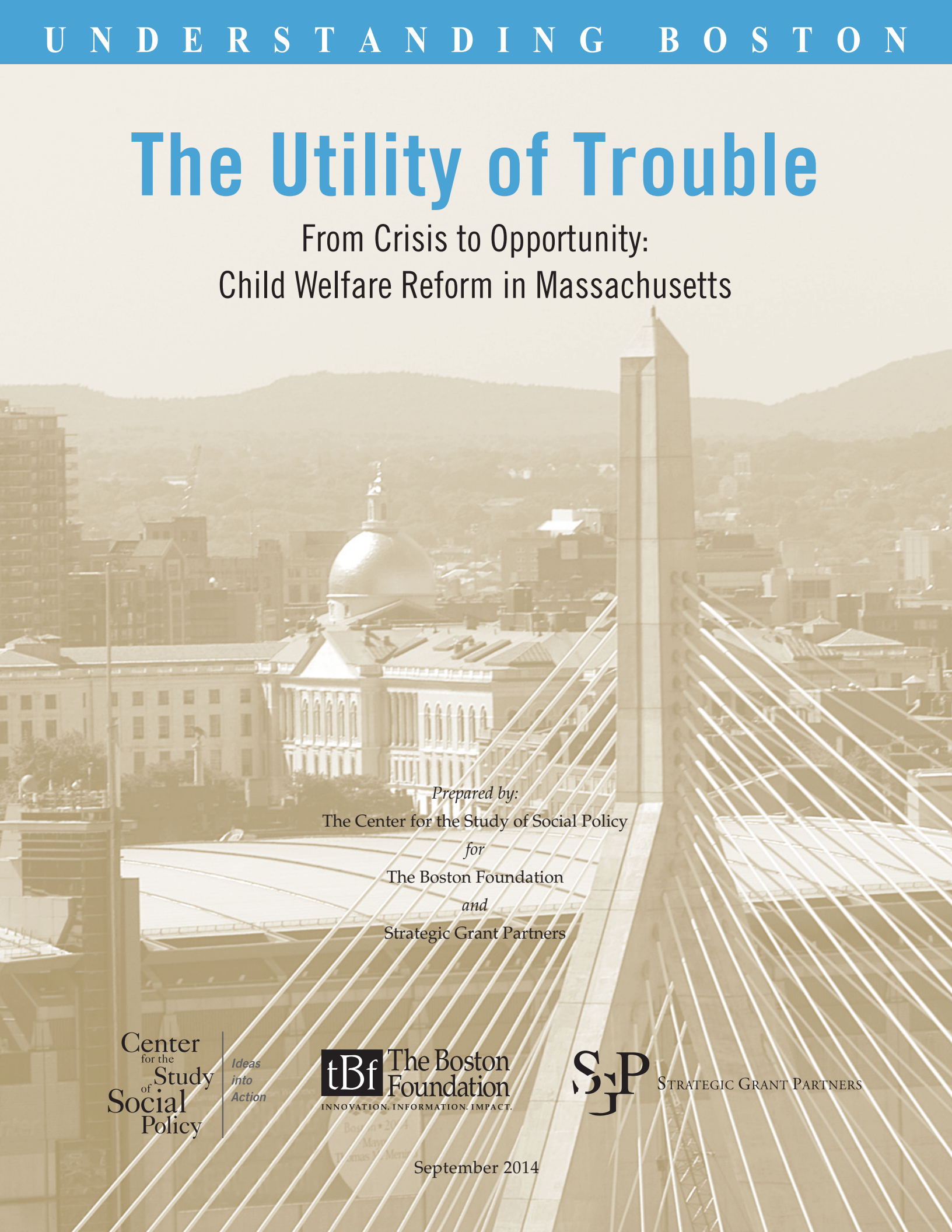
The Utility of Trouble

From Crisis to Opportunity: Child Welfare Reform in Massachusetts



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The Center for the Study of Social Policy
for
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and
Strategic Grant Partners

Center for the Study of Social Policy — Ideas into Action

The Boston Foundation — INNOVATION. INFORMATION. IMPACT.

Strategic Grant Partners

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The Center for the Study of Social Policy (CSSP) is a national, nonprofit organization recognized for its leadership in shaping policy, reforming public systems and building the capacity of communities. For more than 30 years, CSSP has influenced and supported elected officials, public administrators, families and neighborhood residents to take the actions they need. Based in Washington, D.C. and with offices in New York City and Los Angeles, CSSP translates research and new ideas into strategies for on-the-ground implementation. We use the knowledge from those real experiences to better inform the next generation of ideas, programs and policies. CSSP's goal is to make sure low-income children can learn, develop and thrive with the support of strong families in safe and healthy communities. To achieve this, CSSP focuses on those who face the most significant barriers to opportunity, including ethnic and racial minorities, immigrants and refugees, families in poverty and families in contact with intervening public systems (e.g. child welfare, juvenile justice). For more information, visit cssp.org or call 202-371-1565.

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From Crisis to Opportunity: Child Welfare Reform in Massachusetts

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Preface

The tragic death of Jeremiah Oliver, a child whose family was involved with the Massachusetts Department of Children and Families (DCF), sparked voluminous media coverage and public outcry. It also prompted legislative hearings on the management of our Commonwealth's child welfare agency and changes in leadership. While the increased attention understandably focused on the immediate issues surrounding the case, we must also take this opportunity for a long-term view of child welfare systems, practices and strategies utilized in other parts of the country, and improving outcomes for children and families in our Commonwealth.

