

Shutting Down the Trauma to Prison Pipeline

Early, Appropriate Care for Child-Welfare Involved Youth

Executive summary

Findings

The number of Massachusetts children removed from their homes because of allegations of abuse or neglect has increased dramatically in recent years. In 2014 Massachusetts re-reported the highest rate of abused children in the country, about 22.8 cases of victimization per 1,000 children, and that rate was nearly matched in 2015.^{1,2} Between 2012 and 2016, the number of Care and Protection court cases filed statewide increased by 56%.³ Some counties experienced much higher rates of increase than the state as a whole. The number of 6- to 11- year-old children in out of home placement has increased 13% since 2015, with particular impact on certain Massachusetts communities.

The number of Latinx children in out of home placement has increased every year and at a higher rate than for children of other races. From 2015 to 2018, Latinx children accounted for 82% of the increase in out-of-home removals. The impact on the Latino community in Massachusetts is part of a larger picture of disproportionate numbers of Latino youth and adults in the juvenile and criminal justice system.

Since entering the foster care system increases a child's risk for eventual involvement with the juvenile justice system as well as other negative outcomes, Citizens for Juvenile Justice (CfJJ) is gravely concerned about this trend. CfJJ's 2015 report, *Missed Opportunities*, found that children who were dually involved in both DCF and DYS had early involvement with DCF, had a high number of foster care placements, and were disproportionately youth of color.

Children involved in the child welfare system have experienced trauma that affects brain development and can lead to behaviors as they get older that are punished in school, and eventually by law enforcement. Behavior related to trauma during childhood — particularly on the ability to regulate emotions and behavior — must be distinguished from other mental health needs and from delinquent behavior. Research shows that particularly starting at age 12 untreated behavioral health issues stemming from complex childhood trauma can become acute with the onset of puberty, and trauma during childhood can become aggressive and/or delinquent during adolescence and lead to school exclusions and juvenile justice system involvement.

The most recent data shows that Massachusetts foster children are spending more time in out-of-home placement and that Massachusetts still has a high rate of placement instability. Instability in home placements disrupts attachments and feelings of safety which are essential for healthy childhood brain development, compounding the behavioral health issues stemming from the original cause of the home removal.

Many children in Massachusetts, including those in DCF care, are unable to access culturally competent mental and behavioral health care before their behavioral health deteriorates significantly. While great strides have been made to increase access to community based mental health services for children in Massachusetts, the need is greater, particularly in certain counties and within certain communities, than the supply of clinicians who are culturally competent and trained in the area of treating children exposed to and experiencing multiple traumas.

Recommendations

Expand culturally competent behavioral health services, and add more non-English speaking child clinicians trained in the treatment of complex trauma in children, to overcome waitlists and barriers to access. Fully incorporating behavioral health services into all schools is a model that will reach far more children and benefit all students and schools. These services should be available to children before their behavior becomes so acute that it leads to extreme interventions. Schools with the best-practice based multi-tiered system of support model — those providing three levels of behavioral support for all students — and staff trained to understand trauma-related disruptive behaviors are an excellent way to ensure early and consistent access to behavioral health care for all youth.

Invest in promising practices and program models to prevent child removal and safely promote family stabilization and focus early on building a child's stable and nurturing home and school environment. Early recognition of behavioral problems stemming from exposure to trauma should result in an investment in interventions that promote positive youth development, to better prevent the intensification of the problems, and the poor outcomes associated with them. Early efforts to develop a child's skills, self-esteem, and supportive investments in their futures include consistent involvement with trusted adults and with positive prosocial community activities.

Hold all state employees involved in child welfare accountable for promoting stability in placements, educational success, and positive youth development in the child's life. Two placement disruptions of children in foster care should be an indication of needs and a signal for increased services, not an inevitability, and should trigger a conference of all concerned parties to ensure the next placement is stable and ready to meet the child's needs.

DCF must re-examine its newly redrafted policy increasing barriers for family members to serve as kinship placements. Due to the racial inequities in over-policing and over-criminalization of communities of color, DCF's stricter background check policy will inequitably limit access of children of color to kinship caregivers — the most stable placement for children removed from their homes.

Improve the scope and transparency of data collection and analysis on children with Care and Protection and CRA cases. This should include educational progress and the use, consistency, and effectiveness of mental health services. All data should be searchable by demographic features including location, age, race/ethnicity, sexual orientation and gender identity and expression.

