

**PUBLIC SECRETS: SILENT SUFFERING**  
**The State of Our  
Most Vulnerable Children**

**A Statewide Report on How Budget Cuts  
are Hurting Children in Our Communities**

**Prepared by:**

**The Children's League of Massachusetts**

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**April 2009**

# A PRAYER FOR CHILDREN<sup>1</sup>

THIS POEM IS DEDICATED TO THE COMMONWEALTH'S CHILDREN AND YOUTH

***We pray for children***

*who bring us sticky kisses and fistfuls of dandelions,  
who hug us in a hurry and forget their lunch money.*

***And we pray for those***

*who never get dessert,  
who have no safe blankets to drag behind them,  
who watch their parents watch them die,  
who can't find any bread to steal,  
who don't have any rooms to clean up,  
whose pictures aren't on anybody's dresser,  
whose monsters are real.*

***We pray for children***

*who spend all their allowances before Tuesday,  
who throw tantrums in the grocery store and pick at their food,  
who like ghost stories,  
who shove dirty clothes under the bed and never rinse out the tub,  
who get visits from the tooth fairy,  
who don't like to be kissed in front of the carpool,  
who squirm in church or temple or mosque and scream in the phone,  
whose tears we sometimes laugh at and whose smiles can make us cry.*

***And we pray for those***

*whose nightmares come in the daytime,  
who will eat anything,  
who have never seen a dentist,  
who aren't spoiled by anybody,  
who go to bed hungry and cry themselves to sleep,  
who live and move, but have no being.*

***We pray for children***

*who want to be carried  
and for those who must,  
for those we never give up on  
and for those who don't get a second chance.*

***We pray for those who will grab the hand of anybody kind enough to offer it.***

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<sup>1</sup> Adapted excerpt from *A Prayer for Children* by Ina Hughs. Wm. Morrow and Company, NY., 1995. Pgs XIV-XV.

## ACKNOWLEDGMENTS

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### **PUBLIC SECRETS: SILENT SUFFERING**

#### ***THE STATE OF OUR MOST VULNERABLE CHILDREN***

**By Emily Reinig, Esq.  
April 2009**

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The Children's League of Massachusetts is a statewide association of more than sixty-five organizations and individuals that purchase, provide, regulate, advocate for, and support services to children, youth and their families in the Commonwealth. Together, they seek opportunities to ensure that public policies reflect a commitment to the well being of the state's children. Members represent a variety of issues facing children, youth and their families, such as child welfare, juvenile justice, mental health and substance abuse, early care and education, public health, and special education. The League meets monthly for public policy discussions, monitors state and national policy issues and trends, and provides public education, networking, and civic engagement opportunities. For more information about this report or for additional copies, please contact:

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## EXECUTIVE SUMMARY

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**IMAGINE** turning 18, having spent your life in foster care, and suddenly losing your services without having the skills or income necessary to shelter and feed yourself...

**IMAGINE** a financially strapped father shaking his newborn baby causing serious brain injury or the death of the baby...

**IMAGINE** hearing the screams of a physically abused child from your neighbor's house...

**IMAGINE** a seventeen year old girl and her three-month old baby living under a bridge in Boston in the dead of winter...

**IMAGINE** a fifteen year old girl with severe emotional problems taking her own life...

**AND THEN IMAGINE** that you could have prevented or minimized this suffering.

In response to the current economic crisis, the Commonwealth's Department of Children and Families, the Department of Mental Health, the Department of Youth Services, MassHealth, and other state agencies serving children and youth are tightening eligibility, restricting access, and eliminating some services all together. Environmental stressors linked to increases in child abuse and neglect combined with new limitations on services due to budget shortfalls are threatening our capacity to protect vulnerable and at risk children. A March 2009 Boston Herald article, for example, reported a correlation between the economic downturn and a sharp increase in child abuse cases in the Commonwealth.<sup>2</sup> In the article, the Suffolk District Attorney's Office asserted that from January 1 to March 1, they had 256 child abuse cases, more than double the 105 it handled during the same period in 2008.<sup>3</sup> An Office spokeswoman cited financial strain as a likely contributor, noting that "the increase in stressors is making more and more parents vulnerable."<sup>4</sup> This is both dangerous from a child abuse perspective and damaging to the health of children in the short and long term.

According to a survey of community service providers and families seeking services, enactment of the FY09 9C budget cuts has resulted in all of the following:

- Children with serious emotional and behavioral issues are being referred to foster care homes instead of residential programs against clinical advice;
- A dramatic drop in family Support and Stabilization Services<sup>5</sup> referrals;
- Reductions in the availability of community mental health services, resulting in increased hospitalizations;
- The loss of at least 86 community-based group home beds serving adolescents in Boston<sup>6</sup>;

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<sup>2</sup> Szaniszlo, Marie. "Abuse: Almost an Epidemic." The Boston Herald. 8 March 2009.

<sup>3</sup> Id.

<sup>4</sup> Id.

<sup>5</sup> See Appendix B: *Glossary of Terms*

- Children in Intensive Foster Care<sup>7</sup> programs are being prematurely discharged and receiving shorter lengths of stay for services;
- Infants and toddlers with a 29% developmental delay are no longer eligible for the Early Intervention Program;
- Changes at MassHealth have made it harder for kids to receive adequate outpatient therapy due to delays in obtaining additional authorized sessions;
- Increased wait-times in hospitals for mental health crisis screening;
- Child care clients are experiencing service loss due to the elimination of “continuity of care” as a service need for subsidized child care;
- Some Young Parent Programs funded by the Department of Transitional Assistance are limiting access to services, which increases risk of infant mortality and shaken baby syndrome;
- Requests for emergency basic needs assistance are skyrocketing; and
- The Department of Youth Services closed 51 beds for committed youth, resulting in some programs having to provide assessment, revocation and group home treatment all in one location, diminishing care focused on a specific area.

This is a mere glimpse at the detrimental effects of the FY09 9C budget cuts on children described in detail in this report. Vulnerable and at risk children in Massachusetts are dependent on a wide-range of agencies and services for survival. As this report found, nearly every one of these crucial child services has been negatively impacted. The cuts have come at an incredibly high cost to these kids, many of whom have no family resources and nowhere else to turn but the streets. Our failure to address the needs of these children now will undoubtedly result in their need for more expensive remedial services later, many for the remainder of their lives. These are children in crisis. They are suffering in silence, and it is up to us to protect them.

The Governor made cuts where he thought best, but the implications of those cuts are often hidden from the public eye. The Administration attempted to minimize the effect of the cuts by using a fine scalpel, but children are still hurting. As a result of the cuts, essential child services – those that help shape the lives and health of children – have been reduced and/or eliminated. This report aims to expose these harmful effects so that we can work together to fix them.

We simply cannot continue to set child welfare policy based on budgetary restrictions; it must be driven by a substantive review of the issues and best practices. In addition to rolling the FY09 cuts forward, the Governor makes additional cuts to his FY10 budget. In anticipation of the need for additional spending reductions, it is of utmost importance at this stage in the budget process to analyze and understand the toll that declining state resources have already had on the lives of the Commonwealth’s children. As advocates, we must strive to protect these kids from further harm.

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<sup>6</sup> Due to an inadequate number of referrals exacerbated by the rapid progression of DCF’s recent policy to move kids out of residential programs

<sup>7</sup> See Appendix B: *Glossary of Terms*

## INTRODUCTION

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This report, published by the Children’s League of Massachusetts, seeks to educate the public, elected and appointed officials regarding the impact of the FY09 9C budget cuts on our kids. Over the past nine months, sharply declining tax revenues, structural budget deficits and natural spending pressures have required the Massachusetts Governor to close total budget gaps of approximately \$6 billion for fiscal years 2009 and 2010.<sup>8</sup> As this report goes to print, revenue numbers are still falling, which may require further cuts in both FY09 and the Governor’s FY10 budget. Our nation is facing the largest downturn since the Great Depression. As a direct consequence, states across the nation, including Massachusetts, are being forced to reduce their spending. The national economic crisis has resulted in numerous budget reductions to services and programs that ensure the welfare of the Commonwealth’s children, youth and their families. With each cut, the definition of children eligible for services narrows, thereby reducing the population served. The recent 9C cuts were concentrated in human services, health care, and education, with nearly 50% of the total cuts affecting Health and Human Services, and another 22% touching education.<sup>9</sup> Unfortunately, the force of these cutbacks is falling on those least equipped to handle it – the Commonwealth’s most vulnerable and at risk children.