The goal of any child welfare system is to ensure child safety and produce positive results for children and families. Today in Massachusetts, that goal is being compromised by a tremendous increase in the number of children served by the system. The number of children being removed from their homes and placed in foster care has increased by more than 1,000 over the last year. According to the Child Welfare League of America, in May of 2013, there were 7,400 children in placement in Massachusetts. By May of 2014, the number had risen to approximately 8,500.

Despite recent efforts to hire additional social workers, caseloads have increased extraordinarily and are the highest they have been in two decades. This spring, the previous Commissioner of DCF resigned and an interim Commissioner was appointed to oversee a child welfare system that is in crisis mode, reacting daily to pressing problems, often without the benefit of accurate and timely data to inform planning and critical decision-making.

Over the past several years, the Boston Foundation, working with research and policy partners, has published a series of reports called "The Utility of Trouble," which attempt to help turn crises into opportunities by presenting policy solutions from an outside, impartial perspective. In the case of DCF, it is important that resources and attention are brought to bear on the current crisis, but also that they are employed in the most strategic, thoughtful and effective manner.

The Boston Foundation and Strategic Grant Partners believe that this process will benefit tremendously from a survey of best practices in other states. A number of governors and child welfare leaders in other states have faced similar crises over the last decade and have emerged with strategic plans that are producing better outcomes for children and families.

This report by the Center for the Study of Social Policy, a nationally focused think tank based in Washington, D.C., identifies five levers for change that have helped other states take bold action and position their child welfare systems on trajectories that are producing positive outcomes for children, families and communities. It is our hope that this paper will serve as a tool for current DCF leaders—and indeed for the gubernatorial candidates—as they seek to restore public confidence and create an integrated, well-aligned and effective child welfare system.

Paul S. Grogan
President & CEO
The Boston Foundation

Introduction

The Massachusetts Department of Children and Families (DCF), the state's child welfare agency, has been the subject of an abundance of negative public and media reaction. There have been multiple reviews and statements about the system's failings in the past few years—the most recent largely in response to the tragic disappearance and death of a young boy whose body was discovered in April 2014. All evidence points to a Massachusetts system in crisis—plagued by a pervasive lack of public trust, widespread dissatisfaction from staff, clients, providers, judges, legislators and advocates and inconsistent and often failing results for children, youth and families.

Several credible, comprehensive reports on DCF's problems—along with recommendations for action—have been released recently, including a May 2014 report by the Child Welfare League of America (CWLA)[1] and a June 2014 report by the Massachusetts Law Reform Institute (MLRI).[2] Each of these reports concludes with an urgent call for a new direction and bold action—with an understanding that children and families cannot wait and that reform cannot be put off until the next crisis.

Among the core issues identified in these reports are:

- the steep increase in the rate at which children are being removed from their homes and placed in foster care;
- the significant rise in social worker caseloads to unmanageable levels;
- the imbalance in resource allocation between services to children and families in their homes versus placement in foster care;
- the instability in DCF leadership;
- the lack of accurate and timely outcome and performance data to inform planning and critical decisions.

Key Facts: Child Welfare in Massachusetts

- As of March 31, 2014, DCF was serving 41,837 children—**33,608 through in-home cases** and **8,229 in out-of-home placements**.*
- **The number of children placed outside of their homes has risen steeply**—from 7,245 children in out-of-home placement in March 2013 to 8,190 children in out-of-home placement in March 2014—a 13% increase.†
- **Caseloads for workers are unacceptably high**: The number of DCF workers with caseloads over 20 has risen 563.6% between July 2013 (187 workers statewide) and June 2014 (1,054 workers statewide).
- **DCF's annual budget, adjusted for inflation, has decreased significantly since 2009 and is unbalanced toward costs of out of home placement**. DCF's FY2014 total services budget allocates 9% to family stabilization and support services; however, 89% of all children being served by DCF as of March 31, 2014 needed services to remain safely with or return safely home to their families.
- **Performance is not producing desired outcomes**. For example, in FY2012, 12.2% of children who previously exited foster care, re-entered foster care within 12 months.§

*data from MLRI, *If Not Now, When*? A Call to Action for Systemic Child Welfare Reform in Massachusetts (FN2)
†data from DCF Caseload Report: FY2014, Q1, 2, 3
‡data from DCF Monthly Social Worker Caseload report
§data from USDHHS ACF Child Welfare Outcomes Report

The situation that faces Massachusetts' leaders is not unique. Many governors and child welfare administrators have been in similar situations over the last decade and have emerged from these crises on a strategic path toward better outcomes for children and families.

The Center for the Study of Social Policy (CSSP), a national public policy, research and technical assistance organization, has worked for over 30 years with numerous state and local child welfare systems and community stakeholders to promote and implement public policies that support child and family well-being with a focus on creating opportunities for those left behind.

