

Commonwealth of Massachusetts



Child and Family Services Plan 2025 – 2029

June 30, 2024



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SECTION D. 2025-2029 CFSP REQUIREMENTS

D1. COLLABORATION AND VISION

State Agency Administering the Programs

The Massachusetts Department of Children and Families (DCF) is the state agency mandated to receive and respond to child abuse and neglect reports, as well as provide an array of services to children and families across the Commonwealth. DCF is charged with protecting children from abuse and neglect and strengthening families. As of March 31, 2024, there are currently 7,274 children in foster care across Massachusetts and 35,631 children in total served by the Department. With the understanding that every child is entitled to a home that is free from abuse and neglect, DCF's vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support the child's growth and development into adulthood.

DCF was created by the Massachusetts Legislature in 1978 and began serving children and families in July 1980. To effectively fulfill its mission on a local, community-based level, DCF is organized into five regional offices: Western, Central, Northern, Southern, and Boston which oversee the day-to-day operations of 29 area offices throughout the state. Leadership and administrative duties for DCF are guided by its Central Office in Boston.

DCF has an operating budget of over \$1 billion and a staff of more than 4,200. Over 3,200 of the staff are direct service personnel including: social workers, social technicians, social worker supervisors, adoption workers, and family resource workers. DCF also employs approximately 175 attorneys/paralegals and 46 foster care reviewers. DCF provides services to over 19,000 families each day. Families come to DCF in one of four ways. First, and most often, is through the filing of a 51A, which is an allegation that a child has been abused or neglected or is at risk of abuse or neglect (94%). Additionally, families can come to DCF as a Child Requiring Assistance (when parents, guardians or school officials ask the court assistance to help supervise a child) or DCF may provide services to families after a court orders a child into DCF custody (5%). Finally, families may request voluntary services (1%).

Vision

All children have the right to grow up in a nurturing home, free from abuse and neglect, with access to food, shelter, clothing, health care, and education.

Mission

The Department of Children and Families strives to protect children from abuse and neglect and, in partnership with families and communities, ensure that children are able to grow and thrive in a safe and nurturing environment. We believe all children have the right to grow up in a home, free from abuse and neglect, with access to food, shelter, clothing, health care, and education. As an organization, we work toward establishing the safety, permanency, and well-being of the Commonwealth's children by:

- providing supports and services to stabilize and preserve families when it is safe to do so;
- providing quality temporary alternative care when necessary to keep children safe from harm;
- working to safely reunify families, when appropriate; and
- when necessary, creating new families through kinship, guardianship, or adoption.

Goals

Work toward establishing the safety, permanency and well-being of the Commonwealth's children by stabilizing and preserving families, providing quality temporary alternative care when necessary, safely reunifying families, and, when necessary and appropriate, creating new families through kinship, guardianship, or adoption.

DCF's Priorities for Creating an Equitable Child Welfare System

DCF recognizes that issues of identity and diversity are central to children's welfare and that, to succeed, any comprehensive plan on identity and diversity must be grounded deeply in our work to protect children and support families. As a result, the agency's diversity vision goes beyond workforce demographics to encompass our connections with families, communities, and providers.

DCF is committed to cultural humility in our work with families. DCF seeks to heighten awareness of racial equity, inclusion and diversity issues in order and create a learning environment that respects and embraces all cultures, races, ethnicities, languages, religions, sexual orientations, gender identities and expressions, and physical abilities.

At the personnel level, DCF is committed to recruit, retain, and advance career opportunities for staff who reflect the diverse populations we serve.

Summary of DCF's Goals and Priorities

- *Continue to increase DCF staff diversity and inclusion at all levels through recruitment, improved retention, and promotional opportunities. Strategies include:*
 - Job fairs and recruitment events geared toward building a candidate pool and supporting the hiring of diverse professionals and managers
 - Training and consultation with DCF's hiring managers on best practices in recruiting, interviewing, and hiring staff
 - Support for more succession planning and promotions for existing, talented, proven and aspiring staff via DEI leadership development training and mentorship programs

- *Ensure the appropriate identification of children and caregivers with disabilities who are served by DCF, as well as continued improvement of individualized service delivery for DCF clients, who are disabled. Strategies include:*
 - DCF first issued a Disability Policy to improve service delivery and intervention for persons with disabilities in January 2022. DCF continues to work with the Department of Justice as well as external stakeholders to incorporate feedback from both entities to strengthen the policy further. In early 2023, an updated Disability Policy was issued that adds specific timelines for certain actions to be taken by DCF and set forth a grievance process for consumers to appeal the denial of a request for accommodation or complaint of discrimination on the basis of a disability. An overview of the updated policy has been provided to clinical and legal management as well as all staff attorneys by the Statewide Disability Coordinator in April 2023.
 - The Department continues to utilize the statewide disability coordinator and regional disability liaisons to enhance the early identification of individuals with a disability and support area office staff in complying with the ADA through consultation with clinical staff and attendance at ADA meetings with clinical staff and DCF consumers.
 - DCF hired its first Director of Disability Services in December 2021 to further enhance the identification of timely and appropriate service delivery to parents and children with disabilities.
 - DCF completed the hiring of all Regional Disabilities Services Specialists who are available to consult with social workers, supervisors, and managers on cases where specialized assessments and/or services may be vital to ensure that the safety, permanency and well-being needs of the child and family are met. The Disability Services Unit (DSU) was fully staffed as of August 2022.

- *Increase the agency's capacity to provide culturally competent care and affirming services to youth and families who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and more identities (LGBTQIA+). Strategies include:*
 - DCF onboarded its first new Director of LGBTQIA+ Services, who officially began with the agency in January 2023. The new Director is spearheading initiatives to support the children and youth in our care and ensuring staff are well-resourced to provide a safe and welcoming environment for gender-expansive youth.
 - Requisitions for three LGBTQIA+ Specialists have been posted and are currently in the recruitment process. These roles will help support the Director and the agency's goals, which include building employee capacity.
 - Ensure that appropriate training and resources are made available to new and existing staff in order to improve awareness of services needs and resources for youth and families who are LGBTQIA+.
 - Expand Area Office level training for staff to develop knowledge and skills needed to talk with youth about gender identity and sexual orientation.
 - Updated and implemented a requirement to complete Sexual Orientation and Gender Identity (SOGI) data fields in the iFamilyNet system to improve the

quality of this data and increase understanding of disproportionality and disparate outcomes for LGBTQIA+ youth.

- At least two LGBTQIA+ liaisons are identified for each DCF Area Office and participate in quarterly LGBTQ Liaison Statewide Meetings, ensuring that ongoing LGBTQIA+ information, training, and resources are disseminated to the local area office.
 - When making policy and practice updates, DCF will continue to embed LGBTQIA+ guidance where relevant. DCF LGBTQIA+ liaisons, service providers and supporters, including the Massachusetts LGBTQIA+ Youth Commission are subject Matter Experts (SMEs) and consulted in policy and practice guidance development as needed.
 - The Department implemented a new policy outlining the Department's values and principles in its work with LGBTQIA+ children and families.
 - The Department will continue outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to LGBTQIA+ adolescents and children. The DCF foster care recruiters, with the assistance of the LGBTQIA+ liaisons, will actively engage the LGBTQ community to strengthen recruitment efforts and generate new approved foster homes for DCF.
 - As the Department re-writes its foster parent training curriculum, the Massachusetts Approach to Partnership in Parenting (MAPP), DCF will work with LGBTQIA+ Liaisons to ensure that it reflects DCF's commitment to providing culturally competent care to LGBTQIA+ youth and that foster parents are aware of the specialized needs.
 - DCF will offer additional training opportunities to expand foster parents' capacity to care for LGBTQIA+ youth.
 - DCF's new congregate care network will offer specialized and supportive residential services that include clinical services tailored to the needs of LGBTQIA+ children and youth. In DCF's congregate care network, there are three specialized programs delivering services tailored for children and adolescents who are LGBTQIA+. Two of the programs offer 12 beds and the third program offers 9 beds, for a total of 33 beds
- *Continue to reduce disparities in outcomes for children and families of color involved with DCF. Strategies include:*
 - Child Welfare Institute (CWI), DCF's training institute, in collaboration with DCF's Racial Equity and Inclusion (REI) Work Group, will offer a robust menu of training and resources that focus on diversity, equity, and inclusion. This includes a partnership with Salem State University School of Social Work to deliver a year-long post MSW Certificate program on Equity Minded practice for DCF supervisors and managers, as well as a specialized training series for senior leadership in Culturally Responsive Leadership in Child Welfare.
 - DCF's Racial Equity and Inclusion Work Group and the DCF policy team have continued their efforts to develop, implement and refine a structured process to examine and shape current, pending and new policies, using a racial equity lens, and to perform a racial impact analysis on any new policy prior to it taking effect.

Having already tested and practiced this new structured approach in the review of multiple existing policies; DCF recently applied its new review process to a policy that was currently under development.

- CWI will continue to incorporate Racial Equity Inclusion (REI) training into new social worker training.
- REI Work Group will continue to update and enhance DCF's intranet page to provide resources and tools that support the education of staff on REI and the implementation of best practices in their work with families, staff, and stakeholders.
- The REI Work Group researched, drafted, and disseminated to all staff Volume's I and II of its *Call-to-Action* document, DCF's new seasonal newsletter dedicated to racial equity and inclusion within our agency and our work.
- The Department published and distributed the publication, *Me, Naturally - How to Care for My Hair and Skin - A Guide for the Hair and Skin Care of DCF Foster Children of Color*. Staff also collaborated with the Massachusetts Wonderfund, a local non-profit organization, to secure donors and provide hair and skin care products for children in foster care.
- The Department will continue to prioritize the completion of demographic screens to help DCF identify disproportionality and mitigate disparate outcomes for children and youth of color.
- The Department will ensure that DCF regions develop and/or maintain employee resource groups (ERG) that focus on matters of racial equity and inclusion; support the sharing of REI resources and training with staff; and partner with office leadership to develop REI priorities and goals, as detailed in an annual Diversity Action Plan.
- As the Department rewrites its MAPP training curriculum, language and documents will reflect DCF's vision that all foster parents are trained in cultural humility and can demonstrate an awareness and openness to youth from various cultural, ethnic, and religious backgrounds.
- Employee resource groups, contracted providers, and Family Advisory Committee (FAC) members, among others, will serve as SMEs and be consulted in any policy and practice development as needed.
- The Department will engage one or more diversity consultants to build capacity/readiness among agency leaders and to support policy/practice development that advances racial equity more systematically and strategically within the Department.
- The Department continues its outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to children and adolescents of color. The DCF recruiters, with the assistance of members of REI-focused ERGs, will actively engage with diverse communities to strengthen recruitment efforts and generate new approved foster homes for DCF.
- DCF has continued in its collaboration with neighboring New England states that are also engaged in racial equity and social justice work. Efforts in the *New England States Racial Equity Work Group* have recently focused on reducing/eliminating racial disparities at the front door of the child welfare system

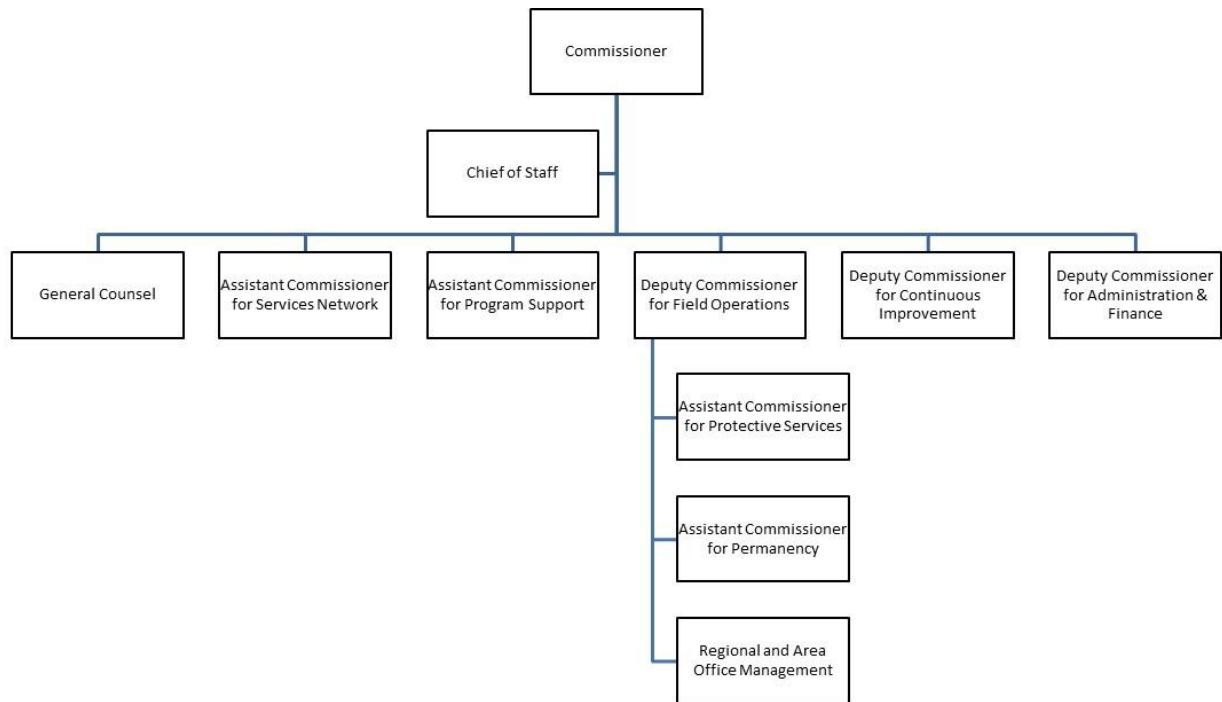
- and exploring prevention strategies to decrease child welfare involvement with families, whenever possible, while still maintaining child safety.
- Continue to analyze DCF demographic data at key points during the life of a case to examine racial/ethnic disparities and study potential root causes in order to address issues through modification of policy, practice and/or training.

Organizational Structure

DCF is the designated state agency responsible for the administration of all programs under titles IV-B, IV-E, and XX of the Social Security Act (45 CFR 1357.15(e)(1) and (2)). The organizational units responsible for overseeing these programs include:

- The Division for Field Operations, led by the Deputy Commissioner for Field Operations, which oversees the Title IV-B, Title IV-E, and Title XX programs.
- The Services Network Unit, led by the Assistant Commissioner for Services Network, which oversees our provider network and implementation of the Families First Act.
- The Program Support Unit, led by the Assistant Commissioner for Program Support, which oversees programmatic support services to field operations.
- The Continuous Quality Improvement Unit, led by the Deputy Commissioner for Continuous Quality, which oversees statistical/outcomes reporting.
- The Division for Administration and Finance, led by the Deputy Commissioner for Administration and Finance, which provides financial reporting support for the programs.
- The Office of General Counsel, led by the General Counsel, which oversees required state plans and provides legal support for the programs

The organization chart below shows these organizational units and where they sit within the Department:



More information about DCF may be obtained by visiting: <http://www.mass.gov/dcf>

DCF Contact for CFSP:

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The FFY 2025 – 2029 CFSP will be posted upon approval on the DCF website:
www.mass.gov/dcf.

Collaboration

Collaboration will continue to be a cornerstone of the Department's Agency Improvement activities, which are intended to achieve the following Vision Statement:

"All children have the right to grow up in a nurturing home, free from abuse and neglect, with access to food, shelter, clothing, health care and education."

The Department of Children and Families (DCF) will continue to engage in substantial, ongoing, and meaningful collaboration to keep children safe, achieve permanency, and nurture healthy families and supportive communities. Collaboration with internal and external partners will drive the implementation of the 2025-2029 Plan, and future Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs).

The Department will continue to work with a full array of partners including youth and families, community stakeholders and providers, advocates and related organizations, along with state and federal agencies. While DCF's collaboration has always been strong, the Department is placing greater emphasis on engaging people with lived experience, as well as service delivery and community partners to deepen the work and gain needed perspective. The Department's collaboration is intended to solve problems and build community and service system capacity to meet the needs of children, youth, and families through practice, policy, and systemic reform.

The partnership of DCF staff at all levels is vital in Agency Improvement efforts and in the 2025-2029 CFSP activities. Social Workers and Supervisors will play a fundamental role in identifying areas for practice improvements and developing, testing, and implementing strategies for solving practice problems. Staff will continue to meet with agency leadership and participate in surveys, focus groups, pilot projects, policy reforms, and the Data Fellows Program to ensure that the Department continues to improve its protection of children and support of families. The Department will continue to strengthen the participation of field staff including program and clinical managers who provide input, lead problem solving activities, and participate in continuous quality improvement efforts and on Agency Improvement Leadership Teams. Of particular importance are the voices of staff advising the Policy Unit aligning DCF policy with best practices concerning racial, ethnic, and LGBTQIATS+ diversity, equity, inclusion, and access.

2025-2029 CFSP Collaboration

Collaboration with children and families who receive services from the Department will remain a high priority. The DCF Family Advisory Council (FAC), which includes biological parents, foster, adoptive, and kinship parents, and young adult alumni, will continue to provide input. Representatives of the FAC will be active participants in the monthly Statewide Managers' meetings, a forum for communication, learning, planning, and discussion of agency performance and improvement.

Like the frontline staff, foster and adoptive parents, and kinship caregivers are critical partners in providing for the needs of children who cannot be served safely at home. The Department will

continue several initiatives designed to strengthen collaboration with family caregivers. The Department will continue to enhance the FosterMA Connect Intranet portal, where all caregivers (foster, pre-adoptive, and kinship) can find information, forms, news, listings of trainings and support groups, guidance, policies, and translated documents. The Department plans to increase availability of online training for caregivers, including parts of the new MAPP (Massachusetts Approach to Partnerships in Parenting) rolling out in FFY2025. The Department will continue to host periodic Foster Parent Forums that allow caregivers to meet with the Commissioner, area office, and regional leadership and staff. DCF will continue collaborating with foster parent liaisons and foster parent groups to provide local support and expand the training topics available to caregivers.

The DCF Youth Advisory Council and the Statewide Advisory Committee will continue to be essential collaborators. The Statewide Advisory Committee comprises community partners, providers, advocates, and sister state agencies. In addition, each DCF Area Board office is represented in the group. Each DCF Area Board includes parents, foster parents, youth, community service providers, and other community leaders. Together, they will provide critical community input in the Department's planning and casework practice. Through the Area Boards, families, community members, and the Department will work together on community-specific issues and bring the community's voice to the local and statewide activities.

The Department will also engage the courts, local school systems, and other state agencies to address the needs of children and families involved with DCF. Further, the Department will engage in dialogue with the Aquinnah and Mashpee Wampanoag Tribes to recruit foster parents and coordinate service delivery to tribal children and families. The Department's legal unit will engage in discussions with the Tribes about the collaborative work with the Tribal Court in child welfare cases.

DCF is committed to continuing to partner with the Stakeholder Engagement Committee. In planning for Child and Family Services Review (CFSR) Round 4, MA DCF convened the CFSR4 Stakeholder Engagement Committee in 2022, comprising representatives of state agencies, legal and judicial communities, MA Tribes, foster parents, members of the Family Advisory Council (FAC), young adults with lived experience, and key DCF staff.

Organizational Collaborators

The Department's organizational partners are a variety of agencies and organizations that will continue to engage with DCF on initiatives designed to protect children and strengthen families including:

- Administrative Office of the Juvenile Court
- Administrative Office of the Trial Court
- Association of Behavioral Health Care
- Capacity Building Center for States
- Casey Family Programs
- Center for Adoption Support and Education (CASE)
- Children and Family Law Project

- Children's League of Massachusetts
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- Community Legal Aid
- MA Department of Children and Families Family Advisory Counsel
- MA Department of Children and Families Youth Advisory Council
- MA Department of Developmental Disabilities
- MA Department of Early Education and Care
- MA Department of Elementary and Secondary Education
- MA Department of Mental Health
- MA Department of Public Health
- MA Department of Revenue
- MA Department of Transitional Assistance
- MA Department of Youth Services
- Evident Change (formerly the National Council on Crime and Delinquency and Children's Research Center)
- Executive Office of Health and Human Services
- Executive Office of Housing and Livable Communities (EOHLC - formerly DHCD)
- Family Nurturing Center
- Fidelity Investments
- Jane Doe, Inc.
- Justice Resource Institute
- Massachusetts Adoption Resource Exchange
- Massachusetts Alliance for Families
- Massachusetts Association of Private Schools
- Massachusetts Chapter of the American Academy of Pediatrics
- MA Chapter- NASW
- Massachusetts Citizens for Children
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Commission on LGBTQ Youth
- Massachusetts Council of Human Service Providers
- Massachusetts Network for Foster Alumni
- Massachusetts Council of Human Service Providers
- Massachusetts Society for the Prevention of Cruelty to Children
- MassHealth
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- North American Council on Adoptable Children
- Office of the Child Advocate
- Quality Improvement Center on Domestic Violence in Child Welfare
- Parent Professional Advisory League
- Providers' Council
- Rosie's Place
- Social Security Administration

- The Children's League of Massachusetts
- The Parents Helping Parents
- United Way
- University of Massachusetts Medical Center
- Wayside

Administrative Office of the Juvenile Court

As part of the 2025-2029 CFSP, the Department will continue to work closely with the Juvenile Court in several areas: the continued launch of Family Treatment Court sessions, implementing the recommendations of the Office of the Trial Court permanency work group, and implementation of initiatives developed as a result of the Round 4 CFSR.

In January 2022, the Massachusetts Trial Court/Juvenile Court Department was awarded a Federal Grant of \$1.5 million dollars for a Family Drug Court Program awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). This project is led by the Juvenile Court and supported by leadership from DCF, Massachusetts Probation Service, DPH, DMH and others. The three-year funding is designed to support a statewide needs assessment and a total of 8 dedicated family treatment court sessions.

The original family treatment court session located in Berkshire County in the Franklin Probate and Family Court, has received over 100 referrals. The average time to reunification of children whose recovering parent participated in the program is 18 months.

During SFY 2023, DCF participated in the development of the FTC Operational Manual and Manual for Parents in conjunction with CPCS and the Court, which represents an agreed upon protocol to be used in the Family Treatment Court sessions. In December 2023, the first session of the FTC launched in the Hampshire/Franklin County Juvenile Court. On March 13, 2024, a statewide kick-off of the Family Treatment Court occurred, where DCF, CPCS, members of the Court as well as key stakeholders in the child welfare system held a working lunch facilitated by Children and Family Futures to brainstorm how the FTC system can be utilized by all parties. The following day, over 100 DCF staff comprised of legal managers, clinical managers and supervisors, and members of the substance use unit attended an all-day interactive training, also facilitated by the Children and Family Futures Group, to orient DCF staff to the FTC model. It is anticipated that two additional FTC sessions are due to launch in SFY 2024, and DCF will work closely with the Court to expose DCF staff to the FTC model through trainings and regular meetings with Regional and Area Office staff as each session is launched.

In conjunction with the Round 4 Child and Family Services Review (CFSR) the Department has identified several initiatives to address some of the systemic factors measured in the Case Review section of the CFSR. The Juvenile Court has begun providing two reports to the Department on a regular basis: a permanency hearing report which lists four months of permanency hearings scheduled and a report which lists all defense counsel appointed to each Care and Protection proceeding, provided quarterly. The data on each of these reports can then be matched with the data in the iFamilyNet system legal screens. With more accurate data regarding hearing dates and attorneys assigned, DCF will be able to ensure that permanency

hearing reports are filed timely with both the Court and the assigned attorneys, with the goal being to decrease the number of continuances that result when a report is not timely filed. A second initiative involves the automated generation of a Notice of Intent, when a child in DCF custody has a change in goal to adoption. When the goal is changed, a notice will be automatically generated and sent out to the attorneys of record for the parents and children as well as to the Court, to provide greater level of transparency to both the Judiciary and the legal representatives for parents and children when the Department has made the decision to proceed with the termination of parental rights, as well as to ensure compliance with the Federal Adoption and Safe Families Act.

Finally, a third initiative will involve increasing the number of adolescent youths who attend their annual permanency hearings (29B hearings) in the juvenile court.

Administrative Office of the Trial Court

On or about June 2022, the then-Chief Justice of the Trial Court, Jeffrey A. Locke, convened the Massachusetts Trial Court Permanency Core Working Group (“Core Group”). This group was comprised of the Chief Justice of the Juvenile Court Department, the Secretary for the Executive Office of Health and Human Services (“EOHHS”), the Commissioner of the Department of Children and Families (“DCF”), the Chief Counsel of the Committee for Public Counsel Services (“CPCS”), and the Director of the Office of Child Advocate (“OCA”). The purpose of the Working Group was to focus on permanent placement policies for children involved in the Juvenile Court system and in the legal and/or physical custody of the Department of Children and Families (“DCF”). Each member of the Core Group then selected three representatives selected from their organizations to staff Massachusetts Trial Court Permanency Working Group (“Working Group”), except for the OCA who chose to attend both Group meetings with several of her staff members. The convening of this Group was in response to a May 2022 report by the OCA, which included findings and recommendations, following a multi-system investigation into the case of Harmony Montgomery, who was declared missing by the New Hampshire authorities in December 2021 (the “OCA Report”).

The Core Group first met on July 14, 2022. Throughout SFY2023, the Working Group met 9 times and developed a set of recommendations related to reaching the goal of legal permanency in a timely manner and addressing the barriers that lead to delay. On December 21, 2023, the leadership of the Core Group changed from Chief Justice Locke to Chief Justice Heidi Brieger, due to the statutorily mandated judicial retirement of Chief Justice Locke.

The Core Group reconvened in February 2024 to review and discuss the Working Group’s recommendations and develop a plan for implementation, assigning responsibility for each task. The Core Group has been meeting regularly to review progress on the action items associated with each recommendation. Recommendations include: revamping the court investigator application process to attract more court investigators to do the work as well as retraining of court investigators, developing uniform scheduling orders to increase adherence to the Juvenile Court time standards, implementation of efilings throughout the Juvenile Court system, development of a standing order to establish a uniform adoption packet, a commitment to the timely filing of permanency hearing reports, notification to child’s attorney when their placement

changes as well as exploration of a system to notify the Court, probation officers and parents' attorneys when a child's placement changes, reviewing and revising the Juvenile Court Rule regarding the filing of birth certificates, and trainings for all attorneys as it relates to these changes.

Community Legal Aid

The Family Stabilization Project (FSP) administered by Community Legal Aid (CLA) of Central and Western MA is a pre-petition program designed to limit a family's involvement with DCF as well as to close the family's case expediently, through the use of an interdisciplinary team consisting of an attorney, social worker and parent advocate. This team assists in removing legal barriers that may prolong DCF's involvement, coaches a parent in their interactions with DCF, and makes zealous efforts to connect parents to services in their community. CLA began accepting referrals in December 2021. Since that time, the DCF Western Legal Office has referred fifty percent of the cases received by CLA, consisting of families with open DCF cases out of the Springfield, Van Wart or Holyoke DCF Area Offices. Over the past two and half years, close to 100 cases have been handled by CLA, and only two Care and Protection Petitions have been filed. As a result of the success of this pre-petition project, FSP is in the process of expanding the program to the Central Region of Massachusetts, and DCF will continue to refer families to both sites.

Department of Youth Services (DYS)/Juvenile Detention Alternative Initiative

The Department will continue to participate in the Juvenile Detention Alternatives Initiative (JDAI) sponsored by the Department of Youth Services (DYS) during this CFSP cycle. The Department has a staff member who is a member of the JDAI Governance Committee and the Statewide Special Populations Subcommittee (formerly the Dually Involved Youth Subcommittee). The Governance Committee meets every two months to address governance of the JDAI. The Special Populations Subcommittee meets monthly. The subcommittee includes individuals from DCF, DHS, the Juvenile Court Clinic overseen by DMH, Massachusetts Probation Service, EHS Division of Children Youth and Families, the Youth Advocacy Division of the Committee for Public Counsel Services, and the Bureau of Substance Abuse Services overseen by DPH. At present this subcommittee is working on creating a data match that will allow DHS to do some meaningful research on youth who are in the custody of DCF and are either detained by or committed to DHS. DHS had started some preliminary research on this area, however the data sets are in need of refinement in order to draw meaningful conclusions. DCF is in the process of securing approval for a data sharing project that is properly scoped to include data that could help DHS in its research initiatives. In the longer term, DHS is hopeful that it can use this data to prepare educational tools for courts, attorneys and social workers. DCF will help DHS with the creation of these materials by providing feedback and comments during the drafting phase. DCF will also help with distribution of materials to its attorneys and sharing information with the courts where it practices.

State Level Collaboration

Collaboration to refine policies, practices, and engagement in system level conversation with state agency partners will include: The Courts, Juvenile Probation Department, Department of Elementary and Secondary Education (DESE), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Developmental Services (DDS), Department of Public Health (DPH) and the Executive Office of Health and Human Services (EOHHS).

The Department of Elementary and Secondary Education (DESE) was awarded a federal grant that helps explore best practices to engage families within the school system. DCF continues to participate in the initial design of the Family Engagement Framework and provides invaluable feedback on how school and child welfare family engagement is a mutual process that supports families through a continuum of care. The Department will continue to work with DESE and local school systems to assist local school districts and DCF Area Offices as they further refine guidance and strengthen collaboration regarding best interest determinations related to the Every Child Succeeds Act of 2015, which prioritizes the enrollment for foster children in their home school and the related process for transportation decision-making.

In SFY2023, DCF and DESE modified its Memorandum of Understanding to allow DCF to receive student data from DESE's Early Warning Indicator System (EWIS) from the most recent data report issued to school districts for children 14 and older in DCF custody. The EWIS data allows DCF to target children at risk of not graduating high school so that the Department's educational specialists can provide focused intervention to change the child's academic trajectory. DCF and DESE will continue collaborating to use this essential new process to identify youth before withdrawal from school.

In SFY 2024, the Department contributed financial support to the Massachusetts Executive Office of Education's interagency initiative to review various regulations, policies, and procedures affecting residential schools. Given that multiple state agencies (e.g., Department of Elementary and Secondary Education, Department of Early Education and Care, Department of Public Health, Department of Mental Health, Department of Children and Families) interact with residential schools in roles involving different forms of oversight and approval (e.g., certifying, licensing, and contracting), the Executive Office of Education is securing the services of an external consultant to review the regulatory and policy environment and to develop recommendations. In addition to providing financial support, the Department will review the consultant's report, which is anticipated in mid-2024, and participate in discussions led by the Executive Office of Education focused on supporting and improving the quality of education and care provided by residential schools in the Commonwealth.

The Department intends to continue its strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives, including The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF-funded programs, including the Family Resource Centers (FRCs) and Community Connection Coalitions, collaborate locally with home-visiting agencies within their communities. Additionally, DCF staff contributes to

overall program development, attends quarterly meetings, and provides technical assistance by sharing information on current programs and policies that align with DPH policies on related topics. In addition, the Department plans to continue collaborating on initiatives that relate to the prevention of child abuse and neglect, safe sleep, shaken baby syndrome, substance misuse, and other child protective/family support issues.

The Department works in close collaboration with key state and local stakeholders. The Substance Use Unit Director and staff are in consistent communications with the Department of Public Health/Bureau of Substance Addiction Services (BSAS) to ensure coordinated service delivery across all systems of care. A priority for Plan of Safe Care implementation is the outreach to our regional and statewide partners that serve pregnant and postpartum mothers and their infants. The goal of these connections is to increase the collaboration on behalf of families; provide cross system training and to educate providers on the benefits of Plan of Safe Care as a tool. These providers include the BSAS Regional Managers; birthing hospitals; Early Intervention providers; substance use treatment providers, including Medication Assisted Treatment providers; family residential programs; OBGYN practices; Pregnant and Postpartum Grant Programs.

- DCF is an active partner and participant in the planning and roll out of statewide family treatment courts (FTC). A significant clinical component is considering the needs of families in the perinatal period to ensure timely access to treatment and services to prevent a disruption in custody and/or timely reunification. DCF substance use coordinators are an integral part of the FTC local operational team.

In addition, the Department will continue to work closely with the Department of Public Health to ensure that DCF's policies and procedures regarding COVID-19, testing, vaccination, treatment, isolation, and quarantine align with DPH guidance and with the approaches of sister agencies.

DCF will continue to work collaboratively with the Department of Public Health to allow DCF to issue certified copies of birth certificates as a designee of DPH's Registry of Vital Records and Statistics (RVRS) for children that are the subject of a Care and Protection, Guardianship or Adoption Petition for filing with the Juvenile Court, as well as to provide a birth certificate to young adults transitioning out of DCF. In SFY 2023, executed a Memorandum of Agreement with DPH. This allows DCF to obtain and file birth certificates for children born in Massachusetts in a timely manner and remove a potential barrier to permanency when birth certificates are not filed timely with the Court. DCF has identified individuals to be trained on the RVRS system and began piloting the program in SFY2024 in the Boston Region. In April 2024, the pilot expanded to the Western Region, and in May 2024 a third site was approved in the Central Region.

The Department will continue to work closely with the Department of Revenue (DOR) Child Support Enforcement Division when DCF identifies a child whose parentage is in question. A Complaint to Establish Parentage can be filed in either Juvenile Court or the Probate and Family Court. During the CFSP period, DCF and DOR developed an electronic referral system which allows DCF to request DOR to file a Complaint to Establish parentage on behalf of a child in

DCF custody or to assist with Genetic Marker Testing when Complaint is filed in Juvenile Court. During FFY 2023, DCF conducted training on establishing parentage for its staff attorneys, including panelists from DOR, who discussed the electronic referral system and the Complaint process in Probate and Family Court. Staff from DCF and DOR will continue to meet monthly to troubleshoot any issues with the electronic referral system and discuss case-specific matters.

The Department will continue to work with the Department of Early Education and Care (EEC) to ensure that short term childcare is immediately available for children entering DCF care. This model is designed to ensure that children can set new supportive care routines that will aid in their adjustment to placement.

Promoting Safe and Stable Families Community Collaboration

The Department of Children and Families plans to continue partnering with key organizations that bring community leaders, residents, and governmental entities together to better align effective, collective responses with the primary goal of preventing child abuse and neglect. Engaging in inter-agency collaboration helps to address gaps in available resources while increasing opportunities for staff to become familiar with and knowledgeable about other system resources. The Department has established ongoing relationships with children and youth public serving agencies listed below that promote racially equitable, evidence-based, data-informed, family-engaged services and programs.

- Family Nurturing Centers (FNC) – The agency provides a statewide network of skill building curriculum that supports fatherhood engagement.
- Family Resource Centers (FRC) – provides services and support to families in partnership with Community Connections Coalitions
- Worcester State University’s Translation Center- offers affordable translation services to community members.
- Children’s Trust- provides parent education programs and is the MA CBCAP designee
- Essential for Childhood- provides support to low-moderate income working families
- Police Departments – provide arts and music for children in various underserved communities.
- Grandparent’s Raising Grandchildren Commission (GRG) – provides support groups for grandparents and caregivers.

Foster Care Support and Recruitment Collaboration

The Department will continue using a listserv for foster parents to support the need to provide timely information about payment, foster parent supports, and community opportunities for youth including recreation memberships, fun outings, and after-school activities. DCF will also continue to expand and enhance the information available on *Foster MA Connect*, the Department’s social Internet portal for foster, pre-adoptive, and kinship parents. The Department will track the use of Foster MA Connect by MA caregivers. It will work to increase the number of families engaging with this valuable source of information and support.

In addition, the Department will continue the following collaborations to recruit foster and adoptive parents to support family caregivers and support the stability and permanency needs of children.

- Massachusetts Adoption Resource Exchange (MARE) continues to coordinate efforts in the recruitment of child-specific adoptive families. All children with a goal of adoption are listed on the MARE website.
- Jordan's Furniture: public/private partnership that focuses on the recruitment of adoptive homes. This partnership began more than 15 years ago.
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC) Kid's Net Program: a foster/pre-adoptive family support services contract which provides training, emergency childcare, respite, and annual training conferences.
- DCF will collaborate with Fostering Hope and The Forgotten Initiative to provide support, training, and recruit new foster families. Both are faith-based organizations working in partnership with DCF. In addition, we will further develop our new connection with Second Nurture, a national organization new to Massachusetts that works to recruit and support foster parents.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- The Department will continue to collaborate with Children's Hospital regarding the recruitment of foster families. We will include current foster families to share their experiences and highlight the need for all foster parents and especially those who can work with children who have medical needs.
- Foster Parent Recruitment Ambassadors, current foster parents selected by their area offices to represent DCF, will continue to attend recruitment events and assist regional recruiters with the planning and selection of events.
- Community-based recruitment events will continue to be held in each Region in support of the Department's Foster MA campaign. All DCF Area Offices participate in events that are advertised statewide.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes.
- DCF will continue to partner with Solomon, McCown, and Cence, a Boston-based marketing and communications firm that provides creative and strategic support for the Department's statewide foster parent recruitment campaign, Foster MA. During its 4-year history, the campaign has reached millions through online and television advertising, driving traffic to the foster care recruitment website.

Adoption Promotion

The Department will collaborate with a various organizations and community providers to increase the availability of high-quality training for DCF staff, contracted vendors, and foster, adoptive, and kinship families with a focus on increasing timely permanency for children.

- National Training Initiative: 20-hour interactive, web-based, permanency curriculum for child welfare workers; 25-hour interactive, web-based, curriculum for child welfare

supervisors and managers; now available to all DCF staff through Center for Adoption Support and Education (CASE) and University of Maryland portal. NTI is available through MassAchieve, and all DCF staff are encouraged to enroll in this free training program. DCF will collaborate with CASE to provide coaching to staff as they progress through the training modules.

- Parent Leadership Training: DCF will collaborate with Families Rising (formerly North American Council on Adoptable Children (NACAC) to continue presenting parent leadership training to foster/adoptive parents and staff who lead or are planning to lead foster/adoptive parent support groups.

Support and Stabilization Services – Prevention and Intervention

The Department's Support & Stabilization (S&S) procurement provides an array of services specifically for children and families on the Department's formal caseload, which means there has been an incident of abuse or neglect that has been supported or has a finding of substantiated concern following an investigation. The current S&S procurement, which was issued June 1, 2006, establishes contracts with more than 100 community-based providers across the Commonwealth. A Procurement Management Team, which included representation from all five of the Department's Regions, developed an updated framework for support and stabilization services and created a Support & Stabilization request for responses (RFR). The Department sought review and input on the S&S RFR from the Massachusetts Office of the Child Advocate as well as from the Executive Office of Health and Human Services.

After the Executive Office of Health and Human Services (EOHHS) conducts a public hearing on the rate regulation for the new set of services, and then posts the rates online, the Department will issue the RFR, evaluate responses, and award contracts to selected providers. The new Support & Stabilization RFR will include requests for bids for the evidence-based practices included in the Department's Title IV-E Prevention Plan, which was approved in December 2022.

S&S expenditures are funded by state dollars allocated to the Department and are used flexibly to provide support to families and children at different points in the life of a case. S&S services can be provided to intact families to prevent out-of-home placements, to kinship, foster and adoptive families to promote stability, or to support families and youth who are reunifying after a foster placement.

Permanency Related Collaboration

In collaboration with Casey Family Programs, the Department is continuing the rollout of Permanency Roundtables (PRTs) to additional Area Offices. In 2019, five Area Office completed training and began PRTs for 15-year-old youth with a goal of adoption but without a match with a prospective adoptive family. Five Area Offices were scheduled to complete training in March 2020; however, the training was postponed due to COVID-19. DCF and Casey Family Programs developed a virtual PRT training for five additional Area Offices in 2021. The newly hired Permanency Specialists attended a Permanency Roundtable Training in May 2023 and are now primarily responsible for overseeing PRT implementation. In FFY2024, five additional

Area Offices were trained, and refresher training has been offered to offices that experienced staff turnover. 15 Area Offices now have functioning Permanency Roundtable teams. DCF plans to train the remaining Area Offices by the end of the calendar year.

In collaboration with the Center for Adoption Support and Education (CASE) and the University of Maryland, the Department has launched training for staff through the National Adoption Competency Mental Health Training Initiative (NTI). The Department's Agency Improvement Leadership Team (AILT) Permanency Team began training in the eight child welfare modules at the beginning of 2020. Child Welfare Institute (CWI) staff development personnel, adoption and foster care staff at the Central Office, and selected Managers and legal staff have also begun the training modules, which were added to our MassAchieve training platform in FFY 2024. This collaboration will assist all department staff in becoming more conversant and skilled in best practices for advancing permanency and well-being for children and families.

Massachusetts Behavioral Health Roadmap Collaboration

In FFY 2025-2029, the Department will continue participating as a member of the interagency work group established by the Secretary of Health and Human Services in 2018 to re-imagine behavioral health services. This increased access is expected to benefit children and families involved with the Department, most insured by MassHealth (Medicaid).

The new Behavioral Health Helpline launched in January 2023. It is a free, confidential resource available 24/7 and assists regardless of health insurance coverage. Helpline services are available to speakers of more than 200 languages and individuals who are deaf or hard of hearing. By calling the Helpline, Massachusetts citizens are connected with a trained responder who screens the caller's needs and connects the caller with a qualified professional who can provide mental health assessments, behavioral health crisis services, and substance use treatment. Behavioral Health Helpline staff remain on the line until a caller is connected to the next needed service.

In addition to the Helpline, the rollout of the Behavioral Health Roadmap services includes a new configuration across the Commonwealth of Community Behavioral Health Centers and Urgent Behavioral Health Centers, which function like urgent care sites for physical health but instead respond to needs for assistance with behavioral health crises. Mobile units for responding to urgent behavioral health needs have been part of the mental health service array for many years. Under the new Behavioral Health Roadmap, the mobile crisis units are now managed by the Community Behavioral Health Centers to promote the availability of an integrated behavioral health system.

Both the Department of Mental Health and the private Massachusetts Behavioral Health Partnership (MBHP), which obtained the contract for managing many aspects of the Behavioral Health Roadmap offer presentations about the new services. The Department will continue to arrange these presentations at all levels of the agency – and throughout the contracted provider community – to promote understanding of the new services that can assist children and families served by the Department.

In recent discussions with MassHealth, the Commonwealth’s Medicaid agency, the Department and MassHealth determined that designating a DCF Liaison at each of the Community Behavioral Health Centers will enhance opportunities for children and families served by the Department to access and benefit from behavioral health and substance use services available through the Roadmap. Throughout 2024 and into the future, the Department will collaborate with MassHealth and participate in initiatives focused on understanding how well the Behavioral Health Roadmap Reform is performing relative to the goal of ensuring access to mental health and substance use care for Massachusetts citizens.

Executive Office of Health and Human Services Focus on Youth with Complex Physical and Behavioral Health Challenges

In the first quarter of 2024, the Massachusetts Secretary of Health and Human Services convened a strategic implementation team to focus on youth involved with any state agency who, due to their complex physical and behavioral health challenges, become “stuck” in hospital settings beyond their need for hospital-level care. The Department has two seats on this implementation team, which are filled by the Department’s Medical Director and Director of Disability Services. Going forward, the Department will implement any DCF-specific tasks that are assigned as a follow-up to the strategic implementation team’s research and planning.

Capacity Building Center for States Collaboration

DCF will continue collaborating with the Capacity Building Center for States to refine and implement the Practice Profile. In December 2022, through its Agency Improvement Leadership Team (AILT), MA DCF partnered with the Capacity Building Center for States (the Center) to test the efficacy of the Center’s Change and Implementation framework within the MA DCF Agile/Scrum methodology. In 2023, this collaboration led to an effort to improve family engagement during the Initial Family Assessment and Action Planning (FAAP) process. A theory of change was developed that identified the need for clear and standard practice behaviors associated with parent engagement during the Initial FAAP. As a result, a Parent Engagement Practice Profile was developed by the AILT in partnership with persons with lived experience and DCF field staff (i.e., social workers, supervisors, managers, and leadership). The Parent Engagement Practice Profile identified the following three core components:

- Parent, Caregiver, and Family Voice
- Authenticity and Transparency
- Partnership

The Parent Engagement Practice Profile identifies core activities. It specifies observable and measurable staff behaviors to equip social workers with the skillset necessary to engage parents and families meaningfully and effectively. Further, the Parent Engagement Practice Profile reinforces the importance of effective engagement and how it is a core component of successful assessment and action planning (FAAP), as well as its long-term impact on positive child and family outcomes. The Parent Engagement Practice Profile also serves to enhance communication and facilitation skills, increasing staff skillset for addressing potential resistance, ambivalence, and discomfort. The Parent Engagement Practice Profile highlights and reinforces the need for

the FAAP to be jointly developed with families. The Parent Engagement Practice Profile is expected to support child safety, permanency, and well-being and is designed to be continuously reviewed, tested, revised, and refined as needed.

Social Security Administration (SSA) Child Benefits Collaboration

The Department of Children and Families serves as the representative payee for children in care receiving Supplemental Security Income (SSI) and Retirement, Survivors, and Disability Insurance (RSDI) social security benefits. Based on the latest DCF Consumer Balance Report run on 5/10/2024, DCF managed benefits for approximately 375 SSI recipients and 359 RSDI recipients. Each child has a personal needs allowance (PNA) account where funds are set aside for them to access for the purchase of goods and services. Each of the 29 DCF area offices has a designated SSI/RSDI liaison to provide information to the caseworkers on how to access and maintain SSA child benefits. DCF central staff (CFO, Director of Federal Relations, Deputy General Counsel) and the Revenue Management Unit have quarterly meetings with the Area Administrative Manager (AAM) and liaisons. The purpose of these meetings is to provide updates, guidance and trainings, best practices, and share metrics on PNA account balances and spending by area offices. The Department will also work collaboratively with SSA and other state agencies, such as the Department of Developmental Disabilities (DDS) to close PNA accounts and support the transition to new representative payees for children and families no longer involved with DCF. This also includes helping young adults over 18 under a voluntary placement agreement become their own Representative Payees.

The Department will provide ongoing training for social workers around SSA benefits. Regarding the social workers knowing the monthly benefit amount, social workers can only access that information when an SSA application has been filed, and representative payee status has been granted to the Department from the SSA. Delays in transferring benefits to a new representative payee when the child returns home or is placed in guardianship or adopted are tied to the Social Security Administration processing timeframes, not DCF.

The Department maintains that it does support the transition to the new representative payee. Per DCF policy, the social worker provides information to the child's new custodian or to the youth who is turning 18 (including those who are making plans to sustain Department connection) about how to apply to SSA to become the representative payee and encourages that individual to apply. In rare situations, when a young adult sustains a department connection, it may be in the best interest of the young adult for the Department to remain the representative payee.

In FFY 2025-2029, we will continue to work through the AAMs and the 29 area office liaisons to provide guidance and ongoing training. In addition, the Department plans to update our SSA Benefits Overview Revenue e-Learnings videos to be accessed through MassAchieve.

The Department is working with Fidelity Investments to establish Achieving a Better Life (ABLE) Accounts for children receiving SSI. By establishing an ABLE account, the beneficiary will have access to 100% of their SSI benefits without risk of future suspension or termination due to exceeding the \$2000 asset limit. As of April 2024, the Department has opened approximately 311 ABLE accounts to preserve and protect children's SSI benefits. In June 2024,

the Department will have opened an additional 44 ABLE accounts of children who recently began receiving SSI, bringing the total number of newly established accounts to 355.

