualize investments that aim to keep social worker caseloads at historic lows, identify permanent homes for children in a timeframe that meets their needs, and continue strengthening the foster care system, especially for children in Congregate Care.

The FY22 budget reserves \$275 million to support establishment of a new DCF Congregate Care network. Children placed in Congregate Care live in group homes or residential schools because they need the highest level of treatment to address sexual abuse, mental health, or behavior challenges that cannot be managed within a home environment. The Congregate Care network also supports many of our young adults who have aged out of foster care but continue receiving services from the Department up to age 22. These children and youth are among the Commonwealth's most vulnerable and they deserve high quality, effective treatment, and a robust system of care that incorporates the latest research and best practices.

In recent years, we've seen children entering foster care having increasingly acute needs. The Congregate Care procurement the Department posted in February significantly modernizes the current system, which was known as Caring Together. Working with our contracted providers, we will stand up programs that strive to transition children to family settings and help young adults live independently with the support of lifelong connections, who could be a former foster parent, teacher, or another adult already in their lives. Additionally, the RFR specifies services provided for youth age 16-22 who are aging out of foster care or transitioning to adulthood. This includes the Department's nationally-recognized Preparing Adolescents for Young Adulthood (PAYA) curriculum that teaches life skills like money and time management and also includes career preparation, educational support, and building relationships with others in the youth's community who can offer safe, stable emotional support.

Under the new Congregate Care network, most children and youth will receive treatment in settings with peers who have similar levels of need. The RFR also introduces a specialty treatment approach, with specific residential programs for survivors of sex trafficking. DCF anticipates that providers will also offer other population-specific programs that will be considered on a case-by-case basis.

The new network maintains emergency placements, which you may know as Stabilization and Rapid Reintegration (STARR) programs, for children and youth who need further evaluation to determine the appropriate level of care. The new emergency placement model will have two levels of care, one for children with moderate needs, and one for children with severe behavioral challenges. Of note, we are ending the 45-day limit on the length of stay so that children are discharged when it is clinically appropriate.

Accountability and strong lines of communication with provider organizations are imperative to achieving desired outcomes for children. The procurement requires providers to conduct internal Continuous Quality Improvement, a cornerstone of child welfare practice that uses a team of experienced clinicians to regularly review work processes, practices, and case outcomes, which will be reviewed by DCF. Also, each region will establish standing multi-disciplinary team meetings with local providers to review and address systemic issues. Similar meetings may be convened by DCF Area Directors when there are concerns about a specific child or young adult.

Lastly, the procurement aligns with state and federal initiatives to improve services to children who require higher levels of treatment. Children in Congregate Care will have access to an array of community-based behavioral health services that will be created through the Commonwealth's Roadmap for Behavioral Health. Components of the network will qualify for federal Title IV-E reimbursement under the Family First Preservation and Services Act (FFPSA) and other costs will be reimbursable through Medicaid. Responses to the procurement are due on April 12 with contracted services to begin by the federal deadline of October 1 of this year.

Foster Care and Permanency

No matter what level of treatment a child needs, the Department's desired outcomes for children are the same: safe and thriving with a permanent family. For 80% of the children we serve, this is achieved in family homes with support from a social worker and referrals to services in their communities. The remaining 20% of children are in foster care because their safety is at serious risk, mostly because of child abuse and neglect that is exacerbated by parental substance use, domestic violence, or untreated mental health needs.

The majority of children in foster care live in family foster homes licensed by DCF. These are the foster parents who volunteer to provide foster care as well as relatives who step in to care for a family member's children, known as kinship foster parents.

Research shows a strong correlation between stability and success in foster care, especially when children are placed with family. The Governor's FY22 H1 budget continues to fund initiatives that have significantly improved placement stability, which is measured by the federal standard of two or fewer moves in 12 months while a child is in our care. Just two years ago, placement stability hovered around 70%. As of November, 80.2% of children in foster care had no more than two foster homes in 12 months, the highest rate the agency has seen in years.

A historic high of 59% of children in Departmental Foster Care are placed in kinship foster homes due in part to the Department's Family Find pilot program which designates one social worker in an area office to locate family members who can serve as foster parents. Comparatively, 47.6% of children in Departmental Foster Care were placed with kin when the Department began tracking this metric in 2009. The 11 pilot offices have seen a 210% increase in initial kin placements since January 2018, but we are also seeing a shift in practice statewide with a 100% increase in kinship placements among all 29 area offices during the same time period.

When it's unsafe to keep children with family, the Department places them with our volunteer foster parents, which you may know as unrestricted foster parents. Whenever possible, we try to keep children in communities where they've grown-up or go to school. The Governor's budget continues to fund the robust foster care recruitment program we've built to help make that possible. We began in January 2017 by hiring fifteen social workers focused on recruiting foster homes and, over time, expanded to 29 recruiters, or one for each area office.

Since we began onboarding the recruiters, the Department has maintained a net gain of foster homes. With their dedication and creativity, foster parent application rates have stayed relatively steady over the course of the pandemic. Recruiters use social media and local contacts to promote virtual information sessions and participate in the virtual community events that have replaced those they would normally attend in person. The Governor's budget enables the Department to continue funding the recruiters and maintain our statewide foster parent campaign, Foster MA, where we have capitalized on social media and digital advertising to reach prospective foster parents.