Based in Washington, D.C., CSSP translates research and new ideas into strategies for on-the-ground implementation. CSSP is a recognized leader in child welfare reform and has been influential in supporting elected officials, public administrators, philanthropy, advocates, families and neighborhood residents to take the actions they need. CSSP has pioneered efforts to strengthen child welfare systems through more productive and less adversarial approaches to resolving class action litigation; developed and lead the work with states across the nation on Community Partnerships for the Protection of Children; leads the work of the national Alliance for Racial Equity in Child Welfare; and created new approaches to the prevention of child abuse and neglect and improved well-being outcomes for children, youth and families through its Strengthening Families and YouthThrive initiatives.

At the request of the Boston Foundation and Strategic Grant Partners, CSSP prepared this brief to provide an outside perspective and examples of effective strategies implemented by other states and jurisdictions to improve their child welfare outcomes. This brief highlights five levers for change that have been successfully employed in other states or jurisdictions to help turn their system from one spiraling downward to a trajectory for achieving positive outcomes for children, families and the community.

Massachusetts is a state known for innovation and excellence in many fields and child welfare practice does not need to be an exception. CSSP's experience tells us that reversing the instability and finger-pointing that typically accompanies child welfare crises and high profile child deaths requires not only the willingness to look critically at current policy and practice and recognize the need for change, but also an ability to harness the commitment and capacity of front-line staff, the private sector, community partners, advocates and leaders from all branches of government (executive, judicial and legislative). Information-sharing, collaboration, coordination and a focus on achieving outcomes among all of these entities is necessary to bring lasting, effective change.

Starting with the Basics: 5 Key Levers for Change

1. A Leadership Team with Vision, Talent and Experience

Leaders of any public agency have a responsibility to articulate the values and goals which direct the agency's purpose, policies and practices and to continuously evaluate the system's functioning to ensure it conforms to the values and meets its outcomes. For child welfare systems, the guiding charge must be the *safety, permanency and well-being of children and families*. This means that children are safe, growing up in nurturing families and are on a path to emotional, educational and social success.

While on one level the mandate to provide safety, permanency and well-being provides a clear direction, the challenges of child welfare leadership are particularly acute. The public at large knows little about what happens when a child welfare agency intervenes with a child or family and mostly understands the system through its failures, almost never looking closely at the children and families with whom it succeeds.

There is zero tolerance in the general public for a child death, whether the system has done everything possible or not. A successful child welfare leader, particularly one who is charged with turning a system around, needs to take risks in an environment that is overwhelmingly risk averse and in which there is little public trust. The leader needs to skillfully communicate (both internally within the agency and externally to community providers and the public at large) what they intend to achieve, why it is important, the partners they will work with in designing and carrying out the change and perhaps most essentially, their willingness to measure and be held accountable for results. However, an individual leader, no matter how talented or well-motivated, is not enough. All of the examples of successful child welfare reforms CSSP has witnessed involve the work of a *high quality leadership team who understand the agency's mission and values and work in concert with others to produce results.*

The leadership team creates the organizational climate for success. Child welfare systems that have received negative media or community critiques may reflexively respond in a defensive posture. However, problem solving requires collaboration and relationship building and is more likely to occur when leadership embraces a climate of accountability backed up by honesty, willingness to ask and resolve difficult questions and by broad consultation and partnership within and outside of the agency. The recent staff survey conducted by the CWLA Review Team found that 70% of workers surveyed disagreed with the statement that "DCF values and rewards accountability, communication, responsiveness, and commitment to improvement."[3] It will be difficult to create momentum for change until that finding is reversed.

Achieving better outcomes requires that the child welfare leadership team work collaboratively not only within their own agency but with other governmental and private agencies providing mental health, substance abuse and domestic violence services, among others, and with judges and the courts. Honest engagement and clear communication with individuals and entities in the community is essential since without gaining the trust and cooperation of public and private partners, a child welfare agency cannot reach its goals. Preventing the need for child welfare intervention and unnecessary entry of children into foster care—an essential part of a child welfare agency's vision and blueprint—requires that the leadership team also reach beyond the formal systems to create and sustain effective partnerships with families, providers and the communities.

Philadelphia's First Step

In June 2008, Anne Marie Ambrose was appointed commissioner for the City of Philadelphia's Department of Human Services and charged with reforming its long beleaguered, and often considered ineffective, child welfare system. Previously an attorney for at-risk youth, deputy commissioner for Juvenile Justice Services and bureau director for Juvenile Justice and Child Welfare Services in Pennsylvania, Commissioner Ambrose brought commitment, experience and relationships to

this work. One of her first tasks was developing a strong leadership team who could together create the vision and architecture of Philadelphia's reform agenda. Building and sustaining the work of this leadership team and ensuring that their goals were shared throughout the agency—with middle management, front line workers and contracted providers—continues to be a focus of Philadelphia's leadership.

Throughout Commissioner Ambrose's tenure, Philadelphia has shown improved outcomes for children and families, including reducing the number of children in placement and increasing permanency for children and youth. Federal data examining the decline in the number of children in foster care throughout the country between 2002 and 2012 identified that 10 counties accounted for one half of the overall national decline; the city of Philadelphia was one of the contributing counties.[4]

"The importance of strong and courageous leadership is critical to improving outcomes for children and families. In Philadelphia, our leadership team has a shared vision and values that have bonded us over the past six years. A collective dedication to accountability, transparency, community engagement and collaboration has guided our approach to agency transformation. We have remained focused on planning that is informed by data, research and, most importantly, the voices of our youth and families. There is a relentless urgency that our child welfare leadership team uses when we get weary or disheartened. The children and families that we serve can't wait for us to get it together. The time for improvement and change is NOW."

