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DCF FY11 conference committee overview

The Department's CONF budget recommendation funded by the General Fund (GF) is \$743.0M. This is – \$17.0M (-2.2%) less than the Governor's House 2 (H2) recommendation of \$760.0M.

Highlights of CONF:

- **Clinical Support Services and Operations** (4800-0015) – CONF (GF) funds account at \$64.1M, -\$4.6M (-6.7%) less than the H2 amount of \$68.7M. This is a significant reduction to an account which funds: critical management and oversight positions, CORI staff, program managers, lawyers, etc, as well as the department's administrative and fixed costs such as mileage reimbursement for all 3,500 employees, lease space, supplies, etc.
- **Lead Agencies and Regional Resource Centers** (4800-0030) – CONF (GF) funds account at \$6.0M, -\$4.9M (-44.7%) less than the H2 amount of \$10.9M. CONF modifies language to clarify that funds must be spent in accordance with current model (i.e., using POS providers rather than converting to an in-house DCF model as recommended by H2). Flex funds must also still be funded from this account.
- **Social Workers** (4800-1100) – CONF (GF) funds account at \$155.1M, -\$0.4M (-0.3%) less than the H2 amount of \$155.6M. Shortfall can be managed through a moderate vacancy rate.
- **Services Accounts** (4800-0038, 4800-0040, 4800-0041) – CONF (GF) funds services accounts at \$489.9M, -\$6.4M (-1.3%) less than the H2 amount of \$496.3M.
- **Child and Family Services** (4800-0038) – CONF pulls funding for in home supports (Support and Stabilization Services and Family Based Services) and adds them to new line item 4800-0040. Adjusting for the new 4800-0040 account, CONF (GF) funds account at \$247.4M, -\$5.1M (-2.0%) less than the H2 amount of \$252.5M.
- **In Home Supports** (4800-0040) – CONF creates a new account for in home support services (Support and Stabilization Services and Family Based Services). CONF (GF) funds services at \$40.9M, -\$0.3M (-0.7%) less than the H2 amount of \$41.2M.
- **Congregate Care** (4800-0041) – CONF (GF) funds account \$201.6M, -1.0M (-0.5%) less than the H2 amount of \$202.6M. However, CONF does not freeze OSD 766 rate increase requirement so the true variance compared to H2 is closer to -\$1.6M (-0.8%).
- **Training Institute** (4800-0091) – CONF (GF) funds account at \$2.060M, -\$281K (-12.0%) less than the H2 amount of \$2.340M. This funding level represents a 31% reduction in funding since FY08 and will significantly hamper DCF's ability to maintain and improve the skill set of its work force.
- **Domestic Violence** (4800-1400) – CONF (GF) funds account at \$20.1M, -\$0.5M (-2.5%) less than the H2 amount of \$20.6M.
- **All Other Accounts** – Foster Care Review (4800-0025), Sexual Abuse Intervention Network (4800-0036), Juvenile Offender (4800-0151), and ROCA Retained Revenue (4800-0016) were funded at or near H2 levels.

To download a pdf version of the Conference Committee report, click on the following link:
<http://www.mass.gov/legis/bills/house/186/ht04pdf/ht04800.pdf> [top]



Keeping staff safe

Re-affirming DCF's commitment to worker safety

Just recently several staff in the western region were injured during a horrific assault by a client in the client's home. Following up on the incident, Commissioner McClain and Deputy Commissioner Roche met with impacted staff to share their concern, and to hear about their experiences in order to better inform agency protocols and policies and to help keep staff safe.

As a result, the chairs of the DCF safety committee are currently reviewing the whole host of issues raised, including concerns related to streamlining worker compensation processes with human resources and accessing

appropriate legal resources. Additionally, the committee has invited staff impacted to the next safety committee meeting to share their stories and provide additional suggestions for improved responses to the needs of staff immediately following these types of incidents.