Supporting foster parents goes hand in hand with child stability in foster care. The budget maintains funding for in-home services for all foster families, including kinship homes. Unfortunately, safety and routine are not always enough to address trauma or behavior challenges. Services like therapy and behavior specialists help foster parents meet children's needs and prevent foster home moves.

Foster parents deserve as many resources as we can give them. Children are in care because they have been severely abused and neglected and it cannot be understated how much that impacts their well-being. Foster parents' days are packed with therapy appointments, school meetings, and all that goes along with easing children back into the day-to-day routines they didn't have while their families were in crisis.

It is imperative that we maintain the foster parent support network we've built over the course of the administration. That includes increasing support groups, strengthening ongoing training, and developing Foster MA Connect, an intranet portal for foster parents. We recently began rolling out a new, secure online tool foster parents can access through the intranet to view important personal information about the children they're caring for, like the name of the child's school, any medications they're taking, or the name of their primary care physician. The Governor's budget also sustains our annual commitment to a 1% increase in the biweekly foster parent stipend that goes toward a child's daily care.

Permanency:

Among DCF's most critical responsibilities is finding the right permanent homes for children, whether that's returning to their biological parents' care or becoming part of a new family. In FY2020, the Department legalized 850 adoptions, mostly in the first three quarters. Even with the closure of the courts in March 2020, adoptions increased 31% between FY16 and FY20.

Three years ago, we established new ways of tracking a child's case through the juvenile courts and instituted weekly meetings for our legal and clinical teams to address barriers to finalization. A recent national report from the federal Children's Bureau highlights the role this system has played in expediting adoptions in the Commonwealth.

Time is of the essence in childhood and if a child can't safely live with family, the Department must be ready with a strong alternative plan. In 2020, we initiated two pilot programs that we will be expanding in FY2022. These include a new framework for meetings held six weeks after a child enters foster care and, permanency roundtables for older children that bring together managers, social workers, clinicians, foster parents, congregate care providers, and other important adults in the child's life to discuss options.

Reunification with parents is often the best form of permanency, but it must be done safely. In FY2022 the

Department plans to implement a new protocol that uses a research-based tool to assess parent's readiness for reunification. The new research instrument will help social workers and their managers determine whether interventions have reduced child safety risks enough to support safe reunification.

To achieve timely adoptions, the Department depends on its partnership with the court. Finalizing an adoption is a complex process that rests on a judge's final decision. Because of COVID-19 related court closures, we anticipate seeing fewer finalized adoptions in FY21.

Racial Disparity

The pandemic has laid bare the disparities that impact those who especially rely on support from human service agencies and the legal, health care and educational systems, among others. Disproportionality begins with families having less access to the supports and resources that are often readily available in more affluent communities and can address family concerns before they become serious enough to involve DCF. In many jurisdictions, this may also mean that mandated reporters and the public are more likely to report children of color to child welfare agencies.

Hispanic/Latinx, Black, and other families of color have been historically overrepresented on child welfare agency caseloads nationwide, the Commonwealth included. Throughout our ongoing reforms, DCF has been recruiting and hiring bilingual and bicultural workforce to increase the understanding of diverse populations and cultural differences. Approximately 30 percent of our frontline social work and social work technician staff are proficient in a second language and many work in area offices where they share cultural backgrounds with the children and families they serve. Two years ago, the Department contracted with a telephonic language service to provide staff with 24/7 access to telephone interpreters who speak dozens of languages. We also work with the Massachusetts Commission on the Deaf and Hard of Hearing to train DCF staff, recruit foster families, and access interpreters for deaf children and families.

DCF strives to match children and families with culturally competent services in their communities and continues to support 26 Family Resource Centers located in all 14 counties. Each Family Resource Center reflects the cultural, linguistic, and socio-economic backgrounds of families in the communities, both in its staffing and programming. Family Resource Centers may provide referrals for food assistance or housing or direct services such as parent education classes, youth support groups, early childhood services, and education support to help parents advocate for their children at school. A Family Resource Center report covering the first five months of

the pandemic shows that 45% of people who sought support from one of the Commonwealth's Family Resource Centers were of Hispanic ethnicity.

The Governor's FY22 budget includes funding to update diversity training for staff and an agency work group has begun to address workforce, policy, and program strategies to promote equitable outcomes for children and families. Concurrently, we are collaborating with the Office of the Child Advocate (OCA) and the Data Work Group, on expanding the racial disparity data published in the Department's annual report to the legislature. Members of the Data Work Group are Cambridge Family & Children's Services, the Committee for Public Council Services, the Children's League of Massachusetts, the Harvard Kennedy School, the Massachusetts Law Resource Institute, the Massachusetts Society for the Prevention of Cruelty to Children and the Joint Committee on Children, Families & Persons with Disabilities.