—Anne Marie Ambrose, Commissioner for the City of Philadelphia's Department of Human Services

2. Effective Use of Reliable Data to Drive Change

Accurate, current and reliable quantitative and qualitative data are necessary to assess a system's performance and determine where efforts to improve failing outcomes should be focused. A child welfare system cannot achieve strong outcomes for children and families without a consistent practice of utilizing data to inform and direct the delivery and management of services. Effective use of data is not simply collecting information on administrative processes; data collection must be shaped by clearly stated and commonly understood outcomes for children's safety, permanency and well-being. Once these outcomes and their measurement are defined and communicated, data collection and analysis becomes an instrumental part of all levels of supervision and management. Staff must be responsible to not only track activities but also outcomes in order to continuously assess performance and to provide the understanding necessary to modify policies and develop new approaches to practice improvement.

Having sufficient staff skilled in data collection and analysis is critical to this lever for change. Too often public child welfare systems, including Massachusetts, have severely reduced their data analysis and quality improvement staff in response to budget cuts, crippling their ability to effectively manage with data toward improved child and family outcomes. The CWLA Quality Improvement Report found that DCF "does not have a formalized agency-wide, quality improvement process" and while a "variety of data-dense reports are generated monthly or quarterly, the information is not user friendly or built to measure effectiveness of practices."[5]

Social workers are not typically hired for their data skills, however, they are increasingly required to enter information into automated data systems about most of the tasks they complete (completion of visits, timely health assessments, the date of a child's exit to permanency, etc.).

Child welfare systems across the country are beginning to use technology to support the ability of social workers to enter data in real time by providing network-secure handheld devices or tablets to workers in the field so

that information can be entered immediately following a meeting or interview or, for example, while the worker is away from his or her desk waiting for a court hearing. However, the CWLA report found that as of March of this year, DCF workers could not consistently enter or retrieve data in real time about their cases.[6]

Massachusetts has recently begun to purchase and deploy handheld devices, with most front-line workers now having an iPad, but complete and timely access to data requires more than a device. Social workers, supervisors and managers at all levels also need easily understood and accessible tools to use that data in their daily work. Informed decisions require quality timely data; social workers forced to make decisions without quality data are doing their jobs with one hand tied behind their backs.

The challenges of managing with data within a child welfare agency are complicated by the need for timely and consistent data sharing with other public agencies and private providers serving the same children and families. Many states have all child services under one department; Massachusetts has separate departments for child welfare, child mental health, juvenile justice and probation all with separate information systems. Further, the DCF staff survey conducted by CWLA found that less than one-quarter (24%) of staff agreed with the statement "DCF and private providers share data and have consistent outcome measures."[7]

To fully track services and outcomes, the child welfare agency needs clear information sharing protocols and methods to integrate data from multiple public and private sources working with the same child(ren) and family. As systems increasingly focus on tracking outcomes for children that are impacted by multiple systems, including critically important results such as school performance and stability, healthy development and social-emotional well-being, there must be consistent data sharing between child welfare agencies, schools and health and mental health systems, among others.

The charge to manage with data does not rest solely with upper management. The effective use of data allows agency leaders, managers and front line workers to assess performance in real time, leading to difficult questions about what is and is not working, systemic barriers that prevent success and ultimately to constructive changes in policy, resources development, training and practice. Managing with data should be a key responsibility of all staff including using data to shape supervision for case-specific time and task management. Effectively managing with data requires that leadership create an environment that demonstrates its importance and that staff at all levels have easy access to data and are provided with training and coaching on how to effectively use data.

How Jurisdictions Use Data

Below are examples from three child welfare systems that employed this lever for change. Each is slightly different but they all share similar goals: to efficiently use data for daily management, tracking progress and outcomes, planning and accountability.

The majority of child welfare systems use a Statewide Automated Child Welfare Information System (SACWIS) to collect and report data. Given the complexity of these systems, additional analytic tools and services have proven to be extremely helpful in jurisdictions that are focused on managing with data. These analytic tools and services can improve supervision and worker time management by taking the raw data from the SACWIS system and translating it into reports and visual graphics that show performance at all levels of the system, including parsing the data down to specific offices, supervisors and workers.

Reports can be customized based upon agency and staff need and interest and can be run on an automated basis, at a daily frequency if desired. These tools allow staff not only to review tasks that have been completed or not completed, but also assist in determining priorities for moving forward with individuals and families. A review of *SafeMeasures®*, an analytic tool discussed below, found that providing agency staff with current and forward views of cases allows them to better understand and prepare for trends—such as having a sufficient number of foster homes available during peak referral months and properly allocating staff in counties with increasing investigations—and equips them to better serve children and families.[8]

In October 2012, as a component of its quality improvement activities, the Department of Human Services in Allegheny County, PA began using *SafeMeasures*,[9] an analytic tool developed by the Children's Research Center, to support ongoing accountability and quality

improvement. *SafeMeasures* utilizes the agency's existing database to track performance and to help identify the underlying source of a problem. The agency provides periodic updates to the data warehouse and the *SafeMeasures* application allows users to obtain reports that display trends, comparative and present-time performance and outcome metrics. *SafeMeasures* not only shows the agency how it is performing in meeting state and federal standards, but also reveals what cases might be on the verge of missed deadlines or failure to take required actions.