In FFY 2025, the Department plans to:

- Update & negotiate SSI & RSDI Child Benefits Policy to incorporate ABLE accounts
- Begin developing financial literacy function and tools
- Explore ways to enhance DCF's social security benefit screening, application, and appeals processes
- Work with Social Security Administration to clarify policy and processes associated with ABLE accounts

Court of Improvement Program Collaboration

Over the 2025 – 2029 CFSP period, DCF will continue to work with the Court Improvement Program to enhance quality legal representation in the child welfare system. A steering committee, with representatives from DCF, the Committee for Public Counsel Services (CPCS), the Administrative Office of the Juvenile Court and the Probate and Family Court as well a member of the Judiciary from the Juvenile Court Department meet on a regular basis. DCF also participates in quarterly task force meetings convened by CIP. In addition, there is a training committee that meets regularly to plan trainings for all members of the child welfare community; a day long training on the Indian Child Welfare Act for DCF, CPCS, and the Judiciary is being planned with members of the Mashpee Wampanoag Tribe and is slated to occur in FFY 2025. In addition to the trainings developed by the CIP training committee, funding for external trainings will also continue to be provided to enhance the quality of legal representation, with DCF attorneys participating in the NACC Conference both in person and virtually, registration at NITA virtual conferences, and registration at the Annual Juvenile Law Conference run by MCLE, Massachusetts Continuing Legal Education Inc., all funded by the Court Improvement Program.

Evident Change

The Department Evident Change to implement structured decision-making tools. DCF currently utilizes three structured decision-making (SDM) tools: A safety assessment, a risk assessment, and risk reassessment tool. In FFY 2022, DCF contracted with Evident Change to expand its use of SDM tools. Work is underway to update/develop the following with staged implementation (first quarter of FFY 2025/second quarter of FFY2025):

- Danger and Safety Assessment – helps to identify the immediate protective service interventions required during a CPS investigation or assessment, including removal of a child.
- Foster Care Danger and Safety Assessment – helps workers at all points in a case determine if a child may safely remain in a foster care (family based foster home) setting.
- Risk Assessment – this research-based actuarial assessment estimates the likelihood of future child welfare system involvement and assists investigation workers in determining which

cases should be continued for ongoing services and which may be closed at the end of an investigation.

- Risk Reassessment – this actuarial tool helps the worker determine when risk has been reduced sufficiently such that the case may be recommended for closure.
- Reunification Assessment – for families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.

Court of Improvement (CIP) Child Welfare Task Force Collaboration

The Department has four representatives on the Massachusetts CIP Child Welfare Task Force, which includes DCF's General Counsel, Deputy Commissioner of Quality Improvement, Director of Federal Relations, and Director of Adoption. There are a total of 24 task force members. The purpose of the Task Force is to bring child welfare experts and parents, and youth with lived experience together to discuss improving the child welfare system.

Children's Justice Act (CJA) Task force Collaboration

The Department is the recipient of the CJA grant to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particular child sexual abuse and exploitation. A key requirement of this funding is the creation and maintenance of the CJA Taskforce. DCF has worked tirelessly to strengthen the taskforce through recruitment and filling vacancies to ensure all the required disciplines are represented.

The CJA Taskforce includes DCF's Child and Families Services Plan (CFSP) and Annual Progress and Services Report (APSR) lead, who provides updates on the goals and objectives, ensures collaboration with the CJA, and creates a linkage between the CJA Taskforce and CFPS/APSR. The task force provides recommendations included in the CAPTA State Plan update of the APSR.

C2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The Children's Bureau (CB), Administration for Children and Families (ACF), in collaboration with the Massachusetts Department of Children and Families (DCF, Department), completed a review of key areas of the Massachusetts child welfare programs and practice to ensure substantial conformity with the state plan requirements found in titles IV-B and IV-E of the Social Security Act. The Child and Family Services Review (CFSR) process was initiated with an analysis of the Massachusetts DCF child welfare data and the development of a Statewide Assessment that examined the functioning of systemic factor requirements across the state, as well as outcomes for children and families involved with the Massachusetts DCF. The Statewide Assessment involved engagement of parents, youth, foster/adoptive families, tribes, legal/judicial partners, caseworkers and supervisors, and a range of other community partners.

Massachusetts conducted a State-Led CFSR that reviewed 100 cases (50 Foster Care Cases and 50 In-Home Service Cases). This occurred beginning on April 1, 2023, and ending on September 30, 2023.

The CFSR evaluates the seven outcomes and seven systemic factors enumerated in 45 CFR 1355.34. The review demonstrated that Massachusetts' child welfare program was not operating in substantial conformity with applicable federal requirements in seven outcome areas and three systemic factors. On January 18, 2024, the CB issued a "Final Report" of these findings to the Department.

As indicated in the Final Report, the CB determined that Massachusetts is not in substantial conformity with the following outcomes:

- Safety Outcome 1 – Children are first and foremost protected from abuse and neglect
- Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate
- Permanency Outcome 1 – Children have permanency and stability in their living situations
- Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children
- Well-Being Outcome 1 – Families have enhanced capacity to provide for their children
- Well-Being Outcome 2 – Children receive appropriate services to meet educational needs
- Well-Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

The CB determined that Massachusetts is in substantial conformity with the following systemic factors:

- Statewide Information System
- Quality Assurance System
- Staff and Provider Training
- Agency Responsiveness to the Community

The CB determined that Massachusetts DCF is not in substantial conformity with the following systemic factors:

- Care Review System

- Service Array and Resource Development
- Foster and Adoptive Parent Licensing, Recruitment, and Retention

Pursuant to 45 CFR 1355.35, on April 16, 2024, the Department submitted a Program Improvement Plan (PIP) to the CB addressing the items within each outcome measure and systemic factor that were determined not to be in substantial conformity during the CFSR. The Department anticipates that the PIP will be approved before the end of FFY2024.

While awaiting the PIP implementation period, the Department's CQI Unit continues to conduct comprehensive case reviews that include reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases. The Department utilizes ACF/CB's Onsite Review Instrument (OSRI) and CFSR Online Monitoring System (OMS).

Agency Improvement Leadership Framework

DCF utilizes an executive-level Agency Improvement Leadership Team (AILT) approach that employs an Agile Scrum methodology for agency problem identification and resolution. The AILT is organized into numerous sub-teams assigned to focus on specific agency challenges, such as policy/case practice, placement stability, and workforce challenges.

The Case Practice AILT is currently tasked with developing/adopting a policy and practice implementation framework that will provide a robust process for implementing change and prioritizing behavioral change processes. DCF has partnered with the Capacity Building Center for States to explore the "Change and Implementation in Practice" framework in an effort to apply a structured approach to implementation and overcoming common challenges. At this time, DCF and the Center for States have embarked on an effort to apply the framework to improve performance in parent engagement in case planning (Item #13) to test the framework's compatibility with the Agile Scrum methodology currently employed. The Department anticipates that this evaluation will be completed by mid-FFY2025.

SAFETY OUTCOMES:

The safety of children and families must be a primary focus for the Department in its role as the Commonwealth's child protection agency. Children and families experiencing risk of harm as a result of physical or sexual abuse, serious and ongoing neglect, or domestic violence deserve our attention, compassion, and intervention.

The Department utilizes a 24 hour, 7 days a week protective intake system for receiving, screening, and responding to reports of abuse, neglect, sexual exploitation and/or human trafficking ("51A" Reports) of children in the Commonwealth. All citizens have a civic duty to report incidents of abuse and neglect of children. By law, certain persons are mandated reporters who are legally required to make such reports.

The Department utilizes screening to gather sufficient information to determine whether a department response is necessary or might be necessary to ensure a child's safety and well-being.

Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency, and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family.

Based on the information received, collected, and analyzed during the screening process, the report will be:

1. Screened-in for an emergency response; or
2. Screened-in for a non-emergency response; or
3. Screened-out.

When a report is screened in, the Department will assign it for a response. The purpose of the response is to determine whether, under MGL c. 119, §51B, there is “reasonable cause to believe” that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child(ren) and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency, and well-being of their child(ren).

“Reasonable cause to believe” means a collection of facts, knowledge or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.

Initiating Investigations of Reports of Child Maltreatment

As reflected in state policy, “initiating” a response is any action a Response Worker (investigator) engages in to see a child. Such activities may include:

- Seeking to determine the child's location,
- Contacting parents and scheduling a visit,
- Contacting collaterals to ascertain the level of risk/danger, or
- Obtaining any other information needed to locate or see the child.

Emergency responses must be initiated within 2 to 4 hours of receiving a report (i.e., initial face-to-face contact with reported child(ren)). The response worker interviews the child—as appropriate to the child's age and development—and initially determines the child's safety (i.e., assesses child vulnerabilities and danger indicators) as soon as possible and not longer than within 24 hours of receiving a report. All required activities and a formal report documenting the response must be completed within 5 working days.

Non-emergency responses must be initiated within 3 working days (i.e., initial face-to-face contact with reported child(ren)). The response worker interviews the child—as appropriate to the child's age and development—and initially determines the child's safety (i.e., assesses child vulnerabilities and danger indicators) as soon as possible and not longer than 3 working days. All required response activities and a formal report documenting the response activities must be completed within 15 working days.

Table 1 summarizes the response activity time frames.

Table 1. Response Activity Time Frames		
Required Activity	Emergency Response	Non-Emergency Response*
Visit the Reported Child(ren)	As soon as possible within 2 to 4 hours of receiving a report	As soon as possible and not longer than within 3 working days
Visit and Interview All Child(ren) and Initiate Safety and Custody Determinations	Within 24 hours of receiving a report the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety	As soon as possible and not longer than within 3 working days the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety
Visit Home	Within 24 hours	Within 3 working days
Complete Other Response Activities and 51B Report	Within 5 working days	Within 15 working days

* In very limited circumstances and with the approval of a manager, the due date for completing a non-emergency response may be extended for up to 5 working days to obtain information critical to the response decision. A second 5 working day extension may be granted if waiting for completion of a SAIN interview.

The Department’s first priority in every response is to address immediate concerns regarding the child(ren)’s safety and health and to determine whether the child(ren) can safely remain in the home. Throughout the response, the Department engages the family respectfully in a thorough exploration focused on determining the danger(s) and risk(s) to the child(ren)’s safety and well-being; identifying what is needed to maintain the child(ren)’s safety, permanency, and well-being; and initiating services to address concerns when warranted.

Research has shown that the safety of children and families is significantly enhanced when families and their broader familial, social and community network are engaged in the efforts to promote safety and mitigate the risk of harm. While the Department has a unique and vital role in promoting the safety of children and families, it is not an exclusive role. Schools, community agencies, other service providers and community partners, must each be vigilant to indications that a child or family may be in danger. Further, they all must work collaboratively to address that risk. Only through these collective efforts will the occurrence/reoccurrence of maltreatment be effectively reduced.

Protective Intakes (51As) by Race/Ethnicity

Hispanic/Latinx, Black, and other families of color have been historically overrepresented on child welfare agency caseloads nationwide. The Department utilizes racial/ethnic demographics to identify and address disproportionality and disparity at key decision points.

Chart/Figure 1 shows the proportion of children named in protective intakes by race/ethnicity compared to the proportion in the Massachusetts’ child population. While Hispanic/Latinx and Black children are 2.4x to 2.5x more likely to be referred to the Department through a 51A report, the screen-in rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

**Chart 1. Protective Intakes by Race/Ethnicity
– Unduplicated by Child FY2023 ⁽¹⁾**

	51A Intake Distribution	RoD	RRI	Screened In 51A Intake Distribution	RoD	RRI
White	42.2%	0.7	n/a	41.5%	1.0	n/a
Hispanic/Latinx (of any race)	34.2%	1.7	2.4x	34.8%	1.0	1.0x
Black	15.7%	1.8	2.5x	15.5%	1.0	1.0x
Asian	1.9%	0.2	0.3x	1.7%	0.9	0.9x
Native American	.2%	0.9	1.2x	.2%	1.1	1.1x
Pacific Islander	*	-	-	*	-	-
Multi-Racial (two or more races)	5.8%	-	-	6.2%	-	-
	100%			100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

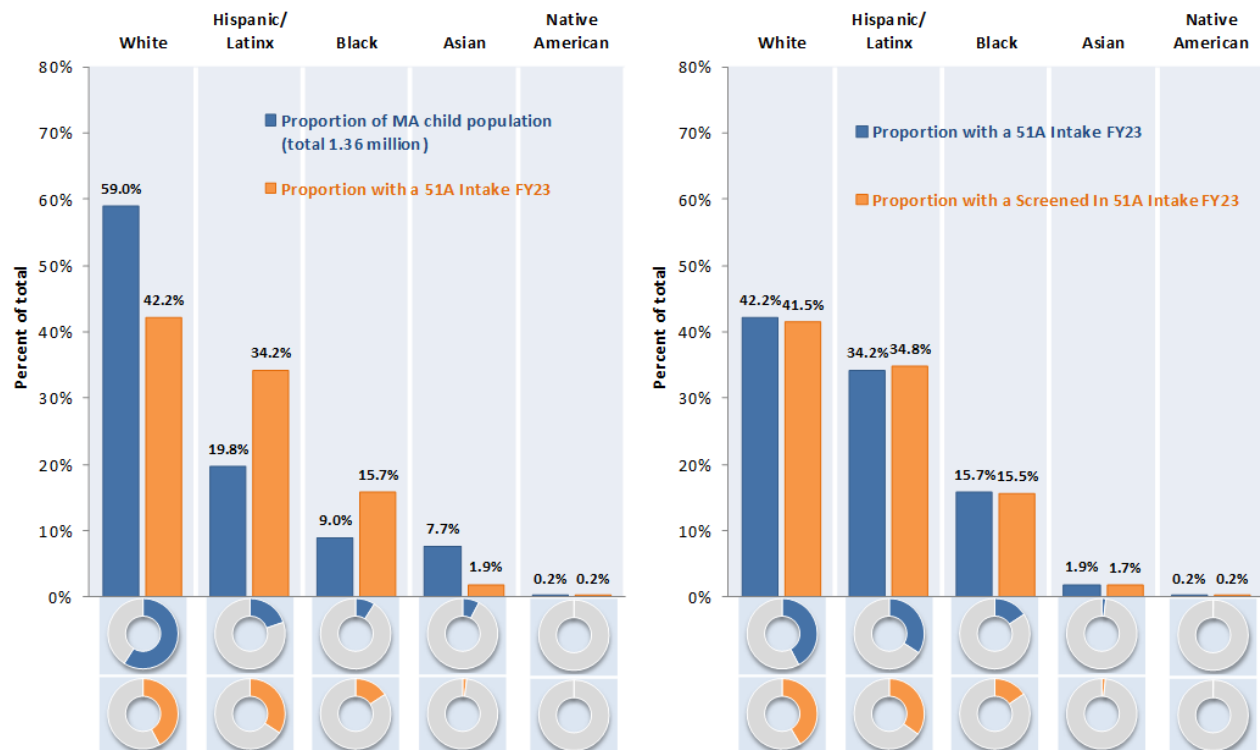
ROD: The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic group in the Massachusetts child census population or in an earlier decision-making stage.

- RoDs greater than 1.0 indicate overrepresentation
- RoDs less than 1.0 indicate underrepresentation

RRI: The Relative Rate Index (RRI) compares the observed rate of White children to the observed rate for children of color.

- RRIs greater than 1.0 indicate overrepresentation
- RRIs less than 1.0 indicate underrepresentation

FIGURE 1. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2023



Protective Response (51B) Determinations by Race/Ethnicity

Chart/Figure 2 displays the proportion of response (51B) determinations of children subject to a protective response by race and ethnicity compared to the proportion of children with a

protective intake (51A). While Hispanic/Latinx and Black children are 2.4x to 2.5x more likely to be referred to the Department through a 51A report (see Chart/Figure 1), support and substantiated concern rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting. At this juncture of DCF intervention, the data shows that the Department screens at equivalent relative rates across race and ethnicity and investigates families of all races and ethnicities at relatively the same rates. [Native American ROD/RRIs are impacted by small Ns.]

Chart 2. Response Determinations by Race/Ethnicity – Unduplicated by Child FY2023 ⁽¹⁾		51B Response Support Distribution		RoD	RRI	51B Response Substantiated Concern Distribution		RoD	RRI
	White	41.4%	1.0	n/a		44.8%	1.1	n/a	
	Hispanic/Latinx (of any race)	35.1%	1.0	1.0x		31.3%	0.9	0.9x	
	Black	14.3%	0.9	0.9x		15.0%	1.0	0.9x	
	Asian	1.5%	0.8	0.8x		1.9%	1.0	0.9x	
	Native American	.3%	1.5	1.6x		-	-	-	
	Pacific Islander	-	-	-		-	-	-	
	Multi-Racial (two or more races)	7.5%	-	-		7.1%	-	-	
		100%				100%			

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to Chart 1 for a definition of RoD and RRI.

FIGURE 2. Response Determinations by Race/Ethnicity – FY2023



SAFETY OUTCOME 1:

Children are First and Foremost, Protected from Abuse and Neglect

To address the APSR requirement of assessing current performance in improving outcomes, the Department utilized the most up-to-date Children’s Bureau Massachusetts Child and Family Services Review (CFSR4) Data Profile (February 2024) and the 2022 Child Maltreatment Report. As a supplement where indicated, data was extracted from the Department’s case management system (i.e., i-FamilyNet). A brief description of status and where applicable new challenges is provided for each CFSR Outcome and Systemic Factor.

Chart S1. STATE DATA PROFILE CA/N Reports & Children In Placement

	FFY2017		FFY2018		FFY2019		FFY2020		FFY2021		FFY2022		FFY2023	
Total CA/N Reports Disposed	45,366		45,686		43,923		37,505		39,811		39,075		37,685	
Substantiated	17,835	39.3%	18,297	40.0%	17,856	40.7%	15,888	42.4%	16,191	40.7%	15,827	40.5%	15,369	40.8%
Unsubstantiated	19,122	42.2%	19,532	42.8%	18,987	43.2%	15,322	40.9%	15,756	39.6%	16,568	42.4%	16,042	42.6%
Other	8,409	18.5%	7,857	17.2%	7,080	16.1%	6,295	16.8%	7,864	19.8%	6,680	17.1%	6,274	16.7%
Children Served in Placement*	16,904		16,862		16,273		14,622		12,746		12,874		12,292	
*Children in Placement on the Last Day of the Year + Discharges During the Year.	Source: MA DCF case management system (AFCARS & NCANDS) – includes approved methodology adjustments													

As shown in Chart S1, a 14.6% decrease in total disposed CA/N reports was evident in FFY2020 (COVID-19 pandemic impact) compared to FFY2019. While a partial rebound was evidenced in FFY2021 and FFY2022, FFY2023 counts remain lower than FFY2019 (14.2% decrease). With the implementation of a new Protective Intake Policy in March 2016, the Department eliminated differential response. However, along with a Support (i.e., substantiation) decision, a disposition of Substantiated Concern was added. Substantiated Concern dispositions do not identify a perpetrator or a victim. As such they are classified as “Other” on Chart S1 above. The number of children served in placement decreased by 27.3% between FFY2017 and FFY2023.

Safety Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the timeframes established by agency policies or state statutes.

- **Status 2023 CFSR4:** The initiation of timely CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment is a primary means of ensuring the safety of children. State policy at the time of the 2023 CFSR4 required that CPS investigations assigned for Emergency response were to be initiated within 2 to 4 hours from the time the report was received by the Department. Reports assigned for non-Emergency response were to be initiated within 3 working days from the date the report was received by the Department. The Department’s screening activities initiate and are considered part of the investigative process.

The Department received an overall rating of Area Needing Improvement for Item 1 on the 2023 CFSR4, because 52% of the 42 applicable cases were rated as a Strength. This represents an improvement over the 43% Strength rating observed on the 2015 CFSR3.

Practice Description

- Investigations were initiated in accordance with the state’s timeframes and requirements: 79% (33 of 42).
- Face-to-face contact with the children who were the subject of the report was made in accordance with the state’s timeframes and requirements: 52% (22 of 42).
- Reasons for delays in the initiation of investigations and/or face-to-face contact were due to circumstances beyond the control of the agency: 0% (0 of 20).

Addressing Challenges

- Management/fidelity metrics have been established and are being utilized to track and improve timeliness of face-to-face contacts with reported children.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Timeliness of Response Contacts Utilizing i-FamilyNet Structured Data for 8-Months Ending Feb-2024 (SFY2024)

- **Emergency Responses** – children with a recorded in-person contact within 2-4 hours (reported children) or 24 hours (non-reported children) of DCF receiving a 51A report (CA/N intake)
 - **Reported Children = 67.4%** (97.1% had a recorded in-person contact in the response)
 - **Non-Reported Children = 58.8%** (65.3% had a recorded in-person contact in the response)
- **Non-Emergency Responses** – children with a recorded in-person contact within 3 business days (reported and non-reported children) of DCF receiving a 51A report (CA/N intake)
 - **Reported Children = 43.7%** (97.2% had a recorded in-person contact in the response)
 - **Non-Reported Children = 34.2%** (76.2% had a recorded in-person contact in the response)
- **ALL RESPONSES** – both emergency and non-emergency
 - **Reported Children = 47.8%** (97.2% had a recorded in-person contact in the response)
 - **Non-Reported Children = 38.1%** (74.4% had a recorded in-person contact in the response)

Statewide Safety Data Indicators: Recurrence of Maltreatment & Maltreatment in Foster Care

The reduction of the recurrence of maltreatment and incidence of maltreatment in foster care are important measures of the Department’s success in promoting the safety of children and families. Both were identified as areas needing improvement in the 2023 CFSR4. The Department monitors maltreatment in foster care and recurrence of maltreatment on open and closed cases on a monthly/quarterly/annual basis as a component of its performance management and accountability system.

Chart S2.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	Observed Performance	RSP	RSP Interval	Data Period Used for Performance
Maltreatment in care (victimizations per 100,000 days in care)	9.07	Lower	25.42	34.30	32.08 – 36.68	14AB, FFY14
			22.34	30.02	28.04 – 32.15	15AB, FFY15
			22.96	30.67	28.72 – 32.74	16AB, FFY16
			20.95	27.83	26.00 – 29.79	17AB, FFY17
			21.43	27.99	26.16 – 29.96	18AB, FFY18
			21.52	28.00	26.12 – 30.01	19AB, FFY19
			20.80	27.03	25.13 – 29.07	20AB, FFY20
			25.21	32.68	30.55 – 34.96	21AB, FFY21
Recurrence of maltreatment	9.7%	Lower	20.0%	25.4%	24.8% – 25.9%	FFY14–15
			19.4%	24.7%	24.1% – 25.3%	FFY15–16
			17.1%	22.1%	21.6% – 22.6%	FFY16–17
			16.7%	21.6%	21.0% – 22.2%	FFY17–18
			17.0%	22.6%	22.0% – 23.3%	FFY18–19
			16.9%	22.5%	21.9% – 23.2%	FFY19–20
			15.7%	21.0%	20.4% – 21.7%	FFY20–21
			16.2%	21.7%	21.1% – 22.4%	FFY21–22

- Status: The Department has historically fallen below the national performance for Maltreatment in Foster Care and Recurrence of Maltreatment. As evidenced in Chart S2 above, children in the care and custody of DCF are experiencing more Maltreatment in Foster Care than the national performance of 9.07 per 100,000 days in care. Further, the Department is evidencing more incidences of Recurrence of Maltreatment than the national performance of 9.7%.
 - There can be variability in child maltreatment from year to year, influenced by factors that can include new policies, opioid use, and abuse/neglect reporting rates in the community.
 - There are four thresholds of evidence (from highest to lowest): Credible; preponderance; probable cause; and reasonable cause. Massachusetts is one of six states that uses reasonable cause, as specified in state law, the state's intentional effort to ensure identification of children in need of DCF services may contribute to higher victim rates. Specifically, in an effort to ensure child safety, Massachusetts does not require as much information as other states to render a support disposition on an alleged perpetrator of abuse/neglect.

Maltreatment in Foster Care

- FFY2021's (21A–21B) observed performance was 25.21 per 100,000 days in care. While Massachusetts evidenced an 18.2% improvement between FFY2014 and FFY2020, there was a marked decrease in observed performance in FFY2021.
- In looking at Maltreatment in Foster Care for FFY2021 across race/ethnicity, birth sex, and age, several findings stand out as key drivers of this measure's performance:
 - Children identifying as Hispanic have an observed rate (31.27) of Maltreatment in Foster Care (victimization per 100,000 days in care) well above the statewide observed rate.

- With the exception of children identifying as American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander (observed values impacted by small cohort size), children in all other race categories (Asian, Black, Multi-Racial, White, and Other) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) below the overall statewide observed rate.
- Overall, children five and under (15.28) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well below the overall statewide observed rate, children 6-10 (23.46) and 17-year-old youth (22.78) had rates just below the overall statewide observed rate, and children 11-16 (37.71) had the highest observed rate, well above the statewide observed rate.
- DCF implemented a new Family Resource Policy in Jan 2023 that addresses increasing child safety in foster care through the creation of a targeted assessment and the utilization of a Structured Decision Making (SDM) tool, specifically for children in foster care.
 - The targeted assessment of foster homes is completed whenever a concern or safety issue is identified for a child in foster care (a maltreatment report is not required to initiate the targeted assessment).
 - In addition to the safety and well-being of the child, the targeted assessment includes a needs assessment of the foster parent/home as well as the child's perspective on their experience in the foster home.
 - The targeted assessment is completed by a newly developed Licensing/Training staff position that is independent of family resource teams. In addition to the targeted safety assessments, the Licensing/Training staff is dedicated to assessing the needs of the foster home through the licensing process.
 - DCF has partnered with Evident Change to develop an SDM child safety assessment tool specifically for children in foster care (i.e., SDM Substitute Care Provider Danger and Safety Assessment). The goal of the SDM tool will be to strengthen DCF's assessment of safety and reduce maltreatment for children in foster care.
 - This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from subsequent maltreatment. SDM tools have an anticipated release date of Nov/Dec-2024.

Recurrence of Maltreatment

- FFY21-22's Recurrence of Maltreatment observed performance was 16.2%. Though below the national performance, this is a 19.0% improvement over FFY14-15's observed performance.
 - DCF has partnered with Evident Change to develop an SDM child safety assessment tool (i.e., SDM Danger and Safety Assessment). This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. SDM tools have an anticipated release date of Nov/Dec-2024.

SAFETY OUTCOME 2:

Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 65% of the 100 cases reviewed. This represents a decrease in performance compared to the 66% Strength rating observed in the 2015 CFSR3. The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

As indicated in Chart S3—in line with the national trend, the COVID-19 pandemic evidenced a 16.4% decrease in referrals in FFY2020 relative to FFY2019. By FFY2023, referrals evidenced a partial rebound but remain 2.9% below FFY2019 counts.

CPS referrals are tracked at the state/region/area office level.

Chart S3.	Referrals Received by DCF per CB Child Maltreatment Report							
	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023*
Referrals received by CPS	82,851	82,828	85,794	85,911	71,818	74,355	81,281	83,461

*Source: MA DCF case management system

Referral Rates

As indicated in Chart S4—in line with the national trend, the COVID-19 pandemic evidenced a 15.7% decrease in referral rates per 1,000 in FFY2020 relative to FFY2019. By FFY2023, rates evidenced a partial rebound but remain 1.7% below the FFY2019 rates.

Chart S4.	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023*
Referral rate	60.1	60.5	62.8	63.5	53.5	54.6	60.8	62.4

*Source: MA DCF case management system

Victimization Rates

As evidenced in Chart S5, victimization rates per 1,000 children in the child population decreased 21.8% between FFY2016 and FFY2023. Victimization rates are tracked at the region/area office level.

Chart S5.	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023*
Victimization rate	22.9	18.2	18.9	18.5	16.4	16.8	16.5	17.9

*Source: MA DCF case management system

Safety Outcome 2 – Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.

- **Status 2023 CFSR4:** Assuring the safety of children and mitigating risk to the safety of children is a cornerstone of child welfare practice. The Department received an overall rating of Area Needing Improvement for Item 2 because 50% of the 32 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 62% Strength rating observed in the 2015 CFSR3. Item 2 was rated as a Strength in 77% of the 13 applicable foster care cases and 32% of the 19 applicable in-home services cases.

Practice Description

- The Department made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care: 38% (12 of 32). [46% of 13 foster care cases; 32% of 19 in-home services cases]
- Although DCF did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care, the child(ren) was removed from the home because this action was necessary to ensure the child's safety: 15% (2 of 13).
- The Department did not make concerted efforts to provide services and the child was removed without providing appropriate services: 8% (1 of 13).
- Concerted efforts were not made to provide appropriate services to address safety/risk issues and the child(ren) remained in the home: 47% (15 of 32). [15% of 13 foster care cases; 68% of 19 in-home services cases]

Addressing Challenges

- DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency's ability to consistently assess child safety. This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release date of Nov/Dec-2024.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Safety Outcome 2 – Item 3: Safety Assessment and Management

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) living in their own homes or while in foster care.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 3 because 67% of the 100 applicable cases were rated as a Strength. This represents an increase in performance compared to the 66% Strength rating observed in the 2015 CFSR3. Item 3 was rated as a Strength in 82% of the 50 applicable foster care cases and 52% of the 50 applicable in-home services cases.

Practice Description

- There were no maltreatment allegations about the family that were not formally reported or formally investigated/assessed: 95% (95 of 100). [100% of 50 foster care cases; 90% of 50 in-home services cases]
- There were no maltreatment allegations that were not substantiated despite evidence that would support substantiation: 99% (99 of 100). [100% of 50 foster care cases; 98% of 50 in-home services cases]
- The Department conducted an initial assessment that accurately assessed all risk and safety concerns: 93% (14 of 15). [100% of 2 foster care cases; 92% of 13 in-home services cases]
- The Department conducted ongoing assessments that accurately assessed all risk and safety concerns: 72% (71 of 99). [86% of 50 foster care cases; 57% of 49 in-home services cases]
- When safety concerns were present, DCF developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services: 53% (17 of 32). [56% of 9 foster care cases; 52% of 23 in-home services cases]
- There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by DCF: 69% (25 of 36). [86% of 14 foster care cases; 59% of 22 in-home services cases]
- There were no concerns related to the safety of the target child in foster care during visitation with parent(s)/caregiver(s) or other family members that were not adequately or appropriately addressed by DCF: 91% (32 of 35).
- There were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by DCF: 98% (49 of 50).

OSRI Observations

- Common factors identified for cases receiving ANI ratings included inconsistent supervision in both foster care and in-home cases, inconsistent placement visits with children for foster care cases, and not fully assessing out of home parents for in-home cases.

Addressing Challenges

- DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
- The update highlighted the FAAP as a “living document” that should evolve and be updated as family circumstances change, rather than solely based on periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.
- DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency's ability to assess child safety. This work includes the creation of a structured “Plan for Child Safety.” Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release date of Nov/Dec-2024.
- DCF's employs other strategies to strengthen engagement of out of home parents,

particularly fathers.

- The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
- The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review (FCR) – Determination of Safety

Safety concerns of varying degrees may be identified at a Foster Care Review (i.e., periodic review) meeting. Safety concerns may be due to the child demonstrating unsafe behaviors, a reduction in parent/caregiver capacity (e.g., recent substance use relapse by a parent/youth), or that the foster parent/group care provider is not able to keep the child/youth safe.

If a safety concern is identified during the FCR, the FCR Case Reviewer immediately informs the FCR manager, who sends an alert notice to the Area Director/designee responsible for the case. This notice requires a response by the Area Director within one working day. The FCR manager also follows up with the Area Director/designee to ensure action is taken to secure the safety of the child/youth.

Chart S6 indicates that a safety concern was identified in 2.1% of SFY2023 foster care reviews.

Chart S6.

	SFY2020	SFY2021	SFY2022	SFY2023
Were concerns for the child/youth/young adult’s safety identified through the review process?	3.1%	2.1%	2.4%	2.1%
○ Safety concerns require an immediate alert notification to the Area Director.				

DATA SOURCE: i-FamilyNet

PERMANENCY OUTCOMES:

Every child is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when a child is living successfully in a family that the child, parents, and other stakeholders believe will endure throughout their lifetime. Permanency, identified as meaning “family” suggests not only a stable setting, but also stable parents and peers, continuous supportive relationships and parental commitment and affection.

Any change in a child’s family is disruptive of established relationships and the comforts, familiar rhythms, and normal routines of life. Continuity in caring relationships and consistency of settings and routines are essential for a child’s sense of identity, security, attachment, trust, and optimal social development.

The Department's Permanency Planning policy highlights that the responsibility for permanency starts upon initial contact with the family and continues throughout the agency's involvement. It is the role of *all* DCF staff to pursue permanency for families; regardless of the function to which a staff person is assigned.

The Department's work on improving permanency for children and families involved with DCF is grounded in the following tenets.

- Permanency is the work of the entire agency.
- Stabilization, reunification, adoption, and guardianship are successful permanency outcomes.
- The Department values and includes the voice of families.
- Respect for the connections amongst and to family is incorporated in the expectations for case practice.
- The Department honors the cultural and linguistic identities of families.
- Enhanced tools and technology support permanency activities.
- Resource development and capacity building are connected to achievement of permanency.

PERMANENCY OUTCOME 1:

Children Have Permanency and Stability in Their Living Situations

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Permanency Outcome 1. The outcome was substantially achieved in 24% of the 50 applicable cases reviewed. This represents a decrease in performance compared to the 35% Strength rating observed in the 2015 CFSR3.

The Department is striving to increase progress toward permanency. Despite these efforts, DCF has not yet achieved the national performance on each of the permanency indicators.

In order to support the strengths of children and families and address the needs that brought them to the attention of the Department, effective service delivery and permanency planning is critical. Effective service delivery and permanency planning ensures that children are returned to their homes as quickly and safely as possible and that caregivers have the capacity to ensure the safety and well-being of their children. As evidenced in Chart P1, the Department is exceeding the national performance of moving children to permanency within 12 months of entering care—though trending downward relative to historical performance. The Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	RSP Interval	Data Period Used for Performance
Perm in 12 months (entries)	35.2%	Higher	37.2%	35.7% – 38.6%	21A – 23A
Perm in 12 months (12-23 months)	43.8%	Higher	31.1%	29.1% – 33.2%	22B – 23A
Perm in 12 months (24+ months)	37.3%	Higher	28.4%	27.1% – 29.8%	22B – 23A
Re-entry to foster care in 12 months	5.6%	Lower	9.0%	8.0% – 10.2%	21B – 23A

Placement Stability (moves/1K days)	4.48	Lower	7.31	7.10 – 7.52	22B – 23A
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The Department recognizes the interrelationship between time to permanence and re-entry into care. As such, the Department works to ensure that necessary services are in place to stabilize exits to permanency and mitigate factors leading to re-entry. As evidenced in Chart P2, Re-entry to Foster Care in 12 Months has varied over the past eleven (11) AFCARS cohort periods (i.e., from 7.8% to 12.4%) and remains higher (lower is better) than the national performance of 5.6%.

Chart P2.	Risk Standardized Performance (RSP) CFSR3 and CFSR4 Data Profile										
	16B-18A	17A-18B	17B-19A	18A-19B	18B-20A	19A-20B	19B-21A	20A-21B	20B-22A	21A-22B	21B-23A
Re-entry to foster care in 12 months (lower is better)	11.6%	12.3%	12.4%	10.3%	9.9%	9.0%	7.8%	8.5%	9.6%	9.5%	9.0%

Permanency Outcome 1 – Item 4: Stability of Foster Care Placement

Purpose of Assessment: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

Status 2023 CFSR4: The Department received an overall rating of Area Needing Improvement for Item 4 because 70% of the 50 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 80% Strength rating observed in the 2015 CFSR3.

Practice Description

- Placement changes for the child were planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child: 13% (2 of 15).
- The child's current or most recent placement setting is stable: 92% (46 of 50).

OSRI Observations

- Performance was impacted by DCF's challenges with assessing children's needs, limited placement options for adolescents and limited services to support children in placement.

Addressing Challenges

- To improve in this area, DCF implemented a newly developed Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system.
- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.

- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Placement Stability

Stability of children in out-of-home care is an important indicator of the Department's efforts to achieve permanency for children and families. Multiple moves disrupt a child's ability to maintain connections with family and to develop the connections needed for positive emotional and social growth. Furthermore, instability in placement significantly impacts a child's educational achievement. Research has shown that the more frequently a child moves subsequent to a home removal, the longer the time to permanency. As evidenced in Charts P3 and P4, Placement Stability is an area in need of improvement.

Chart P3.	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period Used for Performance
Placement Stability (moves per 1,000 days in care)	4.48	Lower	7.31	7.10 – 7.52	22B – 23A

Chart P3 indicates that children in the Department's care experience more moves per 1,000 days in care than the national performance. As evidenced in Chart P4, Placement Stability has varied over the past eleven (11) AFCARS cohort periods (i.e., from 4.94 to 9.05 moves per 1,000 days in care) and remains higher (lower is better) than the national performance of 4.48.

Chart P4.	Risk Standardized Performance (RSP) CFSR3 and CFSR4 Data Profile										
	17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B	22B-23A
Placement Stability (moves per 1K days in care)	9.05	9.04	8.50	6.75	6.01	4.94	4.94	5.99	6.19	7.03	7.31

Placement Moves per 1,000 Placement Days by Race/Ethnicity

Chart P5 shows the number of placements moves per 1,000 placement days for children who entered care during SFY2023 by race/ethnicity. Disproportionality is shown in that White children evidence greater placement stability than Black, Hispanic/Latinx, or Asian children.

Chart P5. Placement Moves per 1,000 Placement Days by Race/Ethnicity in SFY2023	White	Hispanic /Latinx	Black	Asian	Native American
Total Number of Placement Days (denominator)	213,734	177,948	81,380	5,904	2,690
Total Number of Placement Moves (numerator)	1,234	1,318	794	48	14
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	5.77	7.41	9.76	8.13	5.20

National Standard: 4.48 (lower score is preferable)

- Placement moves per 1,000 placement days for children who entered care during SFY2023 by Age Group shows that children 5-and-under evidence greater placement stability.
 - Children 5-and-under: 5.42 Placement Moves per 1,000 Placement Days
 - Children 6-11: 8.57 Placement Moves per 1,000 Placement Days
 - Children 12-17: 8.34 Placement Moves per 1,000 Placement Days

- Placement moves per 1,000 placement days for children who entered care during SFY2023 by Birth sex shows that males (6.89) evidence greater placement stability than females (7.46).

Placement with Kin

The Department has observed increased stability when initial placement is with kin. Accordingly, the Department has doubled its efforts to identify kin as a placement alternative when an out of home placement is necessary. These efforts have resulted in significant increases in kinship placement utilization.

Chart P7.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Kinship Care Rate Kinship as a % of All children in out of-home placement	≥ 28.5%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%	38.1%	38.2%	38.9%	39.0%

Data Source: MA DSSRP210 – Children in Placement

Chart P7 shows that at the end of SFY2023, 39.0% of all children in out-of-home placement were placed with kin. This represents a steady increase over time and is a 59.2% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin (i.e., Kin First). At the end of SFY2023, 29.7% of children within this cohort were placed with kin at entry into care.

Placement with Kin by Race/Ethnicity

Chart P8 reflects disproportionality in that White children were more likely to be placed with kin than Black, Hispanic/Latinx children, or Native American Children.

Chart P8.	DCF Target	White	Hispanic /Latinx	Black	Asian	Native American
Kinship Care Rate by Race/Ethnicity Kinship as a % of all children in out-of-home placement SFY2023	≥ 28.5%	44.0 %	36.7%	32.7%	45.9%	31.3%

Data Source: MA DSSRP210 – Children in Placement

Placement with Kin for Children in Departmental Foster Care

Chart P9 shows that at the end of SFY2023, 57.6% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents a 19.8% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is also tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin for children whose initial placement is in a foster family home setting (i.e., Kin First). By the end of SFY2023, 34.6% of children within this cohort were placed with kin at entry into care.

Chart P9.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.1%	56.5%	55.7%	56.1%	57.2%	57.4%	57.0%	57.6%

In late 2017, the Department began a pilot program designating one family-find social worker in select DCF offices to locate relatives and caring adults already in the child's life to serve as their foster parents. Since January 2018, the placement of children in kinship foster homes immediately following the home removal increased 116% statewide.

Permanency Outcome 1 – Item 5: Permanency Goal for Child

Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 5 because 74% of the 50 applicable cases were rated as a Strength. This represents an increase in performance compared to the 55% Strength rating observed in the 2015 CFSR3.

Practice Description

- Permanency goals are specified in the case file: 100% (50 of 50).
- Permanency goals in effect during the period under review were established in a timely manner: 80% (40 of 50).
- Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case: 82% (41 of 50).
- Child has been in foster care for at least 15 of the most recent 22 months: 68% (34 of 50).
- Child meets other Adoption and Safe Families Act criteria for termination of parental rights (TPR): 6% (1 of 16).
- The Department filed or joined a TPR petition before the period under review (PUR) or in a timely manner during the PUR or an exception applied: 91% (32 of 35).

OSRI Observations

- Performance was impacted by challenges with delayed Permanency Planning Conferences, deferred decisions on changing permanency goals, and assessing parental capacities.

Addressing Challenges

- DCF has created and will staff a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making.
- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Permanency Outcome 1 – Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 6 because 38% of the 50 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 50% Strength rating observed in the 2015 CFSR3.

Practice Description

- The Department and court made concerted efforts to achieve reunification in a timely manner: 71% (10 of 14).
- The Department and court made concerted efforts to achieve guardianship in a timely manner: 0% (0 of 3).
- The Department and court made concerted efforts to achieve adoption in a timely manner: 18% (5 of 28).
- The Department and court made concerted efforts to place a child with a goal of Another Planned Permanent Living Arrangement (APPLA) in a living arrangement that can be considered permanent until discharge from foster care: 80% (4 of 5).
- The Department and court made concerted efforts to achieve concurrent goals. If one of two concurrent goals was achieved during the period under review, the rating is based on the goal that was achieved: 0% (0 of 0).

OSRI Observations

- Delays in establishing permanency goals, delays in court processes related to the pandemic, and identifying adoptive resources for children with special needs impacted practice.

Addressing Challenges

- DCF created a Permanency Planning Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making. DCF anticipates that the Permanency Planning Unit will have a positive impact on timely and appropriate establishment of goals.
- In FY2022, the legal division received authorization to add 14 staff attorneys, 11 paralegals and 5 clerks. This addition of staff is expected to streamline production of discovery and assist attorneys with trial preparation as well as increase capacity related to the filing of Adoption and Guardianship Petitions.
- DCF is piloting a permanency tool used by managers to assist in ensuring that social workers and supervisors are collecting and considering all relevant information needed to inform timely and effective permanency planning for every child in care at the key decision points in a case: response, IPR, FCR and PPC. In part, the development of the questions used in the permanency tool were informed by common barriers identified in the quarterly adoption reviews. By prompting staff to take action that eliminates commonly identified barriers to

permanency earlier in the process, permanency can be achieved more quickly. The tool was piloted in 10 offices between the last quarter of CY2022 and first quarter of CY2023. Additional offices will receive training on the tool during CY2024.

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child’s placement, identify and plan for the child’s needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child’s best interests.
- The Department is currently revising the array of permanency services that can be offered to children/families by DCF contracted community providers. Services will be paid for by DCF with a focus on meeting permanency goals and timeframes. Under the new contract, services including permanency mediation, specialized adoption recruitment, and clinical consultation will be expanded to assist area offices reach goals for children (Specifically Adoption and Guardianship) in a timelier manner. These contracts are projected to go out to bid in 2024.
- Additionally, the Department created the “Manager of Adoption Contracts and Search” position to provide consultation for contracted adoption providers and to collaborate systemwide to promote timely permanency outcomes for children.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review – Progress Made Toward Achievement of the Permanency Plan Activities

Reflective of somewhat different focus than the CQI reviews referenced above, Chart P10 summarizes Foster Care Review (i.e., periodic review) panel determinations regarding whether necessary actions and essential changes for achieving the Permanency Plan were demonstrated. These include consideration of federal Adoption and Safe Families Act (ASFA) guidelines such as:

- Reasonable efforts provided in a timely manner to reunify the family
- Filing of a Termination of Parental Rights (TPR) for children/youth under age 18 who have been in care for 15 of the past 22 months—unless there is a documented exception
- Timely recruitment

Chart P10 indicates that for FCRs convened during SFY2023, the FCR Panel determined that 91.9% of the reviewed Permanency Plans should be maintained. Conversely, 8.1% were determined to require an Area Office review and/or a Permanency Planning Conference (PPC).

Chart P10. Determinations

	FY2020	FY2021	FY2022	FY2023
The extent of progress made toward achievement of the permanency plan.				
○ Were necessary actions and essential changes for achieving the child/youth/young adult’s Permanency Plan demonstrated?				
MAINTAIN PERMANENCY PLAN	92.0%	92.8%	92.1%	91.9%
Permanency Plan Achieved	0.2%	0.1%	0.1%	0.2%
Sufficient/Maintain Permanency Plan	42.7%	42.7%	39.8%	38.9%
Insufficient/Maintain Permanency Plan	45.8%	46.7%	48.9%	49.0%
Permanency Plan Changed within the last 45 days	3.3%	3.3%	3.3%	3.9%

CHANGE PERMANENCY PLAN	8.0%	7.2%	7.9%	8.1%
Insufficient/Change Permanency Plan	6.7%	5.9%	6.6%	6.8%
Permanency Plan does not reflect casework direction	0.5%	0.5%	0.6%	0.6%
Circumstances Changed and Permanency Plan is no longer relevant	0.9%	0.8%	0.7%	0.6%

DATA SOURCE: i-FamilyNet

DETERMINATION – Maintain Permanency Plan (91.9%)

- Sufficient: Of the children/youth/young adults reviewed during SFY2023, 0.2% had a Permanency Plan determined to have been achieved and 38.9% had a Permanency Plan determined to be sufficient and therefore should be maintained. A sufficient Permanency Plan is one in which the following criteria are met:
 - most but not all of the essential changes have been achieved to accomplish the Permanency Plan
 - tasks have been identified to achieve the remaining essential changes
 - progress is being made toward reducing or eliminating identified needs/dangers/risk
- Insufficient: In 49.0% of reviews, the FCR determined that there was insufficient progress towards the Permanency Plan but determined that circumstances warranted allowing additional time to complete tasks and demonstrate change within the existing Permanency Plan.
- Of the Permanency Plans active at the time of the FCR, 3.9% were in effect for 45 calendar days or less. As such, the FCR Panel could not review progress and make a determination.

DETERMINATION – Change Permanency Plan (8.1%)

- The FCR Panel determined that 6.8% of the reviewed Permanency Plans should be changed.
 - Though DCF provided services and despite allowing reasonable time, necessary or essential changes for achieving the Permanency Plan were not made, or successfully completed, and a new Permanency Plan is needed to meet the child/youth/young adult's need for permanency.
- The FCR Panel determined that 0.6% of the reviewed Permanency Plans should be changed because the Permanency Plans did not reflect casework direction.
- The FCR Panel determined that in 0.6% of the reviews convened during SFY2023, circumstances had changed and therefore the Permanency Plan was no longer relevant and should be changed.

Foster Care Review – Assessment of Placement Activities

DCF is required to complete all tasks and activities recommended at the Initial Placement Review—also known as the 6-Week Placement Review—for achieving child safety, permanency, and well-being. As summarized in Chart P11, “follow-up-activities” from the Initial Placement Review were completed by DCF prior to the Foster Care Review (i.e., periodic reviews) meeting in 76.2% of applicable reviews in SFY2023. The Department reformed its Initial Placement Review process during SFY2021 and focused on developing a collaborative process for assessing the immediate needs of the child in placement and creating a plan to return the child safely to their home. This process includes clear directives to identify follow-up activities and develop recommendations. In 94.4% of applicable reviews, FCR panels found that relatives were notified within 30 days of a child's placement.

