



Michael J. Finn, House Chair
Joint Committee Children, Families and Persons with Disabilities
State House
24 Beacon Street
Boston, MA 02133

Via electronic mail: 14 December 2021

Dear Chair Finn,

Thank you for the opportunity to comment on the Department of Children and Families (DCF) Annual Report FY2021.

Friends of Children has identified many issues with this report in our detailed review. However, we have summarized a few key issues and questions below.

Inconsistencies in Approach to Year-to-Year Comparisons and Analysis

Why were 2018 measures chosen for comparison for many of the metrics, yet other years were chosen for some metrics (examples given in permanency and placement sections below)?

The report states that federal outcome measures used to evaluate child welfare agencies nationwide are reported; however, there is no indication why some federal metrics are reported and others are not (examples given below in permanency and placement sections).

The report refers to DCF improvements, comparing DCF to itself over the years (as previously stated, inconsistent regarding what years are used), with rare comparison to federal standards and none to other states or national averages. MA metrics might be improving when comparing it to itself; however, we may still be lagging or at the bottom of national metrics and we do not know this from the annual report. One must do their own analysis of federal data, which lags in publication, and is not always directly comparable to the metrics reported by DCF, to get the full picture.

The inconsistencies in this report make it difficult, if not impossible, to clearly understand the performance of DCF and the system's impact on children and youth.

The report refers to the Governor's reforms (2015 or 2019 or both?), the Almond Investigation recommendations (2020) and myriad other reforms and updated/new policies and procedures as well as the most significant overhaul in foster care policy in 15 years. Is it too much to expect a

complete review of every one of these reforms (status, results, revisions, etc.) including, most importantly, the impact on outcomes for children and youth?

Finally, there is no clear indication of the current challenges facing DCF and plans to address those issues. There are many issues that we are anecdotally hearing or seeing in our own practice, including staffing turnover and inexperience of new staff, dearth of placements, lack of services for children and families, and inconsistencies in operational implementation of the stated reforms and changes across the DCF locations.

Average Weighted Caseload Ratio (14.82:1 families)

We assume this ratio is intended to represent the caseload of workers who carry cases and are responsible for the management of those cases (“ongoing social worker”). How exactly is the ratio calculated (components of the equation, weighting approach, etc.)? What is the actual ratio for case-carrying workers?

The first page of the executive summary refers to the average weighted caseload ratio “per ongoing social worker”; however, later in the summary it indicates the caseload ratio is for DCF intake, response, ongoing, and adoption social workers.

The summary refers to the Union negotiated caseload ratio of no more than 15.00:1 per ongoing social worker. It is our understanding that each of the positions mentioned above have a different Union negotiated ratio. We understand that at least two of these positions (intake and response) are not case-carrying positions.

Workers who are in pre-service training or in their second or third months of employment manage a partial caseload. Are these workers included in the ratio?

This section indicates over 600 frontline social workers were hired since 2015. How many frontline social workers have left via retirement, resignation, or termination? What is the turnover rate? What are the current staffing challenges?

Placement Stability

In the executive summary, DCF refers to the federal requirement for placement stability as the number of times children move to a new foster home over a 12-month period. It indicates DCF demonstrated significant improvement in placement stability, an increase of 39% since 2018.

It also indicates a historic high of 57% of children in foster care are in kinship homes, comparing it to 47.6% in **2009**. The summary also refers to the placement rate of 63% for all siblings in the

same foster home, a 13.1% increase from **2018** and to a placement rate of 79% for at least two siblings in the same foster home, a 6.4% increase from **2018**.

DCF may have improved these rates from previous years, however, how does DCF compare to other states? Why is 2018 data used for comparison of two of the measures and 2009 for the other?

There are other placement numbers that DCF provides to the federal government, made public via [Child Trends](#) (latest for 2019) regarding the number of different foster care placements during the current removal episode (one, two, three, four or more placements). In 2019, MA reported 38% of children in foster care had 4 or more placements, performance worse than the national average, the wealthiest states, the poorest states, and all other New England states ([Failing Our Kids](#)). Why, if these numbers are reported to the federal government, are they not reported in the annual report to provide a fuller picture?