In July 2013, the Indiana Department of Child Services began using *Casebook*,[10] an innovative web-based case management tool that was initially developed by the Annie E. Casey Foundation for child welfare systems. *Casebook* is now being developed, tested and marketed for more widespread implementation. In addition to being family-centric, allowing greater ease for workers to understand critical family relationships and offering more interaction among users, *Casebook* emphasizes embedding performance and outcome metrics in the context of the work that caseworkers and supervisors do every day.

For example, if educational stability and grade progress are critical outcomes, *Casebook* can help a supervisor direct educational resources to the children who need them most. The goal is to get actionable data at the caseload level faster. In fact, data from Indiana show that the percentage of children with face-to-face contact with their caseworker in the last 30 days increased after *Casebook* added a metric to the caseworker dashboard that showed the days since a worker's last face-to-face visit with each child on his or her caseload.[11]

The third example comes from the New Jersey Department of Children and Families' (NJ DCF) *Manage by Data Fellows Project*, which provides staff with the skills to appreciate and use data to improve their work. The DCF Data Fellows Project was initiated in 2011 as part of DCF's reform efforts and was designed in collaboration with the Rutgers University School of Social Work.[12] It was created for managers in local child welfare offices and other DCF divisions with the goal of enhancing their leadership and management performance and teaching staff how to better use data to support improved case practice and outcomes for children and families. Several learning techniques are employed during the 18-month program, including lectures, team capstone projects, executive coaching, mentoring and conference presentations.

"The Manage by Data Fellows project has brought tremendous value to DCF. DCF staff are champions of data and are able to tell the story of our work with families not only from the broad departmental lens but through a local lens. Through seminars, coaching, assignment/project work and presentations, the Fellows increase their capacity to apply quantitative, qualitative and analytic skills to their day-to-day work to further support DCF's mission to improve the safety, permanency and well-being of New Jersey's children and families. Fellows use live data from our SACWIS system; incorporate exercises built from existing agency challenges; complete project work on high priority areas identified by leadership; and provide opportunities for the Fellows and leadership to learn from one another through presentations and discussions. One of the biggest value pieces that the department has gained is the ability to apply critical and analytical thinking at the local level. The Manage by Data approach has directly impacted the way we practice and our ability to support our families in achieving positive outcomes."

— Allison Blake, Commissioner of New Jersey's Department of Children and Families

The capstone projects produced by teams led by the New Jersey Data Fellows identify and explore pressing local practice issues, such as an increase in families with repeat reports of child maltreatment, the over-representation of children of color in the county's foster care population or ways to more effectively deploy local contract dollars to support families (identifying, for example, that the provision of some high dollar contracted services by one local office was unrelated to the achievement of positive outcomes for children and families). These projects and their findings and recommendations for action are shared with senior managers and colleagues from other offices in the state, helping to create an environment conducive to continuous quality improvement.

3.
Strategic Workforce Investments

An essential asset of any child welfare agency is its workforce—management, front-line and administrative staff—who are responsible for the day-to-day functioning of the system and for achieving long-term outcomes for children, families and the community. *To ensure that the workforce is successful, all staff (public agency and private provider) must be provided with appropriate preparation and adequate ongoing support that includes quality and accessible training, supervision and resources.*

In places where the child welfare workforce feels—or is perceived to be—demoralized, ill-prepared and inadequately supported, reversing the current culture is not easy. However, there are basic components that can be focused on to begin to turn the curve.

Social worker caseloads are critical and as previously mentioned, approximately half of Massachusetts workers have caseloads that are higher than the standards currently used by the child welfare field. Best practice standards recommend that workers doing investigations or assessments have no more than 12 cases and workers serving children and families have no more than 17 cases and even lower caseloads when children have therapeutic needs. Workers in Massachusetts or in any state cannot be held accountable for performance unless they have manageable caseloads. Not only do high caseloads impact a worker's ability to manage and balance time, stress and priorities, but the quality of their work with children and families most certainly suffers. Additional resources must be directed to maintain caseloads at recommended levels by hiring, training and supporting front line workers and supervisors across the state. The damaging effects of high caseloads are hard to reverse as has been shown in Massachusetts and many other jurisdictions. *Simply hiring more workers will not be successful in reducing worker turnover and stabilizing the workforce if the hiring is done in isolation from other improvements such as improving training, supervision, supports for workers, relationships with private providers and the court, and the overall climate and culture of the work environment.*

Recruiting and hiring staff committed to the vision, values and outcomes of child welfare work is not a one-time activity. Building relationships and internship/externship programs with strong undergraduate and graduate social work programs within the state (which exist in abundance in Massachusetts) has been an effective recruitment practice used by other states. Additionally, job descriptions and routine performance evaluations should be aligned with the agency's values, mission and desired outcomes so that staff are always clear about their roles and responsibilities. Making sure that pre-service and in-service training provides staff with an understanding of child and adolescent development, the complexities of families and systems, knowledge of how to assess for safety and risk and the ability to help families engage with the right set of evidence-informed interventions is all part of building an effective workforce.