Chart P11. Placement Activities

	FY2020	FY2021	FY2022	FY2023
Were “Follow Up Activities” from the Initial Placement Review completed by DCF? <ul style="list-style-type: none"> Along with mining the electronic case record for documentation, DCF’s completion of “follow-up activities” is assessed through direct inquiry of the social work team, family, and key participants during the FCR meeting. 	77.2%	76.7%	74.1%	76.2%
Were relatives notified of child/youth’s placement within 30-days? <ul style="list-style-type: none"> Pursuant to MGL c. 119, §23C: Whenever the Department places a child/youth in foster care, the Department shall immediately commence a search to locate any relative of the child/youth, including the parents of siblings who have custody of the siblings, or another adult who has played a significant positive role in that child/ youth's life in order to determine whether the child/youth may be safely placed with that relative or adult if, in the judgment of the Department, that placement would be in the best interest of the child/youth. Written notice is required within 30 days after the child/youth is removed from the parent's custody unless the kin or other adult could not be approved as a foster parent due to known family or domestic violence. 	91.5%	93.4%	92.1%	94.4%

DATA SOURCE: i-FamilyNet

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 70% of the 50 applicable cases reviewed. This represents an increase in performance compared to the 65% Strength rating observed in the 2015 CFSR3.

Permanency Outcome 2 – Item 7: Placement with Siblings

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 7 because 68% of the 34 applicable cases were rated as a Strength. This represents an increase in performance compared to the 64% Strength rating observed in the 2015 CFSR3.

Practice Description

- The child was placed with all siblings who also were in foster care: 21% (7 of 34).
- When all siblings were not placed together, there was a valid reason for the child's separation from siblings in placement: 59% (16 of 27).

OSRI Observations

- Performance was impacted by availability of non-relative placements that could accommodate sibling groups, physical standards requirements and re-assessment of foster home, and sibling group needs.

Addressing Challenges

- DCF implemented a new Family Resource Policy to increase the ability to identify, license, train, support, and manage the agency’s foster care system.
- The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to

improve performance.

Permanency Outcome 2 – Item 8: Visiting with Parents and Siblings in Foster Care

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 8 because 75% of the 36 applicable cases were rated as a Strength. This represents an increase in performance compared to the 59% Strength rating observed in the 2015 CFSR3.

Practice Description

- Concerted efforts were made to ensure that the frequency of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship: 81% (17 of 21).
- Concerted efforts were made to ensure that the quality of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship: 76% (16 of 21).
- The frequency and quality of visitation between the child and mother was sufficient to maintain and promote the continuity of the relationship: 76% (16 of 21).
- Concerted efforts were made to ensure that the frequency of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship: 79% (11 of 14).
- Concerted efforts were made to ensure that the quality of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship: 71% (10 of 14).
- The frequency and quality of visitation between the child and father was sufficient to maintain and promote the continuity of the relationship: 71% (10 of 14).
- Concerted efforts were made to ensure that the frequency of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship: 85% (23 of 27).
- Concerted efforts were made to ensure that the quality of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship: 85% (23 of 27).
- The frequency and quality of visitation with siblings in foster care was sufficient to maintain and promote the continuity of the relationship: 85% (23 of 27).

OSRI Observations

- Frequency and quality of visitation between children and parents was impacted by lack of transportation for parents, and difficulty in providing visits outside of business hours.
- Siblings' visit frequency and quality was found to be impacted by geographic distance, willingness of foster parents to facilitate visitation, and perceived mental/behavioral health impact of visits on children.

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review – Assessment of Parent-Child Visitation

Reflective of somewhat different focus than the CQI reviews referenced above, Chart P12 shows that the Department's Foster Care Review (i.e., periodic reviews) panels determined that visits between parents and their children were found to be maintained in 83.0% of reviews.

Chart P12. Parent-Child Visitation

	FY2020	FY2021	FY2022	FY2023
Were visits maintained between parents/caregivers and their placed children/youth? <ul style="list-style-type: none"> ○ Per DCF Permanency Planning Policy (#2013-01), regular and ongoing visitation between the parent/caregiver and child/youth is to be arranged throughout the child's placement—as long as there are no clinical or safety contraindications. ○ In general, parent and child/youth visitation should take place at minimum once-per-week unless a different schedule is indicated by the child/youth's age, the needs of the child/youth, the safety of the child/youth, or if parental rights have been terminated by the court. 	81.0%	77.8%	78.6%	83.0%

DATA SOURCE: i-FamilyNet

Permanency Outcome 2 – Item 9: Preserving Connections

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 9 because 74% of the 50 applicable cases were rated as a Strength. This represents equivalent performance compared to the 74% Strength rating observed in the 2015 CFSR3.

Practice Description

- Concerted efforts were made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school, and/or friends): 74% (37 of 50).

OSRI Observations

- Performance was impacted by the frequency in which children were placed outside of their home communities and difficulty maintaining connections with extended family members and siblings not in foster care placements (e.g., adopted, in guardianship and adult siblings).

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Permanency Outcome 2 – Item 10: Relative Placement

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 10 because 81% of the 47 applicable cases were rated as a Strength. This represents an increase in performance compared to the 71% Strength rating observed in the 2015 CFSR3.

Practice Description

- The child's current, or most recent, placement was with a relative: 32% (15 of 47).
- The child's current or most recent placement with a relative was appropriate to the child's needs: 100% (15 of 15).
- Cases in which concerns existed due to a lack of concerted efforts to Identify maternal relatives: 67% (6 of 9).
- Cases in which concerns existed due to a lack of concerted efforts to Locate maternal relatives: 67% (6 of 9).
- Cases in which concerns existed due to a lack of concerted efforts to Inform maternal relatives: 67% (6 of 9).
- Cases in which concerns existed due to a lack of concerted efforts to Evaluate maternal relatives: 89% (8 of 9).
- Cases in which concerns existed due to a lack of concerted efforts to Identify paternal relatives: 100% (6 of 6).
- Cases in which concerns existed due to a lack of concerted efforts to Locate paternal relatives: 83% (5 of 6).
- Cases in which concerns existed due to a lack of concerted efforts to Inform paternal relatives: 83% (5 of 6).
- Cases in which concerns existed due to a lack of concerted efforts to Evaluate paternal relatives: 83% (5 of 6).

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and

involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.

- DCF implemented a new Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system. As part of the new policy, specific kinship workers will be assigned for all kinship resources to offer relative placements education and support through the foster care process.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Permanency Outcome 2 – Item 11: Relationship of Child with Parents

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 11 because 46% of the 24 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 64% Strength rating observed in the 2015 CFSR3.

Practice Description

- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her mother: 52% (11 of 21).
- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her father: 43% (6 of 14).

OSRI Observations

- Performance in this area was impacted by a lack of transportation for parents to attend activities and appointments; difficulty engaging fathers; and parents not being invited to attend/participate in meetings or contact providers.

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

DCF Reforms on Foster Care, Placement Stability and Permanency for Children

Recognizing the need to address placement stability and permanency for children, the Department has targeted reforms in six key areas to support children and foster families involved with DCF:

- Revising DCF's foster care policy and practice;
- Continuing to increase and retain the number of quality foster homes;
- Increasing support for and communication with foster parents;
- Expanding short term childcare for children and youth;
- Modernizing DCF Information Technology systems to ensure social workers have real time information; and
- Strengthening behavioral health access and in-home supports.

WELL-BEING OUTCOMES:

A child and family's well-being is directly related to their safety and permanency and encompasses a range of other factors that contribute to quality of life. The Department is committed to the well-being of the children and families it serves. As such, DCF has been focusing attention on assisting families in the identification and development of the skills, connections and self-identity that contribute to a positive sense of personal worth.

Well-being for individuals begins with a strong self-identity, a purpose in life and emotional connections. A family's well-being is reflected in the ability to function as a unit in the home and community in a manner that keeps family members healthy and safe with opportunities for education and economic growth. Family well-being is enhanced through the ability to function independently; without the support of an external structured/formal system. Like family well-being, a child's well-being is reflected in the ability to function successfully in home, school, and the community. A child's well-being is dependent upon physical health, mental/behavioral, social/emotional, and educational needs being met. Every child and family deserve to experience a sense of well-being that includes the opportunity to grow and to develop a sense of mastery in their home, school, and community.

The following approaches are the focus of the Department's efforts to improve the well-being of children and families:

- A trauma informed clinical practice model guides casework practice.
- Positive Youth Development approaches are integrated into casework practice.
- Domestic violence, substance abuse and mental health needs are assessed/addressed.
- Children receive needed medical and dental services.
- Access to appropriate educational services and achievement of educational/vocational goals are promoted.
- Parents and children are actively engaged in identification of strengths and needs and in action (service) planning.
- A child's relationship with his/her father is actively supported.
- The cultural identity of the child and family is recognized and supported.

These approaches are reaffirmed in the Department's agency improvement leadership plan and through the implementation of priority activities integrated throughout casework practices.

WELL-BEING OUTCOME 1:

Families Have Enhanced Capacity to Provide for Their Children's Needs

In order to best serve children and their families, it is critical for child welfare agencies not only to assess the strengths and needs of children/parents and access services based on those assessments, but also to engage and empower the family to enhance capacity to ensure the safety, permanency, and well-being of their children.

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in 42% of the 100 applicable cases. This represents an increase in performance compared to the 34% Strength rating observed in the 2015 CFSR3. The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 1 – Item 12: Needs and Services of Child, Parents, and Foster Parents

Purpose of Assessment: To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 12 because 44% of the 100 applicable cases were rated as a Strength. This represents an increase in performance compared to the 38% Strength rating observed in the 2015 CFSR3. Item 12 was rated as a Strength in 50% of the 50 foster care cases and 38% of the 50 in-home services cases.

Practice Description

- Sub-Item 12A – Needs Assessment and Services to Children: 73% (73 of 100). [78% of 50 foster care cases; 68% of 50 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the children's needs: 86% (86 of 100). [88% of 50 foster care cases; 84% of 50 in-home services cases]
 - Appropriate services were provided to meet the children's needs: 71% (66 of 93). [77% of 47 foster care cases; 65% of 46 in-home services cases]
- Sub-Item 12B – Needs Assessment and Services to Parents: 49% (45 of 92). [52% of 42 foster care cases; 46% of 50 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs: 76% (67 of 88). [69% of 39

- foster care cases; 82% of 49 in-home services cases]
 - Appropriate services were provided to meet the mother's needs: 61% (51 of 84). [61% of 38 foster care cases; 61% of 46 in-home services cases]
 - Concerted efforts were made to assess and address the needs of mothers: 61% (54 of 88). [62% of 39 foster care cases; 61% of 49 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs: 56% (34 of 61). [65% of 23 foster care cases; 50% of 38 in-home services cases]
 - Appropriate services were provided to meet the father's needs: 36% (20 of 55). [48% of 21 foster care cases; 29% of 34 in-home services cases]
 - Concerted efforts were made to assess and address the needs of fathers: 39% (24 of 61). [48% of 23 foster care cases; 34% of 38 in-home services cases]
- Sub-Item 12C – Needs Assessment and Services to Foster Parents: 83% (39 of 47).
 - The Department adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis: 87% (41 of 47).
 - The Department provided appropriate services to foster and pre-adoptive parents related to caring for children in their care: 83% (34 of 41).

OSRI Observations

- Factors that impacted performance included delays in service provision, inconsistent placement visits, and ensuring foster parents were aware of children's needs.

Addressing Challenges

- DCF is currently developing an updated Ongoing Casework Policy with a goal of improving assessment and service provision to children and families.
- DCF's employs other strategies to strengthen engagement of out of home parents, particularly fathers.
 - The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
 - The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
- DCF implemented a new Foster Care Policy (i.e., Family Resource Policy) to increase the ability to identify, license, train, support and manage the agency's foster care system.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 1 – Item 13: Child and Family Involvement in Case Planning

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 13 because 58% of the 97 applicable cases were rated as a Strength. This represents equivalent performance compared to the 58% Strength rating observed in the 2015 CFSR3. Item 13 was rated as a Strength in 70% of the 47 foster care cases and 46% of the 50 in-home services cases.

Performance Description

- The Department made concerted efforts to actively involve the child in the case planning process: 83% (54 of 65). [86% of 29 foster care cases; 81% of 36 in-home services cases]
- The Department made concerted efforts to actively involve the mother in the case planning process: 72% (62 of 86). [70% of 37 foster care cases; 73% of 49 in-home services cases]
- The Department made concerted efforts to actively involve the father in the case planning process: 48% (28 of 58). [67% of 21 foster care cases; 38% of 37 in-home services cases]

Addressing Challenges

- DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
 - The update highlighted the FAAP as a “living document” that should evolve and be updated as family circumstances change, rather than solely based on periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review – Assessment of Engagement in Action Planning

Chart W1 indicates that for SFY2023, the Foster Care Review (i.e., periodic review) panel determined that 68.1% of reviewed parents/caregivers participated and/or engaged in the actions, tasks, services, or supports outlined in the Action Plan (case plan). Reviews further revealed that 54.9% of parents/caregivers demonstrated the changes specified in their Action Plan for promoting the safety, permanency, and well-being of their children—including demonstrable behavioral changes needed to reduce or eliminate the identified needs/dangers/risks.

Chart W1. Determinations

	FY2020	FY2021	FY2022	FY2023
19b1. Did the parent/caregiver participate/engage in the activities outlined in the Action Plan?				
<ul style="list-style-type: none"> ○ For every child/youth (0-18) whose parent/caregiver maintains parental rights—based on available information at the review—the FCR Panel determines whether the parent participated in the actions, tasks, services, and supports, identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate. 	72.5%	69.6%	67.5%	68.1%

19b2. Did the parent/caregiver demonstrate observable changes that reduce or alleviate danger, or the need for placement, or achieve the desired outcomes to improve the child/youth's safety and well-being?

- A "yes" is selected if the parent/caregiver demonstrated behavioral changes which support the outcomes that promote the safety, permanency, and well-being of the child/youth.
- A "yes" answer indicates that progress was made to increase parental capacities but does not necessarily indicate that all areas of focus have been resolved.
- A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.

59.1%	55.7%	54.3%	54.9%
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DATA SOURCE: i-FamilyNet

Well-Being Outcome 1 – Item 14: Caseworker Visits with Child

Purpose of Assessment: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 14 because 81% of 100 applicable cases were rated as a Strength. This represents an increase in performance compared to the 74% Strength rating observed in the 2015 CFSR3. Item 14 was rated as a Strength in 86% of the 50 foster care cases and 76% of the 50 in-home services cases.

Performance Description

- The typical pattern of visits between the caseworker and the child (ren) was sufficient: 97% (97 of 100). [98% of 50 foster care cases; 96% of 50 in-home services cases]
- The quality of visits between the caseworker and the child(ren) was sufficient: 83% (83 of 100). [88% of 50 foster care cases; 78% of 50 in-home services cases]

OSRI Observations

- Case reviews rated as an ANI showed that performance was impacted due to challenges with visiting children consistently and meeting alone with children to discuss safety and case planning.

Addressing Challenges

- To improve performance in this area, DCF is currently in the process of developing an updated Case Practice Policy to improve assessment and service provision to families.
 - Clarifies that frequency of visits with children is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than "monthly."
 - Emphasizes the quality of visits with children and provides guidance to strengthen practice, including recommended content to be covered by case workers. Additionally, supervisor roles are clarified that highlight the requirement to review case records and topics discussed in supervision with staff.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 1 – Item 15: Caseworker Visits with Parents

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 15 because 54% of 91 applicable cases were rated as a Strength. This represents an increase in performance compared to the 44% Strength rating observed in the 2015 CFSR3. Item 15 was rated as a Strength in 63% of the 41 foster care cases and 46% of the 50 in-home services cases.

Performance Description

- The typical pattern of visits between the caseworker and the mother was sufficient: 87% (76 of 87). [79% of 38 foster care cases; 94% of 49 in-home services cases]
- The quality of visits between the caseworker and the mother was sufficient: 75% (62 of 83). [71% of 35 foster care cases; 77% of 48 in-home services cases]
- Both the frequency and quality of caseworker visitation with the mother were sufficient: 71% (62 of 87). [68% of 38 foster care cases; 73% of 49 in-home services cases]
- The typical pattern of visits between the caseworker and the father was sufficient: 50% (29 of 58). [71% of 21 foster care cases; 38% of 37 in-home services cases]
- The quality of visits between the caseworker and the father was sufficient: 60% (28 of 47). [72% of 18 foster care cases; 52% of 29 in-home services cases]
- Both the frequency and quality of caseworker visitation with the father were sufficient: 45% (26 of 58). [62% of 21 foster care cases; 35% of 37 in-home services cases]

OSRI Observations

- Inconsistent or absent attempts to engage fathers was identified as a factor in the majority of applicable cases rated as an ANI.
- Additional areas impacting agency performance were inconsistent visitation with parents at their place of residence and engagement/assessment of all household members.

Addressing Challenges

- DCF is developing an updated Case Practice Policy to improve assessment and service provision to families.
 - Clarifies that frequency of visits with parents is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than “monthly.”
 - Emphasizes the quality of visits with parents and provides guidance to strengthen practice, including recommended content to be covered. Additionally, supervisor roles are clarified that highlight the requirement to review case records and topics discussed in supervision with staff.

- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review – Assessment of Social Worker Contact

The Foster Care Review (i.e., periodic review) process accesses DCF social worker contact with placed children, families, and foster parents/group care providers. Reflective of somewhat different focus than the CQI reviews referenced above, Chart W2 shows that in SFY2023, the Department’s Foster Care Review panels determined that DCF social workers were found to have maintained contact with 96.2% of assigned children, youth, and young adults. Contact with parents/caregivers was maintained in 44.9% of reviews. Social Worker contact with foster parents and group care providers was maintained in 96.2% of reviews.

Chart W2. Social Worker Contact	FY2020	FY2021	FY2022	FY2023
For children/youth/young adults in placement on the FCR review date, did the DCF social worker maintain required contact with assigned children/youth/young adults during the review period? <ul style="list-style-type: none"> o DCF social worker face-to-face contact with a child/youth/young adult in placement is required by policy at a minimum of once-per-month. 	97.3%	98.2%	96.7%	96.2%
Did the DCF social worker maintain required contact with the parents/caregivers? <ul style="list-style-type: none"> o DCF social worker contact with a parent/caregiver is required at a minimum of once per month. o Per policy, in discussion with the family and in consultation with the supervisor, the social worker determines the frequency, location, and method of the contacts. 	52.4%	52.5%	45.6%	44.9%
Did the child/youth’s social worker maintain required contact with foster parents/group care providers? <ul style="list-style-type: none"> o DCF social worker contact with foster parents or group care providers is required at a minimum of once-per-month. o Per policy, the DCF social worker in discussion with the family, foster parent or group care provider, and in consultation with the supervisor, determines the frequency, location, and method of the contacts. 	96.8%	98.4%	96.8%	96.2%

DATA SOURCE: i-FamilyNet

WELL-BEING OUTCOME 2: Children Receive Appropriate Services to Meet Their Educational Needs

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 76% of the 59 applicable cases. This represents a decrease in performance compared to the 90% Strength rating observed in the 2015 CFSR3. The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 2 – Item 16: Educational Needs of the Child

Purpose of Assessment: To assess whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 16 because 76% of the 59 applicable cases were rated as a Strength.

This represents a decrease in performance compared to the 90% Strength rating observed in the 2015 CFSR3. Item 16 was rated as a Strength in 83% of the 42 foster care cases and 59% of the 17 in-home services cases.

Performance Description

- The Department made concerted efforts to accurately assess the children's educational needs: 80% (47 of 59). [86% of 42 foster care cases; 65% of 17 in-home services cases]
- The Department made concerted efforts to address the children's educational needs through appropriate services: 75% (39 of 52). [82% of 38 foster care cases; 57% of 14 in-home services cases]

Addressing Challenges

- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Education is critical to a child's healthy growth and development and sense of well-being. Recognizing that educational achievement is impacted by CPS involvement, the Department proactively works with teachers and school departments to ensure that children in its care or custody receive appropriate educational services and are making progress toward achievement of educational or vocational goals.

The Department tracks a number of education-related indicators:

- High School Four-Year & Five-Year Cohort Graduation Rates
- Massachusetts Comprehensive Assessment System (MCAS) Passage Rates
- Attendance Rates
- High School Equivalency Testing Program (HSE) Rates (formerly GRE)

High School Four-Year & Five-Year Cohort Graduation Rates

Massachusetts Department of Elementary & Secondary Education (ESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. The Department tracks these graduation rates for children in its custody utilizing the same methodology utilized by ESE.

Adopting ESE's methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four (4) years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four (4) years or less.

Recognizing that many students need longer than four (4) years to graduate from high school, and that it is important to recognize the accomplishment regardless of the time it takes, the Department (and ESE) calculates a five-year graduation rate.

Chart W3.	DCF Target	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
4-Year Graduation Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%	57.3%	58.4%

5-Year Graduation Rate	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	62.3%	67.4%	aging
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Chart W3 shows that while the Four-Year Graduation Rates between academic years 2012 and 2022 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 10.1% of cohort students receiving acknowledgment for graduating in 2022. Of note, the Four-Year Graduation Rate increased by 16.1% between 2012 and 2023.

In 2020, the four-year graduation rate declined to 50.6%, reflecting the impact of the COVID-19 pandemic on academic achievement. The 2021, 2022, and 2023 four-year graduation rates are nearly equivalent to pre-pandemic rates.

Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates

MCAS is designed to meet the requirements of the Education Reform Act of 1993. This law specifies that the testing program must:

- Test all public-school students in Massachusetts, including students with disabilities and English Language Learner students;
- Measure performance based on the Massachusetts Curriculum Framework learning standards; and
- Report on the performance of individual students, schools, and districts.

As required by state law—in addition to fulfilling local requirements—students must demonstrate competency (score of proficient or higher) on the grade 10 tests in English Language Arts (ELA), Mathematics, and one of the four Science and Technology Engineering tests as one condition of eligibility for a high school diploma. Recognizing the importance of this metric, the Department tracks MCAS Competency Determination Rates for students in its custody utilizing an automated data exchange with ESE.

Chart W4.

	DCF Target	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019 ³	2019- 2020	2020- 2021	2021- 2022	2023- 2023
¹ MCAS Competency Determination Rate	≥ 40.0%	37.7%	37.1%	45.1%	41.2%	33.0%		n/a	25.4%	23.2%
ELA – proficient or higher		67.2%	66.8%	68.1%	64.3%	57.5%	MCAS not administered due to COVID-19 pandemic	62.3%	70.3% ⁴	60.8%
Mathematics – proficient or higher		40.3%	35.0%	42.7%	40.0%	34.3%		25.2%	32.0%	28.3%
² Science/Tech./Eng. – proficient or higher		74.7%	76.2%	81.5%	77.6%	71.2%		n/a	49.9%	46.9%

¹MCAS Competency Determination Rate: Denominator is now limited to children who have taken EACH of the 3 MCAS subtests.

²Science and Technology/Engineering subject area was adopted in school year 2011-2012. The cancellation of MCAS in 2020 impacted the reporting of STE scores for 2021. DESE provides an option for credit towards “competency determination” based on successful completion of coursework in ELA, Mathematics, and STE for the classes of 2021-2022, and STE for the class of 2023.

³MCAS was revamped for the 2018-2019 school year.

⁴ELA “competency determination rate” was lowered temporarily due to the COVID-19 pandemic.

Data Source: MA data exchange between DCF and ESE

Breaking a multiyear trend of underperformance, Chart W4 shows that MCAS Competency Determination rates for children in the custody of DCF in school years 2017 and 2018 were above DCF’s established target. Performance on the Mathematics and the Science/Technology /Engineering tests were impacted by the COVID-19 pandemic. Of note, MCAS Competency

Determination Rates were challenged in school years 2021-2022 and 2022-2023 by the significantly lower performance on these subtests.

The MCAS ELA and Mathematics tests were revamped for school year 2018-2019. Indicative that the new tests are more rigorous than the prior tests, in school 2018-2019 fewer Massachusetts 10th-graders scored within the proficient or higher range. Chart W5 below compares Massachusetts student performance on MCAS ELA and Mathematics between school years 2017-2018, 2018-2019 and 2022-2023:

Chart W5. 2018 MCAS vs. 2019 MCAS Performance	ALL Massachusetts 10th-Graders		
	Old MCAS 2017-2018	New MCAS 2018-2019	New MCAS 2022-2023
ELA – proficient or higher	91%	61%	58%
Mathematics – proficient or higher	78%	59%	50%

As evidenced above in Chart W5, the statewide drop in performance was significantly greater for all Massachusetts students than the decrease observed for DCF students in Chart W4.

Students with High Needs

DESE reports on students identified as High Needs. A student qualifies as High Needs if they are designated as either low income/economically disadvantaged, English learner/former English learner, or a student with disabilities/IEP. In school year 2022-2023, Chart W6 reveals that 98.9% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 55.1% for all Massachusetts students.

Chart W6. Students with High Needs	Massachusetts All Students 2022-2023	DCF Custody Students 2022-2023
Students with High Needs	55.1%	98.9%
	High Need Factors	
Low Income/Economically Disadvantaged ¹	42.3%	96.6%
English Learner	12.1%	9.2%
Former English Learner	25.0%	16.3%
Student with Disability ²	19.4%	50.4%

¹ As of SY22-23 a student qualifies as Economically Disadvantaged if they participate "in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program."

² Indicates the percent of enrolled students with an Individualized Education Program (IEP).

School Attendance Rates

Chart W7 shows that during school year 2022-2023, children in DCF custody attended 90.9% of their enrolled school days. This is comparable to the 91.0% attendance rate for Massachusetts students identified by DESE as High Needs students.

Chart W7. School Attendance Rates	Massachusetts All Students 2022-2023	Massachusetts Students with High Needs 2022-2023	Students in DCF Custody 2022-2023
Student Attendance Rates	92.5%	91.0%	90.9%

In SFY2022, DCF implemented revisions to its Education Policy that promote educational stability and improve academic performance. The changes also include specific guidance aimed at children and youth in special education settings and reducing school disciplinary actions.

Foster Care Review – Education Needs

Foster Care Reviews (i.e., periodic reviews) ascertain whether education needs are being met. As reflected in Chart W8, of children under 3 years of age who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertained that 88.5% were receiving Early Intervention services. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program, 97.3% were enrolled in an educational or vocational program. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program—based on available information at the review, 89.6% were found to have necessary educational supports in place (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stable educational setting, vocational training as appropriate).

Chart W8. Health, Education and Well-Being Needs	SFY2020	SFY2021	SFY2022	SFY2023
If applicable, is child in DCF placement receiving Early Intervention services? <ul style="list-style-type: none"> The federal Child Abuse Prevention and Treatment Act (CAPTA) requires DCF to refer families to Early Intervention if there is a supported 51B (abuse and/or neglect) investigation on a child who is under 3 years of age. DCF also supports access to Early Intervention services for any other family with a child under the age of 3 when it appears that such services might be beneficial. Under these circumstances, DCF works with the family to determine whether the family will contact the Early Intervention services provider directly or whether DCF will complete a referral. For children within the appropriate age cohort who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertains whether the children are receiving Early Intervention services. 	92.4%	87.5%	89.2%	88.5%
If applicable, is child/youth/young adult in DCF placement enrolled in an educational program? <ul style="list-style-type: none"> For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program, the FCR Panel ascertains whether the child/youth/young adult is enrolled in an educational or vocational program. 	97.7%	97.7%	97.6%	97.3%
Are educational needs being met for children/youth/young adults in DCF placement? <ul style="list-style-type: none"> For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program—based on available information at the review—the FCR Panel ascertains whether educational supports are in place as needed (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stability of the educational setting, vocational training as appropriate). 	90.6%	89.5%	89.8%	89.6%

DATA SOURCE: i-FamilyNet

WELL-BEING OUTCOME 3:

Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

While there is no singular measure that reflects a child or family's well-being, there are a number of indicators that provide insight into how effectively the Department promotes the wellness of children and families. One such indicator is access to medical and dental care. DCF has

identified access to quality medical and dental care for children as opportunities for improvement. Efforts to increase the Department's performance on medical/dental care are directed to both improve the data collection to document children's medical/dental appointments and collaboration with community partners to improve access to medical and dental care for children in our care or custody.

- **Status 2023 CFSR4:** The Department was not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 59% of the 59 applicable cases. This represents a decrease in performance compared to the 67% Strength rating observed in the 2015 CFSR3. The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 3 – Item 17: Physical Health of the Child

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 17 because 76% of the 59 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 85% Strength rating observed in the 2015 CFSR3. Item 17 was rated as a Strength in 82% of the 50 foster care cases and 44% of the 9 in-home services cases.

Performance Description

- The Department accurately assessed the children's physical health care needs: 90% (53 of 59). [94% of 50 foster care cases; 67% of 9 in-home services cases]
- The Department provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care: 82% (18 of 22).
- The Department ensured that appropriate services were provided to the children to address all identified physical health needs: 85% (47 of 55). [87% of 47 foster care cases; 75% of 8 in-home services cases]
- The Department accurately assessed the children's dental health care needs: 91% (51 of 56). [94% of 48 foster care cases; 75% of 8 in-home services cases]
- The Department ensured that appropriate services were provided to the children to address all identified dental health needs: 88% (45 of 51). [93% of 45 foster care cases; 50% of 6 in-home services cases]

Addressing Challenges

- In August 2022, DCF created Medication Administration Program (MAP) Director and Coordinator positions to support the oversight of prescription medication for children in DCF placement.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Well-Being Outcome 3 – Item 18: Mental/Behavioral Health of the Child

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 18 because 60% of the 52 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 62% Strength rating observed in the 2015 CFSR3. Item 18 was rated as a Strength in 68% of the 31 foster care cases and 48% of the 21 in-home services cases.

Performance Description

- The Department accurately assessed the children's mental/behavioral health needs: 83% (43 of 52). [90% of 31 foster care cases; 71% of 21 in-home services cases]
- The Department provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care: 100% (15 of 15).
- The Department ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs: 62% (31 of 50). [68% of 31 foster care cases; 53% of 19 in-home services cases]

Addressing Challenges

- The Department has established specialty units which partner with social workers to address the mental/behavioral health needs of children and families: e.g., Domestic Violence, Mental Health, Substance Abuse, Disability.
- The Department engages in advocacy and collaboration with sister agencies to address the mental/behavioral health needs of children and families: e.g., Department of Mental Health, Department of Public Health, Family Resource Centers, MassHealth Children's Behavioral Health Initiative (CBHI).
- The Massachusetts Behavioral Health Roadmap is expected to improve access to mental health care and substance use screening and treatment.
- The Department anticipates releasing a Support & Stabilization RFR in the spring of CY2024 with the intent of contracting with providers that will deliver a variety of services tailored to match the individual needs of children and families.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review – Health Needs

Foster Care Reviews (i.e., periodic reviews) ascertain whether health and well-being needs are being met. As found in Chart W9, medical needs were met in 93.8% of reviews, and dental needs in 85.4%. Rogers Guardianship Orders were found for 93.7% of children in DCF custody placed on antipsychotic medications.

A permanent lifelong connection (i.e., an adult already known to the child/youth/young adult who has made a commitment to be a permanent support) was in place for 96.4% of the reviewed children, youth, and young adults.

Chart W9. Health, Education and Well-Being Needs

	FY2020	FY2021	FY2022	FY2023
HEALTH				
Medical needs met for all open consumer children/youth/young adults? <ul style="list-style-type: none"> For each child/youth/young adult reviewed, the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up medical care. Routine medical care is to be provided according to the age-specific schedule indicated in the Bright Futures/ American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (aka Periodicity Schedule). 	94.0%	93.8%	93.8%	93.8%
Dental needs met for all open consumer children/youth/young adults? <ul style="list-style-type: none"> For children/youth/young adults (3-22), routine dental exams are required every six months. For every child/youth/young adult (3-22), the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up dental care. 	86.7%	81.9%	84.3%	85.4%
For children/youth in DCF custody receiving antipsychotic medications, is there a Rogers Order? <ul style="list-style-type: none"> A Rogers Order is required for each child/youth in the custody of DCF through a Care and Protection (C&P) petition or through Probate Court, who is currently prescribed antipsychotic medication. 	93.5%	93.0%	93.9%	93.7%
WELL-BEING				
Does child/youth/young adult in DCF placement have a permanent, lifelong connection? <ul style="list-style-type: none"> The FCR Panel ascertains if a permanent lifelong connection (i.e., someone who has made a commitment to be a permanent support for the child/youth) has been established. The lifelong connection may include family and other significant individuals in the child/youth/young adult's life—it need not be an adoptive parent or guardian. 	96.6%	96.8%	97.1%	96.4%

DATA SOURCE: i-FamilyNet

SYSTEMIC FACTORS (SF):

Systemic Factor Item 19: Statewide Information System

Description of Systemic Factor Item: The statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care.

- Status 2023 CFSR4:** The Department was found to be in substantial conformity with the systemic factor of Statewide Information System. Massachusetts received an overall rating of Strength for Item 19 on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *The Statewide Assessment contained evidence indicating that foster care status and demographic information were accurate and entered in the information system timely. Multiple stakeholders expressed confidence that the child's location and permanency goals were accurate in the information system, i-FamilyNet. DCF has systems in place to ensure that status, demographics, permanency goals, and location are entered timely and are accurate.*
 - Systemic Factor Item 19 was rated as a Strength in the 2015 CFSR3.

DCF operates a statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Since February 1998, the Department has operated a Statewide Automated Child Welfare Information System (SACWIS). Known as FamilyNet, the statewide information system served as the system of record for the Department and for all persons receiving services. FamilyNet included demographic information, a history of physical addresses for children and adults involved with the agency, as well as placement information for children in foster care. In addition, FamilyNet captured referrals for all paid services, and interfaced with the Office of the Comptroller's Massachusetts Management Accounting and Reporting System (MMARS) to initiate payment and to track receivables and collections in the event of an overpayment.

In 2006, FamilyNet's platform expanded to the Internet to support collaboration between the Department, hospitals, and placement service providers to help move/place children into less intensive treatment settings as appropriate. The Department's comprehensive transition to the web-based application of FamilyNet, now known as i-FamilyNet, was completed in FFY2023. The i-FamilyNet system was initially developed and continues to be maintained in-house with the Executive Office of Health and Human Services (EOHHS) IT resources dedicated to support the needs of MA DCF.

The i-FamilyNet system includes structured data elements pertaining to children in foster care, in-home children and families, and has robust capabilities to support the primary child welfare domains and functions of the agency. These areas are represented in i-FamilyNet through separate tabs in the header of the landing screen. Tabs include:

- Intakes
- Cases
- IV-E
- Resources
- Legal
- Fair Hearing
- ICPC (Interstate Compact on the Placement of Children)
- BRC (Background Record Check)
- Finance
- FCR (Foster Care Review)
- Children and Families
- Facilities

In addition to iFamilyNet, the Department developed and implemented a *Salesforce* database in Oct-2020 as a supplemental information system for specific units. As of FFY 2023, the Ombudsman's Office, Foster Parent Recruitment, Kinship Navigator, and Subsidy Unit utilize *Salesforce* in conjunction with iFamilyNet. The strength of *Salesforce* as a supplemental system lies in its customer relationship management services. The Department was initially drawn to this cloud-based system because of its capacity to track external inquiries related to becoming a foster parent, and then turning those inquiries into active foster homes as appropriate through "customer" engagement. Additionally, *Salesforce* allows the Department to track the success of its foster parent recruitment campaigns and adjust strategies as necessary.

Access to the specific features and data elements within each tab is controlled through security and permission sets which are tied to user role and functional need. In addition, access is also

dependent on the user's assigned region/area/unit. Role/functional need also limits user "write access" permission for entering or modifying the data. Intakes and Cases are more widely available to field staff, while tabs associated with specific units such as Resources, Legal, Fair Hearing, ICPC, BRC, Finance, and FCR are limited to staff from those units. Group care providers enter treatment plans and progress reviews in the Children and Families tab and document incident reports in the Facilities tab.

Entries into iFamilyNet are generally initiated by DCF Screeners through the intake process, whether through a 51A Report (i.e., report of abuse and/or neglect), court-order, or voluntary. At intake, consumer (adult and/or child) demographic information is entered into i-FamilyNet by the Screener. The Screener can edit the intake throughout the screening process. If the intake is protective and requires an investigation/response, the Response Worker adds additional case information, including updating demographics and adding additional case members as needed.

If a child requires removal from the home during the response, the Response Worker enters the Home Removal Episode (HRE). The service referral, which documents the placement location, can be entered by multiple entities. For group care and contracted foster care the service referral is entered by the lead agency once the case is assigned to them. For Departmental Foster Care it is entered by the Intake/Response Supervisor.

Non-protective intakes and concluded responses that open for case services are assigned to an Ongoing Social Worker. The Ongoing Social Worker updates consumer demographics, adds/removes case members as appropriate, documents home removals, and updates placement locations. For intakes and/or responses on an open case, the Ongoing Social Worker maintains the primary assignment on the case and the Screener and/or the Response Worker assumes secondary assignment on the case—permitting "write access" for both workers as needed.

If an ongoing case turns into an adoption case or a child enters DCF as an adoption, an Adoption Social Worker assumes assignment on the case. The Adoption Social Worker is then responsible for maintenance of the case record. Each touchpoint throughout a child/family's engagement and history with the Department affords an opportunity for staff to address/validate the quality of DCF data collection and documentation. These efforts are supported by regularly disseminated data reports to management and field staff, including fidelity to policy metrics.

Technology

In Jul-2014, the Department distributed nearly 2,500 4G-enabled iPads to increase out-of-office access to iFamilyNet. In an effort to further improve system access and compatibility, the Department deployed 4G-enabled Surface Pros to all Department social workers, supervisors, and their managers during FFY2020-2021. These Surface Pro devices have replaced both iPads and in-office desktops and allow staff to view and update information in i-FamilyNet from anywhere with a cellular or secured Wi-Fi signal.

In FFY2022-FFY2023, the Department began implementing Natural Language Processing (NLP) technology within i-FamilyNet. Natural Language Processing is a branch of artificial intelligence technology that systematically analyzes and recognizes patterns within written text,

similar to how people understand and interpret connections within conversations. The Department hopes that NLP will support critical thinking and informed decision-making throughout the life of a case. In i-FamilyNet, Natural Language Processing assists staff in quickly identifying patterns and key areas of focus throughout a case's dictation (i.e., notes). As an example, a caseworker's search for the term "school" will return related terminology such as "IEP," "attendance," "teacher," and "grades." Beginning in FFY2023, the Department launched the initial phase of implementation through a pilot program with supplemental training to promote engagement and effectiveness within area offices.

Data and Information on Children in Foster Care

The i-FamilyNet system functions as the primary mechanism for the collection, storage, and access of information for children in foster care. Within a child's profile or case, the "Primary Demographics" screen, "Address" screen, "Legal Status" screen, "Placement Settings" screen, and "FAAP" (Family Assessment and Action Plan) screens contain the necessary data elements related to a child's status, demographic characteristics, location, and permanency goal(s). These screens are available in real-time and reflect in-the-moment entries/updates. "Write access" is protected through permission rules and generally limited to staff with a current assignment (e.g., the Screener/Response Worker during intake and the Ongoing Social Worker once a case is open for services).

Previously entered data is typically accessed through a staff person's case assignments or through several search screens in which various identifiers or data elements can be used to narrow the results. For example, a person can be searched by PID (Person ID#), first name, middle name, last name, date of birth, social security number, or address. Once the correct individual/case/intake/resource/etc. is identified, the staff person can click on the entry and be brought to detailed information and screens relevant to the search. Per standard security protocol, results are only accessible to staff with the appropriate role. When seeking information on the most current status of an individual or case, opening the case record and reviewing the case information in iFamilyNet is the best, most efficient mechanism.

Data Validation

The Department regularly validates the information within i-FamilyNet to ensure accurate and reliable data through various sampling audits, including quantitative and qualitative reviews. Sampling audits are prompted by policy updates, IT system releases, ad hoc data requests and Public Records Requests (PRRs), and Data Fellows/CQI projects. As part of the validation process, the DCF Office of Management Planning and Analysis (OMPA) strategically reviews relevant data extracts for accuracy and consistency, and as appropriate, provides sample data for the Continuous Quality Improvement Unit (CQI) for in-depth i-FamilyNet case reviews. If a technical system logic error is identified, OMPA notifies the IT Unit and logs the submission. If a practice-related issue is identified, the Agency Improvement Leadership Team (AILT) is notified and actively works to support field staff with updated policy guidance, policy reviews, or arranges further training.

Data regarding paid placements is generally highly reliable as payment is predicated upon the

placement being accurately recorded. Completion of Intakes, Responses, and Family Assessment and Action Plans are closely monitored. Data regarding unpaid placements are somewhat less accurate. Nonetheless, Mental Health Specialists are closely monitoring the entry of psychiatric hospitalizations.

Areas needing improvement are being addressed through management reports as well as through the establishment of new or updated policies, focused rollout guidance/training, and i-FamilyNet enhancements designed to support reliable documentation of consumer demographics and casework.

Data quality is taken seriously and data errors, which cannot be corrected by the user are logged by the Information Technology unit, reviewed by a business analyst to determine if it is the result of user error or an application bug and corrected to the extent possible. Data errors identified when validating reports are similarly logged, analyzed, and corrected. Data extracts are extensively validated.

Reporting

The Executive Office of Health and Human Services' (EHS) Information Technology Reporting Unit (ITRU) and the Department's OMPA jointly develop and distribute reports using information from i-FamilyNet to ensure consistency and compliance with data collection. Of these reports, the comprehensive Quarterly Profile provides information on each of the primary data elements related to a child's status, demographic characteristics, location, and permanency goal(s). Further, these data elements are presented at multiple levels: statewide, regional, and area office. The report is published on the Department's website on a quarterly basis. Internally, reports containing the above data elements are distributed on a more frequent basis (i.e., daily, weekly, and monthly) for both quality assurance and management purposes.

Data necessary to ensure compliance with DCF policies and documentation requirements are available to DCF staff through on-line queries, batch, and warehouse reports. On-line queries are available in FamilyNet and i-FamilyNet and provide information used to assign cases, obtain a list of scheduled activities, view the summary of a court appearance, print case narratives, etc. Batch reports run on a schedule, are generally less widely available and are distributed to managers and administrative staff. System edits in FamilyNet and i-FamilyNet ensures demographic information for consumers and family resource providers is data entered at junctures when the information should be known (i.e., at the completion of Family Assessment and Action Plans, and during foster home licensing).

DCF has a data warehouse of purpose-built tables storing summary data of child placements, financial transactions, AFCARS, NCANDS and NYTD data, title IV-E determination data and more. Data from the warehouse is currently accessed through ad hoc queries and using a Jasper server. Reports available in the Jasper server are referred to as Jasper reports and include the AuthoCosts report, CFSR child welfare outcome reports, reports for tracking trends in reports of child abuse/neglect and responses, case openings and closings, and to support IV-E eligibility determinations. The AuthoCosts report tracks all payments for DCF-licensed and unlicensed foster homes, contracted foster homes, family-based services, and most congregate care

placements. All warehouse tables are designed to hold multiple years of data and are updated on a schedule tied to business reporting needs, generally, weekly, monthly, and quarterly. All Jasper reports include aggregated data summaries and support drill-down to detail data in the warehouse tables.

All on-line queries, batch and Jasper reports are based on statewide data, and most can be parsed by DCF region, area and unit or provider agency and provider division. This permits comparisons across regions, areas, and providers. Security protocols ensure that access to confidential data is limited to appropriate users. New reports are constantly under development to support DCF's evolving needs.

Dashboard Reports

The Massachusetts Office of the Child Advocate (OCA), Department of Children and Families (DCF), and the Executive Office of Health and Human Services (EHS) seek to utilize child welfare data more effectively to improve services for children and families throughout Massachusetts. As part of this project, EHS/DCF developed an expandable proof-of-concept (POC) of an enhanced data analysis and visualization platform to help support child welfare information sharing and decision making.

The project resulted in the development of a public facing DCF Dashboard which summarizes child welfare administrative data (e.g., intake, response, case, and consumer counts). The web-based dashboard is end-user filterable along multiple attributes (e.g., date range, region/area, case type, permanency goals, placement location, time in placement, age and SOGI). The DCF Dashboard was rolled-out in CY2023. Additional internal dashboards were rolled-out in the spring of 2024. Development continues on both internal and public facing dashboards.

Systemic Factor: Case Review System – Items 20-24

- **Status 2023 CFSR4:** The Department was found not to be in substantial conformity with the systemic factor of Case Review System. One (1) of the 5 items in this systemic factor was rated as a Strength.
 - The systemic factor of Case Review System (Items 20-24) was rated as an Area Needing Improvement in the 2015 CFSR3.

Systemic Factor: Case Review System – Item 20: Written Case Plan

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *The data presented in the Statewide Assessment showed that although Massachusetts has policies in place requiring the participation of the parents in case planning, it is not routinely happening.*

Massachusetts acknowledged in writing at the beginning of the stakeholder interviews that parent engagement in case planning was an Area Needing Improvement. As a result, none of the stakeholder interviews included this item.

- Systemic Factor Item 20 was rated as an Area Needing Improvement in the 2015 CFSR3.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

The Department's written case plan is referred to as the Family Assessment and Action Plan. In 2017, the Department implemented the Family Assessment and Action Planning policy, which serves as the primary policy and framework for case planning on open cases. The Department's information management system, i-FamilyNet, was also updated in 2017 to support the new policy and included the development of a revised electronic template for written case plans, so all written case plans are documented and tracked electronically. Policy fidelity metrics to support implementation and inform quality improvement were also developed. The policy was further revised in 2021 to include clearer timeframes, practice guidance on case planning for families with disabilities, the use of structured decision-making tools in conjunction with the family's case plan, and emphasis on written case plans as evolving documents that are updated as a family's strengths and needs evolve.

The policy emphasizes that written case plans are developed in collaboration with children, youth, young adults, parents, caregivers, and collaterals and focuses on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

- To determine whether the Department remains involved with the family to safeguard child safety and well-being; and
- For families who must stay involved, jointly developing a plan to support the family in strengthening their capacity to meet the safety, permanency, and well-being needs of each child.

Family Assessment and Action Plan Scope

Family Assessment is the Department's family-focused, participatory process of gathering information about the family's history, functioning, strengths, and needs and about how well the safety, permanency, and well-being needs are being met for the child. The Family Assessment includes the following:

- *Family Profile and Functioning:* Focuses on understanding how caregiver/family history and current functioning is related to the reason(s) for the current involvement with the Department. Consideration is given to the family's personal history, any past involvement with the Department or another state's child welfare agency, if known, and supports (both formal and informal) that may be in place to address the child's needs for safety, permanency, and well-being.
- *Parental Capacities:* Focuses on understanding the caregiver's capacity to provide for each child's safety, permanency, and well-being and is used to identify the focus areas for interventions and supports. The protective factors that will be addressed include:
 - knowledge of parenting and child development;

- building social and emotional competence of children (nurturing and attachment);
 - parental resilience;
 - social connections; and
 - access to/utilization of concrete support in times of need.
- *Child Safety, Permanency, and Well-being*: Focuses on a brief profile of each child, their role in the family, their unique strength and needs, and a summary of their permanency plan. The factors to be assessed include:
 - safety;
 - health and development;
 - cognitive and academic functioning; and
 - social and emotional functioning.
- *Clinical Formulation*: succinctly summarizes the Family Profile and Functioning, the Parental Capacities and the Safety, Permanency, and Well-being of each child. In the clinical formulation, the Social Worker states whether continued Department involvement is being recommended or not and the reason(s) for this recommendation; and identifies the priority areas of focus for the Action Plan to enable the family to provide for the safety, permanency and well-being of each child.