In these difficult economic times, residents at every level have felt the impact. Tens of thousands of people in Massachusetts have lost their jobs; thousands more have lost their savings, their health insurance and/or their homes.<sup>10</sup> The Administration is relying on fiscal reforms and, more importantly, on the “resilience and spirit of community that lives within the people of Massachusetts” to mend the Commonwealth.<sup>11</sup> But, what happens when those negatively affected are our kids – children born into, or living in, the most challenging of circumstances and without the means or maturity level to raise themselves? As a class, children are inherently unable to advocate on their own behalf or to impact public policy. When significant cuts are made, these children are, in essence, left stranded in a sinking lifeboat. Thus, kids require our protection and guidance, especially those in the custody of the Commonwealth. What happens when the protection and guidance that our kids need suddenly becomes unreliable or unavailable?

In an effort to fully understand the impact of the cuts, the Children’s League of Massachusetts gathered information about how these cuts have affected state agencies, service providers, and consumers across service areas. The survey addressed state agencies such as the Departments of Children and Families (DCF), Youth Services (DYS), Mental Health (DMH), Early Education and Care (EEC), and the Department of Public Health (DPH). The Children’s League survey<sup>12</sup> was distributed to three-hundred families, consumers, providers, and state agencies, with a return rate of 38%. It highlights the connection between issues and how a cut in one place can affect services in another. The state is charged with the responsibility of safeguarding children from child abuse and neglect, and while agency budgets were not outright eliminated, children in need of services are suffering as a consequence of the cuts.

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<sup>8</sup> The Governor’s Budget Narrative, <http://www.mass.gov/bb/h1/fy10h1/prnt10/exec10/pdefault.htm>, p. 1.

<sup>9</sup> Fiscal Year Budget Summary, [http://www.mass.gov/bb/gaa/fy2009/prnt\\_09/app\\_09/pdefault.htm](http://www.mass.gov/bb/gaa/fy2009/prnt_09/app_09/pdefault.htm).

<sup>10</sup> A Message from the Governor, <http://www.mass.gov/bb/h1/fy10h1/prnt10/msg10/pdefault.htm>, p. 1.

<sup>11</sup> A Message from the Governor, <http://www.mass.gov/bb/h1/fy10h1/prnt10/msg10/pdefault.htm>, p. 3.

<sup>12</sup> See Appendix A: *Children’s League of Massachusetts Survey*

## **IMPACT OF BUDGET CUTS: AT THE CONSUMER LEVEL**

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The Department of Children and Families is where we first identify children born into, or living in, unsafe environments. Abused and traumatized children are more prone to become our future violent and/or emotionally disturbed youth and adults. These individuals are not born that way; they are created when we have a child protection system unable to adequately respond due to lack of resources. The 9C cuts have resulted in serious limitations on essential child services. These reductions have made us, their “foster parents,” both inconsistent and unable to help. Simply put, without these services, many of these children have and will end up abused, neglected, angry, self or outwardly destructive, homeless and/or on the streets.

### **I. CONSUMER SURVEY RESULTS**

The Children’s League of Massachusetts conducted a survey to assess the ways in which the cuts have affected state agencies, service providers, and individuals looking for or already using a wide array of services. The results are sobering evidence that innocent children are currently suffering and that financial considerations are now driving policy decisions. Consumers made up approximately 30% of all respondents to the survey, and 80% of those consumers reported being negatively affected by the cuts. When questioned regarding the changes witnessed since the state budget cuts, 28.3% of consumers reported services became unavailable, 22.9% reported more difficulty being approved for services, 18.9% noticed less staff availability, and 14.8% experienced limited services available in the area in which they live. Additionally, 8.5% of the consumer respondents lost a job due to a loss of services for their child. Another 25.7% reported that their child was placed on a waiting list for services, 14.2% of consumers lost eligibility for services, and an alarming 14.2% said their child has experienced a crisis since the cuts for which there was no place to turn for help.

### **II. CONSUMER STORIES & TESTIMONIALS**

The survey also encouraged consumers to share their stories regarding the harm caused by the 9C cuts. The Governor’s mid-year cuts created a trickle down effect. The cuts forced agencies such as the Departments of Children and Families (DCF), Youth Services (DYS), Mental Health (DMH), Early Education and Care (EEC), and Public Health (DPH) to tighten eligibility and to reduce or eliminate services. In turn, this required community providers to restrict access to services. Those harmed are the vulnerable and at risk children depicted below. These are the public secrets and the silent suffering:

<p style="text-align: center;"><b>Consumer Stories &amp; Testimonials on Impact of 9C Cuts</b></p> <p><b><u>Child Protection &amp; Child Welfare</u></b></p> <ul style="list-style-type: none"><li><i>In a prime example of how the budget is driving policy, DCF discharged a teen mother and her three-month old from a pregnant and parenting teen program without warning. The service provider expressed that there was no doubt she was discharged as a result of the 9C budget cuts. Prior to her dismissal, the young mother completed her GED and was scheduled to start an employment program at a technical school. Both she and the baby were receiving excellent medical care which ended as a result of her abrupt discharge. A community based provider immediately placed them in their self-funded program for aging-out teens. Without this protection, severe harm to both the teen mother and her child would undoubtedly occur.</i></li></ul>
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- *A young man with a long history of parental neglect, beginning with a positive drug screen at birth, was placed in a sex offender treatment program for 4 years for offensive touching, and then transferred to a group pre-independent living program at age 18. He did not have appropriate immigration paperwork in order to be eligible for paid work. DCF told the pre-independent living program that they would be closing his case when he turned 19. At this point, a legal advocacy organization became involved and their lawyers were able to secure his Green Card. They also advocated for continued placement in a small group home to meet his considerable needs (lack of hygiene skills, depression, abandonment issues, attachment disorder, poor social skills, low IQ, easily victimized and no support network). Due to fiscal pressures, DCF recently refused to authorize continued group home level of care, approving only independent living.*

### **Early Education & Care**

- *One EEC consumer reports: "I am struggling to pay my rent and bills. I need to get a job with more hours, but have no place for my daughter to go because the full time year round slots are frozen. I am unable to get more than 10 hours a week in work and I will probably have to quit my job because I have nowhere for her to go this summer. This will mean more strain on an already fiscally challenged family."*

### **Juvenile Justice**

- *A 14 year old boy was abused by his uncle and he, in turn, abused his nephew. He has been attending group therapy to work on a plan to prevent this from ever happening again. His group was cut.*

### **Behavioral Health**

- *A young boy, suffering from Bipolar and Obsessive Compulsive Disorder, was discharged from his residential program in January 2009. His mental illness has been catastrophic for both him and his family. Upon discharge, the residential program, his therapist, and DMH itself recommended mentoring support. But, when he left the program, there were no Department of Mental Health services available. The structure of home life is simply not enough and his mother fears losing him to a second suicide attempt. While at the residential program, he was stable, but fragile. There is a high risk of relapse and he desperately needs a mentor<sup>13</sup>. Due to the budget cuts, there are none.*
- *A young girl is on a wait list for supported living. She has been in and out of medical and psychiatric hospitalizations 80 times in less than three years. With the new budget cuts to DMH, her mother is sure she will be dead before she gets a program that can help.*
- *Another child had an excellent relationship with his DMH case manager. As a result of the budget cuts, that case manager is now being transferred. His mother knows the devastating impact this change will have on her son and his status.*
- *A mother's anxiety about her daughter's welfare is growing daily. Her daughter was diagnosed with numerous chronic mental health issues and she is dramatically less stable at home. The child's residential program is "on a chopping block" and her mother expects she will be forced to live at home -- the last time she did so, her daughter was hospitalized 13 times during a partial academic year.*