Finally, state law and regulations—as well as agency policy—have to support appropriate investments in staff. Hiring practices and training requirements are just two of the many personnel practices that are

Unintended Consequences

Most professional disciplines require continuous education and training in order to empower professionals with knowledge of new developments in the field and techniques and interventions that have been determined to be the most effective in serving relevant populations. Massachusetts requires licensed social workers to complete a specified number of continuing education hours each year in certain subjects, including, for example: theories and concepts of human behavior in the social environment; social worker practice, knowledge and skills; social work research, program evaluation or practice evaluations; and current issues in social work practice (258 CMR 31.03[1]). However, Massachusetts law currently provides an exemption for social workers who are employed by a state, county or municipal government within the state, thereby exempting social workers employed by DCF from these education requirements (258 CMR 31.03[2]). An unintended consequence of this exemption is that DCF's social work workforce is not required to be provided with ongoing education and training to equip them with new tools and awareness of advances in the field.

shaped and regulated by law or policy. Careful thought and crafting are needed when these requirements are developed or modified to limit unintended consequences that can impact the skill level, preparation, supervision and effective support of the workforce.

DC's Investment in Training

In 2012, the District of Columbia's Child and Family Services Agency (CFSA) was awarded a grant from the U.S. Department of Health and Human Services Administration for Children and Families to utilize trauma-informed practice as a foundational component of child welfare services in the District. CFSA selected the Trauma Systems Therapy (TST) model, an evidence-based service and intervention which is designed to provide the child and family team, including social workers and foster parents, with the skills needed to effectively support and respond to the needs of children and families.[13]

CFSA recognized that a necessary component to the success of this evidence-based practice was extensive and deliberate support and skill development of its workforce and thus required training at all levels, as well as mentoring and skill coaching. Training on TST became mandatory for all case-carrying social workers, supervisors, managers and administrators and is provided through classes or online modules, coaching and clinical case supervision.

In addition, CFSA has been implementing an ambitious training plan for not only agency staff, but contracted private providers, foster parents, community stakeholders, school employees, mental health providers, court officials and others who are involved with children and families within the District. CFSA reports 1,900 individuals to date have received TST training.

"Kids struggling to overcome terrible events and circumstances need the very best support. Becoming a trauma-informed system is ambitious and demands very broad-based training, coaching and support to embed new practices. Staff at all levels need to learn new concepts and practice new skills in order to be effective. But the outcome is definitely worth the effort — that is, vastly improved ability to help kids move beyond emotional and behavioral difficulties and thrive."

— Brenda Donald, Director of the District of Columbia's Child and Family Services Agency

4. Aligning the Service Array with Child/Family Needs and Outcomes

There are many complicating family and societal factors that impact children and families and bring them to the attention of the child welfare system — substance abuse, domestic violence, mental illness, poverty, to name a few. Quality services and interventions must be available and accessible in the community to ameliorate these issues. In order to avoid "cookie-cutter" service plans and to determine the underlying issues that impact a child and family's functioning, states have recognized the importance of beginning their work with a *sound functional assessment that identifies family strengths and needs and can provide a platform for structuring the work with a child and family.*

Comprehensive functional assessments help to avoid a narrow focus on the presenting issue(s) that brought the child and family to the attention of the child welfare agency without attention to underlying clinical issues, support concerns and other needs that can negatively impact a family's functioning and a child's future. Assessments can also identify protective factors that exist within a family's network that can be drawn upon to support the family in times of crisis and prevent the need for more intensive child welfare intervention.

To achieve results however, comprehensive assessments available through child welfare and related human service systems must be integrated into case planning and paired with efforts to help the family to engage with and receive high quality evidence-based services and community supports. Many states, including Massachusetts, use tools such as the Child and Adolescent Needs Assessment (CANS)[14] in their mental health systems. However, Massachusetts' providers report that they are required to administer the CANS and provide data to the state on the children they serve but that the CANS findings are not then used by the state to inform either service delivery decisions or to optimize planning.

"Children and families are not generic. There is no easy way to design a set of services that will fit all needs. If we are to help families heal and keep children safe, we must have an evidence-based way to assess strengths and needs and access to service providers in each community with the skills to support families in addressing needs by building on their strengths. That is why as part of our Tennessee DCS reform, we chose to implement the use of the Child and Adolescents Needs Assessment (CANS) statewide and taught workers how to perform a comprehensive family functional assessment. The goal should always be a lifelong family that can nurture the child on the journey to a successful adulthood."

—Viola Miller, former Commissioner of the Tennessee Department of Children and Families

It is important to bear in mind that child welfare workers in Massachusetts do not themselves deliver services to children and families. Child welfare workers assess needs and then refer children and families to provider partners who have the skills and expertise to deliver services. The service array developed by the state should provide families with a choice of providers that have demonstrated positive outcomes for families. The CWLA Quality Improvement Report estimates that 70 to 80% of a DCF worker's caseload is comprised of children with parents or caregivers who use substances. However, assessments of the system's problems in Massachusetts have consistently pointed out the difficulties in accessing needed substance abuse and mental health services due to resource constraints.[15]

Resources need to be directed toward providers who can deliver interventions for which they have evidence of success and that are tailored to the child and family's needs. Further, service providers need the flexibility to creatively craft services in response to identified child and family needs and the ability to direct resources to resolve practical barriers to the effective receipt of services—such as transportation, location and hours of service, waiting lists—so that outcomes can be achieved. In contrast, providers in the state cite barriers to innovation and flexibility, including a burdensome and overly regulated environment in terms of process and staffing requirements and an under regulated environment in terms of attention to child and family outcomes.