Technology

The Department continues to capitalize on opportunities to modernize the systems social workers rely on every day to serve children and families. Late last year, the Department began phasing out iPads and transitioning staff to Surface Pros. Surface Pros are considered cutting edge technology with increased memory/storage, longer lasting battery life, and the best connectivity available on Wi-Fi cellular networks. Whether it's uploading electronic signatures during family visits or accessing files, staff can spend more time working in the field and less time driving to area offices to physically log on to a desktop computer.

In person contact and relationship building is the foundation of child welfare work and, although technology alone will never replace that, it is critical to monitoring child safety risk and improving outcomes for children. The pandemic instantaneously demanded a greater reliance on technology, and, in the process, we discovered new ways it can enhance practice.

Video Conferencing has provided the Department with a viable tool to remain engaged with and support the safety of our children and families. For example, foster parents can supervise videoconferencing between children and biological parents in between in-person visits when it is safe and appropriate. The extra time to bond and interact is a comfort to children and helps motivate and prepare parents to have their child return home.

Foster Care Review is one of our chief reforms of the last two years. Prior to the pandemic, the Department switched from a paper-based to an automated system for scheduling reviews and documenting recommendations. We also started providing immediate access to interpreters by telephone and setting up videoconferencing accounts for parties unable to attend in person. Having this system in place eased the transition to fully remote Foster Care Reviews.

Held every six months, the Foster Care Review serves a critical purpose: assessing the circumstances of the child's current placement, the services they are receiving, and progress toward their permanency goal. The Foster Care Review is conducted by a three-party panel consisting of an impartial DCF case reviewer from DCF's Foster Care Review Unit, a DCF manager or supervisor who is not directly responsible for the case under review, and a volunteer case reviewer. Invited attendees include biological parents and family members, children in placement who are age 14 and older, foster parents, and the child and parent's attorneys.

Over the last six months, attendance at foster care reviews is the highest in the agency's history resulting in more independence and depth to these reports. Because participation is paramount to a Foster Care Review, video conferencing will remain an integral tool.

For every policy revision, practice change, or systems upgrade, the Department uses data to help us find the best ways forward. Some of you may be aware of the comprehensive annual reports we began publishing in FY19. Not only do these reports help keep DCF accountable, they also make our processes, operations, and performance more transparent and accessible for a wide variety of stakeholders, partners and Legislators.

The Department's technology needs are funded through the consolidated EOHHS information technology line item. I urge you to fully support the Governor's budget request for this critical funding.

Please allow me to highlight some of the other items funded in the Governor's FY22 budget:

- For **Staffing & Hiring**, H.1 includes continued support for the significant investments in staff at DCF since 2015. The addition of 660 new employees over the last six years, including 300 frontline social workers, and 137 social worker technicians, has helped keep caseloads at historic lows for more than a year and increased managerial and supervisory oversight essential to strong clinical decision making.
- H1 includes an additional \$20 million increase in funding to support a new **congregate care network** designed to achieve safety, permanency, and well-being outcomes for 2,000 DCF-involved children,

adolescents, and young adults. This new network will align DCF services with the requirements in the federal Family First Prevention Services Act of 2018.

- In an unprecedented show of support, the Baker-Polito Administration has increased the daily stipend for foster parents annually since taking office. This budget includes \$900 thousand for a 1% increase to **foster care rates** and clothing allowance rates effective July 1, 2021.
- H1 invests \$2.5 million to annualize our growth of **adoptions and guardianships**. Many of our children who are adopted or in a guardian's care are eligible for DCF subsidies until they turn 18.
- The budget also includes \$1.4 million to support a **Residential School Rate increase** of approximately 1.5%, to support increases in tuition costs for children in the Department's custody placed in residential schools across the state.

Conclusion

The onset of COVID-19 created previously unimaginable circumstances for public and private human services agencies. For the Department of Children and Families, it shattered the traditional paradigm of child welfare that is rooted in human connections formed during in-person contact with children, parents, foster parents, and our child-serving partners.

COVID-19 may change the way we are working but child protection does not stop and neither do our DCF social workers and managers. Their dedication, resilience, and grit to do what needs to get done for kids is inspiring. That includes responding to dangerous situations at all hours of the day and night, learning how to use gloves, goggles, gowns and masks so they can get out into the field as safely as possible, and carrying the immense stress of staying healthy for their DCF kids and families and their own families. All the while they're keeping with up with the routines that kids love and need, like drive-thru trick or treating at the area office, or wrestling with outdoor tents day after day so children in foster care can have regular in-person visits with their parents. Families who may have felt that they would buckle under the weight of COVID are better off because of the support of a trusted DCF social worker.

In the same vein, the Commonwealth owes a great deal to its foster parents. The pandemic stood to intensify the uncertainty and trauma children in foster care know all too well. From remote school, to COVID safety precautions, to helping supervise parent child visitation our foster parents have gone above and beyond, doing whatever we've asked of them and then some. Because of their unyielding commitment, foster home moves are

the lowest we've seen in recent years. What that means to children and their weathering of the pandemic is immeasurable.

Thank you again for the opportunity to speak with you about the Department's budget and continued reform efforts. I look forward to your questions.