<sup>13</sup> See Appendix B: Glossary of Terms

- *A DMH client, living in a residential facility and suffering from serious mental health issues, was recently informed that her day treatment program was closing. She has a tendency to swallow objects when she is unoccupied during the daytime hours. Without the day program, this behavior is sure to increase. The hospital bills have been staggering – and all fall to MassHealth. Her residential program used to offer a number of social supports, nearly all of which have been eliminated. Her mother recently inquired about a backup vocational program, but was informed that it, too, had been eliminated due to budget cuts. Prior to the 9C cuts, she had not required psychiatric hospitalization for months. Since the cuts, she has been in the hospital five times in four months – the last visit for an incident that was nearly fatal. Her parents genuinely fear the effect which the loss of additional programs will have on their already struggling daughter.*

**Public Health**

- *A 30 month old toddler had a 28% delay in speech and was receiving weekly speech therapy. Because of new eligibility criteria for Early Intervention (30%), he will no longer be getting this help.*

## **IMPACT OF BUDGET CUTS: AT THE STATE AGENCY & SERVICE PROVIDER LEVEL**

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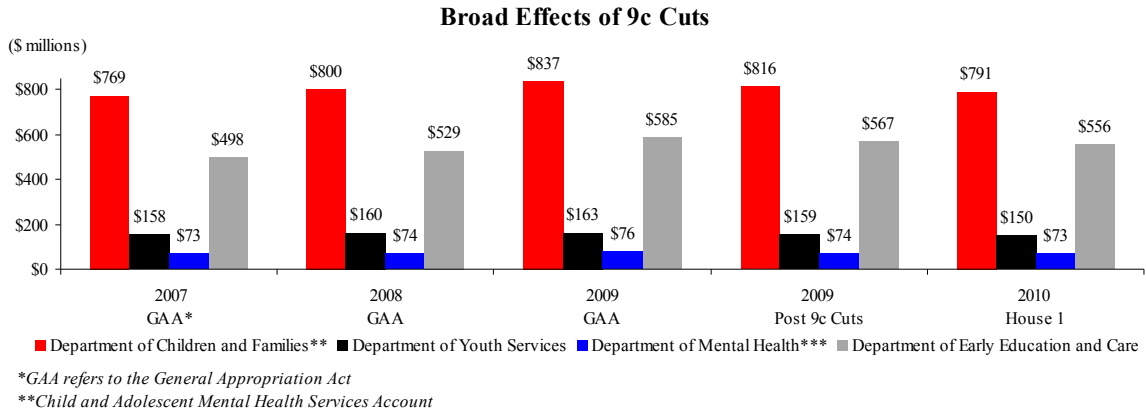
Under Section 9C of Chapter 29 of the Massachusetts General Laws, the Governor has the power to bridge the gap through budget cuts when projected revenue is less than projected spending. The October and January 9C spending reductions were concentrated in human services, health care, and education. Regrettably, these cuts have led to alarming reductions in the Commonwealth's ability to protect its most vulnerable and at risk kids. In response to the Governor's 9C cuts, agencies such as the Departments of Children and Families (DCF), Youth Services (DYS), Mental Health (DMH), Public Health (DPH), and Early Education and Care (EEC) have tightened eligibility, forcing providers to restrict access to services, and ultimately, harming the helpless children whom they serve.

Few child service areas have been spared. The 9C cuts have, unfortunately, impacted a wide-range of agencies, services, and programs geared toward helping children survive. Our kids are silently suffering, and we must protect them from further harm. As one multi-service provider illustrated, the cuts have had detrimentally broad implications:

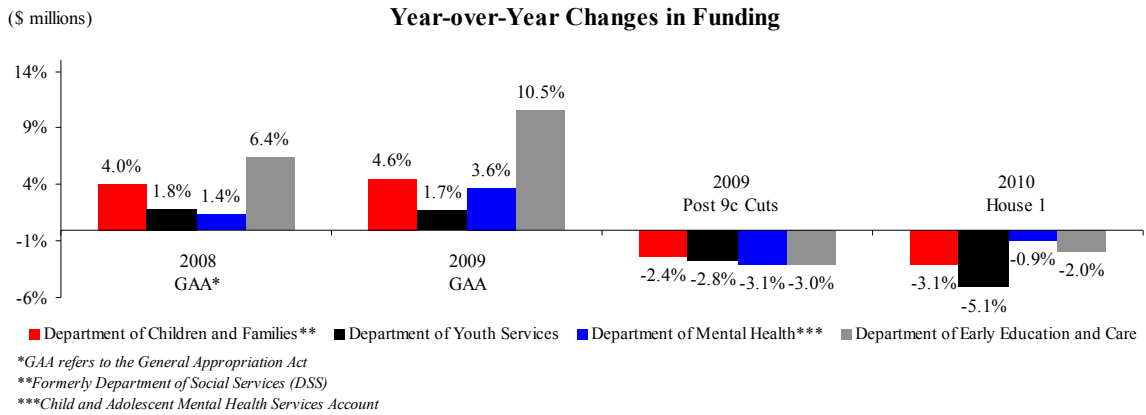
- Our *child care* clients have experienced service loss due to the elimination of continuity of care preference in access to vouchers or slots;
- Our *behavioral health and substance abuse* clients have had their access to services restricted;
- Our *Department of Transitional Assistance funded Young Parent Program* has had to limit enrollment;
- Our *community based counseling programs* have been reduced dramatically and there are longer waitlists;
- Our referrals to *Department of Children and Families' contracted services* have slowed to levels below last year's utilization; and
- Our requests for *emergency basic needs assistance* have skyrocketed.

# VISUAL REPRESENTATION OF THE IMPACT OF 9C CUTS ON MAJOR CHILD STATE AGENCIES

**Figure 1**



**Figure 2**



## **I. STATE AGENCY & SERVICE PROVIDER SURVEY RESULTS**

The survey also assessed the impact of the 9C cuts on state agencies and non-profit service providers. Approximately 95% of state agencies and non-profits indicated they have been negatively affected by the 9C cuts. As a result of the cuts, service providers of all types have been forced to make serious policy changes. According to the survey results, 8.7% of state agency and service providers responding to the survey reported that more stringent eligibility requirements have been created, 18.1% have eliminated essential services, 3.5% have restricted access to services in a particular geographic area, 7.6% have reduced employee benefits, 14% have reduced paid staff hours, and 22.8% have laid off staff members, contributing to rising unemployment and loss of state tax revenue.

As demonstrated by the consumer survey results, each of these service provider policy changes has had a dramatic and devastating effect on the population whom they serve. When asked to describe the effects of the 9C cuts on its consumers, service providers indicated all of the following: 28% noted service denials due to more stringent eligibility, 16.9% reported access restrictions due to the elimination of services in a geographic area, 9.9% said consumer access has been limited due to the location of services and lack of transport, 13.4% said consumer service hours were restricted, and 18.1% specified consumers were now receiving lower attention and frequency of contact due to higher caseloads for agencies.

## **II. STATE AGENCY IMPACT & SERVICE PROVIDER TESTIMONIALS**

### **A. Child Protection & Child Welfare**

#### **The Cuts**

The Governor's 9C cuts included \$20.2 million to the Department of Children and Families (DCF), and FY10 House 1 recommendations call for an additional \$25.2 million reduction. This represents a 5.4% decrease from the \$836.5 million appropriation in the FY09 General Appropriation Act (GAA). According to DCF, approximately 70% of FY09 cuts came from services; 25% came from personnel; and 5% came from non-personnel administrative costs. All the while, DCF is experiencing increased demand for services. For example, DCF's average annual caseload increases by only 1-2%, but in FY 2008, the caseload increased by 8%, with the sharpest rise occurring during the spring months. In FY09, the caseload at DCF is increasing by 3%, and the Department anticipates a 3-5% increase in FY10.<sup>14</sup> Additionally, from the first quarter of 2008 to the first quarter of 2009, the number of cases has increased by 6.6%, which represents a 9.7% increase in consumers at DCF.