Overuse of Psychotropic Medications

The US Government Accountability Office (GAO) studied use of psychotropic medication within five states, including Massachusetts, based upon Medicaid claims in 2008. Data indicate that 39% of foster children in Massachusetts between the ages of birth and 17 were prescribed psychotropic medications while only 10% of similarly aged children not in foster care were prescribed psychotropic medication. See *Foster Children: HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions*, GAO-12-270T (December 1, 2011). Available at http://www.gao.gov/assets/590/586570.pdf.

State/Federal Focus on More Effective Service Interventions

States across the country have been experimenting with introducing both greater rigor and more flexibility into the range of service options they purchase to support permanency and child well-being outcomes. The U.S. Department of Health and Human Services Administration on Children, Youth and Families administers the federal Title IV-E Child Welfare Demonstration Project, which allows states greater flexibility in their use of federal dollars in exchange for implementing and evaluating new approaches to achieve child welfare outcomes.

In the current round of approved ACF waiver demonstrations, many states are testing a wide variety of interventions including use of common functional assessment protocols, implementing evidence-based practices in the areas of developmental and behavioral health and intensive family service options aimed at preventing foster care entry and expediting family reunification.

Acknowledging the importance of assessments in determining child and family needs, of the 22 states with active federal Title IV-E waiver projects, more than half will be using a clinical or functional assessment and many have also indicated their plan to utilize trauma-informed therapeutic services, parent education and mentoring and/or family preservation/stabilization services. Robust evaluation plans are

What do we mean by Outcomes?

Examples include:

- Exits to positive permanency (reunification, guardianship, adoption)
- Stability of foster care placement
- Repeat maltreatment
- Re-entry into foster care
- Children on grade level in school
- Completion of EPSDT well child checkups
- Reduction in the number of children in foster care on psychotropic medication

underway to determine the impact and effectiveness of these interventions.

DCF has an approved Title IV-E waiver developed in partnership with DMH that is focused on reducing the use of congregate care placement settings for children and youth.[16] Given this focus, the MLRI report recommends that the state commit to reinvesting the savings from reducing expensive congregate placements into high-quality and proven services for parents and children.[17]

5. Accountability for Outcomes (both Quality and Quantity)

In order to know if a child welfare system is functioning in ways that support positive outcomes, *these outcomes, and the indicators used to track progress, must be clearly defined, commonly understood and consistently measured*. There is no room for ambiguity among staff and stakeholders and there must be buy-in for a culture of outcome performance from everyone in the community who works with children and families.

Services and interventions should only be purchased or provided if they can demonstrate that they are producing the identified results, but to do this, a state needs to invest in knowing what works. *Development of a robust continuous quality improvement function that collects both quantitative and qualitative data to measure the impact of services and interventions is a key lever for producing and sustaining change.*

One example of an outcome-based accountability mechanism used in several child welfare systems throughout the country is Performance-Based Contracting (PBC). PBC switches the reimbursement structure with private providers from a straightforward payment for days in care or service units to payment for clearly defined, positive outcomes that are critical to child and family well-being. While each PBC structure can differ, the fundamental components prescribe that when a provider's performance reaches or exceeds contract expectations, incentive dollars are provided and can be reinvested in practices or services to continue to improve performance. For those providers whose performance falls short of expectations, penalties are assessed.

Successfully implementing PBC requires extensive and ongoing collaboration with private providers and a willingness to move away from measuring inputs and compliance with administrative requirements to a focus on child and family outcomes. Use of PBC can initially be contentious and met with resistance as it challenges "business as usual" and may cause some providers with poor results to lose funding or potentially lose contracts altogether. However, as illustrated below, successful implementation of PBC in collaboration with the provider community can produce innovation, help to

shift resources to prevention, be embraced by high quality providers and has been shown to result in improved outcomes.

Raising the Bar

In May of 2000, Tennessee's Department of Children's Services (DCS) was subject to a class action lawsuit[18] which identified systemic issues within the child welfare system, including a high rate of child placement in congregate care and group settings instead of family placements and lengthy stays in care for children with slow exits to permanency. One of the strategies used to alter the placement landscape and improve permanency outcomes was the introduction of PBC. Tennessee's PBC model measures private providers' performance related to three main standards:

- reduction in the number of days a child is in care;
- increase in the number of permanency exits;
- reduction in reentries.

Providers whose performance exceeds contract expectations receive incentive dollars based on savings realized by the state from the decreased number of days in care that can be reinvested to continue to improve performance; those whose performance falls short of expectations are assessed penalties. Tennessee's DCS began implementing PBC with five pilot providers in 2006. After data from the pilot phase demonstrated that the use of care days decreased and permanency exits increased,[19] PBC was required for every private provider that contracts with DCS for placements beginning July 2009. As reported by the Chapin Hall Center for State Foster Care and Adoption Data, from the start of Tennessee's implementation of PBC to the current year, the foster care population used 235,000 fewer care days, reducing foster care expenditures by approximately $20 million which was available to providers to repurpose for additional services. The state continues to work closely with providers to make sure that the data and metrics used to support PBC measures and the incentive/disincentive structure promotes desired outcomes without producing unintended consequences.