Statewide Case Review System Functioning for Written Case Plans

The Department's case review system includes utilizing quantitative data at the state, regional, and area office level to inform the Department's understanding of policy and practice fidelity statewide. Each policy has a set of key metrics established that align with the goals of the policy. The Department also conducts qualitative case reviews through the Department's Continuous Quality Improvement Unit to further inform policy and practice fidelity and potential barriers to compliance. Additionally, the Department's information management system, i-FamilyNet supports operationalizing policy and practice.

For written case plans, the Department utilizes quantitative metrics established in the Family Assessment and Action Planning Policy Fidelity Metrics to determine whether Family Assessments and Action Plans are developed in a timely manner and include contacts with children and parents as outlined in the policy.

i-FamilyNet was updated in 2017 to operationalize the Family Assessment and Action Planning policy. New features included the ability to obtain signatures on Action Plans from youth, young adults, and parents. Additionally, for placement cases, mandatory text fields require the Social Worker to document the following:

- a discussion of the child's placement, maintaining safety, while being the least restrictive and closest placement to the child's home.
- a discussion of how the placement is within the best interests of the child and can best meet the child's needs
- a description of the services offered and provided to prevent removal of the child from the home and to reunify the family
- For cases where a goal changes, a description of the steps to finalize a placement when the case plan goal is or becomes adoption, guardianship, or an alternative placement goal.

Systemic Factor: Case Review System – Item 21: Periodic Reviews

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 21 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Although the timeliness of periodic reviews declined during the height of the COVID-19 pandemic, the data, confirmed by stakeholder interviews, showed that Foster Care Reviews (periodic reviews) are routinely held in a timely manner across the state. The Statewide Assessment presented data for SFY 2023 that showed that most reviews were timely from July 2022 through October 2022 and stakeholders interviewed said that periodic reviews held 2022 through January 2023 were timely. When reviews were delayed, they were typically rescheduled within a month.*
 - Systemic Factor Item 21 was rated as a Strength in the 2015 CFSR3.

Federal and state laws require that the Department operate a system of Foster Care Review (FCR) dedicated to engaging key participants in a timely and periodic review of all cases involving children, youth, and young adults in out-of-home care. The purpose of Foster Care Review is to assess the progress being made to address the reason(s) for the Department's involvement with the family and to examine and make recommendations regarding efforts to safely achieve permanency for the child, youth, or young adult. It complements the oversight role of the judiciary in individual cases.

Pursuant to MGL c. 18B, §6A, Foster Care Reviews are conducted by the Foster Care Review Unit (FCRU), a distinct and independent unit within the Department that operates outside of DCF's day-to-day delivery of casework services. The FCRU is dedicated to quality oversight of the Department's case decisions. It contributes aggregate data and information that is needed to support the Department's Continuous Quality Improvement (CQI) efforts.

It is the policy of the Department that all cases involving children, youth, and young adults in out-of-home placement are reviewed no less frequently than once every six months. The Foster Care Review Unit is responsible for conducting a Foster Care Review for a family when at least one child, youth, or young adult in the family under the age of 22 is in placement. A child, youth, or young adult is in placement when they are in Department custody through a court order, a Voluntary Placement Agreement (VPA), or a Child Requiring Assistance (CRA), and are living outside the home of their parent(s) or guardian(s).

The initial Foster Care Review is scheduled to occur by the sixth calendar month after the date the first child, youth, or young adult in the family enters placement. Subsequent Foster Care Reviews are scheduled every six months from the initial Foster Care Review date, as long as a child, youth, or young adult up to age 22 remains in placement.

The Foster Care Review is conducted by a three-person panel whose members must not carry

responsibility for case management, oversight, or service delivery for the case under review. The panel consists of:

- Member of the Foster Care Review Unit (i.e., case reviewer) who convenes the meeting
- Second party reviewer, who is a manager or supervisor from the Area Office that is not the manager or supervisor assigned to the case under review
- Volunteer case reviewer, a citizen who has been recruited and trained by the Foster Care Review Unit
 - Volunteer case reviewers are recruited to represent, to the maximum extent feasible, the various socio-economic, racial and ethnic groups of the community served by the Department

To promote the inclusion of a variety of perspectives, the following parties are included in the Foster Care Review and provided with sufficient notice of the review date:

- Parent(s)/guardian(s), including putative or unwed father(s)
- Youth 14 years of age and older, and young adults
- Foster parent(s) and group care provider(s)
- Children, youth, and young adults' attorney(s)
- Parents' attorney(s)
- Social worker(s) and supervisor(s) assigned to the family
- DCF attorney(s)
- Family resource, adoption, and adolescent outreach social worker(s), as assigned

In March 2019, DCF updated the Department's Foster Care Review Policy to emphasize that permanency planning must occur at every review, clarify the roles of DCF social workers and attorneys in preparing parents for Foster Care Review, and establish a process for attorneys to transmit documents to DCF ten days before the review.

In conjunction with the updated policy, DCF discontinued its paper-based system and implemented an automated system for scheduling reviews and documenting findings and recommendations. Other technology upgrades include immediate access to interpreters by telephone and WebEx accounts for conferencing parties unable to attend in person.

Information Technology Enhancements

The Department's FCRU worked with the EHS/DCF Information Technology (IT) unit to develop an FCRU module, results, and reporting structure within i-FamilyNet. This IT solution includes an automated system for scheduling case reviews. The FCRU Volunteer Case Reviewer program website—located within mass.gov—was revised in July 2018, to include an automated DocuSign volunteer application. Leveraging current technology, active ongoing recruitment efforts for volunteer case reviewers was expanded to include social media outlets.

With the implementation of the revised FCR policy in January of 2019, case reviewers began utilizing the new FCRU module. This module provides structured process and outcome data for tracking FCR Determinations, as well as other key FCR measures (e.g., invitee/attendee rates, panel member attendance rates). Fidelity metrics were developed to assess fidelity to the revised FCR policy. These reports are utilized to identify strengths and areas needing improvement in

case practice, as well as the FCRU process and practice. The revised FCR policy includes clear and collaborative responsibility to ensure key participants are invited to case reviews. The new automated scheduling system provides more timely notification to prospective invitees and supports greater attendance and participation by key participants.

Chart SF22a. Foster Care Review	SFY2020	SFY2021	SFY2022	SFY2023
Unique Children/Youth/Young Adults in Placement at Any Time ⁽¹⁾	15,584	14,781	14,424	13,696
Unique Children/Youth/Young Adults with a Convened FCR ⁽²⁾	12,864	12,068	11,829	11,306
Total Foster Care Review Meetings Convened	12,420	12,329	10,561	11,052

(1) Unduplicated count of children/youth/young adults in placement for at minimum one day during the fiscal year. While FCRs are scheduled every six months of placement, children/youth/young adults may exit placement prior to the triggering of their first or subsequent FCRs.

(2) While a child/youth/young adult may be reviewed two or more times during a twelve-month period, Table 4 presents an unduplicated count of reviewed children/youth/young adults.

In response to the COVID-19 pandemic, the FCRU pivoted to convening FCRs through videoconference technology. Consequently, family, youth, substitute care provider, and legal participation increased significantly.

Systemic Factor: Case Review System – Item 22: Permanency Hearings

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 22 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *There was inconsistency in the data presented in the Statewide Assessment and with the information provided during stakeholder interviews. Generally, slightly more than half of the initial permanency hearings were timely and that less than slightly more than two thirds of subsequent permanency hearings were held on time. There were data quality issues resulting from inconsistent entry of the data and a lack of information sharing between the Juvenile Court and the agency and that children who enter care because of a Child Requiring Assistance (CRA) petition may not have permanency hearings scheduled by the court.*
 - Systemic Factor Item 22 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

The Massachusetts General Laws requires the Court to schedule a permanency hearing within 12 months of the original grant of custody and every 12 months thereafter to review the permanency plan for the child. *MGL c. 119, § 29B(a)*. If the Court determines that reasonable efforts to preserve and reunify the family are not required, the permanency hearing is held within 30 days of that determination. The Massachusetts Trial Court has also established uniform rules to

provide a consistent procedure for these hearings. *Trial Court Rule VI: Uniform Rules for Permanency Hearings*. Juvenile Court Standing Order 1-18 requires the Court to send a list of the scheduled hearings to the Department 90 days prior to the scheduled hearing date. Within 30 days of receiving the list of scheduled hearings, DCF reviews the list and notifies the court of children who are no longer in the care or custody of the Department or have returned home for more than 6 months. No less than 45 days prior to the scheduled date for the permanency hearing, the court notifies all parties of the permanency hearing date and within 30 days of the scheduled date DCF is required to file a permanency hearing report.

In addition to the lists received from the Court, DCF has its own monitoring system to determine when permanency hearings are due for each child in DCF custody. DCF runs a monthly report of all children in placement, with key information such as the child's age, permanency goal, the last permanency hearing date, the due date for the next permanency hearing and the next scheduled permanency hearing date if available. This report provides a monitoring mechanism to assist with scheduling timely permanency hearings on an annual basis, particularly where the date the child entered placement and the date the court granted custody to DCF are not always the same. In 2017, DCF hired a team of paralegals to monitor permanency hearings, including establishing procedures for obtaining and filing permanency hearing reports with the court, prior to the scheduled hearing date.

The Department's Permanency Planning Policy also specifies when Permanency Hearings are to be conducted. These include (1) within and no later than 12 months after the court grants the Department custody, the child enters placement or a Voluntary Placement Agreement (VPA) is signed—whichever occurs first (or within 60 calendar days after court extends a VPA); (2) every 12 months thereafter as long as child remains: (a) in placement, including young adults over 18; or (b) in Department custody even if at home for less than 6 months; or (c) within 30 calendar days after a judicial determination that reasonable efforts to reunify the family are not required. The Court's and Department's processes provide a 60-day buffer from the date a child has entered foster care as that is defined under Title IV-E of the Social Security Act.

Systemic Factor: Case Review System – Item 23: Termination of Parental Rights

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Information in the Statewide Assessment and confirmed in stakeholder interviews showed that TPRs are not routinely filed in accordance with ASFA. Massachusetts lacks data to show when TPR filings occur.*
 - Systemic Factor Item 23 was rated as an Area Needing Improvement in the 2015 CFSR3.

- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Massachusetts' general laws as well as DCF's Policy #2013-01, Permanency Planning, established the requirement for proceeding with a termination of parent rights (TPR) when a child has been in foster care 15 of the last 22 months unless an exception applies. In addition, the trial courts have established time standards so a child welfare case will be resolved between 12 and 15 months after filing. Those time standards are monitored by the administrative office of the Juvenile Court or Probate and Family Court as well as the Administrative Office of the Trial Court.

Permanency Planning Conferences or PPCs are the primary vehicle DCF uses for reviewing clinical and legal issues related to permanency decision-making. Generally convened by the Area Office Director, PPCs are required:

- as soon as determined that prognosis for reunification is poor;
- within first 9 months following date of placement;
- if 9-month PPC outcome was not to initiate TPR and child remains in placement 15 of previous 22 months;
- to change a child's permanency plan;
- within 20 working days after FCR determination that includes recommendation that child's permanency plan be changed; or
- within 5 working days after a court determines reasonable efforts are not required.

Participants required to attend the PPC include child and family's SWs and Supervisors, Area Adoption Supervisor, FRW or FR Supervisor and Department Attorney and/or Legal Manager. PPCs address:

- Family's situation and status
- Barriers to reunification
- Family's participation in service planning/case review
- Child-specific issues
- Placement considerations and other resource issues

As specified in DCF's Permanency Planning Policy, termination of parent rights (TPR) is considered at all PPCs as are use of permanency mediation, Adoption Surrender and/or Open Adoption Agreements.

Pursuing termination of parent rights requires a PPC and can be initiated as soon as initial placement and must be initiated if a child is in Department placement for 15 of the previous 22 months, except when Director of Areas or their designee approves one of following TPR exceptions:

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in Service Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best

interests, i.e.:

- parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
- for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;
- child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family;
- any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

At the time the ASFA requirements were incorporated into state law, DCF established a policy and monitoring mechanism for the Department to hold a permanency planning conference on every child who had been in care for 15 of 22 months where a TPR is not already being pursued. The monitoring mechanism provides the list 3 months prior to the 15th month. The report is issued to each area and legal office and includes any children who have been in care for 12 months or more where a TPR has not been initiated or where the agency has not found a compelling reason not to file a TPR. DCF established four criteria for not filing a TPR. The Department holds permanency planning conferences prior to the 15th month to determine if a TPR should be filed or if a compelling reason exists. The conference and its outcome are documented in FamilyNet.

Systemic Factor: Case Review System – Item 24: Notice of Hearings and Reviews to Caregivers

Description of Systemic Factor Item: The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 24 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Information in the Statewide Assessment showed that although the state has a variety of means to notify foster parents of hearings and the right to be heard, the agency's information system lacks the ability to track when notices of hearings and reviews are sent to, and received by, foster and adoptive parents, and relatives providing care. Some Statewide Assessment focus group participants reported that their receipt of notices of permanency hearings was inconsistent, but some stakeholders participating in interviews reported that notices for hearings were received.*
 - Systemic Factor Item 24 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Massachusetts General Laws c. 119 s. 29D establishes the right of foster parents, pre-adoptive parents, and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings.

The Department uses several mechanisms to ensure that foster/pre-adoptive and kinship foster parents are aware of their rights under this requirement and of the dates the cases of children in their care are in court, including the following:

1. Foster/pre-adoptive parents are informed during the Massachusetts Approach to Partners in Parenting (MAPP) training they attend before they are licensed as foster parents;
2. Foster/pre-adoptive parents are given a resource guide, which includes a section on the right to attend hearings and the right to be heard;
3. Family resource workers and the social workers for the children placed in the home conduct routine home visits, during which they inform the foster/pre-adoptive parents about upcoming court dates;
4. The DCF legal department sends a formal notice to the current caregiver for both permanency hearing dates and trial on the merits dates. A template letter is available in i-FamilyNet to facilitate this requirement. The letter pre-populates with the current caregiver based on placement data in i-FamilyNet. This helps to ensure that as children's placements change, there is not an additional burden on either the legal or clinical staff to send the notice to the correct caregiver;
5. The Department has created a Foster Parent Portal. Once licensed, a foster parent receives a welcome email that introduces FosterMA Connect, and automatically creates an account. Their username/temporary password is sent to them with a link to log in. Foster/pre-adoptive parents who choose to use the portal have access to a calendar of upcoming dates, including permanency hearings and trials;
6. In addition to DCF, the children's lawyers can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates. The child's attorney is required to visit the child client in the placement at least every quarter, and more often if needed.

The notice generated in i-FamilyNet:

- Notifies the caregiver that they have the right to attend and be heard at the upcoming permanency hearing or trial,
- Provides the name of the DCF attorney assigned to the case with a telephone number to contact the attorney, and
- Reminds the caregiver of the name of the child's social worker assigned to the case along with a phone number to reach the worker in the event the caregiver has questions.

Systemic Factor Item 25: Quality Assurance System

Description of Systemic Factor Item: The quality assurance system is functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

- **Status 2023 CFSR4:** The Department was found to be in substantial conformity with the systemic factor of Quality Assurance System. Massachusetts received an overall rating of Strength for Item 25 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *The Statewide Assessment provided information about DCF's extensive quality assurance process, which identifies the strengths and needs of the service delivery system through the case review process and policy fidelity reviews. DCF uses the Onsite Review Instrument and Instructions (OSRI) to review 200 cases per year and routinely provides relevant reports and evaluates program improvement through established processes for the analysis and dissemination of quality data on performance measures. In addition, DCF has a Data Fellows Program that develops and expands staff's capacity to better understand and use data to improve practice and outcomes for the children and families served by the agency. The Department has a process for providing feedback to stakeholders and decision makers and as needed to adjust state programs and process.*
 - Systemic Factor Item 25 was rated as an Area Needing Improvement in the 2015 CFSR3.

Additional information may be found in section C4 Quality Assurance System.

Systemic Factor: Staff and Provider Training – Items 26-28

- **Status 2023 CFSR4:** The Department was found to be in substantial conformity with the systemic factor of Staff and Provider Training. Two (2) of the 3 items in this systemic factor were rated as a Strength.
 - The systemic factor of Staff and Provider Training (Items 26-28) was rated as an Area Needing Improvement in the 2015 CFSR3.

Systemic Factor: Staff and Provider Training – Item 26: Initial Staff Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 26 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Massachusetts' new worker training consists of 6 weeks of classroom training, formalized on-the-job learning (OJL) activities, and a graduated process for being assigned new cases. Data showed that almost all staff complete the training within the required 6 weeks. DCF described in the Statewide Assessment how the agency used the Round 3 PIP to address a revision of their new worker training which emphasized social work practice skills and application over theory. DCF also included a formalized OJL strategy and the development of a self-assessment evaluation of the initial training. All new social workers must complete this 6-week training series plus OJL activities before being assigned cases. Supervisors monitor the progress of their workers' training in real time on the state's learning management system, MassAchieve. Supervisors can also*

look at the training calendar for trainings that would support specific skill enhancement for workers and assign the training to workers.

- Systemic Factor Item 26 was rated as an Area Needing Improvement in the 2015 CFSR3.

The New Social Worker Pre-Service Training (NSWPT) program is the primary training and onboarding program for newly hired direct service social workers. All new social workers must complete this six (6) week comprehensive training series plus On-the-Job learning activities prior to being assigned cases. New social workers are expected to complete on the job learning activities during their preservice training period and throughout their probationary period. Cases are not assigned to new workers until they have fully completed preservice training.

Training nearly 5,000 new social workers since 2016, the NSWPT is the largest program implemented by the DCF Child Welfare Institute—the professional development and training division of the Department of Children and Families.

In March 2020, in the context of the COVID-19 pandemic CWI staff transformed the newly revised New Social Worker Pre-Service Training from an in-person classroom-based program to a fully virtual learning model utilizing both synchronous and asynchronous online teaching approaches. Mirroring the agency’s AGILE framework, this transformation was completed quickly and creatively, which allowed the CWI to train new social workers throughout the pandemic without interruption. The instructional re-design of the NSWPT was completed and tested by October 2021.

Though initially created in response to pandemic restrictions, the redesign’s blend of real-time instructor led virtual sessions, peer learning virtual sessions and self-paced learning assignments has allowed for greater flexibility to meet different learning styles. An added benefit is that this new model readily supports concurrent cohorts of new social worker training. This has proven instrumental in that it has allowed CWI to meet increased training capacity needs brought on by the agency’s ramped-up hiring rate. Nine NSWPT cohorts were run in SFY2022 (note: multiple cohorts were run concurrently). To support ramped-up onboarding of social workers, twelve (12) cohorts are planned for CY2023.

NSWPT Components

The NSWPT program is divided into twenty-three (23) learning modules, and each module has an identified learning path. The content and activities for each of the learning paths are topic focused and directly relevant to the day-to-day work of helping families keep their children safe. Each learning path includes in person instructor-led experiential training sessions, peer learning groups, eLearning resources, and self-paced learning supports. All training materials are accessible in an on-line format through the DCF Virtual Gateway. This ensures that new social workers have immediate access to a comprehensive collection of learning resources. Training materials remain available to social workers throughout their career in the agency—permitting future reference as needed.

Learning modules include:

- Decision Making

- Abuse and Neglect
- Cultural Humility
- Impact of Trauma
- Safety
- Engagement
- Interviewing
- Assessment and Formulation
- Family Assessment and Action Planning
- Permanency
- Placement
- Dictation and Home Visits
- Legal
- Quality Contacts
- Licensing
- Professional Development

In addition to large group didactic and experiential learning activities, the NSWPT program contains multiple opportunities for small group learning and discussion. Each learning path includes pod learning sessions, which are small group learning experiences facilitated by an expert in child welfare practice. Pod learning sessions allow participants to dig deeper into essential child welfare practice topics through analyzing case scenarios and trying out new strategies and skills. The NSWPT also includes Professional Learning Communities (PLC) – small cohort groups focused on peer-to-peer interaction and collaboration. In these groups new social workers work together on group assignments and compile their own professional portfolios and conduct self-assessments. The pod learning sessions and PLCs provide a mechanism for testing whether social workers are retaining the knowledge and skills covered in training sessions. It also allows trainers the opportunity to test whether knowledge and skills have been effectively communicated. Instructors use small group discussions to test knowledge and also distribute knowledge check documents where trainees answer questions or complete activities. They are encouraged to do this collaboratively with either their small group learning community or their supervisor in the office.

Both mechanisms are utilized as strategies for reinforcing/supplementing/recalibrating instruction material as necessary.

On-the-Job Learning

On-the-Job Learning (OJL) is an integral part of training for new social workers. The NSWPT program includes days each week dedicated to on-the-job learning, and learning materials (videos, readings, and assignments) that new social workers complete and share with supervisors. Each learning path contains a corresponding OJL activity that allows the new social worker to apply what was learned in the “classroom” to the field. OJL materials are available via the DCF intranet and as an OJL manual to ensure that new social workers, supervisors, and field staff are each able to readily access the materials.

While the hybrid work model instituted through DCF has facilitated effective case practice with children and families, it has challenged the implementation of OJL. The agency's hybrid work model naturally results in fewer staff in the area offices on any given day—thereby decreasing opportunities for establishing a consistent manager/supervisor/social worker presence for facilitating OJL.

Another current challenge is area office staffing levels. Workforce retention and recruitment challenges have been exacerbated by the COVID-19 pandemic, resulting in increased staff turnover and consequent vacancies. This further reduces capacity to support the Department's traditional OJL strategies.

Recognizing the need to onboard social workers as close to their "offer acceptance date" as possible so that they are not lost to the "hot" job market prior to their official start date, the Department implemented an *"Office-First" Orientation* strategy in Dec-2022. This strategy moves the new social worker hire date closer to the "offer acceptance date" (i.e., two weeks before the start of the next scheduled NSWPT cohort). In this model, newly onboarded social workers are paired with a local manager/supervisor who assumes a "coordinator" role, ensuring that the new hire is provided with a structured and intentional orientation plan. This structure includes end-of-day check-ins with a manager/supervisor and end-of-week debriefs with the "Coordinator." In this *"Office-First" Orientation* model, new social workers are assigned learning activities and given opportunities to shadow current staff. At the end of this two-week *"Office-First" Orientation* period, the new social worker begins their formal NSWPT program—albeit somewhat better prepared to absorb its content.

Ongoing OJL will build upon the supports provided by *"Office-First"* coordinators and the check-ins with managers/supervisors that were established prior to starting the NSWPT program. CWI is committed to developing an OJL strategy that can be successfully facilitated in the current work environment and will incorporate, and build-upon lessons learned from the *"Office-First" Orientation* strategy.

Case Assignment

While new social workers shadow seasoned social workers throughout NSWPT and OJL, cases are not assigned to them until they have completed NSWPT and requisite OJL components. This strategy helps to ensure that new social workers receive the basics skills and knowledge needed to carry out their duties prior to formal case assignment. Beyond this, new social workers receive close supervision/coaching during their extended onboarding (9-month probationary period). Supervisors complete EPRS (Employee Performance Review System) evaluations with new workers at the 6-month mark of their probationary period and consult with their Area Program Manager if they have concerns about a new social worker's performance or ability to assume duties at the end of their probationary period. Individual needs are addressed through supervision, ancillary training, or separation as warranted.

Case assignment ramps-up according to the following schedule:

- 1/3 caseload (5 cases) – post NSWPT and OJL completion to 74-days post onboarding
- 2/3 caseload (10 cases) – 75 to 104-days post onboarding

- Full caseload (15 cases) – 105-days or greater post onboarding

Systemic Factor: Staff and Provider Training – Item 27: Ongoing Staff Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 27 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *DCF conducts several training series, including the New Supervisor training series, New Area Program Manager (APM) Professional Development Program, Data Fellow Institute (DFI) series, and other in-service trainings. All supervisors and Area Program Managers rated the New Supervisor/Manager series as good to excellent. DCF also described how its professional development and training division, the Child Welfare Institute (CWI), supports staff in obtaining a social work license. Stakeholder interviews indicated that over 90% of staff routinely completed the annual 30-hour requirement for ongoing training and over 90% of the supervisors have completed their required training. DCF provides several ongoing training options to enable staff to receive the required amount of ongoing trainings.*
 - Systemic Factor Item 27 was rated as an Area Needing Improvement in the 2015 CFSR3.

Ongoing Training Overview

The DCF CWI offers several different opportunities for ongoing staff training- including:

- New Supervisor Training
- New Area Program Manager Training
- Data Fellows
- In-Service Training
- Certificate Programs
- Social Worker Licensing
- Tuition Reimbursement and Professional Development Funding

New Supervisor Training

New Supervisor Training is required training for staff who are moving into a supervisor role. The series consists of nine (9) full days of training. New supervisors are expected to complete the training within two months. These training days are currently being convened in-person at CWI's Training and Developing Center (TDC) in Southboro. The curriculum was developed to target key skills and knowledge areas needed by field supervisors. The following topics are covered:

- Principles of Supervision
- Enhancing Supervisory Skills
- Adjusting to the Role
- Human Resources

- Understanding the Legal System
- Navigating MassAchieve
- Supervision with a Lens on Substance Misuse
- Supervision with a Lens on Domestic Violence
- Recognizing the Importance of Self-Care and Ways to Promote Self-Care for Staff
- Cultural Responsiveness
- Human Trafficking
- Office of the Child Advocate (OCA) and COIN (Central Office Incident Notification) Reports
- Children's Justice Act (CJA) Grant Initiatives

The Supervisor Series is based on the Peer-to-Peer Learning Community model, an approach developed in partnership with the Capacity Building Center for States. This model allows supervisors to develop peer communities that they can continue to access throughout their career for ongoing learning and support. The program is offered four-to-five times per year to ensure that new supervisors can complete training within reasonable timeframes. From Jan-2021 through Dec-2022, 115 new supervisors have completed the training.

Numerous other in-service trainings are offered for supervisors. Below are a few examples of additional training opportunities:

- Building Capacity Series
- The Impact of Identity and Social-Media
- Trauma Informed Conflict Resolution (3-part series)
- Workgroup for Onboarding and Supporting New Staff
- Supervision Through a Trauma Informed, Culturally Sensitive Lens
- Motivational Interviewing – Helping People Change

New Area Program Manager (APM) Training

The New APM Professional Development Program adopts a multimodal and hybrid learning approach, consisting of instructor-led online sessions, quarterly in-person peer-to-peer facilitated sessions on policy and clinical practice, asynchronous readings and webinars, and panel presentations. The program structure is as follows:

- Day 1: Program Orientation and Leadership Welcome and Vision
- Day 2: Management Fundamentals Part I and II
- Day 3: Trauma Informed Leadership
- Day 4: Labor Relations
- Day 5: Managing with Data and Management Fundamentals Part III
- Day 6: Policy & Clinical Practice and Peer-to-Peer Learning Community
- Day 7: Moving Forward with Equity Minded Practice & Cultural Responsiveness
- Day 8: Statewide Legal Team
- Day 9: COIN Reporting, Human Trafficking, Office of Child Advocate, and Medical Services Team
- Day 10: Peer-to-Peer Meeting
- Day 11: Panel on Collaborating with Specialty Units and Peer-to-Peer

- Day 12: Peer-to-Peer Meeting/Mentoring
- Day 13: Permanency
- Day 14: Topics and Topic Follow-Up Requested by Participants and Peer-to-Peer
- Day 15: Senior Leadership Presentations

New APM Professional Development Program participants are assigned a mentor. Mentors are identified through self-selection and approval by their senior managers. While mentors are self-equipped through seasoned experience to take on mentoring responsibilities, the APM CWI training manager is exploring opportunities for providing formal mentor training. The mentor and peer communities provide ongoing learning and support, so that knowledge and skill building is not limited to the training sessions but continues between sessions to support learning on the job. A recent focus group of new APM training participants provided positive feedback on the training structure, particularly the mentors and peer communities.

Data Fellows

At the behest of agency leadership, OMPA and CQI jointly developed and implemented the DCF Data Fellows Institute (DFI) in the fall of 2017. Adapted from the New Jersey Department of Children and Families (NJ DCF) Manage by Data Fellows program, the Department's DFI develops and expands staff capacity to better understand and utilize data to improve practice and outcomes for the children and families served by the agency. Data Fellows has prepared supervisors and managers to "manage with data" and to increase their comfort level with using and interpreting data reports. (see C4 Quality Assurance System)

In-Service Training

CWI provides DCF staff with in-service training opportunities on various topics. These include advanced practice workshops, held either virtually or in-person at CWI's Training and Development Center, as well as eLearning modules, training series and other professional development activities. The introduction of the MassAchieve Learning Management System has allowed staff across the state to easily access virtual trainings and eLearning modules on topics ranging from advanced practice to new agency policies. In-service trainings are advertised on the MassAchieve platform, ensuring that all staff are aware of these ongoing professional development opportunities. Additionally, supervisors and managers can assign trainings in MassAchieve in order to address a training or professional growth need for a particular worker or group of workers.

Certificate Programs

CWI partners with area universities to offer graduate level certificate program opportunities for DCF staff. These are graduate level, intensive multiweek certificate programs that provide certification in a specialized practice area and allow staff to gain advanced knowledge and skills. Focus areas include equity minded practice and trauma informed practice. After completing these programs, staff use the knowledge and skills gained to improve agency practice. Another certificate program, the Suffolk University Certificate in Public Human Services Leadership and

Management provides staff with the training and skills needed to advance into leadership positions within the agency.

- Equity Minded Practice Certificate Program
- Trauma Certificate Program
- Certificate in Public Human Services Leadership and Management

Social Worker Licensing

CWI has developed a blended learning approach for social workers to prepare for their social work licensure exams. This approach gives learners a combination of structured web based online resources, face-to-face traditional classroom learning, and self-paced study guides and materials, so they can develop their own individualized approach to learning. Licensure materials and information are all available through the MassAchieve learning management system and easily accessible for social workers. CWI's social work licensing prep/education supports field social workers in complying with the agency's requirement to be licensed before the end of their 9-month probationary period.

For unlicensed social workers, the Department works to provide:

- Peer led licensure process support groups within area offices,
- Licensure education sessions within area offices, and
- Supervisor led individualized support and problem-solving opportunities for new workers who are nearing the end of their probationary period and are not yet licensed.

Tuition Reimbursement and Professional Development Funding

The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities. Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to \$1,000 per year to assist with the costs of their graduate level education when they attend a private college or university. The CWI also provides funding—typically up to \$200—for staff to attend training or conferences outside the agency. The CWI director and training coordinator are exploring ways to survey staff about how they have used these funds and the benefit of having this funding available.

Systemic Factor: Staff and Provider Training – Item 28: Foster and Adoptive Parent Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 28 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *DCF recently began implementing a new policy regarding ongoing training for foster and adoptive parents. Stakeholder*

interviews identified significant training gaps that affect a foster parent's ability to care for children placed with them, e.g., race and cultural issues for Black and Brown children who are placed in White homes and a lack of information about how to work with children with significant trauma histories, and LGBTQI children and youth. Stakeholders reported the Massachusetts Approach to Partnerships in Parenting (MAPP) course contents are not standardized as it is up to the instructor to determine what is covered in each course. The consensus among stakeholders was that licensed childcare facilities consistently provide required training and this training is closely monitored by the state.

- Systemic Factor Item 28 was rated as an Area Needing Improvement in the 2015 CFSR3.
- The Department anticipates that this ANI will be addressed through implementation of updated policy and a new MAPP curriculum.

DCF contracts with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) /KidsNet to provide a biannual schedule of opportunities for training foster/adoptive parents. DCF area and regional office staff and foster parents provide feedback on training topics and areas of need. Regional and area office-based in-person and virtual training courses are offered across the Commonwealth. Foster parents can go to any and all training courses offered. Trainings are offered at different times and days, to provide the opportunity for foster parents to attend trainings that best accommodate their schedules.

Training opportunities and schedules are communicated via the MSPCC website, through direct mail, and on the DCF foster parent portal, FosterMA Connect. MSPCC tracks participation through their internal system and shares this information with DCF on a quarterly basis. MSPCC provides certificates of completion to foster parents for their own records.

Child Care Institution Staff Training

As a requirement of any contract or procurement with DCF, childcare institutions must have a training plan for their staff to ensure they can effectively carry out their duties. Each plan is outlined in the respective contract and/or procurement. DCF's Congregate Care Network contracts have the following staff training requirements:

Include staff training on the following topics in the program's orientation and ongoing training programs:

- The program's mission, values, and policies, including where staff may access the policy manual;
- Staff members' responsibilities for contributing to the achievement of safety, permanency, and well-being for each youth served and how the program's CQI process informs those responsibilities;
- Staff members' responsibilities as mandated reporters of when to report suspected abuse or neglect to the Department (DCF), or to the Massachusetts Disabled Persons Protection Commission (DPPC), and the option to contact the Office of the Child Advocate
- The principles of trauma-informed care and the skills required to deliver trauma-informed care, including self-care, and addressing one's own trauma;

- Their responsibilities for and skills needed to:
 - Use personal and program technology and social media in responsible and safety-affirming ways;
 - Maintain a therapeutic milieu;
 - Understand and respond to aggressive behaviors as symptoms of trauma or of behavioral health disorders, such as neurodevelopmental, neurocognitive, trauma- and stressor related, and impulse control and conduct disorders;
 - Prevent and respond to behavioral health crises, including outreach to the local ESP/MCI team;
 - Serve as role models for prosocial behaviors, emotional regulation, and healthy habits;
 - Identify personal internal biases and develop cultural humility when working with youth, families, and colleagues from cultural backgrounds different from their own;
 - Work respectfully with family members, regardless of their histories or current functioning status;
 - Identify family members with suspected behavioral health challenges, including substance use, and the process to escalate the suspicion internally so the needed collaboration between the program and DCF in connecting family members to needed services can occur;
 - Identify youth with suspected alcohol, tobacco, or other substance use and the process to escalate the suspicion internally so the youth receives intervention or treatment, as needed;
 - Identify and work effectively with:
 - gay, lesbian, bisexual, transgender, and gender diverse, questioning, and non-binary youth;
 - youth who have experienced sexual exploitation or human trafficking; and
 - youth with different levels of neurodevelopmental disorders (e.g., language and communication disorders, learning disabilities, attention-deficit hyperactivity disorders, intellectual disability, developmental disability, and sensory impairments).
 - Coach youth and family members during Family Time, and during individual work with a youth or family member, on functional communication and relationship skills, conflict resolution, and other strategies that will enhance families' capacities to care for and maintain positive relationships with their own children; and
 - Supervise Family Time, when protective concerns require supervision, in a manner that builds youths' and family members' skills for safe interactions and emotional regulation.

The Massachusetts Department of Early Education and Care (EEC), as the licensing entity, also has staff training requirements for child care facilities. Facilities are required to provide full time employees 24 hours of ongoing training per year and 12 hours for part time employees.

Systemic Factor: Service Array and Resource Development – Items 29-30

- **Status 2023 CFSR4:** The Department was found not to be in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as a Strength.

Systemic Factor: Service Array and Resource Development – Item 29: Array of Services

Description of Systemic Factor Item: The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 39 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Although Massachusetts has a vast service array in most areas of the state, certain parts of the state are lacking, particularly in 4 Area Offices that are considered “under-resourced”: Cape and Islands, Greenfield, Berkshire, and South Central. There is also a gap between what is available and what is accessible, especially to families living in poverty or who lack access to transportation. The state provided information on the challenges in accessing agency and non-agency services that exist in certain geographic areas in the state. Stakeholders talked about gaps and wait lists for services throughout the state, especially in the rural areas but noted the best access and availability of services in the Boston metro area. Stakeholders identified existing challenges with translation services, mental health services, and domestic violence services.*
 - Systemic Factor Item 29 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Since the 2015 CFSR3 and in preparation for the 2023 CFSR4, the Department has gathered quantitative and qualitative data from multiple sources to deepen understanding of service arrays in the Commonwealth and to apply that understanding to improving the availability, accessibility, and effectiveness of services for families and children involved with the Department. This work requires implementing multiple strategies because there are multiple service arrays for families and children in the Commonwealth. Staff in the Department’s internal Specialty Units serve as experts on specific service arrays, provide consultation on child welfare cases that might benefit from a specific service array, and assist with navigating service arrays for available and accessible services. Staff in Specialty Units and other Departmental staff engage in discussions with other state agencies to apply a child welfare lens and to advocate for the inclusion of services that can be beneficial to families involved with the Department in other state agencies’ service arrays. When the Department develops and manages procurements, the desired result is service arrays that are tailored to the needs of children and families involved with the Department. Workforce challenges are presenting problems for staffing many human service programs, especially 24/7 emergency placement programs and congregate care settings. This challenge creates significant gaps across the entire Commonwealth in needed resources for adolescents with significant behavioral health challenges that require the 24/7 supervision and

treatment. Other current identified gaps that the Department seeks to fill include supportive services for families that:

- Assist with meeting concrete needs, such as food, cash assistance, clothing,
- Include peer support specialists with relevant shared experiences to the families receiving services,
- Use intentional strategies, such as in-home service delivery, convenient hours, transportation assistance, and cultural and linguistic competency for engaging and retaining families,
- Are available in historically under-resourced communities,
- Support families where there is a member with a disability. This issue is addressed in the response to Item 30.

The service arrays available in MA are sufficient to support just over 80% of the children served by the Department to remain safely with their parents when reasonable. The Department is aware of and working on strategies to address gaps in services in catchment areas identified as “under-resourced” communities. Recent and future procurements set expectations for contracted service providers to assess children’s and families’ strengths and needs, providing information to supplement and inform the Department’s own assessment and planning processes used to identify and address the needs of families. The Department offers a full array of supportive services to help children in foster and adoptive care achieve permanency. The Department is committed to the ongoing work required to monitor, develop, and sustain service arrays to support children and families at every point in their involvement with the Department.

Systemic Factor: Service Array and Resource Development – Item 30: Individualizing Services

Description of Systemic Factor Item: The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 30 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *The Statewide Assessment contained survey data that showed assessments and services are rarely individualized. While the state has interpretation services for non-English speaking families, stakeholders expressed concerns about the accuracy of interpretation and the ability to readily access these services. Due to wait lists for services across the state, workers often refer families to whatever is available even if the service is not tailored or individualized to the family’s needs. Stakeholders said that services are more easily individualized and accessible through contracted service provider networks in the metropolitan areas of the state.*
 - Systemic Factor Item 30 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

The Department’s CQI work helps guide the direction of improvement efforts aimed at

individualizing services. A current initiative is the updating of the Case Practice Policy. This policy will emphasize the roles for social workers in both assisting families with removing any barriers to accessing services and, after services are accessed, obtaining, and critically reviewing information from the family about the use and effectiveness of services in helping the family achieve the behavioral changes identified in the Action Plan. This emphasis on obtaining service feedback directly from the family highlights the importance of considering a family's individualized experience with a service. A service that is effective for multiple families may not meet the unique needs of a specific family.

To address the need for interpretation and translation services, in 2022 the Department re-procured these services to include multiple providers for:

- Telephonic Interpretation, which provides interpreters for 380 languages,
- In-Person Interpretation,
- Video Remote Interpretation, and
- Written Translation

The contracts cover services for all 29 Area Offices, 5 Regional Offices, and Central Office. In addition to these new contracts, there are existing contracts for interpretation services for consumers who are deaf or hard of hearing. Through these contracts, Departmental employees can secure American Sign language interpreters, Deaf interpreters, Deaf/Blind interpreters, and Communication Access Realtime Translation (CART) service, which provides instantaneous translation of what is being said into visual print display.

Descriptions of all these services, along with instructions for accessing them, are provided on the Department's Intranet site, which can be accessed by all Departmental employees. All standardized forms that have been translated into languages other than English are stored on the Intranet where they can be accessed by any Department staff person working with a consumer who needs a form in a language other than English. Individualized, case-specific documents are translated individually for consumers using the written translation contractors referenced above.

The Department's re-procurement of interpretation and translation services opened opportunities for the Department to assist contracted providers with filling some of these gaps in contracted services. For example, the updated congregate care procurement includes not only the expectation that programs provide interpretation services for a child and family with a language preference other than English but also the instruction for the provider to coordinate with the DCF social worker to secure interpretation services if there is a need for a low prevalence language or dialect. By taking this partnership approach, DCF is expanding service accessibility by increasing contracted service providers' responsiveness to consumers' language preferences.

The updated Support & Stabilization Request for Responses (RFR) that the Department anticipates posting in the spring of 2024 will include requests for purchased services designed to improve individualization, including:

- Services for families caring for a child with a disability,
- Services for families in which a caregiver has a disability, and
- Changes to purchased visitation services.

Other initiatives that the Department is using to individualize and meet the specialized needs of families that have a family member with a disability are:

- An internal Disability Unit, consisting of a Director and five specialists – one for each Region – to consult on cases where there is a family member with a disability.
- The Department’s Disability Policy, implemented in January 2022 and updated in March 2023, sets out processes for providing individualized services to families through the reasonable accommodations process. For example, the Disability Policy requires social workers who are aware of a parent’s disability and have permission to share information about it with providers, to communicate that information to the providers to ensure that the parent will receive services tailored to their individual needs. In addition, the Disability Policy emphasizes that social workers must base recommendations on individualized and objective observations, not generalizations. Finally, the Disability Policy provides resources for social workers to help ensure the services they are recommending are appropriately tailored to a parent or child with a disability and the requirement that the social workers check in with the families at a later date to ensure any services and accommodations are working for them.

Currently, the Department purchases a service called “Supervised Visitation.” This service is provided to children and families after a home removal episode. In the updated Support & Stabilization RFR, this service is renamed as “Family Time.” This name change reflects that the Department seeks much more than an opportunity to separate children and parents to “visit” with each other under the supervision of someone observing their interactions. Rather, the Department seeks providers who will support children and parents in spending time together in ways that strengthen their bonds and support their family relationships. The purpose of this re-conceptualization of the service is to improve its effectiveness in addressing parents’ and children’s individualized needs for building skills in effective family functioning.

The Department relies on a public-private partnership, called Area Lead Agencies, to assist social workers, supervisors, and families with identifying supportive services to match a family’s unique pattern of strengths, needs, and preferences. Through this partnership, contracted Area Lead Agency staff are co-located in the Department’s 29 Area Offices. To prepare for re-procurement of Area Lead Agency services, the Department is currently conducting listening sessions with Area Lead Agency staff and with Departmental staff at the Regional and Area Office level. This process of starting with information gathering ensures that the perspectives of the Area Lead Agency staff, Regional and Area Office leaders, and the union will inform the re-procurement of these services that support the Department’s ability to identify appropriate, individualized services for families.

Systemic Factor: Agency Responsiveness to the Community – Item 31-32

- **Status 2023 CFSR4:** The Department was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Two (2) of the 2 items in this systemic factor were rated as a Strength.

Systemic Factor: Agency Responsiveness to the Community – Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Description of Systemic Factor Item: The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public/private child and family serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual CFSP-APSR updates.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 31 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Massachusetts routinely engages stakeholders in a variety of committees including the Family Advisory Council, Youth Advisory Council, and groups focused on programs and issues such as ICWA and the Adoption Call to Action. Stakeholders said that they feel heard, they felt that their opinions matter, and that their feedback was integrated into the CFSP and APSR and other work of the Department. In the Statewide Assessment, DCF stated that it works with a full array of partners including youth and families, community stakeholders and providers, advocates, related organizations, and other state and federal agencies. Using a multi-level approach, the Department's collaboration is intended to solve problems and build community and service system capacity to meet the needs of children, youth and families through practice, policy, and systemic reform. Stakeholders interviewed said that DCF collaborates with both internal stakeholders and external stakeholders in meaningful ways as the agency regularly requests their input and provides them with feedback on how their input is influencing the agency's strategic planning.*
 - Systemic Factor Item 31 was rated as an Area Needing Improvement in the 2015 CFSR3.

The Department of Children and Families (DCF) has continued to engage in substantial, ongoing, and meaningful collaboration in keeping children safe, achieving permanency and nurturing healthy families and supportive communities.

The Department works with a full array of partners including youth and families, community stakeholders and providers, advocates, and related organizations, along with state and federal agencies. While DCF's collaboration has always been strong, the Department now places greater emphasis on not simply engaging partners but deepening the work necessary to move from collaborative discussions to generating meaningful change across our collaborative platforms. Using a multi-level approach, the Department's collaboration is intended to solve problems, and build community and service system capacity to meet the needs of children, youth and families through practice, policy, and systemic reform.

The partnership of DCF staff at all levels is vital in Agency Improvement efforts. Social workers and supervisors play a fundamental role in identifying areas for practice improvement and developing, testing, and implementing strategies for solving practice challenges. These staff will continue to meet with agency leadership and participate in surveys, focus groups, pilot projects, and policy reforms to ensure that social workers have the tools they need to effectively protect children and support families. In implementing agency reforms the Department has significantly

strengthened the participation of field staff including program and clinical managers who provide input, lead problem solving activities, and participate in continuous quality improvement efforts.

The Department recognizes the impact child abuse and neglect have on vulnerable children. Collaboration with children and families who receive services from the Department remains a high priority. Like the frontline staff, foster and adoptive parents, along with kinship caregivers are critical partners in providing for the needs of children who cannot safely be served at home.

DCF encourages stakeholder feedback in the development of all federal planning documents such as the CFSP and APSR as well as federal review and planning processes such as the CFSR and the PIP. In addition to posting the CFSP and APSR on-line for public comment and general information, DCF briefs standing advisory bodies and stakeholder groups on these plans. Massachusetts posts all current federal plans at the following website link - <https://www.mass.gov/info-details/departments-of-children-and-families-reports-data>.

As required by the Child Abuse and Prevention Treatment Act (CAPTA), Massachusetts has established and designated three citizen review panels: The Joint Youth Advisory Committee (JYAC), Family Advisory Committee, and Massachusetts Child Fatality Review (CFR). The FAC and JYAC were created and maintained by the Department. The panels review DCF policies, procedures, and practices. They have participated in focus groups and at the statewide staff meeting. They provide recommendations to the Department annually. The Department has responded to those recommendations and shared this feedback with the Children's Bureau and our partners through the Annual Progress and Services Report (APSR) submitted on June 30th during the current Child and Family Services Plan (CFSP) cycle 2020-2024.

Family Advisory Committee (FAC)

We are actively maintaining the DCF Family Advisory Council (FAC), which includes biological parents, kinship care providers, foster and adoptive parents, and young adult alumni who meet regularly to provide input. Representatives of the FAC are an active part of the agency's statewide managers' group, which convenes monthly to review performance and provide input on agency improvement. The FAC continues to recruit representatives that are diverse and represent a cross sector of families that are served by DCF.

Joint Youth Advisory Committee (JYAC)

The DCF Joint Youth Advisory Committee consists of statewide representation of former and current youth and young adults served by DCF with support and guidance from the Board of the Massachusetts Network of Foster Care Alumni. The mission of the Joint Youth Advisory Committee is to support DCF's work to create and implement effective policy and practice that provides for the safety, permanency and well-being of children, youth, and young adults

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youth and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and

driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

In addition to the highlights of this work, the Department also created a Stakeholders Engagement Committee (SEC), which includes 16 external partners listed in the CFSR R4 Statewide Assessment (SWA) introduction. Two youth SEC representatives are members of the Joint Youth Advisory Committee. The Department has provided financial stipends to these individuals for their contribution and time.