The safety of staff is the highest priority, and the agency is committed to continuously reviewing current practices, policies and incidents to ensure greater safety on the job. [\[top\]](#)

DCF youth participate in leadership conference

The 2009-2010 Youth Leadership Institute was held in Westborough on June 22nd and June 23rd. Over the course of two days, forty-three youth from across the Commonwealth participated in leadership workshops focusing on team building, professional development skills, and community organizing events.

DCF Youth Advisory Board members set goals and agendas for academic year 2010-2011. The group also participated in leadership exercises with Commissioner McClain and Deputy Commissioner Roche. Participants gave rave evaluations of the Institute and expressed renewed energy and commitment to helping youth and families served by the Department. [\[top\]](#)

DCF and DMH engaged in joint procurement of congregate care services

The Departments of Children and Families and Mental Health are engaged in a planning process for a joint procurement of congregate care services, with an RFR scheduled for release in January of 2011. Together with EOHS, the Departments have decided to issue a single RFR that will include the full continuum of congregate care models, and will add a new residential model that requires continuity of service from the provider when the child returns home or to an alternative family setting. Both agencies have cross agency program design planning teams in place that include representatives from area, region and central office staff as well as parent advocates. The teams are led by Fran Carbone of DCF and Janice LeBel of DMH.

Our goal in this procurement is to achieve better and more sustainable positive outcomes for children and families. The agencies are interested in 1) procuring program models that provide trauma-informed care environments and are focused on strengthening connections to family and community, 2) embedding evidence-based clinical practices in those programs that are responsive to the complex social, emotional, educational and psychological needs of children and families, 3) unifying the agencies' administrative and management structures and

processes in order to improve efficiencies, 4) supporting stronger integration and continuity of out-of-home behavioral health services with those that are delivered in the home, 5) providing a fair rate of reimbursement for these services, and 6) rewarding providers that consistently deliver positive outcomes.

Individually, the agencies have been procuring these services over the past decade with a System of Care lens, which views placement as a component of an integrated system of in-home and out-of-home services rather than as a system unto itself. The DCF procurement of Family Networks services included a Shared Roles and Responsibilities section that required bidders to describe how they would participate as a partner with the DCF and with other providers in a cohesive service delivery system. Prior to the procurement residential providers were offered opportunities to learn from their colleagues in other states, such as EMQ Families First in Santa Clara County, California about how they had re-engineered their programs to be a "residential service without walls". DMH has procured models of community residential services that offer services flexibly both in placement and in the community, providing continuity of care and relationships for the child and family. The

agencies have embraced family voice in all aspects of their work, from the individual case level to the highest levels of administration and governance. All of this is consistent with an emerging national consensus on the delivery of residential services that is articulated in the Building Bridges Initiative. We now have an opportunity through a joint procurement of residential services to support the further evolution of our systems.

We have a very short period of time for planning and design work in order to ensure sufficient opportunity for the pricing of these services by the Division of Health Care Financing and Policy. The plan for the procurement and pricing of all contracted services by the 13 agencies under EOHS calls for residential services to be procured no later than July 1, 2011. This means that we have to be efficient in obtaining input from interested stakeholders. We have scheduled a series of provider forums, family and youth forums, and forums for managers of the state agencies over the summer. If you have advice or recommendations for the Design Teams about how these services can be improved, or what we should not change, please e-mail Perry Trilling, Project Manager. (Perry.Trilling@state.ma.us) [\[top\]](#)

Restraint and seclusion prevention initiative puts focus on data

The Massachusetts Interagency Restraint and Seclusion Prevention Initiative is a five year cross-secretariat effort organized to bring parent, providers and policy makers together to reduce and prevent the use of coercive treatments in child-serving settings across the Commonwealth. As part of this five year effort, the Initiative Partners have conducted a survey of residential/congregate care providers to:

1. Establish a baseline understanding of current restraint and seclusion practices;
2. Determine a "starting point" for impact of the multi-year initiative; and
3. Identify needed supports and successful strategies for helping programs reduce/prevent the use of restraint and seclusion in congregate care settings and public/private schools.

Nearly 250 residential providers, serving children from early childhood up to 22 years of age, participated in the survey, which is a response rate of approximately 60%.