The Governor's FY10 budget (known as House 1) proposal would consolidate four line items that serve children and families, including family stabilization, group care, sexual abuse intervention, and placement services for juvenile offenders, in one account titled "Services for Family and Children." This account also funds subsidies for foster parents, adoptive parents, and guardianships. This consolidated line item (4800-0038) allocates \$520 million, a \$24.4 million, or 4.5%, decrease from the FY09 GAA for the four accounts combined.

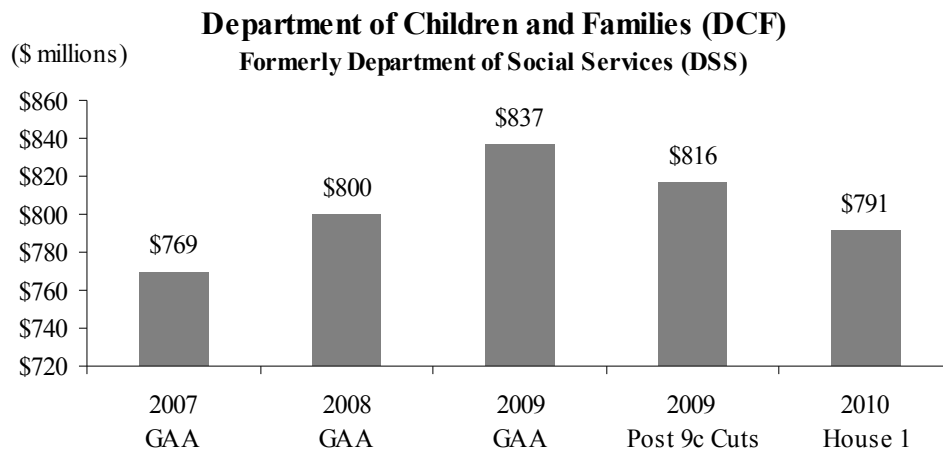
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<sup>14</sup> Executive Office of Health & Human Services, FY10 Budget Hearing Before the Joint Committee on Ways and Means, March 11, 2009, p. 15.

As state agencies seek to narrow eligibility, it is anticipated that DCF could target voluntary services. Voluntary services are those provided at the request of individuals who have not become involuntarily involved with DCF through the filing of complaints of abuse or neglect. Unfortunately, “the most notable increase among consumers [at DCF] has been with voluntary cases...In the past five years, the Department has seen a 100% increase in the number of young adults 18 years and older in their care. This number has grown from 800 in fiscal year 2004 to more than 1,600 youth today.”<sup>15</sup> If voluntary cases are targeted, this would represent a huge population of youth whose services are at risk of extinction. If this group becomes a low priority, more of these kids will end up on the streets and/or homeless.

Additionally, the Governor proposes consolidating five line items devoted to social worker services and related operational support, including administration, social workers for case management, foster care review, lead agencies, and the enhanced comprehensive social services account. He would allocate \$244.4 million to fund these services, which is a \$19.2 million, or 7.3%, decrease from the FY09 GAA.

**Figure 3**



*GAA refers to the General Appropriation Act*

**The Impact**

According to the Department of Children and Families, these reductions mean that 3,000 to 4,000 children may not receive the protective services they need. The account cuts described above are having a major negative impact on DCF. For example, in FY10 the effects of the proposed cuts may include all of the following:

- **\$8.2 million less for Social Workers:** Specifically, a reduction of more than 100 social worker staff through attrition, hiring freeze of backfills, and layoffs, including social worker technicians, social workers and supervisors;
- **\$2.1 million less for Management Staff, Administrative Support Staff and Administrative Expenditures:** Specifically, a reduction of approximately 50 clinical and administrative staff at all levels of organization, including central, regional, and area staff;

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<sup>15</sup> Id. at p. 10.

- **\$2.5 million less for Regional Resource Centers and Lead Agencies:** Including, suspension of the regional resource centers, reduction in flexible funding with lead agencies, and a reduction in lead agency expenditures;
- **\$19.3 million less for DCF Foster Care<sup>16</sup>, Intensive Foster Care, Congregate Care<sup>17</sup>, Adoption Subsidy and Support and Stabilization Services:** Specifically, a reduction in non-care and maintenance cost components of certain placement types (i.e. clothing allotments), rate reduction negotiations with many DCF Purchase of Service providers, and the reduction or elimination of services for existing populations to ensure DCF is prioritizing services to only their core mission. This is a prime example of where the narrowing/restricting of eligibility can occur due to reduced funding.

These major funding decreases pose significant risks and exposures for DCF in FY10 in six major areas:

<b>Impact of Cuts: Six Significant Risks &amp; Exposures for DCF in FY10<sup>18</sup></b>	
<b>Area</b>	<b>Concern</b>
<b>Increased Caseloads</b>	<ul style="list-style-type: none"> <li>• DCF currently manages caseloads within the 18:1 contractual requirement</li> <li>• Given a 3-5% increase in 51a reports, DCF expects continued upward pressure on caseloads</li> </ul>
<b>More ‘Stuck’ Kids</b>	<ul style="list-style-type: none"> <li>• Over past 18 months, number of DCF ‘stuck kids’ reduced by more than 55% from 130 in May 2007 to 57 in November 2008</li> <li>• Reduction of service capacity jeopardizes this process</li> </ul>
<b>Availability of Needed Services</b>	<ul style="list-style-type: none"> <li>• Nearly all families with low service needs &amp; many families with moderate service needs will be denied services or will be offered services that are less than adequate</li> </ul>
<b>Failure to Fully Comply with Child Welfare Legislation</b>	<ul style="list-style-type: none"> <li>• Lack of funding will impair DCF’s ability to fully comply with the act to protect children</li> </ul>
<b>Inability to Implement Office of Child Advocate Recommendations</b>	<ul style="list-style-type: none"> <li>• Implementing recommendations made by the child advocate as it relates to high profile situations may present a number of challenges</li> </ul>
<b>Further Erosion of Foster Care Rates Compared to the USDA Index</b>	<ul style="list-style-type: none"> <li>• Currently, DCF is 16-23% below USDA approved rates for foster care; Recently enacted child welfare legislation recommended (subject to appropriation) reimbursement of foster care rates equal to USDA approved rates</li> <li>• Failure to address rates could result in legal action against the Commonwealth &amp; difficulty in retaining current &amp; recruiting new foster families; \$12m is needed to increase foster care rates to USDA level; alternatively, \$6m would address half of this need in FY10, allowing for remaining half to be addressed in subsequent years.</li> </ul>

<sup>16</sup> See Appendix B: *Glossary of Terms*

<sup>17</sup> See Appendix B: *Glossary of Terms*

<sup>18</sup> Executive Office of Health & Human Services, FY10 Budget Hearing Before the Joint Committee on Ways and Means, March 11, 2009, p. 15-16.