Through ongoing meetings with the JYAC and receiving their recommendations as part of the annual reports, the JYAC has contributed and continues to influence the goals and objectives outlined in the Chafee Foster Care for Successful Transition to Adulthood and Education Training Vouchers sections of the CFSP and APSRs.

Fatherhood Engagement

The Department continues to move forward with engaging fathers in all aspect of DCF family-centered practice. The Department has embarked on strategic partnership planning that brings together fathers, sister agencies community stakeholders and other groups interested in the work of fatherhood engagement.

DCF Family Engagement Unit continued to work closely with all the partners to provide training and support groups via a virtual platform.

Indian Child Welfare Act (ICWA) Program

The Massachusetts Department of Children and Families engages in ongoing consultation with Tribal representatives from Massachusetts' two federally recognized Tribes, the Mashpee Wampanoag Tribe, and the Wampanoag Tribe of Gay Head Aquinnah. Tribal partnership feedback guides DCF's work around the Indian Child Welfare Act (ICWA) and goals for the CFSP and APSR.

On an annual basis, the MA Department of Children and Families has shared the Annual Progress and Services Report (APSR) with the tribes. In our everyday work and meetings with the Tribes, we are creating the outcomes listed in the APSR and CFSP. It is a fluid and active communication and coordination process. For example, on a smaller scale, the director of Mashpee Wampanoag Tribe contacts the DCF ICWA coordinator about obtaining records for a family. DCF reaches out to find out the process and gets back to the Tribe, who are then able to obtain the records. The Tribe's input drives our work as evidenced in the reports and planning. In addition to these milestones, the Director of the Mashpee Wampanoag Tribe is a current member of the DCF Stakeholder Engagement Committee and has also participated in a CFSR focus group on this systemic factor.

Adoption Call to Action Committee

The Adoption Call to Action Committee is a collaboration between DCF, the Court Improvement Program, the Juvenile Court, Children and Family Law (CAFL), and two community adoption agencies: The Cambridge Family and Children's Services, (now called Bridges Homeward) and the Massachusetts Adoption Resource Exchange (MARE). This project began in July 2019 when the Children's Bureau asked the Court Improvement Program to identify key stakeholders to participate in the Adoption Call to Action Conference in Washington, D.C.

These stakeholders continue bi-monthly meetings and work to identify and reduce barriers to timely permanency with the goal of increasing adoptions, especially of teens and children who are non-white and to improve timely permanency for children by identifying and eliminating barriers to adoption. Collaborative interventions which address barriers have been developed and implemented. For example:

- Developing and implementing virtual MAPP and social worker trainings
- Developing alternative adoption venues during COVID and supporting National Adoption Day
- Providing training for families to support high risk placements (over 90 families trained in Trust-based Relational Intervention) and training to support inter-racial adoptions (50 families)
- Creating and distributing materials on the rights and responsibilities of caregivers.
- Developing a Guardianship Legal Guide (all publications translated into five languages and distributed widely)

DCF has also developed and rolled out many innovative interventions to improve the timeliness of adoptions. While the pandemic has created additional barriers to adoptions the members of the Adoption Call to Action Committee continue to support one another's work to increase adoptions and to improve their timeliness. CIP further supports this collaboration by funding prospective adoptive parent training, National Adoption Day, and development and printing of custody and legal guides for kinship caregivers.

Administrative Office of the Juvenile Court

The Department continues to work closely with the Juvenile Court on the Pathways initiative, which has several components.

The initial Pathways programming was launched in the winter of 2018-2019 with technical assistance provided by the National Center for State Courts. Pathways is designed to provide a forum for collaboration around permanency planning for children and youth in DCF custody. County-based teams led by judges and including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, and others were established and are working on implementing Pathways. Progress varies depending on the court. However, with COVID-19 and the public health need to limit the activity in the Court, the Pathways model is needed more than ever. Initiated in October 2020, the Department continues to participate in countywide virtual trainings that includes judges, DCF attorneys, CPCS attorneys and clinical staff. Training will

continue in additional counties in FFY2023. This training will be tailored to the needs of each county, with a focus on elevating the level of practice in court and trial readiness.

A second Pathways initiative began in April 2021, called “Upstream.” Upstream is a Child Welfare Resources Mapping Model supported by the National Center for State Courts and the Casey Family Programs. A mapping summit was convened in Hampden County where 69 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. The needs assessment was provided to all participants in September 2021 which included a proposed action plan. The Upstream Mapping Model will continue to be utilized in conjunction with the third Pathways initiative, Family Treatment Courts.

The Family Treatment Court model is in the process of expanding from one session located in Berkshire County, within the Probate and Family Court to eight additional sessions within the Juvenile Court as a result of an additional \$1.5 million that the Massachusetts Trial Court/Juvenile Court Department was awarded in January 2022. In the Berkshire County session alone, over 100 referrals were received, and the average time to reunification of children whose recovering parent participated in the program was 18 months. A session in Hampden County and Essex County launched in April/May 2023 with six additional sessions to follow. The Department participates in the state level advisory board meetings biannually, county level steering committee meetings every two months, and in the Court-led sessions biweekly.

As part of the 2020-2024 CFSP, the Department continues to work closely with the Juvenile and Family Court to develop the evolving Pathways initiative in a collaborative effort to improve permanency.

Court of Improvement (CIP) Child Welfare Task Force

The Department has four representatives on the CIP Child Welfare Task Force, which includes DCF’s General Counsel, Deputy Commissioner of Quality Improvement, Director of Federal Relations, and Director of Adoption. There are a total of 24 task force members. The purpose of the Task Force is to bring child welfare experts and parents, and youth with lived experience together to discuss improving the child welfare system.

The CFSP and APSRs were shared with the Taskforce for review and feedback. In addition, the CIP, legal and judicial representatives, and CBCAP lead were part of the Massachusetts State Team Planning in Washington D.C. on 4/23/2019 – 4/24/2019 to include their priorities in the 2020-2024 CFSP. The work with these partners has continued and deepened in the years after the CFSP submission.

Children’s Justice Act (CJA) Task force

The Department is the recipient of the CJA grant to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particular child sexual abuse and exploitation. A key requirement of this funding is the creation and maintenance of the CJA

Taskforce. DCF has worked tirelessly to strengthen the taskforce through recruitment and filling vacancies to ensure all the required disciplines are represented.

The CJA Taskforce includes DCF's Child and Families Services Plan (CFSP) and Annual Progress and Services Report (APSR) lead, who provides updates on the goals and objectives, ensures collaboration with the CJA, and creates a linkage between the CJA Taskforce and CFPS/APSR. The task force provides recommendations included in the CAPTA State Plan update of the APSR.

Systemic Factor: Agency Responsiveness to the Community – Item 32: Coordination of CFSP Services with Other Federal Programs

Description of Systemic Factor Item: The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family- serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 32 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *The Statewide Assessment included information describing how DCF works collaboratively with several of the state's federally assisted programs and other state agencies serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), Department of Transitional Assistance (DTA), MassHealth (Medicaid), Children's Trust (CT), Department of Elementary and Secondary Education (DESE), and the Department of Early Education and Care (EEC). Massachusetts also collaborates with the agencies that administer Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits to families.*
 - Systemic Factor Item 32 received an overall rating of Strength in the 2015 CFSR3.

The Department continues to work collaboratively with a number of the state's federally assisted programs and sister state agencies serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), Department of Transitional Assistance (DTA), MassHealth (Medicaid), Children's Trust (CT), Department of Elementary and Secondary Education (DESE), and the Department of Early Education and Care (EEC).

DCF staff continues to work closely with the Board and staff of the Massachusetts Children Trust (CT) to address issues related to child abuse prevention in Massachusetts. The CT leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. The CT is the recipient of the Community-Based Child Abuse Prevent (CBCAP) federal grant. As an umbrella organization, CT funds, evaluates, and promotes the work of over 100 agencies that serve parents.

The Department of Elementary and Secondary Education (DESE) was awarded a federal grant that helps explore best practices to engage families within the school system. DCF continues to participate in the initial design of the Family Engagement Framework and provides invaluable feedback on how school and child welfare family engagement is a mutual process that supports families through a continuum of care. Likewise, the Department will continue to work with DESE and local school systems to assist local school districts and DCF Area Offices as they further refine guidance and strengthen collaboration regarding best interest determinations related to the Every Child Succeeds Act of 2015, which prioritizes the enrollment for foster children in their home school and the related process for transportation decision-making.

In FFY2022, DCF and DESE worked on two joint guidance documents to further the safety and well-being of children both systems serve. The first is an update to a prior collaboration between the two agencies. Guidance for mandated reporter responsibilities first drafted in 2010 was reviewed by both agencies and jointly supplemented to provide the educator community with current best practice in reporting child abuse or neglect. The collaboration culminated in a webinar panel discussion with representatives from both DCF and DESE in December 2021 to allow the educator community to ask questions about the newly updated guidance. The second is a newly created document designed to set forth the parameters that allow DCF social workers access to the education records of students in DCF custody via the various web-based portals utilized by school districts throughout the Commonwealth in a manner consistent with applicable laws and regulations. In addition, DCF also created six new positions to support collaboration efforts with local school districts to promote educational success and support timely decision making regarding best interest determinations with the schools.

The Department has built a strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives to include The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs, a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF funded programs, including the Family Resource Centers (FRCs) and Community Connection Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve. In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Offices and local domestic violence programs.

In FFY2021/2022, the Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers in Massachusetts throughout the COVID-19 pandemic. The Commission collaborated with community partners, including Family Resource Centers, Elder Services, and the Kinship Navigator Program.

The Commission continued its legislative and policy advocacy this past year. The Commission worked closely with the Department of Transitional Assistance (DTA) on issues raised by

grandparents and relative caregivers about the Temporary Assistance to Families with Dependent Children (TAFDC) child-only grant. The Commission met several times with the Commissioner of DTA and the team at DTA to consider different proposals to increase access and awareness of this benefit for guardians. Beginning in FFY2022, DTA modified a policy to allow grand families/guardians who receive the TAFDC child-only grant to qualify for childcare. This change will significantly help working grandparents and guardians.

A new partnership for the Commission in FFY2021 was a collaboration with the Court Improvement Program (CIP) and the Kinship Navigator Program (KNP) to develop a program to engage guardians and assist them in accessing services and resources earlier in their legal process. The KNP piloted a program in three counties in Massachusetts with varying success. Since the courts were operating remotely last fiscal year, the engagement portion of the pilot was a challenge once the court staff started referring kinship caregivers to the KNP. The number of court-referred guardians engaged in services began to increase. The pilot will be expanding in the next fiscal year to introduce this direct service program in additional counties in Massachusetts. The Commission provided consultation and technical assistance to this pilot program.

Additional area where DCF supports children and families in accessing other federal or federally assisted programs serving the same population include:

- Special Education/Chapter 688
- Child Care Vouchers
- Temporary Child Care Program (formerly known as Short Term Child Care)
- Chafee Services Across the State
- Massachusetts Court Improvement Program (CIP)
- Massachusetts Kinship Navigator Program (KNP)
- Social Security Administration (SSA) Child Benefits
- MassHealth (MEDICAID)

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36

- **Status 2023 CFSR4:** The Department was found not to be in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. One (1) of the 4 items in this systemic factor was rated as a Strength.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 33: Standards Applied Equally

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 33 based on information from the Statewide Assessment and stakeholder interviews.

- As documented in the 2023 CFSR4 Final Report: *The Statewide Assessment did not provide data on the contracted agencies' process for licensing. Stakeholders said that contracted child placement agencies must follow both EEC and DCF policies and regulations, but there is no routine system in place to ensure that the standards for licensing of foster and adoptive homes are applied equally across state and contracted child placing agencies. DCF described the licensing process and the waivers that could be applied in certain circumstances. They also provided data to show the waivers applied for by type and data that showed the aggregate outcome of waivers. However, there was no data presented, either from a sample of records or aggregate data from the state's management information system, on how the standards were applied.*
 - Systemic Factor Item 33 was rated as an Area Needing Improvement in the 2015 CFSR3.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

The Department's work is currently supported by a departmental foster care policy, Massachusetts Department of Early Education and Care (EEC) regulations and federal guidance, including the National Model Foster Care Licensing Standard. The MA DCF Licensing of Foster, Pre-Adoptive, and Kinship Families, Policy #23-01, was implemented by the Department of Children and Families in February of 2003 and revised in February 2023. The policy requires a multi-step process that the Department uses to assure the quality of its foster/pre-adoptive family resources and incorporates standards to ensure that children placed with foster/pre-adoptive families and in foster/pre-adoptive homes are provided quality services that protect their safety and health. The standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; and standards for the licensing of the family resource for placement of children by the Department.

The Department of Children and Families, foster parents, biological families, and communities collaborate to support children in the Department's care and custody. They work together to shorten the length of time a child is in foster care and the length of time it takes to achieve permanency. A safe, nurturing, and permanent family is the goal for every child in Department care.

Children living outside their home often do better when they live with extended family members or with people in their community circle. The Department works closely with the child's family and community to identify kin who might be able to care for the child if needed. When placement with a kinship family is not possible, the Department recruits foster families from diverse communities.

The Department regards foster parents as valued partners. Foster parents keep children physically and emotionally safe by providing full-time care and protection. They establish a sense of normalcy for children, encouraging them to engage in age-appropriate activities and pursue educational success. They are trained to help children manage and process their feelings and reactions to trauma. They work together with the child's family and the Department to help children meet their goals and the goals of their Action Plan.

Foster parents help children maintain ties to their family, community, and culture. Foster parents involve the birth family in shared decision-making and facilitate communication and visitation when safe and appropriate to do so and in line with the child's permanency plan. Foster parents encourage the birth family's participation in their child's life and special events. Foster parents model parenting skills and support the birth parents in parenting their child. Foster parents recognize that foster care supplements does not replace the child's relationship with their birth family.

All foster families must be licensed in accordance with the MA DCF Licensing of Foster, Pre-Adoptive, and Kinship Families, Policy #23-01, 110 CMR 19.00 et seq, and MGL c. 119, § 26A. In order to apply to become a foster family, the applicant(s) must:

- Be a Massachusetts resident age 18 or older;
- Live in a home that is safe and has adequate space for a child;
- Have sufficient time and availability to serve as a foster parent;
- Have a stable source of income;
- Have functional literacy; and
- Be able to pass criminal and child welfare history checks.

The Department's approach to licensing occurs in purposeful stages of assessment. This process is designed to be one of mutual selection. The Department and potential foster family together explore the family's capacity to provide safe and appropriate care. The Department explains expectations clearly, so potential foster families can make an informed decision to proceed with the licensing process. The family can choose to withdraw from the licensing process at any time.

There are three stages of assessment that occur before a foster family can be licensed. Each stage builds upon information learned about the family in the previous stage so that assessment is ongoing and cumulative, formulating a comprehensive clinical understanding of the family's caregiving capacity.

- **Recruitment** – The Department performs a variety of activities that are designed to find foster families and provide them with a basic understanding of what becoming a foster family will mean for them.
- **Application Review** – Interested families are invited to submit a completed application which provides information about whether they and their home meet the basic standards to provide a safe environment for a foster child. The application review includes a home visit and the initiation of background checks.
- **Caregiver Assessment** – The foster family is actively involved in assessing their ability to provide a physically and emotionally safe and stable home for a child in an approach that emphasizes shared decision-making, problem-solving, and mutual selection. Together, the Department and the prospective foster parent(s) examine their motivation(s) for becoming a foster family; their parenting experience and/or knowledge; their experience with and knowledge of trauma; and their understanding of their own capabilities and limitations. The Department and the family work together to assess the family's capacity to care for children living in foster care. This is done by determining and building on prospective foster parents' understanding and use of the protective factors that strengthen families by integrating clinical assessment and training. These factors are: Knowledge of Parenting and Child Development, Building Social and Emotional Competence of Children, Parental Resilience, Social

Connections, and Concrete Supports in Times of Need.

- **Post-Licensing Assessments** – The Department and the foster family together review the foster family’s provision of care on an annual basis or sooner as needed. The Department and the foster family jointly decide what assistance is needed to support the family’s willingness and ability to continue providing foster care. The foster family confirms that they wish to continue in their role and the Department determines if the licensing standards continue to be met.

Working with individuals who are Deaf or Hard of Hearing and individuals with Limited English Proficiency: The Department secures interpreter services for individuals who identify as Limited English Proficient (LEP) in a timely manner. To secure services for individuals who are Deaf and Hard of Hearing, the Social Worker contacts the Department’s identified contact with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) who can make requests directly from MCDHH. The Social Worker, or other Department staff, will not require or suggest that an individual who identifies as LEP bring their own interpreter or communication specialist to meetings. The Social Worker, or other Department staff, will not rely on an adult accompanying an individual who identifies as LEP to interpret for the individual UNLESS it is an emergency involving an imminent threat to the safety or welfare of an individual or the public and there is no other interpreter available; OR the individual specifically asks that the accompanying adult interpret or facilitate communication for them, the accompanying adult agrees to do so, and reliance on the adult is appropriate under the circumstances.

For all individuals who identify as LEP, documents must be translated and provided in the individual’s preferred language. The Social Worker arranges for the documents (e.g., applications, consent forms, notifications letters, etc.) to be translated by using the Department’s translation service contract in the Area Office.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 34: Requirements for Criminal Background Checks

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 34 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *Information provided showed that it takes an average of 1.7 days for background checks to come back to the state after foster parents had been fingerprinted. There are 34 locations across the state that conduct fingerprinting. The state has ticklers in its data system that support the process of ensuring that new household members in foster homes are routinely included in obtaining the necessary criminal background checks. The state has a case planning process that includes provision for addressing the safety of foster care and adoptive placements. The state also indicated that the i-FamilyNet requirements do*

not allow for licensure and placement of children in unrestricted foster homes without completion of full background checks. It does allow for placements with kin after completion of a limited background check that includes all requirements except fingerprinting. Kinship homes cannot be granted a license or considered IV-E eligible before completion of the fingerprinting requirement.

- Systemic Factor Item 34 received an overall rating of Area Needing Improvement in the 2015 CFSR3.

The MA DCF Background Record Check Policy, Policy #23-03, was implemented by the Department of Children and Families in June of 1987, and revised in November 2023.

The Department of Children and Families uses criminal and child welfare background record checks (BRC) as an information source to help support the assessment of child safety, understand caregivers' past and present capacities, and inform decision making. The Department completes checks at the local, state, and national level, including i-FamilyNet, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI).

The Department interprets criminal and child welfare history considering multiple factors, including the nature and time since the crime(s), the current characteristics and capacities of the individual, the needs and vulnerabilities of the child(ren), and the impact of implicit bias, discrimination, and racial inequity that may be reflected in the history. The Department recognizes that some communities are disproportionately impacted by past criminal justice and child welfare histories. It is important that the Department consider the potential influence of racial, ethnic, cultural, and other biases in the analysis of BRC results.

Criminal and child welfare history is one source of information that can provide insight into an individual's functioning and caregiving capacity, but it must be used as part of a larger assessment that includes evaluating information from multiple sources. The Department uses both information gathering and clinical judgement to evaluate the relevance of BRC findings in the determination of risk to child(ren) or in any decision making. The Department considers any information or documentation the individual shares about their history as well as information provided by references or obtained through other sources (e.g., a police report). Social Workers, with the support of their supervisors, review BRC findings and think critically about how child safety may be impacted by what is learned. Analysis of criminal and child welfare history takes place within the broader context of the Department's understanding of the individual, child(ren), and family's current and past functioning, and includes consideration of what actions the individual has taken to address areas of potential concern and mitigate risk.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 35: Diligent Recruitment of Foster and Adoptive Homes

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 35 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *In the Statewide Assessment, Massachusetts said that diligent recruitment plans are developed and implemented at a local level. The Statewide Assessment did not include data on the race and ethnicity of the foster and adoptive parent population. While it appears the data on the race and ethnicity needs of the foster care population is available in the state's data system, local recruiters in area offices are not aware of it. Stakeholders said that although they make efforts to recruit a diverse population of foster parents, there is often not a way to train and onboard special populations in the language that they speak and understand, e.g., Haitian Creole.*
 - Systemic Factor Item 35 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Diligent recruitment plans must be multi-faceted, comprehensive, and focused on improving the permanency outcomes for our children. DCF first attempts to place children with kin which must be inclusive of maternal and paternal family as well as fictive kin. Exploration and consideration of the child's current and past natural relationships with caring individuals, such as teachers, coaches, friends' parents, etc., is essential. Although DCF has had kinship resource units, our two most recent foster care policies, Licensing of Foster, Pre-Adoptive, and Kinship Families (Policy# 23-02) and Safe and Supported Placements (Policy # 23-01), formalize two new roles: "Kinship Social Worker" and "Kinship Supervisor." These roles allow for better identification and location of kin, processing immediate placement activities to permit first placement of the child with kin, and providing support to the kinship family. These kin specific roles demonstrate the commitment of DCF to children and their families. We recognize that when children need to live outside of their home, they often do better when they live with extended family members or with people in their community circle.

Beyond its efforts to place children with kin, DCF works to recruit foster/adoptive families that reflect the cultural, ethnic, and racial diversity of the children in need of placement. As such, DCF holds targeted recruitment events in communities that do not reflect the cultural, ethnic, and racial diversity of children in need of placement. Successful recruitment strategies are shared statewide so that all recruiters can use these approaches and methods in their own communities. In those unique circumstances where a child's cultural and ethnic needs cannot be met within their community of origin, the Department may utilize appropriate homes across the state.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 36 based on information from the Statewide Assessment. The state agreed that was an area needing improvement and no stakeholder interviews were completed for this item.
 - As documented in the 2023 CFSR4 Final Report: *Massachusetts provided data that showed that 30.8% of ICPCs are completed timely.*
 - Systemic Factor Item 36 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Massachusetts is a state-operated system with one governing body at our Central Office. Licensed foster and adoptive homes may be used by any area or regional office in the state and therefore, there are no jurisdictional issues affecting foster and adoptive parent licensing, recruitment, and retention system. This system enables the facilitation of statewide identification of adoptive or permanent placements for waiting children. In addition to our DCF offices, private adoption provider agencies are contracted to identify, train, and develop resource homes and are included in our recruitment and matching of children with families statewide. This public/private partnership and collaboration only benefits the children and families we serve. In addition to this process, DCF utilizes Accurant/Family Find to locate relatives as possible placements and connections for the children.

In regard to Interstate Placements, Massachusetts' state-based system continues to be an effective and efficient process for consistency and tracking. The i-FamilyNet system is utilized to enter and track all ICPC requests and progress. DCF is currently in the process of implementing the NEICE system to further facilitate efficiency. Our commitment to permanency drives our practice to be solution-focused in overcoming any perceived barriers to interstate placements. DCF has developed a process to enter into agreements with private out of state agencies when needed if a prospective family is not affiliated with the public agency.

DCF's partnership with the Massachusetts Adoption Resource Exchange (MARE) is instrumental in the identification of prospective adoptive families from other states. MARE's online presence provides our children with visibility and opportunities. The Department also utilizes AdoptUSKids for recruitment.

D3. PLAN FOR ENACTING THE STATE’S VISION

The Department of Children’s vision is that all children have the right to grow up in a nurturing home, free from abuse and neglect, with access to food, shelter, clothing, health care, and education.

In April 2024, the Massachusetts Department of Children and Families (DCF) submitted its Program Improvement Plan (PIP) to the Children’s Bureau as part of the Child and Family Services Review (CFSR) Round 4 process. In the prior 2020-2024 Child and Family Service Plan (CFSP), the Department, in collaboration with external stakeholders and community partners, accomplished many of the goals and objectives outlined in the strategic plan chart and throughout the CFSP. Although the Department takes pride in what we have accomplished in recent years, we acknowledge the need for continued improvement.

As the recipient of Children's Bureau funds for several programs, including the Chafee Foster Care Program for Successful Transition to Adulthood, Education and Training Vouchers, and Kinship Navigator, the Department aligns its grant programs to the 2025-2029 Strategic Plan with determination to continue making changes necessary to serve children and families of the Commonwealth well, and to achieve identified goals expediently.

MA DCF continues its Agency Improvement Initiative, originally launched in 2015 and introduced in our CFSR Round 3 PIP. Used throughout the CFSR Round 4 PIP planning process, this initiative utilizes an “Agile/Scrum” project management methodology that allows for implementation of significant and rapid change. The Agency Improvement efforts are undertaken by DCF with leadership and support from the Secretary of the Executive Office of Health and Human Services, and the Governor’s office. Through a series of “releases,” of approximately 3 months’ duration, the Agency Improvement Initiative’s areas of focus are to:

- Provide a management infrastructure to support case oversight and strengthen overall agency operations;
- Enhance the agency’s policy, practice, and accountability; and
- Strengthen workforce capacity.

At the helm of the Agile Scrum Agency Improvement Initiative process is the Agency Improvement Leadership Team (AILT), representing DCF’s Central Office, Regional, and Area Office Managers. AILT is charged with working with the Commissioner to realize goals and implement change swiftly. Topics and goals are assigned to Teams, each of which has a specific area of focus, and has both regular team members and “Subject Matter Experts” (SMEs), as needed. Each Team meets at least weekly, has regularly scheduled virtual check-in “scrum calls,” and tracks its progress through the AILT ASANA system.

Current AILT Teams are:

- Family Assessment and Action Plan (FAAP) Timeliness Improvement
- Organizational Structure
- Permanency

- Placement Stability
- Practice Improvement Framework
- Recruiting, Onboarding, and Retention
- Sexual Abuse
- Substance Misuse (0-5)
- Transition Age Youth

As is clear from the titles, the work of AILT Teams is intertwined with the Strategic Plan that follows and will be among our primary mechanisms for improving services and outcomes for the children and families of the Commonwealth.

In FFY 2024, under the direction of the Massachusetts Executive Office of Health and Human Services (EOHHS), the Department developed a Strategy Map identifying strategic priorities that are aligned with the goals and objectives in the 2025-2029 CFSP, APSRs, CFSP Round 4 PIP (draft), and Services Options and Delivery.

These priorities are:

- Safety, permanency, and well-being outcomes with an emphasis on equity
- Individualizing services to meet the unique needs of children and families
- Stabilizing families and preventing placements through community partnerships and interagency collaboration, and
- Workforce recruitment, retention, and development.

In addition, the Department continues to center our CFSP Strategic Plan on the Principles of Practice (based on the CWLA National Blueprint for Excellence in Child Welfare)¹. The MA DCF Principles of Practice reflect the agency's mission/vision and provide the foundation for consistent practice within the Department and its contracted programs. DCF used the eight Core Principles of the CWLA National Blueprint as the framework for developing the MA DCF Principles of Practice. They address:

- Rights of Children
- Shared Responsibility and Leadership
- Engagement/Participation
- Supports and Services
- Quality Improvement
- Workforce
- Race, Ethnicity, and Culture, and
- Funding and Resources.

With the Strategic Plan as our guide, the Massachusetts Department of Children and Families looks forward to making excellent progress in the next five years.

¹ CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April, 2013

Strategic Plan 2025-2029

In the following chart, we display our goals, strategic objectives, and measures for the 2020-2024 CFSP. The Department is using the planning and decision-making process regarding the Federal Family First Prevention Services Act (FFPSA) not only to achieve a set of prevention goals, but also to advance the Department's broader initiatives to address diversity, inclusion, and equity and to eliminate discrimination in the practice of child welfare, the goals that guided this Prevention Plan are:

- Increased numbers of children who remain safe with their families, without removal to foster care, and
- Reduced numbers of children who reenter foster care after exiting to reunification, adoption, or permanent guardianship, and
- Equitable proportions of Black, White, Native American, Asian, Latinx, and mixed-race children who remain safe with their families, without removal to foster care; and
- Reduced rate of disproportionate representation of Black, White, Native American, Asian, Latinx, and mixed-race children in foster care placements.

The strategic objectives in the strategic plan are mapped to the following DCF Principles of Practice (PoP):

- **Rights of Children** – The Department will work to advance the fundamental rights of children.
- **Shared Responsibility and Leadership** – The Department recognizes that we share responsibility for the safety and well-being of children with individuals and families, other organizations, and communities. To help children and youth flourish, leaders at every level and in all realms of the Department work to ensure that all parties and systems collaborate, communicate, and create and nurture meaningful partnerships.
- **Engagement and Participation** – The Department engages children, youth, families, and communities to promote family success and build community capacity. Together, we create and nurture partnerships to identify shared goals that support safety, permanency, and well-being. The Department welcomes and appreciates the participation of everyone affected by our work as we collectively endeavor to improve the lives of children and families.
- **Supports and Services** – The Department works with individuals, families, communities, organizations, and systems to protect children from abuse and neglect, and to provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.
- **Quality Improvement** – The Department designs its service delivery and service implementation based on evidence and knowledge; we focus data collection on measuring outcomes and achieving success; we emphasize and support continuous quality improvement; and we encourage innovative practices. The Department has clearly articulated vision, value, and mission statements that define the Department's purpose and direction and set the parameters for its accomplishments.

- **Workforce** – The Department’s workforce consists of competent, skilled people with a variety of experiences and representing varied disciplines. Individuals are committed to high-quality service delivery and are provided with the training, tools, resources, and support necessary to perform their roles effectively.
- **Race, Ethnicity, and Culture** – The Department works with individuals, families, communities, organizations, and systems to understand and promote equality, cultural humility, and strong racial, ethnic, and cultural identities of service recipients, staff, and providers, while showing consideration for individual differences, and respecting the sovereign rights of tribes.
- **Funding and Resources** – The Department’s funding decisions (in both seeking and distributing funds) are informed by the understanding that the well-being of children, families, and communities are interconnected, and that sufficient and equitable funding is essential to the well-being of all of them.

Where applicable, cross-references to the 2023 CFSR Round 4 proposed PIP and Family First requirements have been indicated in the following table with a notation (* = CFSR4 proposed PIP cross-reference (CFSR4 PIP still in development at time of this CFSP submission); ^ = Family First cross-reference).

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
I. Equitable Outcomes – DCF will improve and ensure equitable safety, permanency, and well-being outcomes for children.	1. Safety: By end of the 2025-2029 CFSP period, the Department will ensure that children are first and foremost protected from abuse and neglect. [*] • <i>PoP Mapping</i> : ○ Rights of Children ○ Supports and Services	<ul style="list-style-type: none"> • Timeliness of initiating investigations of reports of maltreatment: ○ Upon screening-in a 51A report of maltreatment for a 51B response, DCF’s primary and immediate focus is to address concerns regarding the child(ren)’s safety and health and to determine whether the child(ren) can safely remain in the home. 	<ul style="list-style-type: none"> • By end of sFY27, 54% (or more) of reported children in a protective response (51B) will have a recorded in-person contact within DCF policy timeframes – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Reported children in a 51B response with an in-person contact: ○ Baseline (sFY23, Q4) = 50%
		<ul style="list-style-type: none"> • Children in DCF out-of-home placement receiving monthly social worker visits: ○ Good casework practice in child welfare relies on 	<ul style="list-style-type: none"> • By end of sFY27, 95% (or more) of children in DCF out-of-home placement will be receiving monthly social worker visits – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Children in out-of-home placement with a recorded social worker visit: ○ Baseline (sFY23, Q4) = 92%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		<p>quality contacts between caseworkers and children. These purposeful, face-to-face interactions (also known as caseworker visits) are essential to engagement, assessment, and case planning.</p> <ul style="list-style-type: none"> • Decrease Recurrence of Maltreatment (CFSR4 SDI): <ul style="list-style-type: none"> ○ Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of the initial victimization? • Decrease Maltreatment in Foster Care (CFSR4 SDI): <ul style="list-style-type: none"> ○ Of children in care during a 12-month period, total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode. 	<ul style="list-style-type: none"> • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the observed performance goal of 15.5% for Recurrence of Maltreatment will have been met or exceeded (smaller values are better). • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the observed performance goal of 22.06 per 100K placement days for Maltreatment in Foster Care will have been met or exceeded (smaller values are better). 	<ul style="list-style-type: none"> • Recurrence of Maltreatment: <ul style="list-style-type: none"> ○ Baseline (fFY21-22) = 16.2% • Maltreatment in Foster Care: <ul style="list-style-type: none"> ○ Baseline (21AB, fFY21) = 25.21 per 100K placement days

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
	<p>2. Safety: By end of the 2025-2029 CFSP period, the Department will ensure child safety through standardized core protectives services. [*]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Engagement/ Participation ○ Race, Ethnicity, and Culture ○ Funding and Resources 	<ul style="list-style-type: none"> • Investigative responses with a completed risk assessment: <ul style="list-style-type: none"> ○ Structured decision making (SDM) tools help gather information from the perspective of each family member, each collateral source, the case record review, and social worker observations. While SDM tools do not "make decisions," these tools support social workers as they make accurate, consistent, and equitable decisions about child danger/safety and risk. ○ SDM Risk Assessment is an actuarial tool which assesses the likelihood of future involvement with the child welfare system. 	<ul style="list-style-type: none"> • By end of sFY27, 95% (or more) of approved investigative responses (51Bs) will have a risk assessment completed – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • 51Bs with a risk assessment completed: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 91%
	<p>3. Permanency: By end of the 2025-2029 CFSP period, the Department will ensure that children have permanency and stability in their living situations and continuity of family relationships and connections are preserved whenever possible and appropriate. [*^]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> 	<ul style="list-style-type: none"> • Permanency in 12 months for children who enter care (i.e., exits to reunification, adoption, or guardianship): <ul style="list-style-type: none"> ○ In child welfare, permanency is a permanent stable living situation. Ideally, the living situation is one in which family connections are preserved. ○ Permanency planning begins when a child 	<ul style="list-style-type: none"> • By end of sFY27, 36% (or more) of the children who entered foster care during a 12-month period (entry cohort) will exit to permanency within 12 months of their entry – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Children who exit to permanency within 12 month of their entry: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 33%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
	<ul style="list-style-type: none"> ○ Rights of Children ○ Supports and Services ○ Race, Ethnicity, and Culture 	<p>comes to the attention of the child welfare system. It is most often achieved when a child is reunified with their family of origin, but it may also occur when another court mandated permanency goal, such as guardianship or adoption is obtained.</p> <ul style="list-style-type: none"> • Children placed with kin as first or second placement: <ul style="list-style-type: none"> ○ When the home environment is unsafe, kin placements help to maintain family connections, cultural traditions, and minimize the trauma of separation. ○ Kin placements increase placement stability and support more timely reunification/permanence. • Children in DCF out-of-home placement with an identified lifelong connection: <ul style="list-style-type: none"> ○ Every young person who leaves foster care (out-of-home placement) should have relational permanency (i.e., long-term relationships that help youth feel loved and connected). 	<ul style="list-style-type: none"> • By end of sFY27, 45% (or more) of the children with a Home Removal Episode (HRE) within the reporting period will be placed with kin as their 1st or 2nd placement – to be tracked by race/ethnicity. • By end of sFY27, 95% (or more) of children in out-of-home placement with a Foster Care Review convened during the reporting period will have an identified lifelong connection – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Children whose 1st or 2nd placement was with kin: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 41% • Children with a lifelong connection: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 96%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		<ul style="list-style-type: none"> ○ Lifelong connections may include relationships with siblings, family members, extended family, family friends, mentors, and former foster family members. • Improve Permanency in 12 Months for children in care 12-23 Months CFSR4 SDI): <ul style="list-style-type: none"> ○ Of all children in care on the first day of a 12-month period who had been in care continuously between 12 and 23 months, what percent discharged to permanency within 12 months of the first day? • Improve Permanency in 12 Months for children in care 24+ Months (CFSR4 SDI): <ul style="list-style-type: none"> ○ Of all children in care on the first day of a 12-month period who had been in care continuously for 24 months or more, what percent discharged to permanency within 12 months of the first day? • Improve Reentry to Foster Care in 12 Months (CFSR4 SDI): 	<ul style="list-style-type: none"> • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the observed performance goal of 32.7% for Permanency in 12 Months (12-23 Months) will have been met or exceeded. • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the observed performance goal of 32.7% for Permanency in 12 Months (24+ Months) will have been met or exceeded. • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the 	<ul style="list-style-type: none"> • Permanency in 12 Months (12-23 Months): <ul style="list-style-type: none"> ○ Baseline (22B23A) = 30.7% • Permanency in 12 Months (24+ Months): <ul style="list-style-type: none"> ○ Baseline (22B23A) = 29.9% • Reentry to Foster Care in 12 Months: <ul style="list-style-type: none"> ○ Baseline (21B22A) = 8.4%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		<ul style="list-style-type: none"> ○ Of all children who exit foster care in a 12-month period to reunification, live with a relative, or guardianship, what percent reentered care within 12 months of their discharge? • Improve Placement Stability (CFSR4 SDI): <ul style="list-style-type: none"> ○ Of all children who enter care in a 12-month period, what was the rate of placement moves per 1,000 days of foster care? 	<p>observed performance goal of 7.3% for Reentry to Foster Care will have been met or exceeded (smaller values are better).</p> <ul style="list-style-type: none"> • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), the observed performance goal of 7.14 moves per 1K placement days for Placement Stability will have been met or exceeded (smaller values are better). 	<ul style="list-style-type: none"> • Placement Stability—moves per 1K placement days: <ul style="list-style-type: none"> ○ Baseline (22B23A) = 7.96
	<p>4. Well-Being: By end of the 2025-2029 CFSP period, the Department will ensure that families have enhanced capacity to provide for their children's needs, and that the educational, physical, and mental health needs of children are met. [*^]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Supports and Services ○ Race, Ethnicity, and Culture ○ Funding and Resources 	<ul style="list-style-type: none"> • Medical visits completed: <ul style="list-style-type: none"> ○ DCF is responsible for ensuring that children receive Medical Screening Examinations and Comprehensive Examinations as recommended by the American Academy of Pediatrics. • School attendance rates for children age 14+ in DCF custody: <ul style="list-style-type: none"> ○ Educational achievement is one of three primary child well-being domains tracked within child 	<ul style="list-style-type: none"> • By end of sFY27, 85% (or more) of the children entering care who have a medical visit due will have a visit completed – to be tracked by race/ethnicity. • By end of school year 2022-2023, 92% (or more) of cumulative student enrollment days for children 14+ will be marked as “present” – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Children with a required medical visit: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 81% • Student enrollment days marked as “present”: <ul style="list-style-type: none"> ○ Baseline (school year 2022-2023) = 88%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		<p>welfare. Research shows and the Department recognizes that attendance is an important factor in student achievement.</p> <ul style="list-style-type: none"> Families served by the Family Resource Center (FRC) network (per quarter): <ul style="list-style-type: none"> FRCs provide support to families when they have a crisis or need help. FRCs serve as partners who help parents and children thrive by empowering, nurturing, and supporting children and families to help them reach their full potential. FRCs reflect the cultural, linguistic, and socio-economic backgrounds of families that live in the communities they serve. Youth who opt-in for DCF services beyond their 18th birthday: <ul style="list-style-type: none"> Youth who turn 18 in foster care can continue to receive services from DCF as they transition to adulthood. Youth who opt-in for DCF services beyond their 18th birthday are 	<ul style="list-style-type: none"> By end of sFY27, 5,024 (or more) families will be served by the FRC network per quarter. By end of sFY27, 82% (or more) the youth who turned 18 while in care during the reporting period will opt-in for DCF services beyond their 18th birthday. 	<ul style="list-style-type: none"> Families served by FRC network in a quarter: <ul style="list-style-type: none"> Baseline (sFY23, Q4) = 4,509 Youth who opt-in for DCF services beyond age 18: <ul style="list-style-type: none"> Baseline (sFY23) = 78%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		assigned to a DCF social worker and receive housing and education support, individualized life skill training, and other services funded by state and federal grants.		
II. Supports and Services Options and Delivery - DCF will increase the availability of supports and services to better meet the unique needs of children and families.	1. Policy, Programs, and Development: By end of the 2024-2029 CFSP period, the Department will align policies and develop a service array responsive to the individualized needs—including but not limited to race, ethnicity, and culture—of children and families to strengthen / stabilize families and prevent placements. [*^] <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Supports and Services ○ Race, Ethnicity, and Culture ○ Funding and Resources 	<ul style="list-style-type: none"> • Expansion of support and stabilization (S&S) services acquired through S&S RFR: <ul style="list-style-type: none"> ○ Children and families served by DCF may face complex and interrelated problems such as poverty, unemployment, domestic violence, substance misuse, and mental health issues that increase family stressors, impair family functioning, and put children at risk of abuse and neglect. These interrelated challenges also pose barriers to accessing and completing services. ○ DCF’s RFR seeks providers with capacity and expertise for assessing individualized circumstances, delivering S&S services matched to unique strengths and needs, and assisting children and families with accessing resources and 	<ul style="list-style-type: none"> • By end of sFY27, 300 (or more) S&S services will have been acquired through the RFR process. 	<ul style="list-style-type: none"> • Count of contracted S&S services: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 266

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		services that will continue to be available beyond the termination of an S&S service.		
	<p>2. Collaboration: By end of the 2025-2029 CFSP period, the Department will collaborate cross-agency for provider and service access. [*^]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Shared Responsibility and Leadership ○ Supports and Services ○ Funding and Resources 	<ul style="list-style-type: none"> • Average daily number of DCF-involved children/ youth who spend time in ED (emergency department) Boarding: <ul style="list-style-type: none"> ○ DCF's Mental Health Services Unit is often consumed with navigating complex cases for which a youth is within an emergency room setting or inpatient hospital and there is a need for cross agency collaboration and support. This may include collaboration with child's placement or service providers, DDS, DMH, EOHHS, MassHealth and/or the child's insurance provider. 	<ul style="list-style-type: none"> • By end of sFY27, 8 (or fewer) children will spend time in ED Boarding on average each day. 	<ul style="list-style-type: none"> • Average daily number of children in ED Boarding: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 10

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
III. Workforce – DCF will improve Recruitment, Retention, and Development of DCF Workforce.	1. Hiring and Workforce Supports: By end of the 2025-2029 CFSP period, the Department will recruit and retain a skilled diverse workforce. <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Supports and Services ○ Workforce ○ Race, Ethnicity, and Culture ○ Funding and Resources 	<ul style="list-style-type: none"> • Social Worker staff positions filled relative to allocation: <ul style="list-style-type: none"> ○ Social Worker staffing levels are critical to ensuring the Department is able to manage caseloads and deliver the highest quality services possible to keep families healthy and safe. • Increase diversity of staff to better reflect the served community: <ul style="list-style-type: none"> ○ Identity and diversity are central to children's welfare and must be deeply grounded in our work to protect children and support families. ○ DCF is always striving to recruit and retain a diverse workforce while continuing to embed cultural humility into training and case practice. ○ Where there is an underrepresentation of diverse staff in any job category, DCF works with the Human Resources Division on vigorous recruitment to locate qualified candidates to achieve the diversity objective. 	<ul style="list-style-type: none"> • By end of sFY27, 100% of SW positions authorized to fill in the budget allocation will be filled. • By end of sFY27, 48% (or more) of staff will identify as: Native Hawaiian/Other Pacific Islander, Hispanic/Latino, Black/African American, Asian, or Native American/Alaska Native. 	<ul style="list-style-type: none"> • SW allocation vs. fill level: <ul style="list-style-type: none"> ○ Baseline (Jun-2023) = 88% • Staff who identify as: Native Hawaiian/Other Pacific Islander, Hispanic/Latino, Black/African American, Asian, or Native American/Alaska Native: <ul style="list-style-type: none"> ○ Baseline (Jun-2023) = 35%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
	<p>2. Knowledge and Tools: By end of the 2025-2029 CFSP period, the Department will continue to strengthen ongoing training and professional development opportunities. [^]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Supports and Services ○ Workforce 	<ul style="list-style-type: none"> • Increase number of staff attending training: <ul style="list-style-type: none"> ○ Staff training is essential for preparing social workers, supervisors, and managers with an understanding of policy, practices, and skills needed to serve children and families. • Increase effectiveness of initial and ongoing staff training: <ul style="list-style-type: none"> ○ Training effectiveness ratings serve as indicators of training quality and comprehensiveness. 	<ul style="list-style-type: none"> • By end of sFY27, 95% (or more) of staff will have completed one or more trainings in the DCF learning management system (MassAchieve) • By end of sFY27, 95% (or more) of initial and ongoing staff training evaluations will have an overall rating of “training objectives achieved.” 	<ul style="list-style-type: none"> • Staff who have completed one or more trainings: <ul style="list-style-type: none"> ○ Baseline (sFY23) = 93% • Training evaluation with an overall rating of “training objectives achieved”: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 95%
IV. Stabilizing Intact Families – DCF will strive to stabilize families and prevent placements through community partnerships and interagency collaboration	<p>1. Culture: By end of the 2025-2029 CFSP period, the Department will continue to strengthen and promote a “family-first” culture where children are safely maintained in their homes whenever possible and appropriate. [*]</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Engagement and Participation ○ Supports and Services ○ Race, Ethnicity, and Culture 	<ul style="list-style-type: none"> • Children placed with kin as first or second placement: <ul style="list-style-type: none"> ○ When the home environment is unsafe, kin placements help to maintain family connections, cultural traditions, and minimize the trauma of separation. ○ Kin placements increase placement stability and support more timely reunification/permanence 	<ul style="list-style-type: none"> • By end of sFY27, 45% (or more) of the children with a Home Removal Episode (HRE) within the reporting period will be placed with kin as their 1st or 2nd placement – to be tracked by race/ethnicity. 	<ul style="list-style-type: none"> • Children whose 1st or 2nd placement was with kin: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 41%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
	<p>2. Mandated Reporter Training: By end of the 2025-2029 CFSP period, the Department will implement a mandated reporter curriculum and training to ensure that reports of maltreatment meet Massachusetts' 51A reporting standards and support equity.</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children ○ Supports and Services ○ Race, Ethnicity, and Culture 	<ul style="list-style-type: none"> • Review existing mandated reporter training curricula and develop and implement a DCF "approved" curriculum which supports equity: <ul style="list-style-type: none"> ○ Quality mandated reporter training helps to ensure that incidents of child maltreatment are appropriately addressed and that disparate reporting rates by race and ethnicity are reduced. 	<ul style="list-style-type: none"> • By end of sFY25, a DCF mandated reporting training curriculum will be developed which supports equity. • By Jul-2025, a DCF mandated reporter training rollout plan will be developed. • By end sFY26, DCF's mandated report training will be implemented – impact on referral rates per 1,000 and disproportionate filing rates by race/ethnicity to be tracked 	<ul style="list-style-type: none"> • Referral rates per 1,000 children in the MA population: <ul style="list-style-type: none"> ○ Baseline (sFY23) = 68.1 per 1,000 • Rate of Disproportionality (RoD) – [values greater than 1.0 indicate over-representation] Baseline (sFY23): <ul style="list-style-type: none"> ○ Asian = 0.2 ○ Black = 1.8 ○ Hispanic/Latinx = 1.7 ○ Native American = 0.9 ○ White = 0.7
	<p>3. Services Support Line: By end of the 2025-2029 CFSP period, the Department will explore options for developing a "services support line" for identifying appropriate services and directing families and the community to supports other than the child welfare system (i.e., DCF) when indicated, with a referral process to the Family Resource Centers (FRCs).</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Rights of Children 	<ul style="list-style-type: none"> • Explore options for developing and implementing a family and community "services support line" which identifies and makes referrals to appropriate resources (e.g., FRCs). <ul style="list-style-type: none"> ○ A "services support line" helps to stabilize families with quality referrals and prevents deeper involvement in the child welfare system. 	<ul style="list-style-type: none"> • By end of sFY25, DCF will have explored options for developing a "services support line." • By end of sFY27, will have piloted/implemented a "services support line." 	<ul style="list-style-type: none"> • To be updated in subsequent APSRs.