Percent increase in Care and Protection case filings by county, 2012 to 2016

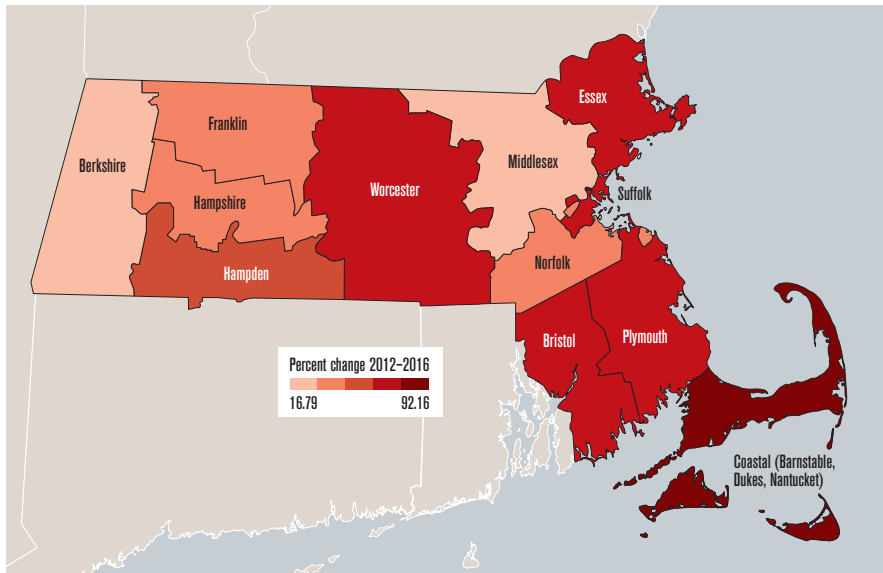


Figure 1. Counties' increased rate of Care & Protection case filings, 2012-2016

Children under 18 in DCF caseload, 2018

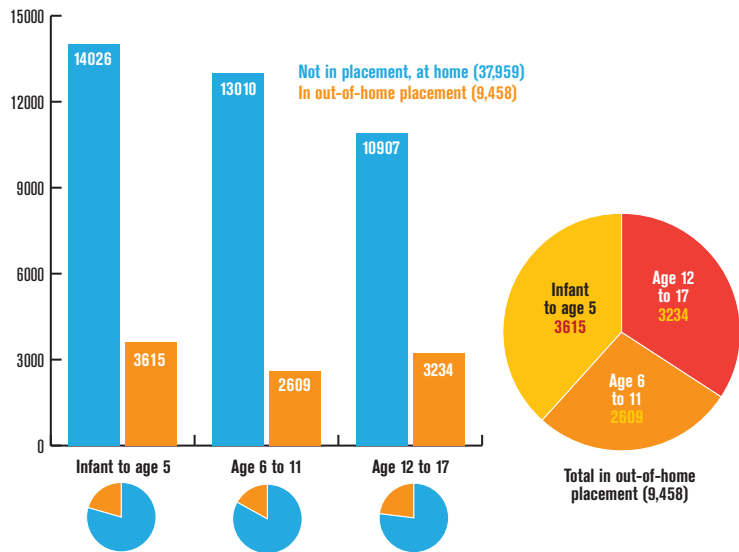


Figure 2. Statewide placement by age, FY2018 Q2

Placement Per Capita: Children Placed Out of the Home Per 10,000 Youth in the Population

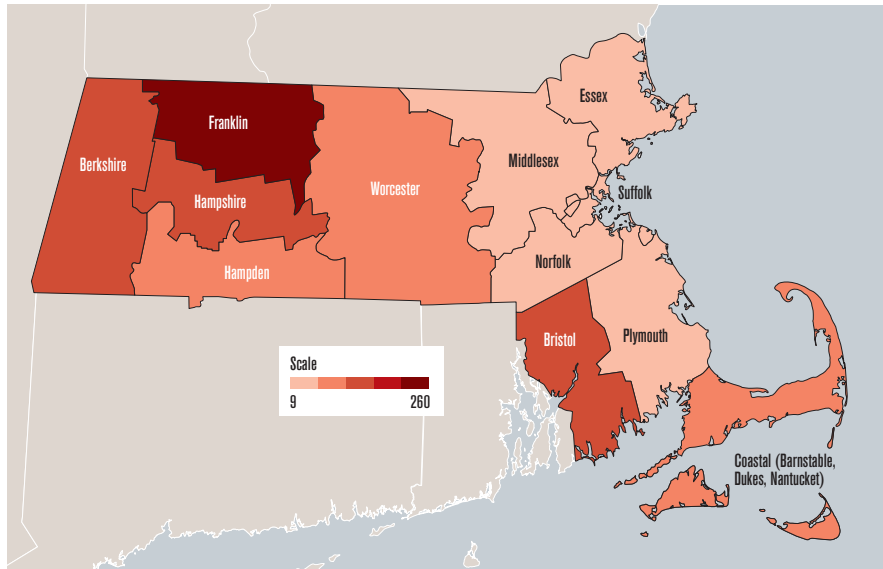


Figure 4. Massachusetts Department of Children and Families, Quarterly Report, FY2017 Q4