"Change in the child welfare system in Tennessee has been substantial both in terms of philosophy, practice and impacts. During this time, youth in the child welfare system decreased from approximately 9,500 to 6,700 with accompanying decreases in length of stay in out-of-home care and reports of maltreatment. Two primary forces were integral in this time of change: flexibility for providers working in the child welfare system and added Medicaid benefits for beneficiaries—both with an intense focus on keeping children with family whenever safely possible. Flexibility in this context meant that DCS was willing to move away from an overly regulated focus on process requirements and instead gave providers the flexibility to deliver the services and supports necessary to produce the outcomes. At the same time, the child welfare system implemented a performance based contracting methodology that improved contract management and had financial incentives and penalties that focused on achieving permanency for youth in a shorter period of time."

—Patrick W. Lawler,
Chief Executive Officer,
Youth Villages

Conclusion

Crisis can unveil opportunity. Based on the discussions CSSP has had with multiple stakeholders, there is real opportunity for Massachusetts' leaders to collectively assess what works and to set a bold vision and plan for moving forward to improve outcomes for children and families. CSSP agreed to author this brief because of the high degree of civic interest and because we believe that better results for children and families served by Massachusetts' child welfare system is an essential *and* achievable goal.

The five levers for change discussed in this brief—leadership team with vision, talent and experience; effective use of reliable data; strategic workforce investments; alignment of service array with child/family needs and outcomes; and accountability for outcomes—are interrelated.

Simultaneous action on each of them is essential as Massachusetts' leaders construct plans for successful reform. Just as the child welfare agency cannot act in isolation of other agencies, providers, the community and families, focusing on one change lever alone will not produce success. Nor will the desired results and renewed public trust occur overnight—but beginning with a collaborative commitment and approach to the work can enable multiple stakeholders to come together and hold each other mutually accountable to launch and sustain the commitment, energy and resources necessary for substantial and sustained reform.

Embracing real reform is painstaking work; it is also a moral imperative. Children's needs cannot wait. The most at-risk children and families don't have a voice in the legislature advocating for change. State leadership must take up this charge. Massachusetts is a state rich in talent and resources and known for excellence and innovation in so many areas—the opportunity ahead is to apply those talents, innovation and commitment for excellence to child welfare system reform.

Endnotes

1. The Child Welfare League of America's (CWLA) assessment and report were completed at the request of the Massachusetts Executive Office of Health and Human Services. This *Quality Improvement Report*, which was submitted to Governor Deval Patrick and Secretary John Polanowicz, May 22, 2014, is available at http://www.mass.gov/eohhs/docs/press-release/140528-cwla-final-report.pdf.

2. Massachusetts Law Reform Institute. (2014). *If Not Now, When? A Call to Action for Systemic Child Welfare Reform in Massachusetts*. Retrieved from http://www.mlri.org/uploads/0b/b4/0bb4c81a9d9f787f9d9188a24a75bcf2/Systemic-Child-Welfare-Reform-in-MA.pdf.

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4. ACYF Office of Data, Analysis, Research, and Evaluation. (2013). *Recent Demographic Trends in Foster Care*. *Data Brief* 2013-1. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/data_brief_foster_care_trends1.pdf.

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8. Jacobsen, J. (2007). Child Protective Services Agencies, *Turn Data Into Action Using Quality Tools.* Making the Case for Quality, The American Society for Quality. Retrieved from http://demo.safemeasures.org/docs/asq_article.pdf.

9. More information about *Safe Measures* is available at http://nccdglobal.org/analytics/safemeasures.

10. More information about *Casebook* is available at http://casecommons.org/casebook_story/.

11. Presentation by Case Commons Analytics, August 2014.

12. Initial funding for this work was provided by the federal Children's Bureau as part of an Implementation Center grant.

13. See *Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach* (Sade, Ellis and Kaplow, 2007). Additional information available at www.traumasystemstherapy.wordpress.com.

14. More information available at http://www.mass.gov/eohhs/gov/commissions-and initiatives/cbhi/child-and-adolescent-needs-and-strengths-cans/.

15. *Quality Improvement Report, CWLA* (FN 1) and *If Not Now, When? A Call to Action for Systemic Child Welfare Reform in Massachusetts (*FN 2).

16. Summary of the Title IV-E Child Welfare Waiver Demonstrations, prepared for the Children's Bureau, ACF, USDHHS by James Bell Associates, Arlington, Virginia (July 2014). Massachusetts' project, "Caring Together" is a formal partnership between DCF & DMH, approved by ACF in FY 2012.

17. Massachusetts Law Reform Institute. (2014). *If Not Now, When? A Call to Action for Systemic Child Welfare Reform in Massachusetts*. Retrieved from http://www.mlri.org/uploads/0b/b4/0bb4c81a9d9f787f9d9188a24a75bcf2/Systemic-Child-Welfare-Reform-in-MA.pdf.

18. *Brian A. v. Haslam*, Civil Action No.3:00-045.

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