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
	<ul style="list-style-type: none"> ○ Engagement/ Participation ○ Supports and Services ○ Race, Ethnicity, and Culture 			
V. Quality Improvement – DCF will continue to develop its capacity to provide evidence-based and evidence-informed service approaches; data collection will be focused on measuring outcomes and achieving success.	1. By end of the 2025-2029 CFSP period, the Department will continue to strengthen and maintain continuous quality improvement and agile ways of working. [*] <ul style="list-style-type: none"> • <i>PoP Mapping</i>: <ul style="list-style-type: none"> ○ Quality Improvement 	<ul style="list-style-type: none"> • Continuous cycles of case reviews completed by CQI Unit: <ul style="list-style-type: none"> ○ A key component of the Department's continuous quality improvement efforts, comprehensive case reviews (which include staff and family interviews) ensure conformity with State policy and Federal child welfare requirements; gauge the experiences of children, youth, and families receiving State child welfare services; and assist/inform child welfare agencies as they enhance their capacity to help families achieve positive outcomes. • CFSR4 PIP key activities completed: <ul style="list-style-type: none"> ○ Areas needing improvement (ANIs) identified by the Children's Bureau during CFSR4 will necessitate the development of a 	<ul style="list-style-type: none"> • By end of sFY27, 60 (or more) case reviews (with interviews) will be completed each quarter utilizing the CFSR OSRI. • By end of sFY28, Q2 (approximation based on projected CFSR4 PIP implementation date), 100% of CFSR4 PIP key activities will be completed. 	<ul style="list-style-type: none"> • Case reviews completed within the quarter: <ul style="list-style-type: none"> ○ Baseline (sFY23, Q4) = 50 • CFSR4 PIP key activities completed: <ul style="list-style-type: none"> ○ Baseline (sFY24, Q3) = 0%

Goals / Strategic Priorities	Strategic Objectives	Milestones (SDI: Statewide Data Indicator)	Measures of Progress/Outcomes	Status
		<p>Program Improvement Plan (PIP).</p> <ul style="list-style-type: none"> ○ The MA DCF CFSR4 PIP will consist of goals, strategies, and key activities designed to address identified ANIs across child safety, permanency, and well-being. ○ Successful closeout of the MA DCF CFSR4 PIP will depend on meeting each key activity. 		
	<p>2. Infrastructure: By end of the 2025-2029 CFSP period, the Department will continue to strengthen data collection and sharing, including technological systems implementation.</p> <ul style="list-style-type: none"> • <i>PoP Mapping:</i> <ul style="list-style-type: none"> ○ Quality Improvement 	<ul style="list-style-type: none"> • Increase development and rollout of Power BI dashboards: <ul style="list-style-type: none"> ○ Interactive dashboards are effective tools for informing constituents and agency leadership about the children and families served by DCF as well as progress on key child welfare outcomes. ○ Interactive dashboards also serve as tools for addressing challenges and elevating and spreading effective practices. 	<ul style="list-style-type: none"> • By end of sFY27, 6 Power BI dashboards (combination of internally and externally facing) will have been developed and rolled out. 	<ul style="list-style-type: none"> • Power BI dashboards developed and rolled out: <ul style="list-style-type: none"> ○ Baseline (sFY, Q3) = 1

*CFSR4 PIP cross-reference ^ Family First cross-reference

Staff Training, Technical Assistance, and Evaluation

Staff Development and Training Plan in Support of the Goals and Objectives of the CFSP

The Child Welfare Institute (CWI) is the professional development and training division of the Department of Children and Families (DCF). The purpose of the CWI is to improve public child welfare practice in the Commonwealth. CWI focuses on three interdependent responsibilities:

- Promoting and supporting the Department's core practice values, commitments, and priorities;
- Teaching the knowledge, skills, and foundational child welfare practices necessary for social workers to help families keep their children safe, achieve permanency, and promote wellbeing;
- Supporting the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

These three interdependent responsibilities are driven by the agency's strategic plan over five years (2025-2029). CWI has developed and implemented a series of highly regarded programs designed to support the overarching priorities and practice expectations of the agency. With a considered strategy to promote continuous learning and professional identity for DCF child welfare social workers, supervisors and managers, the CWI promotes organizational effectiveness by building on the Department's many strengths, including:

- Core practice values that clearly state that continuous learning is an expectation for all staff, to promote professional growth and organizational improvement.
- A growing team of CWI staff and instructors that are dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities.
- Highly educated and experienced workforce.
- Historically low staff turnover promotes a deep knowledge of the child welfare system and practical experience in the agency. Mirroring the overall human service sector, DCF's staff turnover rates have been variable and reflect the economic and workforce impacts evidenced in the past four years.
- Curriculum design and training development is learner-centered and child welfare practice-based.
- CWI contributes to the planning and implementation of policy initiatives.
- CWI offers many resources that support the licensing requirement for DCF social workers. Currently, DCF's non-probationary, frontline social workers and supervisors hold a social work license.
- Training programs offered by the CWI have continually evolved to include a variety of professional development opportunities for staff, including MSW fellowships, post-masters clinical certificate programs, clinical practice in-service training, child welfare conferences and forums, and orientation training for newly hired staff.
- Staff training and professional development are essential agency priorities, which strengthen effective succession planning and cultivate organizational leadership.
- CWI activities are supported by a dedicated budget line item within the DCF appropriation.
- CWI operates a dedicated statewide training center. This facility is a large training and conference space to house all CWI training events. This is a significant resource for the CWI

as it creates a permanent physical space that is designed specifically to support professional learning opportunities.

Desired Outcomes

Aligned with DCF's policy and practice priorities, the CWI training and professional development programs are focused on the following important outcomes:

- Social workers, supervisors, and managers will leave any learning experience with an increased sense of their capacity, competency, and confidence in child welfare practice.
- Participants will demonstrate child welfare practices that increasingly improve the level of safety, permanency, and well-being for children and families.
- Participants will gain a clear understanding and comprehensive knowledge of DCF policy and demonstrate fidelity to policy in their practice.
- Participants will embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency.

Framework for Professional Development

The DCF CWI provides training and learning opportunities to help staff demonstrate practice skills that are reflective of the agency's core practice expectations, values, and policies. The profession of child welfare social work requires that staff demonstrate specific competencies, knowledge and skills needed to engage in purposeful interactions with families to keep their children safe. For this reason, New Social Worker Preservice Training (NSWPT) is focused on social workers demonstrating competencies such as the ability to explain their role as a DCF social worker, conduct a home visit, or explain how risk and safety assessment are used in practice. The profession of child welfare social work also utilizes critical thinking and group decision-making to facilitate the assessment and planning processes with vulnerable children and families. Therefore, training for new social workers, protective intake and response workers, and supervisors includes instruction on Structured Decision Making (SDM), assessment processes, and how to include all family members in decision making.

CWI will work continually with the field as well as staff at all levels of the Department to continually expand, diversify and revise training and professional development programs for staff. This will continuous revision of the New Social Worker Pre-service Training (NSWPT) as well as the enhancement of training for supervisors and Area Program Managers (APMs). Examples include: having new social workers spend time in their area office for on the job learning before beginning their preservice training program, the addition of five regionally based on the job learning coordinators, expanded utilization of the MassAchieve learning management system to track training completion, continuous learning for new social workers to complete throughout their probationary period, training in the Art of Facilitation, leadership coaching, and more group learning opportunities for managers and directors. The CWI will gather input through practice committees, field advisory groups, conversations with Department leadership, and focus groups, as well as the feedback received from evaluations participants complete at each training event. This information will be used to identify general topic areas and focused content for in-service training.

State's technical assistance activities that will be provided to counties and other local or regional entities that operate state programs and its impact on the achievement of the goals and objectives of the plan

- CWI provides a variety of training, professional development, and technical assistance at every level of DCF. CWI will provide the following training opportunities for newly on-boarded staff or those new to their positions:
 - New Social Worker Pre-service Training (NSWPT) for all new DCF social workers. NSWPT provides foundational policy and practice content required before a social worker can be assigned a case and continues to provide training throughout a new social worker's first nine months on the job. CWI is continually working to enhance training for DCF new social workers; examples include piloting an initiative where new workers can spend two weeks in their area office shadowing and building relationships with colleagues before beginning their initial training. Another is adding five regionally based On the Job Learning Coordinators, who will provide coaching and support to new DCF social workers throughout their nine-month probationary period.
 - New Supervisor Training (NST) for all new DCF social worker supervisors. NST content gives a new supervisor the necessary administrative, educational, supportive, and clinical practice skills to direct the case management of social workers.
 - New Area Program Manager Training (NAPMT) is a series that supports new APMs as they assume their roles as leaders and managers of case practice. The content included in this series walks through administrative, educational, supportive, and clinical expectations at a middle management level with broader oversight and decision-making responsibilities.
 - Leadership Academy (LA) supports new and emergent agency leaders in developing the skills to sustain an equitable and positive organizational climate and implement change. Utilizing a coaching approach, the LA initially rolled out in June 2022 in partnership with the National Child Welfare Workforce Institute (NCWWI) and the Children's Bureau. Area Directors, Area Clinical Managers, Central Office Directors and Specialists were trained through the LA and served as coaches to new Area Program Managers, the primary LA participants. Area Clinical Managers and Area Program Managers served in a mentorship capacity. The LA modules included:
 - **Fundamentals of Leadership** – capacity to address persistent complex and adaptive challenges and acquire skills for the implementation of sustainable systems change.
 - **Leading Change** – knowledge of implementation science, including stages of change, and the importance of using a racial equity lens, transformational leadership, and effective communication to facilitate sustainable organizational change.
 - **Leading in Context** – engagement strategies for developing partnerships internally and externally for effective and equitable family-centered practice and transformational systems changes.
 - **Leading for Results** - capacity to work with others to make thoughtful, informed data-driven decisions that improve the well-being of staff and families.

- **Leading People** – leadership strategies to engage staff, families, and community partners in transforming practice to better support families.

At the conclusion of the program participants presented innovative practice improvement projects to an audience that included supervisors, regional directors, and members of the executive team. Their work was well received, as was the Leadership Academy program. CWI is currently working on recruiting the next cohort of participants and mentors and looks forward to continuing the Leadership Academy programming throughout the period covered by this CFSP.

- Master of Social Work (MSW) Fellowship and Professional Certificate Programs offer professional education opportunities and professional growth for qualified staff.
 - The MSW Fellowship will be offered to staff through several university and college partnerships around the state. Each year the Fellowship accepts a limited number of qualified staff from every DCF region.
 - The professional certificate programs will be offered to staff through several university and college partnerships. The certificate programs offered will include certificate programs in Equity Minded Practice, Trauma Informed Practice, and Trauma Informed Supervision.
- In-service and Professional Development courses offered by CWI are child welfare practice-based and will be scheduled monthly for social workers, social worker supervisors, and managers. The development of these courses has evolved to be responsive to field identified needs and the overall strategic goals of the Department. Course development will be further informed through feedback provided by DCF's Continuous Quality Improvement Unit, Foster Care Review Unit, and the Office of Management, Planning and Analysis. Information about available courses will be provided through a monthly newsletter, posting on the CWI Intranet page, and through the EHS/DCF Learning Management System (LMS).
- CWI leadership and staff will be part of the agency's policy development and implementation efforts. CWI will provide technical assistance to the policy unit and other stakeholders regarding policy rollout training, curriculum content, and development of training materials.
- CWI will provide specific training and professional development to meet the more localized needs of the five Regions and 29 DCF Area Offices. CWI training staff will provide direct technical assistance to the field as needed.

Technical assistance and capacity building needs that the state anticipates in FFY 2025-2029 in support of the CFSR PIP and CFSP goals and objectives

- DCF leadership and CWI staff will pursue resources available through the Capacity Building Center for States, and other national resource centers as needed to support the Round 4 CFSR PIP and CFSP goals and objectives as needed.

Evaluation and Research Activities

- CWI will continue to utilize and refine a structured process to evaluate the effectiveness of initial training and results will be utilized to refine curriculum and training strategies. This formal feedback process will include field operations (i.e., area office supervisors/managers) and the CWI (i.e., training staff). This feedback process will assess the transfer of learning around key practice elements. In partnership with the CQI Unit, CWI will target training priorities based on agency needs assessments and trends in practice and fidelity to policy.
- CWI will continue to develop and utilize consistent tools for evaluating the effectiveness of ongoing training. CWI will refine and operationalize metrics and processes for evaluating and improving staff training. Evaluation results will be shared with trainers so they can continue to improve their content and practice. In partnership with the CQI Unit, CWI will gather data to better understand the transfer of knowledge from training programs into direct action and practice in the field.
- CWI will continue to utilize MassAchieve, the Department's learning management system for tracking the 30-hour ongoing training requirement for social workers and their supervisors. MassAchieve provides the structure for assigning mandatory and ongoing in-person and virtual training, course registration, hosting asynchronous training opportunities, maintaining transcripts and staff level and agencywide reporting.
- CWI will continue to construct tracking and reporting tools for all training activities using MassAchieve. The MassAchieve LMS allows CWI to gather data, create training completion reports, and analyze trends to inform upgrades to future training and share information to support training attendance and participation.

Training and Technical Assistance

The Department adopted the Children's Bureau CFSR Onsite Review Instrument (OSRI) and the Online Monitoring System (OMS) for the MA CFSR3 PIP case reviews. The CB Regional Office provides training and technical assistance on an as needed basis. Technical assistance will be provided by the CB Regional Office throughout the upcoming CFSR-4 PIP.

Children's Bureau Technical Assistance

The Department previously sought and received the Children's Bureau approval for State-led Review for CFSR-4 on October 5, 2022. This approval was based on MA DCF's ability to meet and/or demonstrate proficiency in the following areas:

- Operating an internal case review process at least annually that assesses state child welfare system performance in the domains of safety, permanency, and well-being, and;
- Utilizing a uniform sampling process and methodology.

DCF successfully completed the on-site review of 100 cases (50 in-home, 50 foster care) from April 1, 2023, through September 30, 2023, with secondary oversight from the Children's Bureau.

The Department recognizes the Children's Bureau's role as a valuable resource and partner in the ongoing training and professional development of CQI Unit staff. As such, the CQI Unit has and will continue to request and host the Children's Bureau for regular ongoing training and technical assistance on the CFSR, OSRI and OMS.

Specific to the OSRI, the CQI Unit has and will continue to request/host annual "refresher" trainings on the OSRI and QA process, as well as general "Q&A" sessions. The frequency of the training and technical assistance increases whenever needed. Additional technical assistance will be requested to address OSRI changes/updates or Technical Bulletin releases.

CQI Quality Managers maintain open communication and seek consultation with Regional Children's Bureau Child Welfare Program Specialists whenever general or case specific issues arise. Additionally, the Children's Bureau provides feedback from their second-level oversight of OSRI case reviews to Quality Managers who then relay targeted feedback to CQI Specialists.

CQI Unit managers monitor the CFSR Information Portal for new/updated Technical Bulletins, OSRI FAQs, or other training resources and distribute these updates/documents to the CQI Unit staff.

CFSR Round 4 Preparation and Training

In preparation for Round 4 of the CFSR, the Deputy Commissioner for Quality Improvement and CQI Unit managers attended the Round 4 Child and Family Services Reviews National Call Series. This series provided the CQI managers with a component overview of the CFSR as well as the Children's Bureau's vision for advancing equity and inclusion in the CFSR. Along with this, the Deputy Commissioner for Quality Improvement, CQI managers, General Counsel, Director of Federal Relations, and members of the Massachusetts Court Improvement Plan have been participating in monthly CFSR Round 4 Planning Meetings with the Children's Bureau.

CQI Unit staff receive ongoing technical assistance (TA) from the Children's Bureau on the CFSR Round 4 review process and OSRI. This TA has prepared the Commonwealth of Massachusetts for the Round 4 CFSR review and subsequent PIP, as well as ensuring ongoing consistency and correct interpretation of current review processes. CQI Unit managers and staff completed the Round 4 E-Learning Academy.

Participation and fidelity to this training will ensure DCF's continued adherence to the requirements specified in the Children's Bureau's Technical Bulletin #13A, Appendix A: "The State must provide training on a regular basis for all reviewers (including individuals completing third-party quality assurance of cases) participating in the case review process." The training is provided to all reviewers and includes:

- An overview of the review and quality assurance (QA) process,
- Conflict-of-interest guidelines,
- Conducting case-related interviews,
- An overview of the process for addressing safety concerns identified in a case under review,
- Expectations regarding writing high quality rating Rationale Statements,

- In-depth instructions on the use of the OSRI and all related CB-issued guidance,
- An overview of the written processes for (1) ensuring consistency of ratings, both on specific cases and across cases and sites, and (2) tracking questions and issues on application of the OSRI, and
- A written onboarding plan for training and oversight when new staff are hired or recruited to conduct case reviews and/or third-party QA.

CQI Unit staff apply the Children’s Bureau’s Child and Family Services Reviews Case-Related Interview Guides and Instructions document as a guide/resource for conducting CFSR case-related interviews with children/youth, parents/caregivers, foster parents, and caseworkers.

Title IV-E Kinship Navigator Program

Goal: Evaluation Readiness

- Determine data collection enhancements and develop an evaluation plan. This includes developing a logic model, selecting priority outcomes, data collection processes, and satisfaction, stress, and social support survey questions. In addition, draft an evaluation plan.

As of April 2024, DCF has met with the Capacity Building Center for States. The Kinship Navigator Program (KNP) has provided a historical outline of the program, logic model, procedures, and data collection. With that information the Capacity Building Center for States has developed a work plan that includes action steps and readiness for evaluation. The Center’s role in addressing the identified need will be the following. This Center team would partner with DCF as Massachusetts scale up its Kinship Navigator Program and assess readiness to apply for a rating with the Prevention Clearinghouse in accordance with the Handbook of Standards and Procedures. The Center team would include a Permanency Subject Matter Expert, who could partner with DCF as they formalize and manualize their program statewide, as well as an Evaluation Subject Matter Expert, who would facilitate the exploration of the Prevention Clearinghouse evaluation requirements. The Center’s role would also include providing resources and peer connections that address Massachusetts’s readiness to expand and evaluate its Kinship Navigator Program.

The Center’s team will also assist in building a capacity sustainability plan. During this work period, DCF will take steps to scale up its Kinship Navigator Program throughout the state and formalize its manual and data collection system. Both efforts are aimed at monitoring fidelity and maintaining sustainability. This work plan aims to position the state to be ready to submit an application to the prevention clearinghouse, which would require long-term investment and implementation. The next step will be to submit this plan to the Children’s Bureau for approval. If granted approval, KNP will be prepared to work with the designated team with the continuation of our growth of the program to receive the Prevention Services Clearinghouse approval rating. An approval rating will result in IV-E funding for the program and allow for future growth and capacity building.

Implementation Supports

In the chart above, the Department displays its strategic goals, objectives, and measures of progress for next five years. In order to successfully implement our goals and objectives, there are key supports that will need to be in place. Some of those supports are discussed in other sections of the CFSP. For instance, the Department's staff development and training plan in support of the goals and objectives are described in the Training Plan section of the 2025-2029 CFSP. Others are embedded in existing activities within the Department. Other supports critical for successful completion of our goals and objectives are discussed below:

- Budgetary Supports – At a minimum, the Department will need state and federal funding streams to remain level in order to maintain the progress we have achieved in terms of staffing and services. Reductions in budgets at the state or federal level may have a detrimental impact on the Department's ability to implement the goals and objectives highlighted for the next five years.
- Procurement Supports – Several of the goals and objectives will require the Department to procure services through the Commonwealth's public procurement system. These procurements take significant time and resources to develop, post, review proposals, and then implement them with selected providers.
- Technology Supports – The Commonwealth has invested heavily in technology to support the efficient operation of the agency. Mobile technology devices coupled with the conversion of our FamilyNet system to a web-based system free social workers from their desks, allowing for more time with children and families. New technologies like our foster parent intranet allow for greater communication. Ongoing support for all of this technological innovation and any new supports that come up will be critical to ensure successful implementation of our goals and objectives.
- Policy Supports – A continued focus on refreshing and drafting new policies will be critical for successful implementation of our goals and objectives. Likewise, providing necessary supports to successfully implement those

SECTION D4 – SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

The publicly funded child and family services continuum includes services to meet the needs of children, youth and young adults and their families at different junctures in their relationship with the Department. The following is a description of the current services continuum ranging from prevention to congregate care services.

Prevention

The Department's approach to the prevention of child abuse and neglect is rooted in the premise that community child welfare work needs to be integrated into the community to truly have an impact in reducing the risk factors that lead to child abuse and neglect. Community Connections Coalitions (CCC), Family Resource Centers (FRCs), PATCH Programs, Family Nurturing Centers (FNC), and Grandparents Raising Grandchildren follow a strategic plan that incorporates the five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Childhood Development, Concrete Services in Times of Need, and Social and Emotional Competence of Children.

- By planning and working together with communities to have a collective response to preventive service with the primary goal of preventing child abuse and neglect, the Department has formed a strong partnership for over 25 years with various community stakeholders. The Department continues to fund 21 Community Connections Coalitions, programs four PATCH programs, and various other programs that mobilize and align effective, collective responses to the identified needs of all families by providing family support programs. Family preservation services provide activities to assure children's safety in the home where maltreatment has taken place and effectively preserve intact families when possible. Time-limited reunification services to families whose children have been placed in foster homes allows for reunification to occur safely. Adoption promotion and support services provide emotional and concrete services to adoptive families so they can make a lifetime commitment to the children they have adopted.
- Through its Family Resource Centers (FRC) network, the Department works to increase communities' capacity to respond to families' needs more effectively. In 2015, the Massachusetts Executive Office of Health and Human Services (EOHHS) and DCF developed Family Resource Centers to integrate better services for children, youth, and families across the Commonwealth. Many families served by FRCs may have received voluntary services from the Department in the past, but they can be better served with a more informal approach and can benefit from peer-to-peer support. There are currently 32 FRCs across the Commonwealth. DCF moved towards developing an FRC model that fully integrates several family support innovations and state funding streams. More information about FRCs can be found at the following link: [Family Resource Centers - Massachusetts \(frcma.org\)](http://frcma.org)

- The Department contracts with 17 private, community-based human service providers to deliver Young Parent Support Programs in locations across the Commonwealth. These programs serve both mothers and fathers up to age 23. Referrals for the Young Parent Support Programs come from young parents themselves, schools, health care offices and clinics, private human service agencies, and other state agencies, such as the Department of Transitional Assistance and the Department of Public Health.

The Young Parent Support Programs assist young parents in obtaining the necessary skills and knowledge to be competent parents, live independently, lead productive lives, and ensure the safety and health of their children. A young parent's engagement with a Young Parent Support Program typically lasts 10-12 months. It includes access to the following six core services, which combine to support young parents in keeping their children safe and avoiding involvement with the Department through an open case:

- Outreach Services
- Home Visiting
- Case Management/Information and Referral to Services
- Parenting Education/Skill Building Services
- Transportation
- Assessment and Service Planning

The Department is currently in discussion with the Massachusetts Children's Trust to develop a grant application process to bring more evidence-based practices to the Commonwealth. Consistent with the Department's Title IV-E Five Year Prevention Plan, these discussions are focused not only on expanding the availability of prevention services but also on advancing the Department's broader initiatives to address diversity, equity, and inclusion in the practice of child welfare. The specific evidence-based practices being considered for inclusion in this grant project are:

1. Familias Unidas, developed for families that identify as Hispanic/Latinx, and
2. Strong African American Families, developed for families that identify as African American/Black.

These two services were selected for consideration because they were specifically designed for families of color and because they both received a "well-supported" rating on the Title IV-E Prevention Services Clearinghouse. The Department will rely on lessons learned from this collaboration with the Children's Trust as well as from the re-procurement of Support & Stabilization services, described below, to inform amendments to the Title IV-E Five Year Prevention Plan.

Support and Stabilization Services – Prevention and Intervention

The Department anticipates posting a Request for Responses (RFR) to re-procure Support and Stabilization services in the spring of 2024. The existing Support & Stabilization services array is provided by more than 100 private agencies contracted by the Department to offer 280 different services across the Commonwealth. Support and Stabilization Services are primarily

used to support families of origin with keeping their children safe at home without needing an out-of-home placement or to support families achieving enduring reunification when a child returns home from an out-of-home placement. In some cases, Support & Stabilization services may also be used to support kinship families, foster families, and adoptive families in ways that promote child safety, stability, and well-being.

The priority for the new service array obtained through the Support & Stabilization re-procurement will again be the promotion of family preservation to keep children safe at home without the need for home removal and the promotions of enduring reunifications, with options for relying on Support & Stabilization services when doing so will enhance children's safety, stability, and well-being when they are in out-of-home placements.

To inform the planning of the Support & Stabilization re-procurement, the Department conducted a Request for Information (RFI) campaign that yielded more than 60 responses from various stakeholders, including parents and children with experience being served by the Department, advocacy organizations, trade associations representing the contracted provider community, and private, community-based agencies. To supplement the RFI campaign, the Massachusetts Office of the Child Advocate arranged ten focus groups with families served by the Department, parent partners from Family Resource Centers, and advocacy groups. These groups, which were conducted from January through March 2022, included two groups conducted in Spanish and one group conducted in Cape Verdean Creole. A total of 80 individuals participated in these groups. Themes shared by participants in these focus groups included:

- Caregivers mainly need transportation, housing, furniture, clothing, and childcare.
- If there is no nearby public transportation, families can't get to a service.
- Parent Partners are the most helpful service due to shared lived experiences.
- Caregivers need help with financial literacy and credit repair courses.
- Increase sensitivity to the unique needs of children and families, including race, ethnicity, culture, language, mental health, disability, and trauma.
- Provide more services and supports for fathers.
- Expand the duration of services. If services are too short, it limits the provider's ability to build rapport with a family.
- Enhance trainings for clinicians to ensure service delivery includes empathy, support, and is not judgmental.
- Promote agency and self-efficacy among caregivers by explaining the value of parenting classes.

Some of these same themes were shared in February 2024 by stakeholders attending community sessions hosted by the Department to focus on planning for the CFSR Performance Improvement Plan. For example, stakeholders emphasized the need for supportive services to families to be culturally sensitive and focused on a family's unique set of strengths and needs, not a cookie-cutter service. Stakeholders also emphasized the need to address families' transportation needs to obtain access to services.

In response to stakeholder feedback, the Support & Stabilization re-procurement seeks bids from community-based providers with the skills and capacity to deliver services with cultural humility and linguistic competency and to use intentional strategies for engaging and retaining children and families. Examples of the types of intentional strategies envisioned include:

- Shifting hours of services from a traditional Monday-Friday daytime schedule to encompass evening and weekend hours that will not interfere with parents' work or children's school hours,
- Assisting with transportation by providing gasoline cards, public transportation passes, arrangements with ride services, or other strategies that will reduce the barrier of transportation for consumers, and
- Hiring staff with relevant lived experience who can relate to consumers' circumstances and deliver support effectively.

As described in the Department's Title IV-E Five-Year Prevention Plan, the Support & Stabilization RFR will seek to maintain and expand the availability in the Commonwealth of evidence-based practices from the Title IV-E Prevention Services Clearinghouse, specifically Multisystemic Therapy®, Intercept®, and Brief Strategic Family Therapy®. The Support & Stabilization RFR will also seek providers interested in implementing Motivational Interviewing (MI) with fidelity to the 2012 manual *Motivational Interviewing: Helping people change*, by Miller and Rollnick and pairing MI with the delivery of another Support & Stabilization service as an intentional strategy for improving engagement and retention of consumers.

Family-based Foster Care

The Department offers both Department-managed family-based foster care and contracted family-based foster care.

- As of June 2024, there are 3,370 licensed Departmental family-based foster care homes. That includes both kinship homes (1,452) and unrelated homes (1,918)
- As of June 2024, there were 1,194 Kin Applicants, 750 with a child in placement
- As of June 2024, the Department contracts with 22 different agencies that provide, monitor and manage 1,067 licensed family-based foster homes.
 - The Department has one contract manager, based at Central Office, who oversees the contracted family-based foster home services.
 - Contracted foster homes, referred to as "Intensive Foster Care," serve youth for whom a Departmental foster care home would not be sufficiently supportive. Youth in Intensive Foster Care have medical and/or behavioral health needs that require additional supportive services to maintain the youth in a family-based environment. For example, youth in IFC may have histories of fire-setting, aggressive behaviors, sexual offending, or sexually reactive behaviors, but with the additional supports available in IFC are able to live in a family-based setting.

Congregate Care

In 2021, the Department re-procured congregate care services, with the new contracts starting in January 2022. The array of different types of congregate care services includes residential schools, group treatment residences, emergency residences, independent living apartments, and specialty residences for youth who identify as LGBTQAI+, are on the autism spectrum, or have experienced sexual exploitation.

The array of congregate care services lacks adequate beds for youth with intensive behavioral health challenges and/or medical needs such as seizure disorders or diabetes. Other state agencies, including the Department of Mental Health, the Department of Youth Services, and the Department of Developmental Services, are facing similar challenges with securing adequate residential programs for youth with significant behavioral and/or medical health needs. This need often results in these youth being stuck in hospital settings beyond the need for hospital level of care. The Massachusetts Secretary of Health and Human Services convened a strategic implementation team of representatives from multiple state agencies to develop strategies for these high-need youths. The Department participates in this inter-agency initiative and will be responsive to any DCF-specific tasks that are assigned as a result of the research and planning of the strategic implementation team.

The congregate care re-procurement included the opportunity for residential programs to meet the five standards for Qualified Residential Treatment Program (QRTP), as defined in the Family First Prevention Services Act. Although the Department opted out of obtaining federal financial reimbursement through the use of QRTPs, the Department is pursuing improved quality in congregate care through the use of the five standards. During FFY 2024 and FFY 2025, the Department will be working with those congregate care providers that submitted successful bids for delivering programming that included the five QRTP standards. The work will focus on exploring sustainability and the impact of the five standards.

SERVICE COORDINATION

Service coordination is necessary at the case level and at the system level. At the case level, the need is to ensure that the services provided will address the needs and challenges faced by the child and family being served. At the system level, the need is for the Department to coordinate with other public and private agencies that offer services for which children and families served by the Department are eligible. State agencies and private organizations, other than the Department, receive state, federal and private funding for services to address a range of issues (e.g., behavioral health, substance use disorders, domestic violence, sex trafficking) that are challenges for children and families served by the Department. Through service coordination at the system level, the Department is expanding the available service array beyond what the Department alone can provide.

Case Level Service Coordination

In 2005, the Department procured Area Lead Agencies for each of the Area Office locations. Currently, there is a Lead Agency staff in each of the Department's 29 Area Offices. Area Lead Agency staff serves as the hub for managing and coordinating purchased services and non-paid community support at the case level.

After assessing a family's needs and strengths, DCF social workers and supervisors consult with Lead Agency staff regarding available services that will address families' needs. In some Area Offices, this consultation may occur at a Family Team Meeting, which includes family members, children – when it is developmentally appropriate, a family's natural supports, the DCF social worker and supervisor, and, when needed, one or more DCF Regional specialists, described in the next paragraph. In other Area Offices, the consultation about services may occur in different formats. The Department is currently gathering information to inform re-procurement of the Lead Agency staff, including research on a variety of family team meeting arrangements and other desired options for service coordination.

In each of the five Regions, the Department maintains three specialists, with each specialist focusing on an issue that frequently co-occurs in cases - Mental Health, Domestic Violence, and Substance-Use. The specialists are supervised by Directors at Central Office. When a family faces challenges with mental health issues, substance use and/or domestic violence, the appropriate specialist(s) attend Area Office case-specific meetings to assist with identifying services to address the challenges. For example, the Domestic Violence specialists stay updated on the services available through Massachusetts' domestic violence coalition, Jane Doe Inc., which includes more than 60 community-based programs serving adult and child victims of domestic violence. Similarly, the Mental Health and Substance Abuse specialists bring expertise about both publicly and privately funded services available to assist families with mental health and substance abuse. The Regional Specialists are available to consult with Social Workers, Supervisors, and Area Program Managers on the availability and delivery of services to address families' challenges with mental health, domestic violence, and substance use.

The Department also maintains a Disability Services Unit to provide training and supports capacity building for staff to work with families impacted by Autism, Developmental Disabilities, Intellectual Disabilities, and physical disabilities. The Disability Services Unit consists of (1) Disability Services Director responsible for overseeing timely one-on-one case consultations and ensuring that staff have in-house access to an expert with a thorough understanding of the complex dynamics of families impacted by disabilities where children are especially vulnerable, and (5) Regional Disability Specialists, Regional Disability Specialists located within each region to provide timely one-on-one case consultations to provide internal clinical guidance (consults) for families impacted by Autism, Developmental Disabilities, Intellectual Disabilities, and physical disabilities. Like the Domestic Violence, Substance Use, and Mental Health Specialists, the Regional Disability Specialists will participate in regional meetings and review teams as requested.

System Level Service Coordination

At the system level, there is a history of the Department participating in multi-agency initiatives focused on improving service availability and delivery to the children and families served by the Department.

Sexual Exploitation Responding, Sexual Abuse Prevention and Intervention

To address the problems of Human Trafficking: Sexually Exploited Child (SEC) and Labor, the Department continues with well-established partnerships across the state. These partnerships include private child-serving agencies as well as representatives from the following organizations:

State Agencies

- Department of Children and Families (DCF)
- Department of Public Health (DPH)
- Department of Mental Health (DMH)
- Department of Elementary and Secondary Education (DESE)
- Department of Youth Services (DYS)
- Executive Office of Public Safety and Security (EOPSS)
- Governor's Office
- Office of Refugees and Immigrants

Law Enforcement

- FBI
- Homeland Security
- Massachusetts Major Cities Police Chiefs
- Attorney General's Office
- US Attorney's Office
- Massachusetts District Attorney's Office
- Juvenile Court

Tribes

- Mashpee Wampanoag Tribe
- Wampanoag Tribe of Gay Head (Aquinnah)

Advocacy Organizations

- Children's League of Massachusetts
- Office of the Child Advocate
- Massachusetts Children's Alliance
- Committee for Public Council Services

As a result of a decade's worth of work, youth who have experienced sexual exploitation benefit from improved response by a multidisciplinary team trained in CSEC best practices (CSEC MDTs); there is a trained multidisciplinary response team in each of the Commonwealth's 12

counties, as well as a CSEC Coordinator. The CSEC Coordinator is responsible for bringing together law enforcement, DCF, the voice of the youth and caregiver (if appropriate), and other supports to ensure that a youth is met with a trauma-informed response to CSEC. The Department also participates in the Massachusetts Legislative Task Force on the Prevention of Child Sexual Abuse. The Task Force, which is a coalition of representatives from both public and private entities, focuses on developing and disseminating information on best practice guidelines and tools for organizations that provide child sexual abuse prevention and intervention services. The Department is represented on the sub-committee for Problematic Sexual Behavior (PSB) to ensure that youth exhibiting PSB, and their families receive evidence-based clinical intervention via their Children's Advocacy Center (CAC).

DCF is represented on the Governor's Council for Sexual Assault, Domestic Violence, and Human Trafficking. The subcommittee on Human Trafficking is working on a Statewide Human Trafficking Strategic Plan. This work focuses on developing a five-year strategic plan for human trafficking prevention and intervention activities in the Commonwealth.

Department staff have been trained on Family-Controlled CSEC and the additional considerations that this brings to practice in the field. Over the next five years, the Department will continue with additional training, collaboration, and consultation with experts who will provide guidance relative to policy and practice.

Department of Public Health and Substance Use Coordination

DCF and the Department of Public Health are in year two of In-Depth Technical Assistance (IDTA) provided by the NCSACW. The goal of IDTA is to develop and implement a public health, upstream coordinated system to support families impacted by parental substance use and infants prenatally exposed to substances. This work brings together stakeholders from the medical community, home visiting, people with lived experience, courts, and substance use treatment providers. The actionable goals are to improve collaborative practice and develop a more robust public health response to the Plan of Safe Care, including meeting the needs of families not referred to child welfare. Current workstreams that will continue beyond IDTA include early screening for prenatal substance use, cross-system data sharing, and a public health approach to operationalizing Plans of Safe Care.

DCF partners with several bureaus within the Massachusetts Department of Public Health on several initiatives to serve families and youth impacted by substance use disorders:

- *Bureau of Maternal and Child Health:* They provide in-home clinical and peer support to families with young children impacted by substance misuse across the state. DCF Regional substance use coordinators partner closely with local teams to assist with collaboration and communication between providers and DCF teams.
- *Bureau of Addiction Services, (BSAS):* DCF has several ongoing efforts that will continue over time. The overarching goal is to ensure families have access to substance use treatment for their well-being and inclusive of their role as parents in recovery. This partnership brings together providers on local, regional, and statewide levels. Staff from both systems meet

regularly with Family Substance Use Residentials, Medication Assisted Treatment Providers, and providers working with families involved with child welfare. A strong emphasis of these collaborations is to ensure ongoing communication of barriers and challenges and to provide cross-system education.

- *Office Youth and Young Adult Services (OYYAS)*: OYYAS within BSAS meets quarterly with other state agencies serving youth. These include the Department of Mental Health, Department of Youth Services, Department of Early and Secondary Education, and providers. The goal of this interagency committee is to develop a comprehensive framework and service system for youth with substance misuse challenges. In addition to state-level collaboration, DCF works with OYYAS locally to address system challenges as they arise and ensure the unique needs of youth involved in child welfare with substance use disorders are met.

Residential Care

As described in the Service Continuum section, the Department and all sister agencies within the Massachusetts Department of Health and Human Services are facing challenges with securing adequate, high quality residential services for youth experiencing complex medical and/or behavioral health challenges. In response, the Massachusetts Secretary of Health and Human Services convened an inter-agency strategic work group to develop strategies for addressing these needs. The Department sends representatives to these meetings and will respond to agency-specific tasks that are assigned to the Department to advance the work group's progress.

Behavioral Health

In 2018, the Massachusetts Secretary of Health and Human Services launched an interagency initiative focused on improving Massachusetts' citizens' access to the mental health and substance use care they need, when and where they need it. This initiative yielded a series of reforms described as a Behavioral Health Roadmap. Two primary changes in the Roadmap, which started implementation in 2023, are 1) the Behavioral Health Helpline and 2) a statewide network of Community Behavioral Health Centers (CBHCs).

The 24/7 Behavioral Health Help Line directly connects individuals and families to the full range of treatment services for mental health and substance use offered in Massachusetts. Anyone in Massachusetts can call or text at any time to receive individualized support, clinical assessment, and personalized treatment referrals. Open 365 days a year, the call/text line and online chat service is completely free (no insurance needed) and is available in over 200 languages. There are now Community Behavioral Health Centers (CBHCs) across Massachusetts that offer immediate, confidential care for mental health and substance use needs. Crisis services are available around the clock for anyone in Massachusetts who feels they may be experiencing a mental health crisis. This 24/7 in-person crisis support can be used by anyone in Massachusetts, regardless of health insurance coverage or lack of coverage. CBHCs also offer day-to-day mental health and substance use services which are covered by all MassHealth plans and some commercial insurance plans.

The Department is partnering with MassHealth, the Commonwealth's Medicaid agency, to realize the vision of the Behavioral Health Helpline serving as the first reach when there is a need for mental health and/or substance use services. To this end, the Department is assisting with the dissemination of the Behavioral Health Helpline number, including dissemination to all DCF staff and stakeholders, including families and youth with open DCF cases, foster parents, community-based service providers, and congregate care providers. The Department is currently in discussions with MassHealth about the need for each CBHC to have a DCF liaison who will serve as the single point of contact for DCF as a way to promote effective coordination of services for DCF consumers. The Department will be an active participant in initiatives convened by MassHealth focused on understanding how well the Behavioral Health Roadmap Reform is performing relative to the goal of ensuring access to mental health and substance use care for Massachusetts citizens.

MA Department of Housing and Community Development

DCF has a critical partnership with the Massachusetts the Executive Office of Housing and Livable Communities (EOHLC - formerly DHCD) to jointly manage the Family Unification Program Vouchers (FUP) for housing for transition-age youth and the Youth Transitioning to Success (YTTSP). Fuller descriptions can be found under the CFCIP housing section. Through these programs, both housing resources and supportive services are delivered to assist young adults in acquiring stable housing while pursuing education and life skills development.

Massachusetts Network of Foster Care Alumni

The Department provides funding and support to the Massachusetts Network of Foster Care Alumni. This organization creates a lifetime network of support for all persons who have experienced out-of-home care. The Network holds regular events within communities to provide connection and support to foster care alumni. It works to create relationships within the private and public sectors for potential resources related to employment, skills development, and philanthropic opportunities.

Department of Youth Services (DYS)/Juvenile Detention Alternative Initiative

The Department will continue to participate in the Juvenile Detention Alternatives Initiative (JDAI) sponsored by the Department of Youth Services (DYS) during this CFSP cycle. The Department has a staff member who is a member of the JDAI Governance Committee and the Statewide Special Populations Subcommittee (formerly the Dually Involved Youth Subcommittee). The Governance Committee meets every two months to address governance of the JDAI. The Special Populations Subcommittee meets monthly. The subcommittee includes individuals from DCF, DHS, the Juvenile Court Clinic overseen by DMH, Massachusetts Probation Service, EHS Division of Children Youth and Families, the Youth Advocacy Division of the Committee for Public Counsel Services, and the Bureau of Substance Abuse Services overseen by DPH. At present this subcommittee is working on creating a data match that will allow DHS to do some meaningful research on youth who are in the custody of DCF and are either detained by or committed to DHS. DHS had started some preliminary research on this area, however the data sets are in need of refinement in order to draw meaningful conclusions.

DCF is in the process of securing approval for a data sharing project that is properly scoped to include data that could help DYS in its research initiatives. In the longer term, DYS is hopeful that it can use this data to prepare educational tools for courts, attorneys and social workers. DCF will help DYS with the creation of these materials by providing feedback and comments during the drafting phase. DCF will also help with distribution of materials to its attorneys and sharing information with the courts where it practices.

System Level Coordination

The Department is committed to service coordination to expand the service array. The Department will continue to identify available services provided by other agencies and organizations and engage in the education and protocol-development work with other agencies and organizations needed to access the full array of services available in the Commonwealth for children and families.

The Massachusetts Department of Children and Families values its partnership with its community colleagues. Through CBCAP, CJA and CIP this collaboration is able to grow and strategize on how to accomplish mutual goals of ensuring families are able to obtain necessary supports.

Community-Based Child Abuse Prevention (CBCAP)

The Children's Trust is the Commonwealth's child abuse prevention agency with the mission to stop child abuse and neglect. The Children's Trust is also the designated Community-Based Child Abuse Prevention (CBCAP) agency and receives those funds, in addition to state and private and foundation grants to the 501(c)(3), Children's Trust, Inc. Established over 35 years ago, The Children's Trust has been funding, developing, promoting, and evaluating family support and strengthening programs in all MA cities and towns, as well as developing training resources for family support professionals, such as the View from All Sides annual conference, the Fathers & Families Network, that convenes in seven regional locations, and the Family Support Training Center.

The Children's Trust brings this experience and resources to the work of CFSP in the following ways: first, deepening the existing partnerships between the Department and the Healthy Families MA (HFM) home visiting program for first-time parents, 23 and under. Recent data from Tuft's University Healthy Families (Massachusetts RCT evaluation) revealed that participating in Healthy Families Massachusetts leads to a 36% decrease in parenting stress, a risk factor for child abuse and neglect. Strengthening this partnership at the community level, with closer collaborations between front-line staff and sharing of training, can lead to better prevention programming. Second, the Children's Trust is committed to improving its partnerships with the DCF Family Resource Centers. In addition to home visiting, the Children's Trust-funded Family Centers are in communities with Family Resource Centers and typically work with the same families. Bridging these programs more closely promotes more prevention services and better support for families.

DCF's Promoting Safe and Stable Families program has also partnered with the Children's Trust to provide parent education, fatherhood engagement activities, and community-based initiatives. In FFY 2024 and FFY 2025, the Department will work with the Massachusetts Children's Trust to develop a grant application program to support selected community providers in bringing two additional evidence-based practices to Massachusetts – Familias Unidas and Strong African American Families. This collaboration will be funded by existing Family First Prevention and Services Act Transitions funds, expiring on 9/30/2025. \$ 1.2 million to be allocated to the Massachusetts Children's Trust to support this initiative.

Children's Justice Act (CJA)

Massachusetts maintains a multidisciplinary Children's Justice Act (CJA) Task Force. The Task Force meets at a minimum, quarterly throughout the year, via Microsoft Teams. The Task Force may return to in-person meetings or a hybrid model of both in-person and virtual in the future. The Task Force meets to review the progress of current programs, support the development of new solutions for emerging issues, and network with state and community organizations. The Task Force meetings provide an opportunity to share local and statewide ideas. This information is supplemented by Task Force members' contact with multiple organizations throughout the state.

The CJA Task Force receives status reports on projects funded with CJA dollars, listens to presentations on proposed new projects, discusses and plans three-year assessment tools and goal areas for priority, and continues concentrating on recruiting Task Force members. The Task Force updated administrative forms such as a standardized Proposal Application for CJA Funding, an Application Process Review Guide, and a standardized Project Status Report document. It is anticipated that meetings in the new year will include:

- The review and approval of new applications for CJA funding with an emphasis on advancing racial equity.
- The review and approval of CJA initiatives that fall within the goals of the FFY 2024 three-year assessment.
- The review and approval of CJA initiatives that align with the priorities identified in the MA CFSP, CFSR, and APSR.
- The review and approval of CJA initiatives that are in accordance with other Children's Bureau Programming such as the Enhanced Response to Children and Families Impacted by Domestic Violence, The Preventing Sex Trafficking and Strengthening Families Act, and The Justice for Victims of Trafficking Act.
- Evaluation of progress on programs funded with CJA dollars.
- Continued recruitment of Task Force members to maintain representatives of required disciplines and to increase diversity among its membership.

CJA Task Force operations continue to be supervised and chaired by the Clinical Manager for Field Support. This position is charged with managing the Department's response to Human Trafficking, providing clinical consultation to the Coordinator of the Indian Child Welfare Act (ICWA), coordinating the administration of the DCF Central Office Incident Notification

(COIN) Review Team (CRT) and is the DCF Liaison to the Office of the Child Advocate (OCA).

The Massachusetts CJA Program continues to align with the agency's Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSRs) by supporting the goals and objectives outlined in the Plan for Enacting the State's Vision. More specifically, the CJA team recognizes the goals of:

- Rights of Children
- Engagement and Participation
- Support and Services, and
- Quality Improvement
- Race, Ethnicity, and Culture

The CJA Task Force understands the importance of meaningful collaboration with stakeholders, which includes individuals with lived experience as part of planning and practice. The CJA task force will review the recommendations of the Massachusetts Statewide Child Fatality Review Team, one of Massachusetts' Citizen Review Panels. The CJA program is represented on the Court of Improvement Program (CIP) Child Welfare Task Force and participated with the Child and Family Services Review (CFSR) round 4 planning team. Linkages between specific CJA-funded programs and work related to the State's APSR and CFSP include:

Boston Children's Hospital program is aligned with the DCF Intake and Case Management Practice Models. The Child Welfare League of America (CWLA) report continues to firmly drive the Department's work addressing child near fatalities and child fatalities and promoting child safety, permanency, and well-being.