And, according to DCF Commissioner Angelo McClain, when queried by legislators at the Joint House and Senate Ways and Means Committee Hearing on the Governor's FY10 budget proposal, there are several critical funding priorities at DCF that have arisen as a result of the budget cuts:

- To increase foster care rates;
- To maintain social work workforce;
- To restore community based resources; and
- To restore funding for group care.<sup>19</sup>

**Service Provider Testimonials on Impact of 9C Cuts:  
Child Protection & Child Welfare**

- *A nonprofit social services organization is closing 10 residential sites, group homes, and independent living therapeutic apartments. Services offered since 1964 are being eliminated and most Boston group home agencies are experiencing staff layoffs and site closings.<sup>20</sup>*
- *A provider of Intensive Foster Care (IFC) services has witnessed children and adolescents discharged without notice and seriously ill children referred to foster care instead of residential programs. During the early days of the 9C cuts, this nonprofit saw a dramatic drop in Family Stabilization and Support Services to families of children in DCF custody, the very service that the former DCF Commissioner said would revolutionize services to families and kids.*
- *A clinical social worker stated that her agency was compelled to modify her position such that she now works at another office one day per week. As a result, she has decreased ability to see her clients and had to terminate others.*
- *An IFC provider reported shorter lengths of stay and an increase in poor transition plans for clients moving to new foster homes or next placements: "Children, living in the same IFC homes for 5+ years, are being forced to move to DCF foster homes of a stranger based solely on financial concerns. Children over age 18 have services or voluntary sign-ins with DCF eliminated without proper notice or any plan. Finally, there is now a severe backlog of Background Record Check Waivers<sup>21</sup> causing severe delays in the recruitment of new, potential foster parents."*
- *One state agency has received phone calls and emails about discontinued services (i.e. mental health caseworkers, guardian ad litem educational advocates<sup>22</sup>) which have resulted in increased hospitalizations and increased school suspensions and expulsions.*
- *A youth and family support network had to reduce staff hours and lay off staff members. This reduced consumer services in that they now restrict service time, specifically for clients over 18.*
- *Triggered by budget cuts, a nonprofit provider indicated an increase in activity to move their current kids to lower levels of care. DCF social workers with whom this provider interacts are reporting that placement decisions are now often made based on financial concerns, and against their professional recommendation.*

<sup>19</sup> FY10 Budget Hearing Before the Joint Committee on Ways and Means, March 11, 2009, Question addressed during Q&A session.

<sup>20</sup> Due to an inadequate number of referrals exacerbated by the rapid progression of DCF's recent policy to move kids out of residential programs

<sup>21</sup> See Appendix B: *Glossary of Terms*

<sup>22</sup> See Appendix B: *Glossary of Terms*

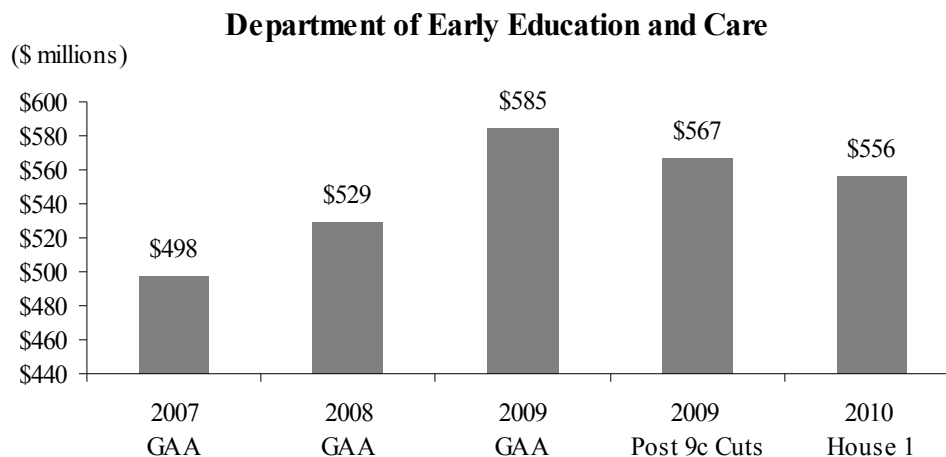
- An IFC provider has had trouble obtaining approval for unbundled services<sup>23</sup>, resulting in 1/3 fewer unbundled placements statewide.
- At another non-profit: “Several vacant staff positions have been frozen in addition to some annual raises, staff have been laid off, fewer youth are receiving services and when they do receive services, it is for far shorter periods of time, referrals to our agency have decreased dramatically, more vacant beds exist, and youth services are often terminated without any warning.”

## B. Early Education & Care

### The Cuts

By way of the 9C cuts, the Governor reduced the Department of Early Education and Care (EEC) budget by \$17.8 million. The Governor’s House 1 budget recommendations include \$556.1 million for programs administered by EEC, which is \$29 million, or about 5%, less than the \$585.1 million reserved in the FY09 GAA.

**Figure 4**



*GAA refers to the General Appropriation Act*

### The Impact

The majority of the reduction in EEC spending is due to a decrease in funding for child care access, which provides subsidized childcare for eligible families.<sup>24</sup> As a direct result of the 9C cuts, EEC has ceased extending these subsidies to eligible children on the waiting list when a slot opens up.<sup>25</sup> Thus, all children currently receiving subsidized child care will continue to do so as long as they remain eligible. However, new funds will not be made available for children otherwise eligible under the old policies who are not receiving subsidies (with limited exceptions). In sum, policy changes enacted as a result of the 9C cuts are preventing families’ access to subsidized care.

<sup>23</sup> See Appendix B: *Glossary of Terms*

<sup>24</sup> Massachusetts Budget and Policy Center, *Budget Monitor: The Governor’s FY 2010 Budget Proposal*, [http://www.massbudget.org/documentsearch/findDocument?doc\\_id=650&dse\\_id=704](http://www.massbudget.org/documentsearch/findDocument?doc_id=650&dse_id=704).

<sup>25</sup> *Id.*

Foster children have been particularly affected by the reductions. In FY 2001, language was added to the “Income Eligible Child Care Account” specifying that “not fewer than 500 child care slots shall be reserved for children in the foster care program” at DCF. These slots were intended to be used when children were placed with foster parents who needed to work. That language continued each year until this fiscal year when it was dropped. Despite the loss of specific line item language, working foster parents remained eligible to seek these services for children in their care. As a result of the 9C cuts, this account has essentially been frozen. It will remain frozen until, through attrition, the number of children in care falls below the level at which EEC can stay within their budget. Consequently, no new foster children will be able to receive child care through this account while it is frozen.

**Service Provider Testimonials on Impact of 9C Cuts:  
Early Education and Care**

- *An EEC approved private needs school indicated that they are seeing a continuing decline in referrals. Based on this decline, they are anticipating layoffs and other program cuts in the near future.*
- *As one child care provider commented: “The elimination of ‘continuity of care’ as a service need for subsidized child care (except for some limited categories) means that siblings of enrolled subsidized children no longer qualify for care. For example, a mom wants to place her infant in a center where her preschooler is enrolled, with a subsidy, but the baby is not eligible under the new rules. The mom’s choices are few: find someone in her family or neighborhood to watch the baby so that she can go back to work, or remove her preschooler from care and stay home with both of them - no longer contributing to the economy of the state, and likely consuming state benefit dollars. I expect that as EEC struggles to make up its deficit, there will be even more policies enacted to further reduce access to care. This will certainly have a negative impact on working families who cannot work without child care.”*
- *Another provider describes devastating policy changes affecting eligibility: “Overall, families have been greatly impacted by policy changes within EEC that have limited eligibility to those families <50% Standard Median Income (SMI). There are no service supports for families over 50% SMI and the budget cuts have made a bad situation worse. Additionally, providers are unable to take a low state rate as compensation for child care services, thereby lowering the number of providers that parents can access. Parent choice is now a thing of the past.”*