Although a final report of the findings will not be available until the fall, a preliminary analysis shows many areas of strength and forward thinking by providers. For the purpose of the survey, Restraint was defined as "involuntary (e.g., "hands-on") physical management practices;" and Seclusion was defined as "involuntary isolation practices."

Highlights from the survey include:

- Standing and floor (prone) restraints were reported as the mostly commonly used type of restraint, followed closely by physical escort.
- 85% of providers reported that they believe restraint should only be used to prevent injury to a child or others.
- More than 90% of respondents are currently implementing or have already implemented a restraint or seclusion prevention/reduction strategy within their agency, including:
 - Providing professional development and training for staff,
 - Instituting new written policies and goals;
 - Adopting a new curriculum or "model of care;"
 - Gathering and analyzing data to improve performance; and/or
 - Forming a site or agency level committee.
- Providers identified the following strategies as most helpful in preventing or reducing the use of restraint and seclusion with children in their care: staff training, reducing staff turnover and increasing supervision.

- Survey responses indicated that many providers could use more help in effectively engaging parents/guardians and youth from their program in their current prevention and reduction efforts: approximately 35% include youth, while only 23% include parents/guardians.

The survey has already succeeded in expanding the knowledge of the public and private partners in the *Initiative* regarding the current state of restraint/seclusion practices and reduction efforts by residential care providers in Massachusetts. Findings from the survey will be used to inform the direction and needs of the initiative as it moves into its second year.

This survey was focused exclusively on residential and congregate care programs serving children and youth. A second survey of public and private day schools is planned for the 2010–2011 school year with a similar purpose of establishing a baseline understanding of current practices within schools.

For more information about the Massachusetts Interagency Restraint and Seclusion Prevention Initiative, please visit the Initiatives Section of the DCF website at www.mass.gov/dcf. [\[top\]](#)

2010 update on the Commission on the Status of Grandparents Raising Grandchildren



In order to better understand the issues facing grandparents raising grandchildren, the Commission held a series of public hearing across the state through September and November 2009. They were well attended

by grandparents/kin and interested professionals. Sessions were held in: Bourne, Pittsfield, Boston, New Bedford, Chicopee, Lawrence and Worcester. DCF compiled and analyzed the data from the public hearings and focus groups, and a report is now being drafted, expected to be distributed by September 2010. The information from the focus groups and the listening tours will inform the creation of a work plan for the Commission for the upcoming year.

Additionally, subcommittees are now being formed to tackle the four major topics that were raised by the community:

- Legal information and access to legal services;
- Information and referral/Interagency collaboration/ Navigating the system,
- Economic support and self sufficiency; and
- Strategies to create and sustain support groups for grandparents and kin across the state.

The subcommittees will be lead by Commissioners and their memberships will include community members, agency staff from DCF, DTA and the Council on Aging (COA). [\[top\]](#)

Highlight on “Signs of Safety” and the Safety Mapping Process

The Signs of Safety framework, a key element of DCF’s new Integrated Casework Practice Model (ICPM), is a critical thinking process that supports effective decision making and strength-based engagement with families. Developed and pioneered in West Australia by Andrew Turnell and Steve Edwards, the Signs of Safety approach begins with a conscious and overt effort to generate shared definitions and understanding of three critical words in child welfare: Safety, Risk and Danger.

Key Concepts and Terms of the Signs of Safety Framework

Safety – Acts of protection for a child demonstrated by a caregiver over a period of time.

- Safety represents the presence of actions, patterns of behavior, and skills that are observable and measurable and are protective.
- Assessing a caregiver’s acts of protection and strengths includes the family, community and professional resources that make up the caregiver’s “network”.

Danger – Acts of harm to a child, either past or present, by a caregiver.

- Danger is imminent. Danger is something that threatens the child right now or in the very near future.
- Past harm is a significant indicator of present or future harm.
- The connection between a caregiver’s behavior and the impact on the child is necessary to conclude that a child is in danger.

Risk – The likelihood of future child maltreatment.