MA Court of Improvement Program (CIP)

The Department has four representatives on the CIP Child Welfare Task Force, which includes DCF's General Counsel, Deputy Commissioner of Quality Improvement, Director of Federal Relations, and Director of Adoption. There are a total of 24 task force members. The purpose of the Task Force is to bring child welfare experts and parents, and youth with lived experience together to discuss improving the child welfare system. *Please refer to section D1-Collaboration for more details on this partnership.*

MA Kinship Navigator Program

In FFY 2025, DCF will re-apply to receive a grant to maintain and advance the Massachusetts Kinship Navigator program. The program's goal is to increase stability and permanence for kinship families through advocacy and coordination of support services for kinship caregivers. The program proactively assists kinship caregivers in learning about and accessing services to meet their individual needs and those of the children they are raising. DCF strives to strengthen partnerships among public and private agencies to ensure that kinship caregivers and their families receive support and stability.

All Massachusetts kinship caregivers caring for a relative's child qualify for MA KNP services. This includes the following:

- Kinship foster and guardianship parents caring for children involved with DCF and 3rd party Kinship Caregivers via Juvenile Court.
- Kinship caregivers involved with probate and family court (e.g., caregivers aiming to get guardianship or caregivers who have temporary or permanent custody of their relative's children).

MA KNP services are designed to support all kinship caregivers, including those with informal caregiver arrangements, and those with caregiver affidavit Kinship arrangements. This diverse group mostly comprises grandparents, aunts and uncles, and other family members caring for relatives' children.

The MA KNP approaches our service as an individual experience for each caregiver, giving us the foundation for inclusive and cultural responsiveness for all. MA KNP provides kinship caregivers with a safe, judgment-free space and encourages respectful engagement and active listening. Once the specific needs are identified, staff look to partners within the caregiver's community, considering Massachusetts's diverse geographical landscape. To strengthen our ability to provide comprehensive support, we work with our partners using a cyclical approach. The Probate and Family Court Administrative Office, Massachusetts County Probate and Family Courts, DCF, the Court Improvement Program (CIP), Court Service Centers, Family Resource Centers, and the Grandparents Commission have built a network to increase awareness of kinship caregiver needs and direct access to services at the start of their custodial journey. Kinship caregivers in Massachusetts seeking support for guardianship of a minor via the Probate and Family Court, 3rd party custodians via Juvenile Court, Kinship Foster Parenting, and Informal arrangements now have access to this multi-pronged network. MA KNP connects kinship caregivers to as many resources as possible, utilizing our partnerships with stakeholders to ensure a smooth service response.

The MA KNP collaborates with these agencies and organizations to address the identified needs of kinship caregivers, including:

- Childcare
- Education and Enrollment
- Food/Nutrition
- Health Insurance
- Legal assistance
- Mental Health
- Public Assistance
- Social Security Benefits
- Support Groups
- Trainings and Workshops

SERVICE DESCRIPTION

Challenges in System Level Coordination

All system-level service coordination requires not only identifying services offered by other agencies but also educating all levels of staff in the Department and in the other agency on how to cooperate on delivering the services to children and families. When agencies have years of experience operating in silos, it requires significant work to create collaborative protocols to replace the practices that develop in silos. Another significant challenge in service-level coordination is overcoming years of experience with waitlists for services. When a waitlist is expected, staff stops reaching out for services, and word spreads that it is not worthwhile to attempt linkage with services provided outside the agency. Effective service coordination requires overcoming previous negative experiences and ensuring that there are processes for escalating information about waitlists to address access issues.

The Department is committed to service coordination to expand the service array. The Department will continue to identify available services provided by other agencies and organizations and engage in the education and protocol-development work with other agencies and organizations needed to access the full array of services available in the Commonwealth for children and families.

Child and Family Services Review (CFSR) Round 4, Service Array and Resource Development

The Department was found not to be in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as a Strength.

The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

The Department received an overall rating of Area Needing Improvement for Item 39 based on information from the Statewide Assessment and stakeholder interviews.

- As documented in the 2023 CFSR4 Final Report: *Although Massachusetts has a vast service array in most areas of the state, certain parts of the state are lacking, particularly in 4 Area Offices that are considered “under-resourced”: Cape and Islands, Greenfield, Berkshire, and South Central. There is also a gap between what is available and what is accessible, especially to families living in poverty or who lack access to transportation. The state provided information on the challenges in accessing agency and non-agency services that exist in certain geographic areas in the state. Stakeholders talked about gaps and wait lists for services throughout the state, especially in the rural areas but noted the best access and*

availability of services in the Boston metro area. Stakeholders identified existing challenges with translation services, mental health services, and domestic violence services.

- Systemic Factor Item 29 was rated as an Area Needing Improvement in the 2015 CFSR3.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

In preparation for the 2023 CFSR4, the Department has gathered quantitative and qualitative data from multiple sources to deepen understanding of service arrays in the Commonwealth and to apply that understanding to improving the availability, accessibility, and effectiveness of services for families and children involved with the Department. This work requires implementing multiple strategies because there are multiple service arrays for families and children in the Commonwealth. Staff in the Department's internal Specialty Units serve as experts on specific service arrays, provide consultation on child welfare cases that might benefit from a specific service array, and assist with navigating service arrays for available and accessible services. Staff in Specialty Units and other Departmental staff engage in discussions with other state agencies to apply a child welfare lens and to advocate for the inclusion of services that can be beneficial to families involved with the Department in other state agencies' service arrays. When the Department develops and manages procurements, the desired result is service arrays that are tailored to the needs of children and families involved with the Department. Workforce challenges are presenting problems for staffing many human service programs, especially 24/7 emergency placement programs and congregate care settings. This challenge creates significant gaps across the entire Commonwealth in needed resources for adolescents with significant behavioral health challenges that require 24/7 supervision and treatment.

Other current identified gaps that the Department seeks to fill include supportive services for families that:

- Assist with meeting concrete needs, such as food, cash assistance, clothing,
- Include peer support specialists with relevant shared experiences to the families' receiving services,
- Use intentional strategies, such as in-home service delivery, convenient hours, transportation assistance, and cultural and linguistic competency for engaging and retaining families,
- Are available in historically under-resourced communities,
- Support families where there is a member with a disability. This issue is addressed in the response to Item 30.

The Department is aware of and working on strategies to address gaps in services in catchment areas identified as "under-resourced" communities. Recent and future procurements set expectations for contracted service providers to assess children's and families' strengths and needs, providing information to supplement and inform the Department's own assessment and planning processes used to identify and address the needs of families. The Department offers a full array of supportive services to help children in foster and adoptive care achieve permanency. The Department is committed to the ongoing work required to monitor, develop, and sustain service arrays to support children and families at every point in their involvement with the Department.

Disability Services and Supports

The Department has heard from stakeholders and community partners on the needs to increase disability services for children in foster care. In FFY 2023, the Department fully staffed its newly created unit to address the needs of children and families.

The Disability Services Unit supports coordinating culturally responsive services and program resources for children and parents with disabilities served by the Department of Children and Families. The Disability Services Unit provides consultation to the clinical teams working with Persons with Intellectual and/or Developmental Disabilities, autism, and/or physical disabilities; their work supports identifying, mitigating, and making recommendations to eliminate barriers families with disabilities may experience in service delivery. The Disability Services Unit also supports the Statewide Disability Coordinator and the Regional Disability Liaisons with ensuring that the Department identifies and provides reasonable accommodations for Persons with Disabilities in compliance with the Americans with Disabilities Act through consultation and ongoing support to the clinical teams.

The Disability Services Unit serves as a liaison for the Department to state agencies and community providers that support and serve Persons with Disabilities. Over the past year, the Unit has partnered with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) at both the Central Office and Regional levels to better understand the needs of the Deaf community served by the Department and ensure full communication access to those consumers when engaged with the Department. In FFY 2024, the Department, in collaboration with the MCDHH, provided training opportunities for staff working with the Deaf Community and held a Foster Care Recruitment Event specific to supporting the Deaf Community.

The Director of the Disabilities Services Unit collaborates with the Partnership for Supporting Parents with Intellectual and/or Developmental Disabilities and the Department of Developmental Services (DDS) to support awareness and network building for service providers that specialize in utilizing a supported parent framework and modifying services to meet individualized needs. This partnership has created a Community of Practice that meets quarterly to support and strengthen the network of providers working with Parents with Intellectual and Developmental Disabilities. The Regional Disability Specialists meet with their regional counterparts at DDS at least quarterly to coordinate service delivery for children and parents served by both state agencies.

The Unit has developed partnerships within the disability-serving community with multiple providers, including but not limited to the Autism Support Centers, Independent Living Centers, Massachusetts Rehabilitation Commission, and the Brain Injury Community Centers. The Director of Disability Services provides support to the Director of Mental Health with care coordination and disposition planning for children with ID/D or autism when they have experienced a behavioral health crisis and require a hospital level of care.

Collective Feedback from Stakeholders on Service Array, Availability, and Accessibility

On February 1st and 2nd, 2024, the Department hosted a CFSR Round 4 Final Report and PIP Discussions sessions at the DCF Training Development Center in Southborough, MA. There were a host of over 100 child welfare stakeholders and community and federal partners in attendance. The Department received feedback on the PIP goals and recommendations regarding viable strategies for meeting these goals. There were also suggestions on goals and objectives that were more appropriate and fitting to be included in the 2025-2029 CFSP. After carefully collating each group table's notes, the Department created a list summarizing the sessions' collective feedback and recommended strategies. Examples of these include:

1. Increase/Invest in service providers with after-work hours to accommodate parents, foster parents, and families.
2. Increase daycare vouchers (that follow the child) to allow parents to attend more services.
3. Increase/Invest in virtual services and mobile services for families to increase accessibility, especially in rural locations. Include in RFRs.
4. Consult the community on DCF Area Office locations. New locations have created a barrier for some families.
5. Effort to expand service availability and accessibility and explore the impact of location on participation.
6. Community Mapping: Develop a "Statewide Registry of Services" that can be used by the Area Offices to help identify services for their families.
 - a. Create an electronic platform for providers to use to enter their information on services, location, populations served, etc.
 - b. Example: Community Navigator (New Hampshire): Referrals and follow-up to ensure the services were accessible and supportive.
7. Contract with providers to designate slots for services to DCF involved families, especially services with limited availability and waitlists.
8. Expand the use of evidence-based community service providers and providers with strong community relations (e.g., ROCA, Nurturing Fathers, family preservation programs).
9. Build a continuum of peer-based and in-home behavioral health services.
10. Formalize faith-based community services.
11. Increase Support and Stabilization (currently lasts three months).
12. Increase Availability/Accessibility of Specialty Services
 - a. Domestic Violence Services (including perpetrators)
 - b. Alcohol & Substance Use for Youth
 - c. CSEC Involved Youth
 - d. Mental Health Services, Crisis Intervention
 - e. Special Education Services
 - f. CRA Services
13. Family Resource Centers
 - a. Develop a plan (e.g., marketing campaign) to increase community use of Family Resource Centers.
 - b. Hire staff that reflect the community and can meet the cultural and linguistic needs of the community.

- c. Survey families that have used FRCs to understand what worked well, what didn't work well, recommendations, etc.

The Department has already begun work in various areas, presented throughout the 2025-2029 CFSP. We will continue to explore and expand these service descriptions based on feasibility and alignment with the agency's priorities.

STEPHANIE TUBBS JONES CHILD WELFARE PROGRAM

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) provides critical funding for a variety of child welfare services. During FY2025 - FY2029, the Department will use grant funding to achieve the following key outcomes:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*– The Department used IV-B subpart 1 funds to support social worker travel in the performance of their duties serving children and families.
- *Supporting at-risk families* – The Department used IV-B subpart 1 funds to fund two programs that provide services that allow children to remain with their families or return to their families in a timely manner. The first is Family Support Services, which provides needed flexible supports to intact families with the focus on keeping children safely in their homes. The second is the operation of Family Resource Centers throughout the Commonwealth. The Family Resource Centers provide resource and referral services to families in need prior to their involvement with the Department.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

The Department of Children and Families contracts with Child & Family Services, Inc. to provide post-adoption services through the Adoption Journeys Program to all families in the Commonwealth, including families of children adopted from other countries. The Adoption Journeys contract has been in place since 1997. The Department anticipates that this contract will continue in effect from FFY 2025-2029. The Department believes that having a private agency provide post-adoption services is less threatening to families than requiring them to work directly with the state's child protection agency.

Adoption Journeys provides information and referral services to adoptive families. An "800" number is answered 24 hours a day, seven days a week. The contract also includes a component designed to educate therapists, attorneys, judges, and others who may work with adoptive families. Adoption Journeys conducts statewide professional conferences as well as smaller regional trainings.

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem-solving, coordination of services, and home-based counseling.
- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers, or clinicians. Most meet once a month, and some are co-sponsored by other organizations. All support groups are open to new members, and additional support and psycho-educational groups are formed as needs are identified.
- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison are matched as closely as possible according to their needs, interests, and expectations. Geography, life experiences, diversity, and the family's style of relating are some of the areas considered in making a match. Ongoing support and training are offered to families participating in this program.
- *Adoption Competency Training:* Training opportunities are available for professionals interested in enhancing their work with adopted children and their families.
- *Respite Care:* Respite care is available on a time-limited and planned basis for hourly, daily, or overnight care. These brief supports can help to alleviate stress, strengthen family relationships, or respond to an unanticipated family event. Limited respite services are available to families in or out of their homes. These services are matched as closely as possible to the needs and ages of the child(ren), geographic area, family characteristics, and dynamics. Ongoing support is offered to families participating in respite. Group respite activities, as well as family social activities, are also available statewide throughout this component.

Any family who resides in Massachusetts and has legalized adoption or permanent guardianship can access post-adoption services. Approximately 10% of the families working with Adoption Journeys in 2022 and 2023 were intercountry adoptions. Therefore, there has not been an increased demand for post-adoption support services for new intercountry adoptive families. MA DCF anticipates keeping its post-adoption support model the same as Adoption Journeys, which continues to be successful for families in this demographic.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Children under the age of five are a vulnerable population. Therefore, we must see and understand how they are being cared for and provide any services and referrals to mitigate risk. DCF encourages and supports parents by providing services and guidance to minimize the need for children to enter care, help strengthen the family's situation, and reunify the children in a timely manner. DCF's Permanency Planning Policy guides safely maintaining a child at home. If placement becomes necessary, the child's first goal is reunification with their family.

The Permanency Planning Policy combines child-centered, family-empowering casework and legal strategies that ensure children have caring, stable, lifetime families and that safety remains the paramount concern throughout the family's involvement with the Department. The policy

guides support of each goal, as appropriate, and supports activities and services that reduce the length of time that children under age five are in foster care without a permanent family, as well as those being served at home or in a community-based setting.

Placement Process

When children cannot remain in the home, placement decisions are based on the child's best interests, including those related to safety, permanence, well-being, and continuity of significant relationships, and reflect efforts made to identify the least restrictive setting available to meet the child's individual needs. The Department explores kinship placements first, given that children experience more stability when kin is the first or second placement. Also, by using data to examine Diversity, Equity, and Inclusion (DEI), disproportionality, the Department looks to reduce trauma, take away stranger anxiety, reinforce cultural identity feelings of security and will continuously assess if children under the age of five can be placed with kin as a first or second placement.

Initial Placement Review

An Initial Placement Review occurs approximately six weeks after a child enters placement from home or hospital or returns to placement after an at-home stay of six months or longer. The Area Director/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement providers, and social work staff familiar with the child and family. The Team's role is to support the child's placement while addressing her/his needs for safety, permanency, and well-being.

The child-specific information gathered during the first six weeks of placement encompasses the child's medical, educational, emotional, psychological, and social history and current functioning.

If the child's initial placement has not been with kin, efforts are made with the parents during the first six weeks to identify someone known to the child and family with whom an approved placement can be made. If placement beyond six weeks is needed and the child is not placed with kin, these efforts continue. In addition, if siblings have not been placed together, efforts to reunite the siblings continue throughout the duration of the placement. Our new Kinship Social Worker position focuses on this activity.

The Initial Placement Review Meeting is an opportunity for the parents, family, and foster/pre-adoptive parents or other placement providers to participate in open discussion. At this meeting, the family's and the child's strengths and needs, particularly the child's needs for health, safety, well-being, permanence, and continuity of significant relationships, are reviewed. A tentative, reasoned assessment of the probability of the child returning home and the family's capacity to benefit from reunification services is made. The frequency and quality of parent-child contacts and visits during the first six weeks of placement and the parents' participation in services and completion of tasks identified in the Action Plan are also reviewed.

Team Tasks include:

- Review the reasons for the child's placement;
- Discuss decisions that have been made and what we have learned since the child's placement;
- Assess the quality of care provided to date, and identify any unmet needs;
- Determine whether out-of-home placement continues to be necessary and whether the current placement is in the best interests of the child;
- Establish a goal that is in the child's best interests;
- Identify any accommodations needed; and
- Determine next steps.

Foster Care Review

Foster Care Review (FCR) has maintained the virtual format established during COVID-19 to increase participation and keep FCRs on schedule. Review of the Permanency goal for children in placement continues through Foster Care Reviews conducted for each six-month cycle during which children remain in care. FCRs for children under five are prioritized for rescheduling. The FCR panel makes recommendations consistently based on the safety, permanence, well-being, and growth and development of the child (ren). When applicable, the FCR panel recommends family time and services to ensure opportunities to increase parental capacity and bonding. If the dangers that led to placement are mitigated, the FCR panel can determine that placement is no longer necessary. Suppose parents have not made adequate observable changes to mitigate the danger. In that case, the FCR panel can determine the most appropriate alternate permanent goal and recommend a Permanency Planning Conference (PPC). In addition to recommendations, if there is an area of need or concern, a notification can be sent to alert the Area Director in the area office.

Permanency Planning Conference

Permanency Planning Conferences (PPC) are conducted according to policy. A PPC is required in the following circumstances:

- as soon as it is determined that the prognosis for reunification is poor;
- within the first 9 months following the date of placement;
- if the outcome of a 9 month PPC was a decision not to initiate Termination of Parental Rights and the child has remained in placement for 15 of the previous 22 months;
- to change a child's permanency plan;
- within 20 working days after a Foster Care Review determination that includes the
- recommendation that the child's identified permanency plan needs to be changed; or
- within 5 working days after a court determines that reasonable efforts to reunify are not required.

Reunification

The Reunification Policy outlines the framework for long-term reunification success when a child enters care. There are concrete things DCF can do to ensure future reunification success, such as facilitating placement stability and meaningful parent-child interactions. These are two

key indicators for reunification success. Communicating clearly with parents in a timely manner about what conditions need to change and how they can work towards this provides parents with a roadmap for success. It also gives us an early understanding of the necessary services to support a successful reunification.

We ensure children and parents have an opportunity to interact or talk to each other within 24-48 hours of a child entering care. Virtual contact is a good way for children and parents to connect shortly after removal and should occur frequently while the child remains in care. With family time visits, foster parents and kinship caregivers can facilitate contact, but the Department must prepare and support caregivers beforehand.

By policy, Parents and children have their first Family Time visit within five working days of removal. Family Time is meaningful, and frequent contact and connection between children and youth in placement and their families is encouraged. It means thinking differently about the frequency of visits, the location, and who supervises them. Family Time can occur when the parent and family participate in normal parenting activities, such as sharing meals, medical appointments, and school/daycare events. Ideally, it should occur in the parent's home, the kinship or foster family home, or the community. The frequency, duration, and intensity of "family time" takes into account the needs of children, depending upon their age and stage of development, as well as the capacities of parents. Not all Family Time needs to be supervised by the Department. Still, there are times when supervision and observations of Family Time can further our understanding of the parent-child relationship and a family's progress toward reunification. The Kinship Social Workers (KSW) and Ongoing Social Workers work together to prepare and support kinship and foster parents when hosting Family Time visits.

With the Safe and Supported Placement policy, the KSW should help kinship and foster parents with planning and preparation and answer any questions. Completing or Updating the Family Assessment and Action Plan at and after family separation includes meeting with the parents to communicate clearly about the reasons for removal and developing a shared understanding of the conditions that need to change and the capacities that must be developed before reunification. This is part of the Department's obligation to make reasonable efforts toward reunification.

The plan must be updated and shared with parents within 30 working days following an Interim Action Plan. This includes the Family Time plan for both parents, an explanation of why the child came into placement if siblings are not placed together, the sibling visitation schedule if siblings are not placed together; whether the placement is with kin or if not, what efforts were made to locate kin, including to whom the written notification was sent; if both parents are not known, efforts to locate the second parent; the plan for visitation with grandparent(s) and other kin (when relevant).

The Department encourages and assists parents in supporting reunification and reducing the length of time their child is in care by utilizing the parents' strengths and resources as well as the community. Below, we provide some examples of the resources and supports in place for families.

Family and Community Resources

The Department continues to offer resources to families, including organizations such as Rise Above, Wonderfund, YMCA memberships (to youth in foster care), Family Stabilization and Support Services (FSS), and Family Resource Centers. DCF works closely with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) in protecting and promoting the rights and well-being of children and families. MSPCC offers ongoing services to foster families and children in the form of pregnancy and parenting support, counseling, foster/adoptive training, and advocacy.

DCF will work with any service that supports the safety, permanence, and well-being of children and families, such as the FaCES clinic out of UMass Medical that offers foster children comprehensive and coordinated health care services. FaCES opened its doors to all children in Worcester DCF from birth to 5 years old and has expanded its services to children from birth to 18 years old.

Visits to FaCES include

1. An initial screening visit within seven days of placement
2. A comprehensive visit within 30 days.
3. They obtain all medical records and provide immunization updates and laboratory evaluations as necessary.
4. Children in need of medication or durable medical equipment have these needs addressed.
5. All children receive developmental, mental health and trauma screenings, and the appropriate subspecialty, early intervention, education and mental health referrals are coordinated.
6. There is on-site access to psychiatric counseling services and coordinated in-home support for caregivers to help address the needs of children exposed to trauma.
7. Caregivers are also supported to address the patient's educational needs.

Departmental Resources

DCF is also responsible for providing information and referrals to children and families to connect the family with the previously mentioned resources. We also have statewide specialists that provide support, consultation, and case direction to staff. The following are our specialists, and the Disability and Permanency have been recently added:

- Mental Health
- Disability
- Education
- Substance Use
- Permanency
- Health and Medical Services

Foster Care

In February 2023, the Department implemented two new foster care policies:

- Licensing of Foster, Pre-Adoptive and Kinship Families
- Safe and Supported Placements

These policies unbundled the former family resource role previously responsible for all aspects of foster homes, from licensing to placements. There are now three separate roles, a Licensing and Training Social Worker (LTSW), a Foster Family Social Worker (FFSW), and a Kinship Social Worker (KSW).

The Department, foster parents, biological families, and communities collaborate to support children in the Department's care and custody. They work together to shorten the length of time a child is in foster care and the time it takes to achieve permanency. A safe, nurturing, and permanent family is the goal for every child in Department care. Children living outside their homes often do better when they live with extended family members or with people in their community circle. The Department works closely with the child's family and community to identify kin to care for the child if needed. When placement with a kinship family is not possible, the Department recruits foster families from diverse communities.

The Family Find positions, which originally were piloted 11 DCF offices, have been established in all 29 offices as well as have been rolled into the Kinship Social Workers (KSW) role. The KSW is responsible for:

- discussing with the child's family other potential kinship placement resources;
- rapidly conducting and documenting the caregiver assessment activities to permit immediate placement of a child with kin;
- supporting the kin placement by:
 - developing a support plan, if needed;
 - providing information about child needs and activities needed within the first week;
 - providing information on the caregiver training and assessment process;
- participating in the review of the caregiver assessment for kinship homes to the licensing review team;

Some of the highlighted changes of this policy include:

- Updated Parenting and training opportunities for foster parents will be made available through an updated MAPP (Massachusetts Approach to Partnerships in Parenting) curriculum for prospective foster parents
- Foster Parent College began providing Massachusetts licensed foster families with free access to interactive online courses in January 2024
- Foster families now have a dedicated KSW, or Foster Family Support Worker (FFSW) that is separate from the Licensing and Training worker (LTSW), to provide more support to the foster homes (for both kin and unrelated)

- Quarterly joint visits are now required to provide an opportunity for the child's worker and the FFSW or KSW to work together to ensure a more supportive and stable environment for the child(ren)
 - Support workers have also increased their visits to the foster home from every other month to every month
- Updated requirements for kinship homes to allow for better clinical decision making on whether a child can live with kin.
 - For example, siblings of the opposite gender can share a room, regardless of age, if it is clinically appropriate for those children
- Foster parents cannot smoke around youth in foster care, which aligns with federal guidelines

Childcare Vouchers

As of March 1, 2024, there were 12,911 DCF-involved children in childcare statewide, of which approximately 29% (3546) are in foster care. This has increased from the year 2023. Children access childcare both through contracted slots and vouchers. According to EEC data, we slightly increased the number of children served in supportive childcare under the age of five, from 7,652 in March 2023 to 8,398 in March 2024.

Childcare options for DCF-involved families have increased within the 2024-2025 fiscal year. The comprehensive list of childcare options available to families include:

- Department-Related Childcare: Childcare through DCF and the Department of Early Education and Care (EEC) partnership is available to any child involved with the Department who has not yet reached the age of 13; children over the age of 13 qualify if they have a documented special need/disability.
- Temporary Childcare Program (TCCP): DCF has directly contracted with licensed childcare providers across the Commonwealth to provide emergency childcare for children who are in the custody of DCF in order to support placement and eliminate the need for a child to spend time in an area office. This program is funded through an Interagency Service Agreement (ISA) with EEC.
- Foster Parents as Informal Childcare (FPICC) Providers program: Emergency childcare services provider by approved DCF foster parents. The child does need to be in the custody of the Department. This program is funded through an Interagency Service Agreement (ISA) with EEC and is a partnership between the Early Childhood Unit and the Foster Care Unit.
- Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Kid's Net Short-term Child Care: Planned, short-term, day and evening care provided in licensed childcare homes or reimbursement of a DCF-approved caretaker is available to allow foster, pre-adoptive and kinship families to attend to foster care-related or personal business; provide a break from parenting; and to meet other needs that impact the overall stability of the family.
- MSPCC Kid's Net babysitting: Babysitting reimbursement for DCF -approved caregivers is available for up to 10 hours per month. Foster parents should work with their foster care

worker to ensure their desired caregiver is approved in the DCF system. The foster parent is responsible for communicating with the caregiver and ensuring they are available on the date/times care is needed.

- Out-of-pocket: If all other options have been considered and will not work, the foster parent may be able to enroll the child at a private childcare and be reimbursed
- DCF Babysitting Reimbursement: DCF reimbursement for babysitting when a foster parent needs an occasional babysitter for a child. Foster parents may utilize any babysitter they deem appropriate.

The Department's Childcare Work

DCF has an Early Childhood Unit (ECU) composed of the Early Childhood Director, Childcare Manager, and Regional Childcare Coordinators for each DCF region. We also work closely with each DCF Area Office and the 29 Area Office Childcare Coordinator. In addition to overseeing the placement of children into care, the ECU has been expanding the work and relationships with Early Intervention, Head Start, and internal DCF units such as the Domestic Violence, Disability, and Homelessness Units.

ECU works closely with EEC to increase childcare access for DCF-involved children from birth to age five. DCF meets regularly with EEC to highlight ongoing barriers to childcare placement, such as availability, especially for infants and toddlers, and the ongoing staffing challenges in early education. DCF provided input on EEC's newly released procurement of contracted childcare providers. The procurement aims to increase communication between childcare staff and DCF staff and increase support services for families and children, including early childhood mental health services.

Permanency Division

The Department's Permanency Division comprises Adoption, Foster Care (including Comprehensive Foster Care and Recruitment), ICPC, the Kinship Navigator Program, and the Adolescent and Young Adult Services units. Adoption and Foster Care collaborate with contracted agencies to continue this work on a larger scale. A team of Permanency Specialists currently provides support to each region. The work of this division includes working with area offices and other agencies to ensure children ages 0 – 5 are getting to permanency sooner.

The Charts below provide the permanency data for 2024.

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5) 2024 YTD*	Percentage of Children (Under Age 5) 2024 YTD*
Child Returned Home	500	60.2%
Child Adopted	275	32.9%

Guardianship	26	3.1%
Custody to Other Individual	32	3.9%
Grand Total	833	100.0%

Additional Goals and Objectives for 2025-2029

- Continue to evaluate data on Diversity, Equity, Inclusion, and Disproportionality and its impact on children of color.
- As we know, permanency begins with family. For children in foster care, it is essential to help foster their permanent connections with kin. By working to place children with kin, we are supporting a child's development, keeping them connected to their culture and their family traditions.
- Continue to assess access to services for children 0-5 including Wonderfund, YMCA, and Family Stabilization services.
- Continue to work with DEEC to increase the number of DCF-involved children accessing childcare services such as daycare and Head Start.
- Reduce the length of time in foster care without a permanent family.
- The specialist units will continue to support consultations for children and families. These specialists can help staff ensure that the developmental needs of children are assessed and that responsive services are made available.
- Continue to offer specific training to staff and foster parents, such as Individual Education Plan (IEP), Foster Parent Collage, The Massachusetts Child Welfare Institute and The Massachusetts Society for the Prevention and Cruelty to Children.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

The Department actively responds to and investigates child maltreatment related fatalities and seeks to support prevention efforts. Massachusetts relies on reports of alleged child abuse and neglect to identify child fatalities. Data compiled by DCF's Case Investigation Unit, state and regional child fatality review teams convened according to Massachusetts' law, and from the Registry of Vital Records and Statistics (RVRS) are used to determine if the fatality was due to abuse or neglect. As these data are not available until after the NCANDS Child File must be transmitted, Massachusetts reports count of child fatalities due to maltreatment in the NCANDS Agency file.

For NCANDS, the Department reports on the total number of child victims who died as a result of maltreatment within the federal fiscal year. A fatality is defined as the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death.

Massachusetts engages the efforts of relevant public and private agency partners, including those in public health, law enforcement, and the courts to address the prevention of child maltreatment fatalities. Efforts include:

- **Massachusetts Child Fatality Review Program** – The Massachusetts Child Fatality Review (CFR) program was established in 2001 following the passage of MGL Ch. 38, Section 2A. According to the statute, the purpose of child fatality review is to “decrease the incidence of preventable child fatalities and near fatalities” in the Commonwealth. There are two types of CFR teams: the local teams, which are led by the District Attorneys, and the state team, which is co-chaired by the Office of the Medical Examiner (OCME) and the Department of Public Health (DPH). Local child fatality review teams examine the circumstances of child deaths under their jurisdiction to determine if the death was preventable and to formulate recommendations outlining education, policy, and prevention action steps that can prevent similar deaths from occurring. These local recommendations inform the statewide prevention efforts of the state CFR Team.

The state CFR team is responsible for receiving recommendations from the local CFR teams, understanding the number and causes of child fatalities and near fatalities across the state, and advising the governor, the legislature, and the public about changes to policy and practice in order to reduce the rate of child deaths and near fatalities. Both the state and local CFR teams take an interdisciplinary approach to their work that relies on interagency cooperation and collaboration. There are representatives from public health, law enforcement, child welfare, and the medical field on both state and local teams. This approach allows the teams to get the best understanding of child injuries and deaths in Massachusetts and make informed recommendations aimed at protecting the Commonwealth’s children.

Statewide Child Fatality Review team members include:

- Chief Medical Examiner (co-chair)
- Commissioner of Department of Public Health, or designee (co-chair),
- Attorney General, or designee
- Commissioner of Department of Elementary and Secondary Education, or designee
- Commissioner of Department of Mental Health, or designee
- Commissioner of Department of Developmental Services, or designee
- Commissioner of Department of Children and Families, or designee
- Commissioner of Department of Youth Services, or designee
- Representative of Mass. District Attorneys Association
- Colonel of Mass. State Police
- Director of Mass. Center for Sudden Infant Death Syndrome (SIDS)
- Representative of the Mass. Chapter of the American Academy of Pediatrics with experience in child abuse and neglect
- Representative of Mass. Hospital Association
- Chief Justice of the Juvenile Division of the Trial Court
- President of Mass. Chiefs of Police Association
- The Child Advocate
- Other individuals with information relevant to cases under review

The following lists are preventive efforts and services targeting types of fatalities. Although these measures do not directly prevent child fatalities, it helps in the overall efforts to prevent child fatalities in Massachusetts.

- **Office of the Child Advocate (OCA)** – The OCA is an independent agency that serves children and families across the Commonwealth. The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. The OCA works with families, legislators, social workers, and other professionals to improve state services for children and families. When a child receiving services from a state agency organized under the Executive Office of Health and Human Services dies or is seriously injured, the agency involved is required to report the critical incident to the OCA. OCA staff carefully reviews each critical incident report and, in many instances, follow up with the agency to learn from the situation and promote accountability. Toward this end, the OCA and DCF are working collaboratively to develop strategies aimed at protecting children and youth from preventable injury and death.
- **Family Resource Centers** – Launched in 2015 and recently expanded, FRCs are overseen and supported through funding by the Executive Office of Health and Human Services (EOHHS) and DCF. Serving in a primary prevention role in each of the 14 counties within the Commonwealth, the 33 FRCs are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240). The FRCs support their communities by:
 - Bringing people together for friendship and mutual support;
 - Strengthening parenting skills;
 - Responding to family crises;
 - Linking families to services and opportunities;
 - Helping children develop social and emotional skills;
 - Observing and responding to early warning signs of child abuse and neglect; and
 - Valuing and supporting parents.
- **Governor’s Opioid Addiction Working Group** – Along with a broader set of activities, the working group targets efforts to protect youth through:
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) – an evidence-based practice used to identify, reduce, and prevent problematic use of and dependence on alcohol and illicit drugs. SBIRT screening in schools is mandatory. Students must be screened in two different grade levels for a substance use disorder.
 - “Stop Addiction Before It Starts” – Public information campaign, launched in August 2017, encouraging parents of teens to speak to their kids about the dangers of pain medication.
- **Plans of Safe Care (POSC)** – The Massachusetts Department of Public Health has partnered with DCF to implement this federal requirement in Massachusetts. Accordingly, all DPH Bureau of Substance Addiction Services (BSAS) licensed and/or treatment providers who serve women and/or parenting clients for a period of longer than 30 days are required to initiate and coordinate POSC. When/if a CA/N report is filed at birth, DCF will ask the reporter whether or not a POSC exists for that client/family and whether referrals to services

have been made. BSAS providers are responsible, with client consent, to inform the hospital social worker, or whoever will be reporting the substance-exposed birth to DCF, that a POSC exists. If a parenting client becomes the subject of a CA/N filing, the reporter is advised to inform DCF that a POSC exists for that client as well. BSAS providers are encouraged to educate pregnant/parenting clients on the positive impact that sharing their POSC with DCF could have on the Department's decision-making process, and written consent is encouraged.

- **Infant Safe Sleep Campaign** – This initiative is a joint campaign between the Massachusetts Department of Public Health and DCF to increase public awareness of safe sleep practices to reduce infant fatalities related to unsafe sleep practices.
- **Kids Can't Fly!** – This initiative is a joint effort between the Massachusetts Department of Public Health and DCF to increase public awareness regarding window safety. This injury prevention program is designed to help prevent young children from falling out of windows through the use of safety guards and other preventative measures.
- **Central Office Incident Notification (COIN)** – The COIN is the preliminary communication to the DCF Commissioner and other Central Office staff of any child fatalities, near fatalities, serious bodily injuries, emotional injuries, alerts and Baby Safe Haven incidents. The purpose of the initial notification is to focus urgent assessment and planning around child safety, to apprise the team regarding the incident itself, and begin a qualitative review of previous involvement of the family. COIN reports provide a lens through which the Department is able to enhance its understanding of the challenges that children and families experience as well as an opportunity to reflect on casework practice and target improvement efforts.
- **Safety Alerts** – The Department's Foster Care Review Unit (FCR) may identify safety concerns of varying degrees during a periodic review. Safety concerns may be due to the child demonstrating behaviors that are unsafe, parent/caregiver capacity concerns (e.g., substance use relapse by a parent/youth), or that the foster parent/group care provider is not able to keep the child/youth safe. If a safety is identified during the review, the Area Director/designee responsible for the case is immediately notified. The Area Director is required to respond to a notice of safety concern within one working day with the Office's plan to resolve the safety concern. The FCR manager also follow-up with the Area Director/designee to ensure action is taken to secure the safety of the child/youth.
- **Case Investigation Unit** – The Department's Case Investigation Unit (CIU) conducts quality reviews of all Department and contracted casework provider agency cases involving the death (maltreatment related or otherwise) of any child who was:
 - a member of a family with an open case; or
 - a member of a family being investigated as a result of a CA/N report received prior to the child's death; or
 - a member of a family who had an open case within the six months preceding the child's death; or
 - a member of a family who had a supported CA/N report, but a case was not open for services within the six months preceding the child's death; or

- any case if requested to do so by the Commissioner.

CIU reviews serve as a primary source for identifying agency and system-level quality improvement opportunities related to practice, policy, regulations, training and/or contracted service resource needs.

- **Assistant Commissioner for Protective Operations** – To support direct oversight of protective operations, the Department established a new position. The Assistant Commissioner for Protective Operations oversees the statewide initiatives designed to address:
 - abuse and neglect of children in congregate care and other institutional settings;
 - identification and service delivery to children and families experiencing psychiatric emergencies;
 - identification and placement between Massachusetts and other states;
 - work of contracted providers as it relates to employee families experiencing abuse or neglect; and
 - work of DCF staff and contracted providers in the provision of hotline and after-hours responses.

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES

Throughout FFY 2024, the Massachusetts Department of Children and Families (DCF) has used the funds in the Promoting Safe and Stable Families (PSSF) grant to refine its mission; focusing on service integration and coordination, developing partnerships to meet specific community needs, and addressing primary prevention services and outcomes in community-based child welfare work.

Since the Child and Family Services Plan (CFSP) process began in 1994, there have been five completed cycles. In 2025-2029 CFSP, using PSSF dollars, The Department of Children and Families will identify challenges to improve performance in families' safety, permanency, and well-being. DCF, in collaboration with community-based organizations, will focus on enhancing the following areas: Safety- Provide services to families and protect children in the home, prevent removal or re-entry into child protective services; permanency-preserving community connections by referring families to programs that offer parental skill-building activities. This will increase family preservation. Well-Being- Social workers will continue to take advantage of opportunities to engage in meaningful parent engagement, especially with fathers.

There continues to be a growing recognition of the importance and usefulness of coalition work in improving community conditions and supporting family engagement using preventive approaches to address complex family needs. The MA Department of Children and Families, capitalizing on overall gains made in the last five years, plans to use PSSF dollars to advance practices and collaborative strategies focusing on reducing child abuse and maltreatment.

This approach is essential to maintaining a network of programs that respond to emerging needs in family support, preservation, family reunification adoption, and adoption promotions.

Over the next five years, DCF efforts will focus on services designed to increase families' strength and stability. As an example of Family Support Services, The Brick House Community Connections Coalition will offer an evidence-based parenting program, "Strengthening Families," to give parents and guardians and their 10-14-year-olds tools to establish and strengthen healthy communication in the family. Many other coalitions plan on providing related programs to foster and extended family members. It is projected that over 38% of the funds will be allocated to activities in this category. With the recent influx of new families arriving in MA, the activity level of coalitions to provide additional basic needs support to families is likely to increase. In the last two years, there have been over 869 activities in this category.

Family Preservation—To maintain the gains in keeping families intact made during the last cycle, appropriate services must remain the focus. Like the rest of the country, Massachusetts continues to grapple with the increase in the demand for culturally appropriate service and the ethnicity of local families. Community programs must rely on greater resource sharing to ensure that they have appropriate staff with language capacity. Services for families with children at risk of placement must now be provided at a local level, ensuring that services match the children and families who reside in that community. These services may include budgeting, coping with stress, trauma-informed curriculum, parenting in America, legal services, and English as a second language. The Department anticipates that 22% of PSSF grant funds will be spent on activities and services in this category. For example, Fitchburg Community Connection Coalition partners with community agencies to provide ongoing vaccine clinics. The Coalition worked closely with the City of Fitchburg Board of Health to give vaccines. The Coalition will continue to host clinics, provide staff who speak Haitian Creole, and recruit Haitian and Black Indigenous People of Color (BIPOC).

Family Reunification—Coalitions will continue to assist in providing services and activities to families of children who were removed from the child's home. Coalitions provide various services that support the reunification of children with families. When a family was in jeopardy of having a planned reunification disrupted due to not having beds for children to sleep in, the Coalition provided the family with new beds for the kids. It allowed the child to return home. Jamaica Plain Coalition will provide a Youth Engagement Group to promote safety in the Jackson Square neighborhood. 9% of the FFY 2025 PSSF grant funds will go towards activities in this category. The Department anticipates that over 41 units of basic needs information will be provided.

Adoption and Promotion—DCF, in partnership with coalitions and other community stakeholders, will use strategies to improve the appropriateness of adoption services for children in the Department's custody. The North Quabbin coalition, in partnership with the area office, will host community forums to educate families on the process of adoption. The plan is to engage families that otherwise would not have considered adoptive parents. The Department anticipates that 8% of the FFY 2025 PSSF grant funds will be spent on such activities.

Consumer Engagement

Family Advisory Committee (FAC) to the Commissioner

Staffed by a member of the Community Support Team, this group of parents continues to meet with the Commissioner to advise on policy, practice, and program development. The FAC produced a new guide for parents involved with DCF, a Family Involvement Brochure, and consumer feedback cards for use in area office waiting areas. The FAC reviews service delivery models at various design stages. It is taking up the issue of foster care placements and how to make transitions smoother for children entering care or moving from one foster home to another. In 2019, FAC members and staff participated in the Better Together training adopted from Casey Family Services, which the New Hampshire child welfare agency sponsored for implementation in Massachusetts in 2020. One significant indicator of this program's success is that the FAC members attend a monthly DCF Statewide Managers Meeting and several intra-agency and interagency planning groups at the area, regional, and statewide levels.

In response to an increase in suicides among teens during the pandemic, the FAC's Mental Health subcommittee participated in facilitator trainings with local suicide prevention coalitions. Family representatives conducted workshops using the Question Pursued and Response (QPR) curriculum to provide trainings for foster parents and social workers.

The Foster Care and Kinship Committee proposed an after-school project built in cooperation with the YMCA. The program is in the pilot phase in the Worcester area, with plans to expand statewide over the coming years. The partnership creates a unique opportunity to engage young adults and adolescents experiencing DCF in foster care or alternative living spaces, a population that is often underserved.

The program provides the children a structured time with trusted adults to gain, learn, and strengthen independent life skills such as financial management, college and career readiness, and healthy choices. This leadership program builds confidence and capacity for young people with lived experience in the state's care.

Fatherhood Engagement

One of the priority areas identified in the Massachusetts Fatherhood Collaborative Strategic Plan and by the Department of Children and Families (DCF) Agency Improvement Leadership Team was the need to increase the number of Fatherhood Ambassador Presentations to the Area Office. Using funds from CAPTA, fathers could receive a modest stipend to defer personal and travel costs; additionally, through the Promoting Safe and Stable Family (PSSF) grant, DCF contracted with Family Nurturing Center (FNC) to prepare the dads using the strategic sharing curriculum.

FNC's Fathering Ambassadors Program ramped up this in FFY 2024. Half of this year's fourteen Ambassador presentations were in-person for the first-time post-pandemic. Every Region of the state received at least one Ambassador presentation, and many received several. Four of the Ambassadors presented to a plenary session of 400+ people at the New England Fathering Conference in Newport, Rhode Island. Ambassadors continue to participate in FNC's Fathers

Helping Fathers after-care program and to weigh in on the Fathers Helping Fathers virtual support community (an email list serve that regularly provides resources and connections to a growing group of Nurturing Fathers' Program graduates. Additionally, Family Representatives is a Master Trainer of the Nurturing Fathers Program and presented at the 25th International Families and Fathers Conference in Los Angeles, CA, in partnership with Casey Family Programs.

DCF has become a nationally recognized leader in its work to engage fathers. The research is clear: when fathers are engaged safely and consistently, children and families benefit in the short- and long-term. Internally, we are working with more and more fathers daily and providing them with the support and resources they need to build stronger relationships with their children. We are taking this work beyond DCF. In June of 2022, DCF was proud to co-chair the first Massachusetts Fatherhood Collaborative Fatherhood Forum and the launch of the statewide strategic plan implementation. The event brought together leaders from across state government, including fathers and family advocates, to identify ways to prioritize fathers and fathering across state government. Five work groups of interagency members developed action plans for the next five years (FFY 2025-2029) to improve communication and increase access to services for young fathers and their families.

DCF continues to focus on programs designed to improve parenting skills, reinforce parent confidence in child development, and decrease the risk of abuse and neglect. In February 2018, DCF conducted a qualitative review, which included case reviews and a focus group to identify root causes that hindered effective father engagement and generated strategies to sustain father engagement. As a result, DCF will continue to work with local stakeholders to increase Nurturing Programs statewide and increase the capacity and opportunities for families to participate in programs that will increase their ability to nurture positive attachments.

SERVICE DECISION MAKING PROCESS FOR FAMILY SUPPORT SERVICES

On May 10, 2024, the Department posted a Request for Responses (RFR) for an array of support & stabilization services, including the evidence-based practices of Intercept®, Multisystemic Therapy®, and Brief Strategic Family Therapy, which were approved for federal reimbursement through the Department's Five-Year Prevention Plan. The existing array of support & stabilization services was procured in 2005 through the 2005 Family Networks initiative. The existing support & stabilization services will remain in place until the evaluation, approval, and contract finalization processes for the new support & stabilization RFR are completed, which is anticipated during the first quarter of 2025. The new support & stabilization RFR requests that providers submitting bids describe how their services will be culturally and linguistically competent, accessible to families facing intersecting and complex needs, and intentionally designed to engage and retain families.

The Promoting Safe and Stable Families (PSSF) funding supports an array of community initiatives that aim to strengthen families and reduce child maltreatment. Since 1994, when these funds first became available, the Department of Children and Families has focused on creating

strong community infrastructures that serve as vehicles for innovative responses to emerging community and family needs.

The Department distributes PSSF funds to programs designed to promote community-based services and best provide services described in the federal guidelines for Family Support. Services will include providing families with basic needs resources to enhance the safety and well-being of the children and their families. Co-parenting groups that involve extended family members increase the capacity for a supportive environment for the children. Groups will be centered in the family's native language to increase parent competence and strengthen familial relationships. Community Connections Coalitions programs - located in local targeted communities across the state - are well positioned to assess the needs of families and offer resources that are culturally and linguistically appropriate. The populations are historically underserved.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

DCF has identified the following as Populations at Greatest Risk of Maltreatment for FFY 2025-2029

1. Youth Who Are Vulnerable to Human Trafficking
2. Infants and Children of Substance-Involved Parents
3. Children and Youth Exposed to Ongoing Issues of Mental Health, Domestic Violence, and Substance Abuse
4. Families Who Are Unhoused
5. Children/Parents with Disabilities
6. Youth Transitioning from Foster Care

Each of these populations is a focus of the Department's quality improvement efforts during Initial Placement Reviews (improved process rolled out in all 29 Area Offices between 2019 and 2021), permanency planning conferences, Area Clinical Reviews, and Central Office Incident Notification (COIN) Review Team, an interdisciplinary team that meets weekly to review critical incidents. COIN Team and Quality Improvement Leadership are examining trends among COIN cases, which will lead to increased understanding of the cases resulting in critical incidents. In addition, the Department has developed a Permanency Tool for Managers, which has been rolled out statewide. This tool helps to focus attention on critical thinking and high-quality case practice as a foundation for permanency decision-making and planning.