**C. Juvenile Justice**

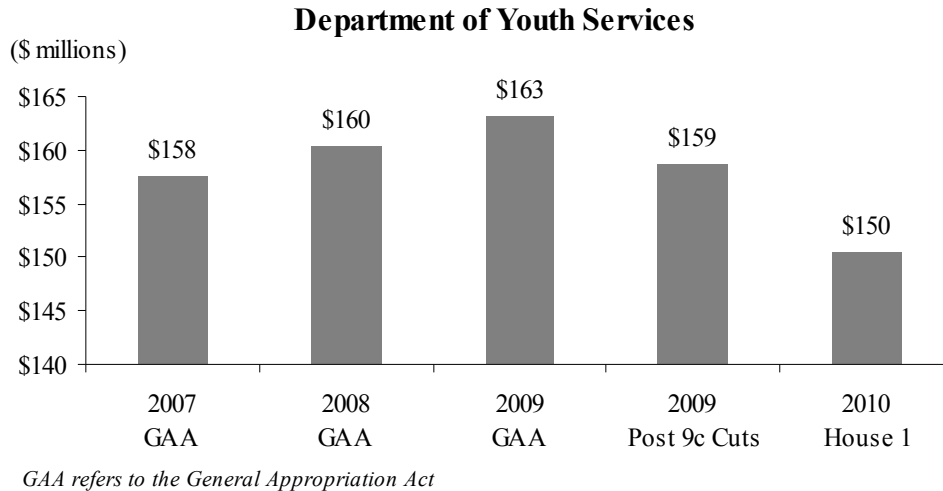
**The Cuts**

The FY09 and proposed FY10 funding for the Department of Youth Services (DYS) has dropped below what is required to maintain its current programs. Through 9C cuts, the Governor reduced the FY09 budget by \$4.5 million. The House 1 proposal reduces these funds by an additional \$8.1 million. This represents a 7.7% decrease from the \$163.1 million appropriation in the FY09 GAA. Beyond its current programs, DYS needs new funding to oversee secure Alternative Lock-up Programs (ALPs) for youth arrested in the Commonwealth’s cities and towns when courts are closed.<sup>26</sup> Secure ALPs, which are required to meet a federal mandate<sup>27</sup>,

<sup>26</sup> Citizens for Juvenile Justice, *DYS Budget Fact Sheet*, March 2009, [http://www.cfjj.org/Pdf/DYS\\_Budget\\_Fact\\_Sheet\\_March%202009.pdf](http://www.cfjj.org/Pdf/DYS_Budget_Fact_Sheet_March%202009.pdf).

have been federally funded through the Executive Office of Public Safety and Security. But, this federal funding has been cut, so the Commonwealth must now pay for secure ALPs at an estimated cost of \$2.9 million to oversee five regional secure ALPs.<sup>28</sup>

**Figure 5**



In addition to cuts at DYS, the Committee for Public Counsel Services (CPCS) and its Youth Advocacy Project has experienced serious cutbacks. The CPCS oversees the provision of legal representation to indigent persons in criminal and civil court cases and administrative proceedings in which there is a right to counsel. It runs the Youth Advocacy Project (YAP), which provides programs and services that protect and advance the legal and human rights of children. According to YAP, Governor Patrick’s proposed FY10 budget calls for a 13% cut in CPCS spending in each of the three major CPCS line items, and overall funding in the amount of \$158.3 million, which falls \$34.5 million short of the amount they will spend to provide legal services in the current fiscal year. The proposed 13% reduction in line item 0321-1500, which funds all agency operations including YAP, results in a recommendation which is \$3.8 million lower than the current year appropriation. This reduction will seriously damage the ability of CPCS to provide representation to the indigent children and adults whom it represents, and could well result in significant reductions in CPCS staff, including at YAP.

**The Impact**

The budget reductions have forced DYS to cut essential programs that safeguard our children and protect the public at large. So far this year, DYS has been forced to close more than 50 residential beds, in addition to the 191 residential beds that were closed last year.<sup>29</sup> This significant decrease has made it difficult to separate both older youth from younger kids and members of rival groups. As a result, DYS has had to return children to the community earlier than is advised. Additionally, the plan to open the only transitional living program in Boston has been cancelled. In the coming weeks and months, DYS will be forced to reduce and eliminate

<sup>27</sup> The federal Juvenile Justice and Delinquency Prevention Act (JJDP) mandates that juveniles not be confined in a police lock-up for more than 6 hours.

<sup>28</sup> Citizens for Juvenile Justice, *DYS Budget Fact Sheet*, March 2009, [http://www.cfjj.org/Pdf/DYS\\_Budget\\_Fact\\_Sheet\\_March%202009.pdf](http://www.cfjj.org/Pdf/DYS_Budget_Fact_Sheet_March%202009.pdf).

<sup>29</sup> *Id.*

essential services (GED classes and vocational training), which are key programs to reducing recidivism rates.<sup>30</sup> As DYS becomes unable to fund the programs needed to serve its vulnerable population, the safety of our youth and the peaceful balance of our community are threatened.

With respect to the Committee for Public Counsel Services (CPCS) and the Youth Advocacy Project (YAP), the current funding status can only be described as a “crisis.” As long as individuals continue to be charged with crimes or the abuse and neglect of their children, CPCS will have to provide them with lawyers. According to YAP, the system literally cannot function if CPCS becomes unable to provide each indigent person with an attorney. Money spent on YAP and the work it does to promote the healthy development of children and to prevent children from becoming hopelessly enmeshed in the juvenile or adult justice systems is money spent wisely. It will end up saving far more public dollars down the road.

**Service Provider Testimonials on Impact of 9C Cuts:  
Juvenile Justice**

- *According to one nonprofit provider, DYS has been forced to eliminate several community monitors in DYS’ Community Re-entry Centers. These programs ensure committed kids are receiving educational support, counseling, and supervision in order to remain successfully in their community. Eliminating community monitors negatively impacts rehabilitation.*

**D. Behavioral Health<sup>31</sup> (Department of Mental Health)**

**The Cuts**

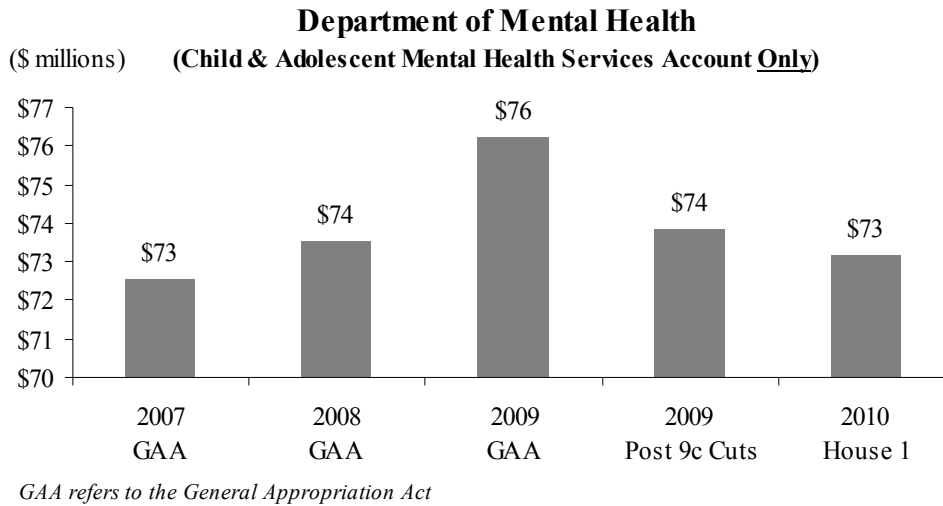
Mental health services were particularly hard-hit by the Governor’s 9C cuts, especially those made in October. The Governor’s FY10 House 1 budget proposal reduces “Child and Adolescent Mental Health Services” by 4%, annualizing the FY09 9C cuts. At DMH, services to children and adolescents are funded in two accounts: (1) the Child and Adolescent Mental Health Services Account (5042-5000), and (2) the Mental Health Services Including Adult, Homeless and Emergency Supports Account (5046-0000), where funding exists for services to transition-age youth.

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<sup>30</sup> Id.

<sup>31</sup> Behavioral health services are funded by the Department of Mental Health (DMH) MassHealth, the Department of Public Health (DPH), and private insurers.

**Figure 6**



**The Impact**

The Department of Mental Health (DMH) was seriously impacted by the 9C cuts. For example, with respect to cuts made to the Child and Adolescent Mental Health Services account, DMH reacted in the following ways:

- Closed or eliminated one 14-bed Intensive Residential Treatment Program
- Eliminated the Community, School & Therapeutic Supports Program
- Closed a 6-bed residential program in Central Massachusetts
- Eliminated FY09 approved dollars to expand the Child Psychiatric Project to schools

In other accounts, the Department eliminated 25% of all DMH Case Managers, including those serving kids, young adults, and adults.