- Risk is the probability that a caregiver will harm a child in the future. Risk assessment is based on evidence that suggests an increased likelihood of future maltreatment if certain current behaviors exist.
- Risk assessment is conducted at a particular moment of DCF involvement with a family – (In the Integrated Casework Practice Model at the end of an investigation or initial assessment with a family).

Supporting Strengths – Skills, attitudes, resources and networks that do not mitigate the danger but could be built on to do so.

Complicating Factors – Indications of a caregiver’s behavior or actions that are worrisome or problematic, but there is no clear harmful impact on the child.

The clarity that these definitions provide helps to inform our assessment of the connection between a caregiver’s action or behavior and the impact

this has on the child – “Caregiver impact on child” is the focus of our attention in child welfare.

Safety Mapping – Safety Mapping is a key practice of the Signs of Safety framework and is a facilitated process of exploring the impact of a caregiver’s actions on a child. The practice is a continuous effort to gather information and organize it in a way that helps social workers and families better understand the presence of safety in relation to the presence of danger for children, and what actions are necessary to promote child safety.

Safety Mapping relies on three essential questions asked in each encounter with families, providers, stakeholders and within supervisory responsibilities or case reviews. The questions help engage families and are open ended, as well as solution focused:

1. What are the worries?

Asking mandated reporters and family members to describe the worries that they have is a facilitated process of gathering a broad range of information that may describe the presence of danger and/or risk.

DCF staff use the information gathered – over a period of time and from a variety of sources – to identify the indicators that a child is being harmed (danger), or indicators that are concerning, but not directly impacting the child (complicating factors), or the indicators that suggest that the child may be harmed in the future (risk).

2. What is working well?

It is just as important for DCF staff to search for the successes that caregivers have in their parenting.

An inquiry approach that focuses on the things that are also going well for the family can reveal the strengths (resources, skills, attributes and attitudes) of a caregiver that can be built on.

3. What needs to happen?

Asking “what needs to happen?” at all times of all people involved in a case generates a shared commitment and stronger buy-in to the safety or service plan. This approach also encourages a broader, community based perspective on how to best meet a family’s needs.

For more information about the Integrated Casework Practice Model (ICPM), please visit the “Initiatives” section of the DCF Website: www.mass.gov.dcf.

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Medical services team engages in strategic planning process

Central Office staff is engaged in a strategic planning process designed to identify areas of strength, as well as opportunities for improvement in addressing the healthcare needs of children. In May, a medical services focus group was established that includes DCF central office staff, physicians, other medical professionals, and the Office of the Child Advocate to provide their experience and expertise as we develop a Medical Services Strategic Plan.

The plan will reflect their input and build on prior recommendations for strengthening the structures and processes that support the healthcare needs of our children. The Plan has been drafted and is under review. It will identify healthcare issues for children that DCF can address and associated goals and action steps. The medical services focus group will meet to finalize the Plan and identify priority areas for implementation of the action steps. [\[top\]](#)

Announcements and Upcoming Events

July 24



On Saturday, July 24th Jordan's Furniture sponsored the 'Summer Adoption Mixer' at Assumption College in Worcester. It was an opportunity for home-studied families to meet with social workers and learn about children ages 6+ in DCF care and their siblings who have a goal of adoption. The event was a great success!

August 4

On August 4th, Commissioner McClain participated as a panelist in the National Governors Association Center for Best Practices webinar entitled, **Child Welfare Financing Strategies** with a representative from Casey Family Programs and the DCF Commissioner from Iowa.



August 10

On Tuesday, August 10th, DCF's Boston Region will host their annual graduation event at Suffolk Law School for youth participating in the summer jobs program, a collaborative initiative between DCF, Communities for People, and the Center for Public Management at Suffolk University.

August 16



The Lynn DCF Office will sponsor their Annual "Cherish the Children Fund" Golf Tournament

August 16, 2010 | 9:00 AM | Gannon Golf Course
60 Great Woods Road | Lynn, MA 01904
Tel: 781-592-8238 | www.gannongolfclub.com

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