We are hearing that DCF workers are reporting to the courts that there are no placements available for children who need them. Are children sleeping in DCF offices? Are children being placed in what is available versus what they need or what is appropriate due to the shortage? In what are supposed to be emergency or temporary placements, are children placed for long periods of time due to the shortage? For example, we are aware there are children placed in STARR programs that were designed to be a 14-45 days total stay, but are there for over a year. While these children are not being moved to temporary placements and one could say that their placement is “stable,” the problem is that they are stuck in an inappropriate setting without treatment. What impact is that having on children and youth? Has there been an increase in third-party custody orders as a reaction to lack of placements? What are these numbers? What is DCF doing to address placement issues?

Permanency

The executive summary states that the median time in foster care for children on the adoption track, at 42.9 months, was a side effect of the pandemic. How can that number be solely attributed to the pandemic?

The summary states 5.69 placement moves per 1000 placement days as a 39% improvement (over 2018); yet it does not state that the number is an increase from 2020 and is well-above the national standard of 4.44.

There are other measures of permanency reported to the federal government and published (time spent in foster care, children in foster care 5+ years, children adopted by relatives, and youth

exiting foster care to emancipation). Why are they not in the annual report ([Failing Our Kids](#))? It is data already collected and reported; wouldn't that provide a fuller picture?

What percent of adoptions are by relatives? In 2019, MA reported 1%, compared to the national average of 35% ([Child Trends](#) and [Failing Our Kids](#)).

Well-Being

There are only two well-being measures reported: medical visits completed and timeliness and education graduation rates. Why hasn't DCF and the Data Work Group made progress on measures to really get at the well-being of children/youth in DCF care and the impact of being in care? Well-being measures are being utilized more broadly elsewhere.

The number of medical visits completed have declined steadily since 2018; it was 78% in 2021 and the best was 82.7% in 2019. The best result for completed timely, in 2019, was only 49.15%; it dropped to 44.2% in 2021. Why are these numbers acceptable? What actions is DCF taking to address? These declining numbers are especially worrisome since medical social workers were hired for each area office.

Four-year graduation rate is at 50.6%, the lowest since 2012. The DCF target is $\geq 67\%$. Why is the target so low and why are these results acceptable? The only information shared is that the circumstances of the pandemic likely impacted this rate. That cannot be the full picture. What actions are DCF or DCF with DESE taking to address these numbers?

If these two measures are the only DCF measures of well-being, we are doing very poorly by the children and youth in DCF care. How does DCF explain this?

What needs to happen to improve on well-being outcome measures? What is the status of the Data Work Group initiative regarding well-being measures?

Other Questions

The report refers to a recent Children's Bureau report highlighting MA tracking of adoption cases, that reference should be provided.

What are the differences in responsibility of ongoing social workers and adolescent outreach workers on transition age youth cases? What is the impact of having both on young adult outcomes?

The report states 25% of transition age youth did not sign a voluntary agreement at age 18, what data does DCF have regarding this decision? How many of those young adults choose to sign back in later, before age 23?

Forty-seven child/youth fatalities involved open DCF cases, 51B responses or had prior history with DCF. Why is there no information about 47 deaths (breakdown and analysis)?

The report states steep gains in the DCF budget since FY2013, however there are sparse details and no analysis of where and how the increase was spent and the impact on child and family outcomes. It does state a reduction in placement costs; however, nothing regarding impact on children and families. We are concerned about how many programs that provided congregate care placements in the past closed during the report period. When linking this back to children in STARR beds who are awaiting congregate care placements, it points to a deeper issue.

The report refers to a 26% increase in staff and only a 3% increase in services. It does not state what services specifically and begs the question, is that an adequate increase in services when we consistently hear about issues with the quantity and quality of services for children and families?

Please do not hesitate to reach out with any questions or clarifications. We welcome the opportunity to meet with you to discuss this in greater detail.

Jane Lyons
Executive Director

June Ameen
Policy Director

Cc: Adam Gomez, Senate Chair Joint Committee Children, Families and Persons with Disabilities