The stories described below show the multiple financing streams that fund services for children. They demonstrate how needed services for DCF kids are often supported by various other funding sources, rather than by DCF alone:

**Service Provider Testimonials on Impact of 9C Cuts:  
Behavioral Health (DMH)**

- *Another health care service provider stated that “the young adult mental health supports have been greatly impacted. Many work and education support programs have been terminated due to budget shortfalls.”*

## **E. Behavioral Health (MassHealth a.k.a. Medicaid)**

### **The Cuts**

MassHealth currently covers about 1 million people, and over 50% of them are up to the age of 21. The behavioral health 9C cuts totaled \$30 million, with the majority focused on the Massachusetts Behavioral Health Partnership (MBHP).

MBHP manages the behavioral health benefit for MassHealth Members enrolled in the Primary Care Clinician (PCC) Plan as well as the vast majority of youth involved with DCF and DYS. According to MBHP, there were an average of 131,590 children and adolescents enrolled with MBHP during FY 2008, an increase of 4.9% from the average in FY 2007. In FY 2008, children and adolescents accounted for 41.5% of MBHP's total average membership. More than one in four (26%) of MBHP's Members 0 to 18 years of age used behavioral health services during FY 2008. In contrast, less than 4% of the child and adolescent membership enrolled in a commercial health plan would use any behavioral health services during the course of a year.

Additionally, MBHP indicated that during FY 2008 more than 23,000 children and adolescents involved with DCF, DYS and DMH received their behavioral health coverage from MBHP. Nearly two of every three (64.8%) DCF involved children and adolescents and more than nine in ten (91.8%) DYS involved youth used some level of behavioral health services funded by MBHP in FY 2008.

### **The Impact**

MassHealth spends \$500 million on behavioral health annually and responded to the 9C cuts in the following ways:

- Reduction of provider rates from the increase approved for FY09 back to the FY 2008 rate level = \$5.5 million in savings;
- Utilization management of services = \$11 million in savings; and
- The remainder of the savings were taken from MBHP "earnings."

As a direct result of the 9C cuts, MBHP has made changes in the area of utilization management, which has come at a huge cost to many children in need of behavioral health services. In response to the cuts, MBHP has made a number of changes to its authorization for services process:

	<b>Prior to 9C Cuts</b>	<b>Post 9C Cuts</b>
<b>Youth in Residential Programs</b>	Pre-authorized to receive 45 sessions (individual/group) in 4 months.	Pre-authorized to receive 30 sessions in 6 months. To provide more than 30 sessions (based upon medical necessity), clinicians must <i>request</i> additional sessions.
<b>Youth in Family Setting</b>	Pre-authorized for 15 sessions in 4 months, which translated to about 1 session per week.	Pre-authorized for 14 sessions in 6 months, which translates to one session every two weeks.

According to many service providers, the MassHealth budget cuts and the pressure on utilization of outpatient services are a major hindrance to the provision of child services, especially while DCF and DMH continue to refer to Medicaid, rather than state contract funded services. At the same time the demand for outpatient services is increasing, the availability of Medicaid funds is decreasing. There is already an existing shortage of clinicians willing to work in public practice due to low pay and high caseloads. This reduction in the availability of community mental health services has resulted in increased hospitalizations, which is far more costly for the taxpayers, the Commonwealth, and health insurance companies alike.

**Service Provider Testimonials on Impact of 9C Cuts:  
Behavioral Health (MassHealth)**

- *According to one provider, it requested additional sessions on a few cases for which MBHP took up to two weeks to respond. Additionally, the provider expressed concern that if a child is seen as regularly falling outside the new standard (i.e. 30 sessions) he or she is now seen as an outlier and subject to close scrutiny by MBHP*
- *One provider said: Under the 45 session protocol, kids minimally received one individual and one group session each week. With the new protocol, they continue to provide one individual and one group session, but they provide the group session as “free-care.” For each youth, the service plan should drive the number of sessions, not the available sessions as per MBHP’s protocol.*
- *Another provider said: “Reduction in reimbursement, the need to manage significantly increased caseloads at any one time given the utilization reductions, plus Children’s Behavioral Health Initiative, will result in even more people leaving public practice and longer waits for service. Also, the low number of sessions is simply irresponsible, given the time necessary for typical public clients to even engage in a working relationship with a therapist.”*
- *A community based behavioral healthcare center comments: “Children are being restricted from getting the mental health care they need. Children are now only getting therapy every other week. These are children who have been abused and neglected, children who are failing at school because of emotional disturbances, and children who have serious physical illnesses and/or developmental delays. We are failing our children and forcing them, and taxpayers for the next generation, to pay for our failure to address children’s needs now when they can be most efficiently answered.”*
- *Another nonprofit provider noted all the following: “There are fewer available community services to support the children in Intensive Foster Care and the IFC foster parents, especially for those children with serious emotional behavior problems. There is a long wait list for available therapists and for doctors and nurse practitioners who monitor the administration of psychotropic medications. Massachusetts Behavioral Health Partnership (MBHP) has restricted outpatient therapy to every other week. Most clinics now require a minimum of three therapy appointments before scheduling an appointment for medical monitoring – this is too long a delay to maintain and stabilize kids in IFC. Waits in hospitals for crisis screening teams have increased; sometimes we wait up to 10 hours in a hospital emergency room. If a child is deemed appropriate for in-patient psychiatric care, there are often no beds available and these kids are maintained in the emergency room or on a medical floor.”*
- *One provider declared that the primary impact is in clinical systems for youth, noting that MBHP is now giving only 14 visits per 180 days – a dramatic reduction. They also expressed concern that the 3% decrease in originally appropriated FY09 rate, combined with increased un-reimbursed paperwork has led to clinician burnout and compromised care.*

- *An organization serving youth and families said: “Our Medicaid patients who have MBHP have half of the mental health sessions authorized than before the 9C budget cuts. This has resulted in much more work for clinicians to request additional authorizations with no guarantee that the sessions will be authorized. Clinicians have twice as many cases and are overtaxed. Clients are not receiving adequate sessions.”*

## **F. Public Health (Early Intervention)**

### **The Cuts**

Early Intervention (EI) in Massachusetts is a statewide, integrated, developmental service available to families of eligible children between birth and three years of age. EI provides family-centered services that facilitate the developmental progress of eligible children, and helps children acquire the skills they will need to continue to grow into happy and healthy members of the community. Services are determined collaboratively with families as integral members of the team based on the individual needs of the child and family.

The Governor’s 9C cuts reduced the Department of Public Health’s “Early Intervention Services” line item (4513-1020) by \$1.4 million. The FY10 House 1 recommendations reduce this budget by an additional \$4 million.

### **The Impact**

In light of the Commonwealth’s current fiscal situation and the 9C cuts, the Department of Public Health had to implement changes to Early Intervention Program Eligibility. Effective January 1, 2009, a child needs to exhibit a 30% level of developmental delay in order to be eligible for Early Intervention (EI) services. The previous eligibility requirement was only 25%. As a result, approximately 3,000 children (birth to age three) who have developmental delays and disabilities will no longer be eligible for EI services in 2009.<sup>32</sup>

Not only is this devastating for the children and their families, it is also extremely costly to the state and cities and towns. Cutting EI and increasing eligibility shifts costs directly back to Special Education programs at a much greater cost to the Commonwealth and municipalities. The state’s investment in EI generates significant special education cost savings. For example, in FY 2007, the EI investment resulted in over \$20 million in Special Education savings or cost avoidance.<sup>33</sup> Recent studies have shown that for many children, the benefits of EI are long-term, positively impacting a child’s early learning and overall educational attainment and success which, in turn, results in lower long-term costs to taxpayers and the Commonwealth.

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<sup>32</sup> *Early Intervention FY2010 Budget Request: 9C Cuts Impacting Services to 3000+ Children, Prevent Further Cuts to Eligibility in FY2010*, published by Governmental Strategies, Inc.