Number of Children Out-of-Home Placements by Race/Ethnicity

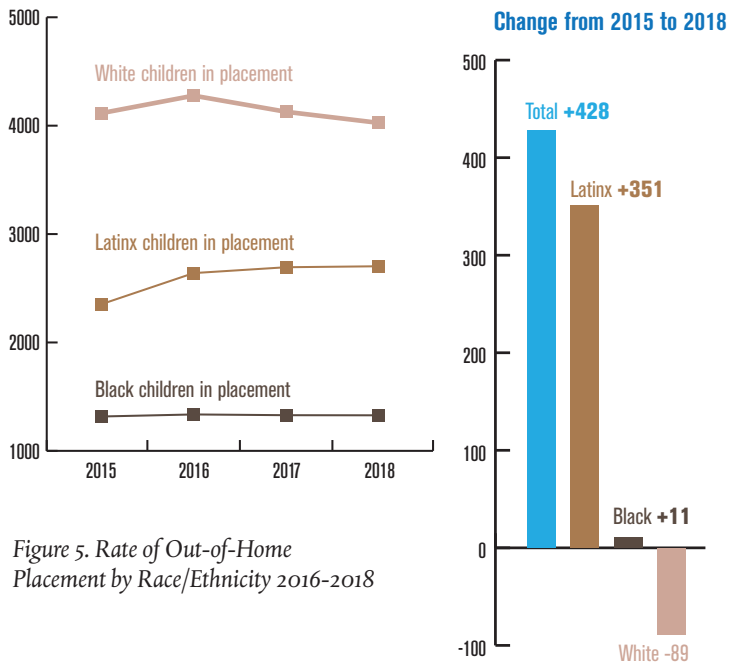


Figure 5. Rate of Out-of-Home Placement by Race/Ethnicity 2016-2018

Continuous time in placement

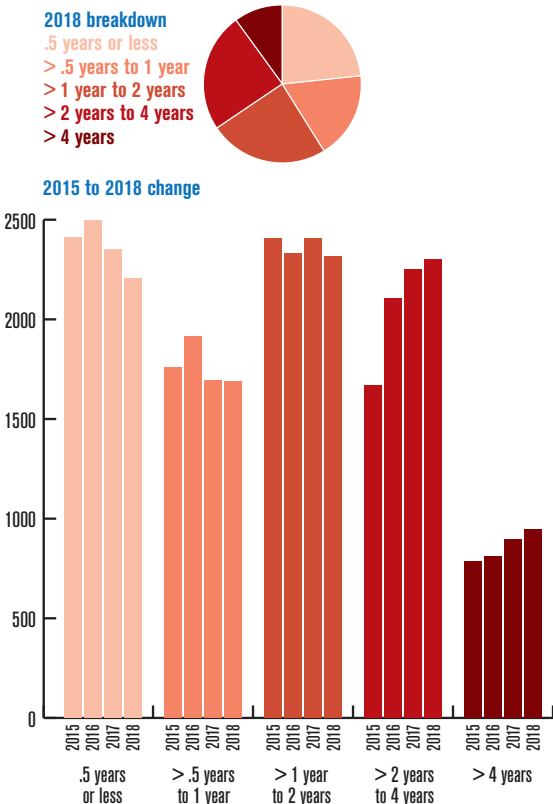


Figure 6. DCF Quarterly Reports, FY2015 Q4, FY2016 Q4, FY2017 Q4, FY2018 Q2.

Placement age groups over time

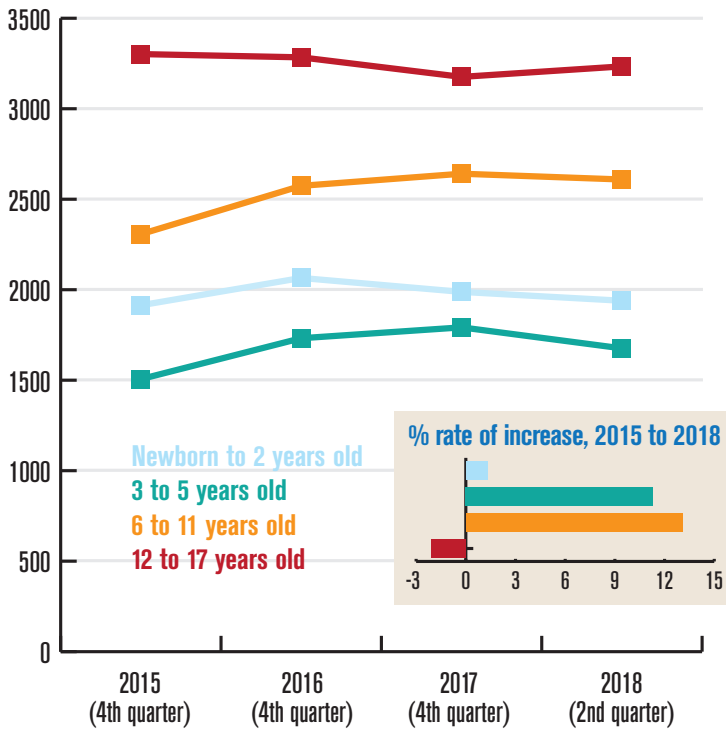


Figure 8. Age of children in placement.