<sup>33</sup> *Id.*

**Service Provider Testimonials on Impact of 9C Cuts:  
Public Health (Early Intervention)**

- *A community based health care center comments: “Infants who have a 29% developmental delay are no longer eligible for EI, even though we know that we cannot measure developmental delays precisely at infancy, and despite the fact that it has been repeatedly found that EI effectively closes the gap in developmental delays and saves many times the cost by reducing the cost of special education when the child reaches school.”*
- *According to several pediatricians: “Based on neurocognitive testing, the birth to 3-year-old period is a time when the brain is particularly efficient in learning and provides for the greatest benefit from interventions. Interventions during this period can influence lifelong development and improve or minimize developmental problems in these children.”*
- *Comment from these same pediatricians on effect of 9C cuts: “Unfortunately, an increase in eligibility for early intervention services will do much to undermine the progress made over the past decades and have detrimental outcomes. Prior to the availability of these services, many children with disabilities or developmental delay did not have access to the educational services they needed. These services are generally not covered by insurance and many of the most affected families do not have the means to be able to fund them privately. Beyond the social, emotional, and financial burdens, these changes have societal implications. Many of the children who participate in early intervention fare better in final educational attainment, income, health, and well-being.”*

## CONCLUSION

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The Children's League of Massachusetts has surveyed families, consumers of services, providers, and state agencies to "shine a light" on the impact of the current year's state budget cuts on the Commonwealth's children. This report aims to expose the harmful trickle down effect of the 9C cuts to the children and youth.

There is a point at which *not* maintaining funding actually creates a larger drain on both human capital and financial resources. Providing services to children, youth and their families now can prevent more costly expenditures later. Physical and emotional pain and suffering, without available resources with which to respond, will only progress as these children grow into adulthood. Continued reductions in state agency budgets mean that even more children will lose services and exclude those already in line for them.

The current trend is to set child welfare policy based on budgetary considerations. In order to properly protect our children, we must abandon this practice, and instead, base child welfare policy on a substantive review of the issues and the best interest of children. In anticipation of the need for additional spending reductions, we must realize the damaging effects that the FY09 9C budget cuts have already had on our vulnerable and at risk children, and act to protect them from further cuts and further harm.

**The implications of the FY09 9C cuts for FY10 must be known before legislators make their upcoming budget decisions.**

## APPENDIX A: CHILDREN'S LEAGUE OF MASSACHUSETTS SURVEY

### FOR SERVICE PROVIDERS (state agencies and non profits)

- 1) The state budget cuts have impacted me/us:
  - a. Positively
  - b. Negatively
  - c. Not at all
  
- 2) I/we have made the following changes in response to FY09 state budget cuts and/or plan on making these changes as a result of the FY10 state budget (Please choose all that apply and elaborate):
  - a. Created more stringent eligibility for services
  - b. Eliminated services
  - c. Restricted services to a particular geographic area
  - d. No longer provide transportation to/from service
  - e. Missed an agency rent, mortgage, utility or other payment
  - f. Reduced employee benefits
  - g. Reduced paid staff hours
  - h. Laid off staff
  
- 3) Since the state budget cuts, I/we have witnessed the following among our consumers (Choose all that apply):
  - a. Service denials because of more stringent eligibility
  - b. Access restricted because of elimination of services in the geographic area
  - c. Access limited because of location of services and lack of transportation
  - d. Service hours being restricted
  - e. Inconveniences such as meeting cancellations due to lack of available staff
  - f. Lower attention and frequency of contact due to higher caseloads for agencies
  - g. Other
  
- 4) Understanding that the affects of the budget cuts are far reaching and difficult to quantify, please take a moment to illustrate how your agency and/or consumers has been impacted:

### FOR CONSUMERS (and/or parents/family members of consumers)

- 5) The state budget cuts have impacted me/my family:
  - a. Positively
  - b. Negatively
  - c. Not at all
  
- 6) I have witnessed the following changes in response to state budget cuts (Please choose all that apply and elaborate):
  - a. Less staff available
  - b. More difficultly being approved for services
  - c. Services no longer available
  - d. Limited services in the area in which I live
  - e. Transportation no longer available or longer traveling times to services
  
- 7) Since the budget cuts, I have experienced the following:
  - a. I or a family member has lost a job because of losing services for my child
  - b. My family became homeless because we lost our regular income
  - c. My child was put on a waiting list for services
  - d. My child had a crisis and there was no place to turn for help
  - e. My child had to stay in an unsafe situation (physical or emotional) due to family violence, homelessness, or no after school activities
  - f. My child's education was disrupted because we had to move or stay in shelters in different communities
  - g. I/my child lost his/her/our eligibility for services
  - h. We were denied services because they were limited to a certain geographical area where I do not live
  - i. We were unable to get to services because of transportation problems
  - j. We were unable to get to services because of the days and times that they were available
  - k. Other
  
- 8) Understanding that the affects of the budget cuts are far-reaching and difficult to quantify, please take a moment to illustrate how you have been impacted.

## APPENDIX B: GLOSSARY OF TERMS

TERM	EXPLANATION
<b>Background Record Check Waivers</b>	<p><i>In the DCF Intensive Foster Care program, background record checks are required of all individual(s) living in a licensed foster care home 14 years or older as a part of the initial licensing process and annually thereafter. Background checks consist of a review of any history of criminal charges in Massachusetts and any history of DCF abuse and neglect charges. Background checks must also be performed on frequent visitors to the home and homes where the child or youth may be staying overnight.</i></p> <p><i>Past or current charges may be waived according to procedures set down by DCF, and at their discretion. Contracted Intensive Foster Care agencies must submit written waiver requests to DCF for consideration. Waivers are granted based on the seriousness of the charge and any safety concerns for the child or youth (i.e. one incident of lapsed auto registration versus conviction for child abuse.) Currently there is a backlog of BRC reviews and waiver requests that is causing serious delays in recruiting new foster homes and re-licensing existing homes.</i></p>
<b>Congregate Care</b>	<p><i>Congregate Care Programs provide 24-hour supervision and intensive treatment services in group care settings that include Residential Schools, Group Homes, and short-term placement models.</i></p>
<b>DCF Unrestricted Foster Care</b>	<p><i>Substitute parental care provided by an individual(s) licensed by the Department of Children and Families to provide foster care in their home to a child or youth in the care of the Department not previously known to the individual(s). There can be no more than six children total resident at any time, including birth children, foster children, relative's children or day care children. The Department manages the care of the child or youth, and licenses the home.</i></p>
<b>Guardian Ad Litem Educational Advocates</b>	<p><i>Someone appointed by the court to advocate for educational services for court involved youth.</i></p>
<b>Intensive Foster Care (IFC)</b>	<p><i>Intensive therapeutic foster care provided by licensed individual(s) for children and youth with more severe behavioral, emotional, cognitive and/or medical challenges. These children often have a history of severe abuse or neglect, and cannot be served in unrestricted foster care. The Department contracts with other agencies to recruit, train, support and license these families in a closely supervised home setting. With a few exceptions the foster parent to child ratio is 1:1. The agency manages the care of the child or youth in conjunction with the Department, and licenses the home annually.</i></p>
<b>Mentor</b>	<p><i>As one of its services, the Department of Mental Health helps to connect youth with serious mental illness or serious emotional disturbance to a therapeutic mentor.</i></p>

<p><b>Support &amp; Stabilization Services</b></p>	<p><i>These services are non-placement services to be provided to families and children in their homes or community to help prevent out-of-home placement in foster care, residential care or inpatient services. Some of the kinds of services include: Support to parents/caretakers focused on improving skills related to safety, supervision and nurturing; Support to youth in improving relationships with families, schools and the community; Reunification support and assistance to families whose children are returning from out-of-home placement settings. These services help prevent abuse, stabilize families, &amp; cost the state less money in the short and long term.</i></p>
<p><b>Unbundled Services (IFC)</b></p>	<p><i>This is essentially Intensive Foster Care (IFC) services without the foster placement. The Department created these services as a means to provide the case management continuity for when a child reunifies to his or her biological family from an IFC home. Unbundled services provide the same level of support, case management, crisis management, and home visits as IFC services.</i></p>