Youth Who Are Vulnerable to Human Trafficking

The Department continues to partner with My Life My Choice (MLMC) and the Suffolk County Support to End Exploitation Now (SEEN) after the conclusion of a federal five-year grant (concluding on 9/30/19) to address human trafficking in our child welfare system. This grant also focused on the vulnerabilities of the LGBTQIA+ and transgender populations within DCF through training and support to DCF staff, placement providers and the community. County-based multidisciplinary teams across the state are increasing their understanding of human

trafficking and the unique risks that our LGBTQIA+ and transgender youth experience. Additional funding from the state legislature has allowed DCF to offer additional training to ensure that staff identify these youths and respond appropriately. The COIN Team pays particular attention to any incidents in which there are allegations of human trafficking and those in which youth are at risk of being trafficked.

In 2018, Multidisciplinary teams (MDTs) were established within each Children's Advocacy Center (CAC). These MDTs continue to address issues of Human Trafficking with a core partnership consisting of the CAC MDT Coordinator, DCF and the county District Attorney. The CAC Coordinator manages the state's mandatory MDT response to allegations of human trafficking received by DCF.

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective, and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs, and the community at large to raise awareness of this aspect of human trafficking. A training video, [A Foster Parent's Guide to Human Trafficking](#) with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall 2017. The training video and Support Guide link are available on FosterMA Connect, the Department's web portal for foster parents. It is also posted for staff on the Department's Intranet page on Human Trafficking. Additional training has been provided to DCF staff and providers: Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, and training that incorporated the video production entitled [Body and Sold](#) with a panel discussion conducted for DCF staff and the community. The partnership between DCF management and their respective CACs has established a core group of dedicated specialists throughout the state to sustain attention and support the work related to human trafficking.

In FFY 2024, CWI hosted two 6-hour trainings concerning human trafficking, which were originally offered in 2022. The Informed Conversation: "Improving Skills to Engage Kin/Foster Parents in Supporting Youth Impacted by Human Trafficking," and "The Commercial Sexual Exploitation of Children: Understanding Victims and the Role of Child Protection Services." In addition, a module concerning human trafficking and sexual exploitation has been added to the curriculum for new social workers, attended during the first month of employment. In addition, in April 2024, CWI presented a five-hour training, "Family Controlled Commercial Sexual Exploitation of Children," as well as a capsule version of the training at Statewide Managers' Meeting.

This training will help DCF staff identify and assess concerns in the area of Family Controlled Commercial Sexual Exploitation of Children. Assessing this area of child abuse requires a greater understanding of CSEC so that professionals are mindful of how their good intentions may ultimately create greater risks for the youth. Participation in this training will strengthen the team approach that has been established to respond to all allegations of CSEC

Infants and Children of Substance Involved Parents

Parental substance misuse continues to be a significant risk factor resulting in the maltreatment of children. Nationally and within Massachusetts, the opioid crisis continues to challenge communities and families due to parental overdoses, the birth of substance-exposed newborns/neonatal abstinence syndrome, and abuse and neglect. During weekly COIN (Central Office Incident Notification) Review Team meetings, as many as a third of the cases for review may involve fatal overdoses or drug-related incidents of parents or other caregivers. Overdoses and fatalities increased during the pandemic by one-third. In response, the COIN Team recommends Area Clinical Review Team meetings that include substance abuse specialists, as appropriate.

An AILT Practice Team subgroup is focusing on children 0-5 whose parents misuse substances. The group has reviewed COIN cases and trends, is exploring national models and tools, and has developed a tool to assist social workers in focusing on observable change to improve DCF's practice with this vulnerable population. The Tool has been rolled-out and enthusiastically received by staff.

DCF has continued to collaborate with statewide task forces, and initiatives focused on parental substance misuse and the impact it has on children. DCF primarily partners with the Institute of Health and Recovery in the Worcester County Family Recovery Project. There also continues to be strong collaboration between DCF and the Massachusetts Department of Public Health (DPH) to address the needs of families impacted by opioids. It includes the expansion of home-based services to address parental substance misuse and trauma, partnering on federal grants, improving access to resources and communication between systems, operating a statewide system for Plans of Safe Care for substance-exposed newborns, identifying the needs of substance-exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF is also committed to providing specialized support for frontline social work practice by increasing the capacity of its statewide Substance Use Unit. In 2017, staff increased from five to ten regional Substance Use Coordinators plus a central office Director. These regional coordinators provide case consultation to DCF social workers and work with community resources to improve access and communication. DCF Child Welfare Institute and the Substance Abuse Coordinators also provide a robust training calendar related to drug and alcohol issues along with other trainings that address how these issues co-occur with domestic violence, mental health and trauma. The following e-learning topics are available to all staff on the Intranet: "The Brain Science of Addiction," "Recovery and Relapse," and "Addiction as a Family Disease." Regularly scheduled in-person trainings include: "Addressing Parental Substance Use in Child Welfare," and "Collateral Contacts with Substance Use Providers: How to get the most from these collaterals."

During the COVID-19 pandemic, the Department provided staff with current information about telehealth resources available for Substance Use treatment and intervention, including individual and group options. The Department is acutely aware of the increased stress that the pandemic

and consequential job losses, school closures, reduction in the availability of childcare, and increased food insecurity have placed on children and families served by DCF.

Children and Youth Exposed to Ongoing Issues of Mental Health, Domestic Violence and Substance Misuse

DCF utilizes specialty units focused on all three areas in various ways. The Mental Health Specialists Unit includes one specialist for the five DCF statewide regions and a Director of Mental Health at the Central Office. They provide overall coordination of the regional mental health services utilized by DCF families with a focus on assisting staff in accessing the appropriate and timely treatment and disposition planning needs of the children placed in acute care settings. They additionally provide consultation to DCF staff in ongoing and emergent cases involving trauma and/or mental health concerns advancing trauma-informed practice and understanding the impact trauma can have on children who have experienced abuse/neglect as well as on adult caregivers' ability to care for their children safely.

Domestic violence continues to be a significant risk factor for children and their non-offending parents, both within child welfare and in communities. The DCF Statewide Domestic Violence Unit includes a director, two supervisors, and nine Domestic Violence Specialists placed regionally. This team provides consultation on dangerous and complicated cases involving domestic violence and trauma to assist staff in identifying risk and safety factors, assessing parental capacities, making recommendations, and assisting in developing action plans to increase the safety, permanency, and well-being of children. They also participate as members of regional clinical teams and provide training in the DCF area offices they cover. They work directly with the area and regional offices to think strategically about capacity building for staff. These activities inform a statewide perspective for developing practice enhancements and training needs of DCF social workers in this area.

In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Offices and local domestic violence programs.

In 2018, DCF was selected as one of three sites across the country to participate in a groundbreaking project funded by the U.S. Children's Bureau. The project is testing an approach to improving outcomes for children and families involved in the child welfare system who are experiencing domestic violence. Through the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), is working with the Haverhill, Lawrence, Lowell, and Malden/Metro North Area DCF Offices and their community partners. MA DCF and these offices were selected due to a long-standing commitment to addressing this complex area of practice and community partners' strong commitment and existing capacity. The capacity building and research project, which continued through 2021, addressed the following questions:

1. Does a collaborative Adult & Child Survivor-Centered Approach—that includes safely engaging and establishing accountability of the domestic violence offender—improve adult and child survivor safety, child permanency, and child and family well-being for child welfare involved families experiencing domestic violence?
2. For which families, and in which social contexts, does an Adult & Child Survivor-Centered Approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an Adult & Child Survivor-Centered Approach?
4. What are the costs associated with the implementation and maintenance of an Adult & Child Survivor-Centered Approach, and how do these compare to the costs of “practice as usual”?

The Research and Capacity Building Project worked with the QIC-DVCW through September 2021 to test collaborative interventions that included two inter-connected components of an Adult & Child Survivor-Centered Approach:

- Practitioners use an evidence-informed domestic violence risk and protective factors framework to deepen their understanding of the varied experiences and needs of adult and child survivors, and to co-create individualized plans for helping them.
- More consistent and effective engagement of domestic violence offenders to establish accountability and create pathways for positive change to reduce or eliminate their use of violence and coercion with their partners and harm to their families.

In all policy development, DCF clinical specialty units (domestic violence, substance use, and mental/behavioral health) have helped frontline social workers and supervisors incorporate clinical thinking and practice guidance related to these vulnerable populations. DCF’s revised policies on Protective Intake and Family Assessment and Action Planning (FAAP) include guidance related to parental and adolescent substance misuse. Staff from all three clinical specialty units also develop and deliver integrated trainings that addresses these topic areas through a trauma-informed practice lens.

The Directors of Mental Health, Substance Misuse Unit, and Domestic Violence are key members of the Department’s Central Office Incident Notification (COIN) Review Team, which meets weekly to review critical incident reports, advise Area Offices concerning COIN report content and critical thinking, and make recommendations for practice improvement and policy/procedure enhancement, and ensure that consultations with Specialists occur as recommended.

In addition, each of the Directors consulted with the team that revised the Massachusetts Approach to Partnerships in Parenting (MAPP) curriculum to ensure prospective foster and adoptive parents have the information they need about these specialties and services during their introductory training.

In 2019, the DCF After-hours Hotline Contract was re-procured, with three separately staffed service areas including intake/investigation, missing or absent children, and other after-hours support for staff. With new after-hours support for staff and for missing or absent children, the

contract program offers improved services to our most vulnerable populations and is staffed appropriately to offer urgent responses to critical situations.

Over the last several years, the Department and the Hotline have seen an increase in the proportion of calls coming in after hours. To address this and ensure timely responses to all calls, the Department has worked successfully with the Hotline providing additional staff and financial support to address caseload growth and post-pandemic workforce challenges.

Families Who Are Unhoused

DCF continues to expand our portfolio of services offered to families with issues of child maltreatment who are experiencing housing insecurity and episodic homelessness. The three-primary means of supporting families with housing insecurity are:

- Housing Stabilization Unit case consultation services;
- Strong interagency collaboration with the Department of Housing and Community Development (DHCD);
- Collecting and evaluating housing specific data.

Massachusetts is experiencing an influx of immigrant and refugee families dealing with housing instability/homelessness in addition to the enormous challenges that come with their immigrant or refugee status. DCF is working collaboratively with the Executive Office of Health and Human Services, the Office of Refugees and Immigrants, DHCD, DCF's Family Resource Centers, MassHealth, the Department of Public Health, local housing authorities, hospitals and other community organizations to meet these emergent needs including shelter, health and mental health supports.

Each DCF region has an assigned Housing Stabilization Unit specialist. To raise awareness and increase the social workers' capacity to respond to families struggling with housing-related needs, the Unit collaborated with state partners and the Child Welfare Institute to develop housing specific curricula for the Department's field staff. Housing and economic self-sufficiency information is also available to staff through DCF's Housing Services Unit Intranet page. These ongoing efforts include training related to financial self-sufficiency, approaches to servicing unaccompanied homeless youth, and supporting families placed in state-funded shelters.

Additionally, a Memorandum of Understanding between the Department and the Executive Office of Housing and Livable Communities (EOHLC - formerly DHCD) was re-established in January 2015 to support the transition of children from foster care to reunification with parents in the state's shelter system. An expanded data collection effort assessed the number of children reunified through the collaboration EOHLC and the success of families housed through the expanded Family Unification Program. This data allows the Department to better assess the service delivery needs of families facing poverty and housing insecurity.

During the pandemic, the Housing Stabilization Unit increased its focus on providing access to safe housing that minimized exposure to COVID-19.

Children/Parents with Disabilities

The Department has continued strengthening its efforts to serve children and parents with disabilities. A key goal of the Department's Diversity Plan is to increase DCF's capacity to provide culturally responsive care and services to the Deaf and Hard of Hearing, persons with limited English proficiency, and persons with disabilities. The Department's Statewide Disabilities Coordinator leads the implementation work, with support from the Department's Director of Disabilities Services and many staff members. The strategies used to achieve this goal are:

- Implemented the Memorandum of Understanding (MOU) between DCF and the MA Commission for the Deaf and Hard of Hearing (MCDHH) that creates a system for:
 - working collaboratively to serve children, youth, and families involved with both agencies;
 - providing reasonable accommodations as appropriate for families involved with DCF;
 - sharing information needed to implement reasonable accommodations; and
 - providing on-going training for DCF and MCDHH staff on each agency's practices and policies and the needs of families served by each agency.
- The Department updated our Protective Intake, Family Assessment and Action Planning, Permanency Planning, and Family Resource policies to reflect improvements to our work with children, parents, and caregivers with disabilities. The updated policies are posted on the Intranet [here](#) and on our public-facing Mass.gov/DCF page. The Department developed new guidelines for considerations when planning reunification of children with disabilities.
- The Department hired a new Director of Disability Services and a team of disability specialists to provide specialized case consultation for DCF staff.
- New DCF Disability Policy and required training for all staff.
- Completed review of all trainings available for DCF staff regarding children with disabilities; added new topics related to children with autism and autistic spectrum disorders.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Implementing newly repurchased interpretation and language access line services, effective July 2022.
- The Child Welfare Institute, DCF's training unit, provides numerous onboarding, ongoing, and professional development opportunities. Additionally, the Diversity Officer provides diversity, anti-discrimination, sexual harassment, and ADA training, both on a voluntary and remedial basis, to Area Offices and staff throughout the state and throughout the year. Partnerships with other agencies including Department of Mental Health, Commission for the Deaf and Hard of Hearing, Commission for the Blind, MA Office on Disability, and Office of the Child Advocate.

Youth Transitioning from Foster Care (See the Chafee Section for detailed information about services provided to this at-risk population.

DCF understands the challenges and risks facing transition-age youth/young adults and has developed an array of services to help prepare them with the skills and supports to successfully manage the struggles of adulthood. The challenges were exacerbated by the pandemic, resulting in an increased need for financial assistance and clinical support for youth and young adults leaving care. Using stakeholders' input, the agency has focused state and federal-funded programming on assisting youth and young adults to build strong foundations for success to help youth achieve legal and relational permanency, safety, and the many facets of well-being. Key goals for DCF youth include educational achievement and life skill attainment with permanent connections to family and/or other caring enduring relationships. DCF services for youth transitioning from care include foster care, congregate care, and aftercare.

The Adolescent Outreach Program's strength-based approach provides intensive, individualized life skill assessment and training to transition-age youth/young adults from across the state to assist them in developing necessary skills and support them in achieving their potential. Youth and young adults are encouraged to practice newly acquired skills and use problem-solving techniques within a safety net of adult supervision and support. Using these skills and techniques allows youth to make decisions, achieve goals, and sometimes make mistakes and experience failure. Supporting youth through these good and bad times is the key to building resilience and realizing successful transitions.

DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition-age youth to support their success. Pre-service and ongoing training for DCF staff, foster parents and providers reinforce these principles. Technical assistance is provided to area office staff and contracted providers to strengthen understanding and practice of the policy. DCF continues to serve children through its outreach and aftercare program. DCF is conducting a data review project to examine the permanency goals of an identified transition-age youth cohort in out-of-home placement. The goal of this review is to assess the impact of services and programming on the well-being and permanency of these youth.

With the onset of the COVID-19 pandemic, the Department increased its outreach to this vulnerable population to ensure that youth and young adults are aware of the services available to them, that they have access to emotional supports and connections, and that they are in safe living situations if possible. Youth who left care were contacted to offer them services, support, and financial assistance during this very challenging time. Youth and young adults in care were offered additional financial assistance.

The AILT Permanency Team has prioritized serving adolescents at risk of leaving the Department's care without permanent resources and/or lifelong connections. The recent addition of a Manager of Permanency Services and a team of Permanency Specialists has enabled the Department to increase the availability of Permanency Roundtables, with the goal of decreasing the number of youths with APPLA goals and increasing the permanency resources for this population. To date, 15 Area Offices have been trained to conduct Permanency Roundtables and have active PRT Teams.

In addition, an AILT Practice Subgroup is addressing the needs of non-688 youth (youth who are not identified as eligible for continued educational services due to special needs), as they approach young adulthood, with the goals of:

- Increasing graduation rates for children in DCF custody;
- Developing guidance for developing Family Assessment and Action Plans geared toward drop-out prevention and re-engagement; and
- Identifying young adults within 90 days of discharge and timely provision of enhanced support to keep them engaged with the Department, as appropriate.

In addition, Education Specialists work closely with the Department of Elementary and Secondary Education (DESE) to identify youth in the care of DCF who are at risk of not graduating from high school. This new initiative assists workers in intervening appropriately.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

The Department of Children and Families has standards in place for the content and frequency of visits for children in out-of-home placement. The Ongoing Casework and Documentation Policy (#86-011) requires that all children in out of home placement be seen on a monthly basis. This policy also requires documentation of the visit to occur in the Department's SACWIS system (FamilyNet) no later than 30 days following the visit. The Department's SACWIS system contains the necessary data elements to document and track visits. The Department has created real-time reports and tracking tools to assist social workers, supervisors and managers in ensuring children are seen timely.

Additionally, the Family Assessment and Action Planning Policy, Permanency Planning Policy, Supervision Policy, Foster Care Review Policy, and Children who are Missing or Absent Policy provide additional guidance, support and oversight for ensuring monthly visits occur purposefully, focused on safety, permanency and well-being. The Department emphasizes policy and practice standards for child and family contacts in New Social Worker training delivered upon hire, through ongoing trainings offered statewide and through supervision, coaching and clinical support from supervisors, clinical managers, directors, and implementation coaches.

In 2025-2029, the Department plans to spend MCV funds to support the Department's Agency Improvement Leadership Team initiative to increase monthly visitation in ongoing cases (both in-home cases and children in out of home placement).

The initiative seeks to improve the number of children seen each month and the quality of contacts, with an emphasis on planned, purposeful interactions with children and families. Regional and Area Office leadership utilized the PDSA (Plan-Do-Study-Act) quality improvement framework in developing area office-specific plans to improve the frequency and quality of monthly visits. The Child and Family Service Review Onsite Review Instrument serves as the department's anchoring tool for assessing the quality of contact.

The Department also plans to use the Monthly Caseworker Visitation Grant over the next five years to support the sustainability of this initiative, with a focus on increasing the number of quality monthly contacts through the following strategies:

Revision and Implementation of Policies and Practice Guidance

The Department has identified a core set of policies fundamental to the agency's mission that need revision. These policies include Protective Case Practice Policy, Missing or Absent Policy, and Protective Case Practice Policy. Policy Implementation and Coaching: The Department has identified Policy Implementation Specialists to ensure the rollout of policies. The Department has identified policy implementation coaching as an essential strategy to support social workers, supervisors and managers in advancing practice and ultimately increasing quality contact with children and families. In addition to providing training support for newly revised policies, Policy Implementation Specialists will provide ongoing training and coaching support to area offices based on office-specific practice needs.

Professional Development for Case Workers and Supervisors

The Department is looking to utilize caseworker visit grant funds to build capacity for quality worker-parent visits to achieve child welfare outcomes of safety, permanency, and well-being. Ongoing professional development aims at employee growth and competency in many areas, not simply skills they need to complete their assignments. The Department's focus will not only improve the number of visits made by caseworkers every month to children in foster care but also improve the quality of the visit, so all families (birth and foster parents) feel heard, supported, and valued.

The Department recognizes that there are three phases of quality contacts:

1. Before the visit (planning and preparation)
2. During the visit (engagement, assessment, exploration, and adjustment)
3. After the visit (documentation, debriefing, and follow-up)

Caseworkers and supervisors must have access to opportunities to increase their knowledge capacity and find new ways of thinking to help achieve better outcomes for the children and families we serve. They need to be able to see through the lens of the children and families we serve. Below are some strategies the Department intends to explore with the use of the MCV grant funds to improve quality contacts:

- Targeted Professional Development (TPD) for Managers and Supervisors in underperforming area offices
 - Strengthening supervisor and manager support of caseworkers through leadership training
 - Trainings and Consultations
 - Coaching, Modeling, and On-The-Job Training
- Group strategy sessions on specific case-specific themes
- National Speakers Presentations

- Attending Meetings Conferences, and Workshops
- Exploration of the use/ integration of Solution-Based Caseworker (SBC) Certification
 - SBC is an evidence-based, family-centered case practice model. It prioritizes working in partnership with families, focuses on pragmatic solutions to difficult situations, and notices and celebrates change. DCF expects that integrating SBC into CP&P case practice will improve the quality of all caseworker and family interactions, including assessments, planning, teaming, visits, and more. For more information: [Solution Based Casework - Child Welfare Practice Model](#)

All of the activities above would be child welfare-focused and in alignment with the programmatic purposes of the MCV grant.

Enhanced Training

The Department seeks to update existing trainings and develop a new training curriculum to support quality casework and decision-making. Training will be developed to include a lens on CQI approaches to casework through the use of data, trauma-informed work with you and staff, and permanency for older youth in the community.

In addition, the Department will explore making training on quality contacts mandatory for Caseworkers and offer credits toward their annual development requirements.

Technology Improvements

The Department has identified the need for a more robust infrastructure to support work with older youth. This grant will allow IT to partner with clinical staff to make improvements, which will affect practice and relationships with youth in foster care. In addition, the Department is committed to using grant funds to remain up to date on all technological advances that will better allow us to connect with and document visits with children in foster care.

CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULthood

The state agency responsible for administering the Chafee program in Massachusetts is the Department of Children and Families. The Adolescent and Young Adult Services (AYAS) Unit has been tasked with the oversight and management of Chafee funds and related services. The Department has designed specialized, age-appropriate programming and services to address the varied needs of the youth and young adults in the agency's care and/or custody. This programming is supported by the Department's Foster Child Bill of Rights (2020) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and attainment of life skills. The DCF's Permanency Planning Policy promotes the importance of achieving permanency, sibling connections, transition planning, and extended voluntary care for transition-age youth, aiming to facilitate their successful transition to emerging adulthood.

DCF offers critical equitable support at a pivotal time in the lives of young adults, assisting them to: Navigate multiple public systems and resources; achieve educational milestones that are essential for long-term success; access vocational training and internship programs; access health and critical mental health services; develop essential life skills; build social and emotional support networks through formal and peer mentorships; and expand their knowledge and understanding about civic engagement and leadership skills. This support contributes to youths' long-term stability, reduces the risk of housing insecurity, and fosters community integration.

These essential services are provided by dedicated staff within 29 area offices across the state, which are funded, in part, by the Chafee program, are available to young adults who remain in extended foster care until their 22nd birthday and to those who have aged out of foster care and have not attained 23 years of age.

Over the next five years (FFYs 2025-2029), DCF's goal is to continue enhancing the well-being of youth remaining in extended foster care and former youth by prioritizing youth-driven and youth-centered approaches. It creates a solid foundation of trust and synergistic relations between the youth and DCF while strengthening the broader community by fostering a generation of healthy and autonomous adults. DCF aims to continue improving programs and expanding youth support networks and systems in Massachusetts, ensuring that we meet the specific needs of young adults at various stages by providing developmentally suitable, culturally affirming, and strength-based services and support.

To achieve DCF's goals and objectives, it is imperative to:

1. Continue advancing DCF programs and policies by enhancing youth engagement, integrating youth-led services, and positioning young adults as essential stakeholders.
2. Remain committed to the ongoing refinement of policies and practices, the provision of trauma-informed and youth-centric training programs with the emphasis on promoting protective factors such as formal, natural, and peer mentorships to support the well-being of youth and encourage positive behaviors and outcomes.
3. Expand collaborations with other state agencies, educational entities, private sector partners, and community organizations to enhance and create an equitable system of enhanced and youth-affirming services that cater to the needs of all young adults regardless of their background or geographic location.
4. Continuing the modernization of our services and integration of advanced digital platforms with a youth-centric interface to streamline the accessibility of resources and foster a sense of independence and self-reliance among youths.

Youth Advisory Boards

Our agency will continue nurturing the culture of partnership and shared decision-making with youth. DCF views young adults as co-designers of services and policies and ensures that programs and services are responsive to youth's needs, affirming and youth centered. Youth Advisory Boards (YAB) were always a driving force for change in Massachusetts child welfare policies and supported by a network of dedicated adults who believe in the power of youth-led advocacy. YABs have been major contributors to the FFY 2025-2029 Chafee plan which sets

goals and objectives for the next five years. Some Recommendations from the Youth Joint Youth Advisory Committee/Youth Advisory Boards are listed below:

Recommendation #1

DCF in partnership with YABs, should initiate a peer support program for current and former youth in DCF care. This program should be supported by clinical professionals and incorporate a clinical reflective format. It is specifically recommended to engage older alumni as facilitators and train young adults who have exited foster care to become peer supporters.

Response:

The Department recognizes the value of a structured peer support program and is excited to collaborate with current and former youths, community providers, and governmental organizations to bring this vision to life. As an initial step, DCF in partnership with YABs and Massachusetts Network of Foster Care Alumni (MassNFCA), will start the discussion regarding creating an alumni peer support group. This initiative can be pivotal in nurturing a healing community environment. In addition, AYAS in partnership with Baker Center, will continue organizing the annual Youth Empowerment Summit, where foster care alumni and current youth in transition can network, share experiences, and participate in workshops designed to build leadership skills and advocacy knowledge. This event bolsters youth engagement, fosters peer connections, and cultivates leadership development opportunities.

Recommendation #2

DCF should consider making adjustments to DCF policy requirements for young adults who are planning to remain in DCF care after turning 18 or returning prior age of 22. It suggests creating low-barrier services to allow youth in need of stabilization to stay in foster care longer and receive the necessary support.

Response:

The Department is committed to ensuring that every youth in DCF care has access to the essential resources required to thrive. The feedback has been shared with the agency leadership for consideration of future improvements.

Recommendation #3

DCF should create a platform that will provide youths with online access to all vital documents and records with multi-factor authentication for high security, in addition to different resources across the state. Additionally, the platform should offer youth the opportunity to create an online Lifebook, including baby pictures and yearbooks, and increase awareness about available support.

Response:

The Department supports the creation of an online portal for DCF youth. Our IT Department and the AYAS team, in partnership with YABs, are planning to develop a dynamic, interactive online page tailored for current and former DCF youth. This project is designed to empower youth by providing them with the tools they need to manage their own records and have access to statewide resources. The initial meeting between a youth focus group and IT team is scheduled for August of 2024 during the Youth Wellness Conference.

Recommendation #4

DCF should consider extending the age of discharge from DCF care from 22 to 24 years old for those young adults who pursue postsecondary education and in need of additional support to successfully graduate and transition to independent life.

Response:

The Department acknowledges the importance of extended support for youth pursuing postsecondary education and is planning to explore avenues of additional financial support across different systems to address needs of young adults. Our goal is to ensure that young adults have access to the necessary assistance to successfully graduate and transition to independent living, thus setting a strong foundation for their future endeavors.

Recommendation #5

DCF should create online employment portal and organize an annual employment and resource fair. This initiative should provide employment assistance, particularly focusing on youth in areas with limited job opportunities and public transportation.

Response:

The Department recognizes the significant impact that employment opportunities have on youths transitioning from foster care. The program's new Employment Coordinator, in collaboration with the IT department and other community partners, will spearhead the development of an employment resources hub page on Mass.gov. Additionally, we will collaborate with local community businesses to organize an annual employment and resource fair. These efforts will aim to bridge gaps in job opportunities and transportation, providing essential support for career development.

Recommendation #6

DCF should continue organizing statewide board meetings to facilitate connections among youth from different regions. Additionally, enabling Youth Advisory Board (YAB) members to attend various conferences across the country to share Massachusetts' initiatives and bring awareness to youth contribution to progressive policies and community improvements.

Response:

The Department is dedicated to fostering connections among youth across various regions. We will facilitate networking through statewide board and MassNFCA meetings and explore opportunities for Youth Advisory Board (YAB) members to attend national conferences to build their support network and learn about best practices and programs to empower youth. In Summer 2024, youth will attend the annual conference of the New England Youth Advisory Council. This broader engagement is expected to amplify their voices and enable them to contribute to national conversations on child welfare, thereby expanding the influence and impact of the Massachusetts YABs.

Recommendation #7

DCF should provide young adults with online service satisfaction forms. These forms would allow young adults to evaluate the services provided by DCF staff and providers, offering a safe space to voice their concerns.

Response:

The Department is dedicated to enhanced service delivery and values the feedback of young adults. DCF will partner with the YABs to discuss various methods of establishing a feedback loop in order to continuously improve services and programs for young adults.

In May 2024, the Department hired a Special Project Coordinator to assist Regional Offices supporting the ongoing development of YABs, foster youth-led initiatives, organize structured seminars that refine youths' policy analysis and advocacy skills, facilitate meetings with DCF, State, and community leaders in order to provide networking opportunities and assist in creating peer community response network systems.

Description of Program Design and Delivery

The Chafee-funded programs are based on the principles of positive youth development and address each of the purposes of the Program:

1. To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services, such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills, substance abuse prevention, and preventive health activities;
2. To help youth who have experienced foster care at age 14 or older achieve meaningful, permanent connections with caring adults;
3. To help youth who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that equates to the experiences of their peers in intact families;
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to current and former foster care recipients between 18 and 23 years of age to complement their efforts to achieve self-sufficiency and to assure that program participants recognize and accept personal responsibility for preparing for and then making the transition from adolescence to adulthood;
5. To make vouchers available for education and training, including postsecondary training and education, to youths who have aged out of foster care;
6. To provide the services referred to in this subsection to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
7. To ensure youth who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities (as those terms are defined in section 475(11) of the Act).

Service Design

The following services are funded with the Chafee Foster Care Program for Successful Transitions to Adulthood funds and are available to eligible youth and young adults across the Commonwealth.

Adolescent Outreach Program

The Adolescent Outreach Program includes 29 Outreach Workers stationed in Area Offices. These workers are supervised by six Adolescent Outreach Supervisors, who are positioned in both area and regional offices across the Commonwealth. Per grant guidelines, program services are available for current foster youth and young adults between the ages of 14 and 23, to youth who left care in a kinship guardianship or adoption after age 16, and to former foster youth who were discharged from DCF between ages 18-23. The Adolescent Outreach Program is a supportive service. Generally, youth/young adults are referred to the Outreach Program by the assigned ongoing Social Worker.

Outreach program services are diligently designed to fulfill the objectives of the Chafee Program, encompassing support for life skills development, educational access, vocational training, and employment facilitation, alongside nurturing connections with family and other lifelong supports. These services are tailored to the unique needs of each individual, including LGBTQIA2S+ youth and young adults, with staff undergoing continual training and professional development to ensure respect and validation of each youth's cultural identity, sexual orientation, and gender identity.

Outreach Workers and contracted providers use the Young Adult Readiness Assessment Tool every six months while youths are in DCF care and engage youth in transitional planning process. This instrument is crucial for guiding educational interventions and for accurately documenting the progression of skills development. These skills are aligned with both immediate and long-term goals identified by the youth. According to “A Framework for Effectively Partnering with Young People” which was published by the Annie E. Casey Foundation in 2019, formal mentorship programs (connections with Social Workers, teachers, and medical personnel) outside familial connections are critically important, providing a robust source of social support and instilling a sense of self-reliance. Relationships with Outreach Workers are essential for young adults' well-being and in motivating youths to remain in extended foster care. These youth continue to benefit from consistent guidance and have access to empowering resources. It creates an opportunity for them to observe and learn how to form healthy and meaningful social connections. In addition, it serves as a protective factor as these individuals transition into emerging adulthood.

In FFY 2025-2029, DCF will explore avenues to further enhance transitional planning ensuring that a relevant youth-driven, strength based, and comprehensive transition plan for each youth aging out or exiting the foster care system is created. In addition, DCF will review the possibility of developing a protocol for voluntary after-care services (6 months) that could be offered to all young adults, who decide to leave DCF care from ages 18 to 23, during their transitional plan

review. It could provide an opportunity for youths to maintain existing social connections and support systems while developing new relationships and adapting to a new social environment.

Housing

DCF is committed to forging new, cross-sector partnerships with State organizations, local housing authorities, community housing resource providers, and local landlords to enhance stable housing options for young adults transitioning out of foster care, including the provision of emergency housing solutions for those experiencing placement disruptions. Stable housing for current and former foster care young adults not only mitigates the risk of homelessness but also lays the groundwork for successful transitions and has a positive impact on community health.

In FFY 2021, AYAS created the Housing Coordinator's position to facilitate the expansion of the Foster Youth Independence (FYI), Family Unification Program (FUP), and Youth Transitioning to Success Program (YTTSP) housing programs. The Housing Coordinator had played a pivotal role in establishing partnerships across the state and connecting service providers with Housing Authorities and Continuums of Care (CoCs). This strategic networking led to expanding housing programs and enhancing youth access to stable and supportive living environments. To date, the Housing Coordinator has successfully executed Memorandums of Understanding (MOUs) with 8 Public Housing Authorities (PHAs) and service providers.

According to the report by Chapin Hall, "New Opportunities Prevention Strategies / A National Strategy to Prevent Homelessness," early intervention and targeted support are crucial in preventing youth homelessness. Furthermore, the report emphasized the urgency for comprehensive and flexible housing strategies tailored to address the diverse needs of young adults.

In the beginning of FFY 2024, DCF staff and communities in some regions witnessed a spike in the number of inquiries and requests for housing-related support from both current and former foster youth who were facing housing instability. Recognizing the urgent need for immediate assistance, the Outreach Workers, guided by the Housing Coordinator, launched the Housing Consults initiative for young adults in November. To equip Outreach Workers with the necessary tools and knowledge, the Housing Coordinator compiled a comprehensive Housing Resource book and conducted a series of targeted workshops.

This proactive approach through Housing Consults has significantly enhanced DCF's response to the rising housing crises across the state. The Outreach Workers and Housing Coordinator have actively collaborated with DCF ongoing Social Workers, foster parents, community housing providers and other organizations such as Job Corps, EOHHS, DMH to develop effective emergency housing plans, prevent young individuals from entering the shelter system, and providing essential emotional support.

DATA from November 2023 to April 2024

- Housing Coordinator and Outreach Workers provided 109 Housing Consultations
- 18 young adults had closed cases with DCF and 89 had open cases.

- The majority of youths were between 19 to 21 years old.
- Out of 89 open youth cases, 33 did not have Youth Support Payment
- 56 youth were referred to TAY Housing services.
- 26 youth reported being homeless and needed immediate intervention.

In FFY 2024, due to the rising number of youths in need of housing consults in communities with limited Transitional Age Youth (TAY) housing services resources, AYAS proposed to initiate a pilot program by appointing a Special Project Coordinator in one of the regions with a limited housing resource system. The new staff member of AYAS Unit under the supervision of the Housing Coordinator will continue to assist youth with stable housing transition, lead professional housing consultants, partner with local community providers to expand housing resources for youths residing in rural areas, foster relationships with local housing authorities, and educate landlord associations and community boards about foster care young adults' needs and secure dedicated housing units.

The Housing team will ensure that housing for young adults is included in a broader urban and rural development plan, promoting inclusivity and integration. They will host community forums and stakeholder workshops to align resources, goals, and strategies for supporting foster youth in the region. This expansion was proposed based on a comprehensive evaluation of Housing consults' data and the needs of youth and communities. DCF is planning to expand and enhance the program in the future.

In FFY 2024, the AYAS started offering Emergency Housing Assistance funds that can be issued within 72 hours, totaling \$2,500 to current foster care youth residing in independent living arrangements who were facing housing instability or had reentered DCF care. These youths had only partial Youth Support Payments in place to afford independent living (additional requirements are in place). This financial assistance is a critical component in preventing homelessness. In FFY 2025-2029, AYAS will continue the provision of emergency housing funds to young adults experiencing housing instability across the state.

Housing Programs for Youths Exiting Foster Care and Former Foster Youths

Family Unification Program (FUP)

Since 2009, DCF and the Executive Office of Housing and Livable Communities (EOHLC) have jointly applied to HUD for Family Unification Program (FUP) vouchers which is part of The Housing Choice Voucher (HCV) program – a portion of which has been assigned for "transition age" youth. These vouchers are limited to a 36-month period, unlike the standard FUP vouchers for families that are a lifetime voucher.

The DCF Housing Coordinator is responsible for referring youths to EOHLC, certifying their eligibility based on their history in the foster care system, and overseeing the waiting list. Once the youths receive their vouchers, they will be assigned to Outreach Workers who will assist them with housing searches, financial management, employment, educational pursuits, and addressing any other needs that may emerge. Since 2009, Massachusetts has maintained 27 vouchers for the transition age youth.

The Foster Youth to Independence Program (FYI)

In FFY 2021, HUD expanded and enhanced Family Unification Program (FUP) and launched a new housing initiative -FYI program. This program is a collaborative effort between the Department of Children and Families (DCF), community-based providers, and local Public Housing Agencies (PHA) aimed at providing housing support to young adults who have experienced foster care and are at risk of homelessness. FYI partners with DCF, community-based providers, and PHAs to apply for housing vouchers from HUD on a per participant basis. Referrals can be submitted through DCF as part of a young adult's transition plan or by a community-based provider or youth directly to DCF for eligibility verification. DCF certifies eligibility, assists with qualifying services, and makes direct referrals to PHA.

PHAs will then submit the voucher requests to HUD and assign youth to an identified service provider. Participation in supportive services is optional for young adults. Participants receive a 36-month voucher. Eligible youth can enroll for an additional 24-month voucher in the Family Self Sufficiency Program administered by local housing authorities (If PHA participated in FSS Programming).

Eligible youth must meet the following criteria:

- a. Are 18 through 24 years of age (have not reached their 25th birthday), and
- b. Have left foster care, or will leave foster care within 90 days, and
- c. Are homeless or are at risk of becoming homeless when they are 16 or older.

The FYI program offers comprehensive support services for the duration of the voucher aimed at equipping young adults with essential life skills and resources provided by the community service provider secured by DCF. Service to youth includes housing search, basic life skills counseling covering money management, housekeeping, access to healthcare services including doctors, mental health support, educational and career advancement counseling. The youth must pay 30 percent of their monthly adjusted gross income towards rent and utilities.

HUD established a cap of 50 vouchers per fiscal year for those PHAs that have an FYI voucher utilization rate of 90 percent or greater. DCF collaborates with eight local Housing Authorities and 11 community service providers. Currently, a total of 182 young adults have been either accessed and met eligibility criteria or are currently on a waitlist for FYI vouchers.

In 2025-2029, DCF's goal is to broaden the FYI program statewide and to combat and prevent housing instability among youth with foster care history. Many PHAs (254 in MA) raised their concerns about the scarcity of community providers that offer free supportive services to young adults with vouchers and the lack of dedicated funding for these services. DCF is committed to continue outreaching PHAs and local communities housing service providers, educate them about HUD programs for former foster care youth, and establish regional partnerships between PHAs and Service providers to increase number of vouchers and create wraparound services. In addition, the Housing Coordinator will offer ongoing Housing training to community providers and children advocates.

Youth Transitioning to Success Program (YTTSP)

In 2011, the EOHLC (formerly DHCD) and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP) following feedback from focus groups of young adults who participated in the Family Unification Program (FUP). EOHLC expanded the program and switched from FUP to College Track YTTSP.

The program provides subsidized support to youth who are:

- Referred by DCF.
- Enrolled in a full-time or part-time moving to full-time post-secondary degree or Associate Degree program at the time of referral. This includes individuals who have completed nine college level credits, but who may not have completed a full year of college.
- Income eligible for the HCV Program.
- Meet other EOHLC eligibility screening requirements.

DCF Adolescent Outreach workers assist young adults with money management, education, employment, and housing. Currently 37 young adults are housed. From FFY 2020 to FFY 2024, 23 young adults aged out from the program. Out of them 15 received their bachelor's degree, 5 received associate degrees, and 3 received vocational certificates.

Lived Experience Housing Interns

DCF supports ongoing initiatives that allow young people to take part in program design and serve as peer educators, emphasizing its commitment to youth empowerment. In January 2024, three young adults (current DCF youths) were offered an opportunity to participate in a semester-long internship under the supervision of the Housing Coordinator and SW Intern from the DCF Boston Regional Office. One of the interns is a current member of the Youth Advisory Board of the DCF Southern Regional office. They successfully reached out to community housing service providers, conducted assessments of available housing resources, and developed important tools to assist youth facing housing instability. These tools include a Housing Stability roadmap and a brochure containing information about statewide housing crisis prevention resources for homeless youth. Housing interns are planning to conduct a series of presentations for Youth Advisory Boards and DCF staff during the summer of FFY 2024.

Housing interns continue to demonstrate dedication, initiative, and collaboration in their roles. All young adults reported a sense of empowerment by giving them opportunities to advocate for youth experiencing housing instability and sharing their firsthand experiences and insights with DCF staff and youth. The Housing Coordinator recommended one of the Housing interns to the Balance of State CoC Youth Committee. The young adults will serve as youth voice representatives for the Youth Demonstration Project in a professional capacity.

DCF is planning to continue offering housing internship opportunities to young adults with lived experience. Their input will contribute to the development of preventive measures and tools for navigating the housing system for current and former foster youths and inform policy and programs.

Preparing Adolescents for Young Adulthood – Independent Living Skills Curriculum

For the past 25 years, the Adolescent and Young Adult Services (AYAS) Unit has facilitated the Preparing Adolescents for Young Adulthood (PAYA) training, aimed at enhancing the independent living skills of young adults. Initially, the training was delivered through a paper-based format, offering strategies to educate adolescents on a broad spectrum of life skills essential for thriving independently in community settings. The Education and Training Voucher (ETV) Supervisor and two staff members offered monthly PAYA training for DCF staff, providers, and foster care families. Despite multiple updates to the curriculum, it eventually became outdated and failed to engage participants effectively.

In the prior five-year cycle (2020-2024), DCF committed to work on “PAYA’s upgrade in the coming years to reflect the need to incorporate modern technological and other tools and resources.” In March 2023, DCF initiated a partnership with LYFT Learning, driven by our strong interest in their specialized online training program tailored to improve the self-sufficiency of young adults. We viewed this program as a vital tool for granting youth across the state access to essential education about independent living skills, thereby promoting equity and equality.

The program includes approximately 60 hours (10-15 min modules) of content. All modules are primarily delivered through engaging animated videos that cater to various learning styles. Topics covered include communication skills, job acquisition and retention, personal finance, healthy relationships, independent living, and resilience. Each module is designed to be completed on mobile devices, ensuring accessibility for users and allows learners to progress at their own pace, even offline. This flexibility is critical for youth in transition who may have varying schedules and access to technology. Additionally, the program includes pre and post-tests, workbooks, action plans, and additional resources that help reinforce the learning and provide practical applications of the skills taught, enhancing learners’ ability to navigate adulthood successfully.

Following careful consideration, we have chosen to adopt the Life Skills Reimagined curriculum. DCF will formally launch it in July 2024. We are committed to providing comprehensive introductory educational sessions and technical support to all DCF staff, service providers, and foster parents to ensure a seamless transition to the new system. Additionally, the program will be promoted through various channels, including youth events, e-newspapers, and email blasts, to maximize outreach and engagement.

The training is designed for individuals aged 14 and older, specifically targeting adults who work with this age group. Moreover, the AYAS unit is collaborating with LYFT Learning and the DCF LGBTQIA+ Unit to create a specialized module tailored for the LGBTQIA2S+ community. This initiative underscores our commitment to inclusivity and the provision of relevant and sensitive training that addresses the unique needs of all participants. Since the inception of the PAYA Program, AYAS has implemented a system of incentives, rewarding adolescents with a \$100 payment upon successful completion of each skill module. We plan to implement a similar protocol with the new LYFT curriculum.

Life Skills Support Funds

The Department is dedicated to enriching youths' overall development and enhancing their independence skills through the Life Skills Support payments that are paid directly to young adults up to 23 years old. These funds are allocated to a variety of essential activities that promote positive youth development, such as participation in team sports, vocational training programs not eligible for FAFSA, senior class expenses, SAT preparation, school trips, driver's education, transportation, and essential educational technology. They also cover critical needs like one-time emergency housing payments, furniture, utilities, and moving expenses.

These resources are crucial for allowing youth to reach their objectives, take part in fulfilling activities, and experience life in a way similar to their peers. To ensure the fair and equitable distribution of funds, AYAS has developed a comprehensive list of permissible expenditures, tailored to meet the broad and varied needs of all youth served by the program.

Employment

DCF is committed to assisting youth in foster care in finding affirming career paths and securing employment, recognizing that stable, supportive work environments are essential for their successful transition into adulthood, financial stability, and long-term well-being overall.

In Spring 2024, AYAS hired an Employment and Fiscal Literacy Coordinator (EFLC). The Employment Coordinator is tasked with important goals, such as:

1. Implementing comprehensive job readiness programs Statewide that will equip young adults with the necessary skills to secure and retain employment.
2. Developing and maintaining a robust Statewide network of employer partnerships, ensuring that young adults from foster care have access to a wide array of employment opportunities.
3. Initiating a special project to create a Statewide online platform for internships and employment opportunities tailored specifically for current and former foster youth. This resource will include virtual job fairs, a mentoring network, and workshops focused on resume building, interview preparation, and professional networking to enhance the employment prospects for young adults.

The Employment Coordinator, with the assistance of the Outreach Workers, will identify appropriate partners and interested local non-profits, educational institutions, and training centers that align with the program's goals. The coordinator will establish formal partnerships with stakeholders. In FFY 2025-2029, DCF is planning to identify community partners and initiate a Career Mentorship project connecting foster care alumni who are established professionals, with current and former youth, to offer guidance and inspiration.

The New Employment Coordinator will continue expanding its partnership with the Urban Youth Collaborative/DDS which offers summer employment to youth aged 18-24. Youth have opportunities to experience a range of human service roles in residential, vocational and administrative settings, providing young adults with career path exploration and potential long-term employment. In addition, the Employment Coordinator will explore partnerships with labor

Unions throughout the state for apprenticeship opportunities. EFLC will continue collaboration with MASSHIRE to be able to connect youth with free vocational training offered periodically throughout the state. The Employment Coordinator will conduct informational workshops for DCF staff and youth about MASSHIRE career fairs/ job openings and create and update employment/internship resource lists by region for DCF workers and providers.

The Department will continue to offer stipends to youth for their participation in community and DCF internship programs. The internship program has been a successful way to introduce youth to vocational and professional work settings and motivates them to continue with their educational goals. The internship cannot exceed 80 hours a month (initially only 10 hours a week for a month).

The Department is planning to increase internship compensation from \$16 to \$20 per hour. By providing equitable pay, DCF acknowledges the hard work and input of the foster youth. Such a strategy sets a standard of equality. Adequately compensating foster youth for their work and contributions are key elements in empowering them. Financial independence is a significant aspect of empowerment, enabling these young adults to support themselves and make autonomous decisions about their lives.

Financial Literacy and Credit

DCF will continue to emphasize fiscal education as essential for young adults in extended foster care. Enhanced fiscal literacy enables youth to manage personal finances prudently, make informed financial decisions, and establish a robust foundation for long-term economic stability as they transition to independent living. DCF is committed to monitoring consumer credit reports for each youth aged 14+ in foster care quarterly and addressing any inaccuracies found.

The AYAS Fiscal Literacy Specialist is responsible for reviewing consumer credit reports from three major credit reporting agencies for two age groups: 14-16+ and 18+. The request for a report should be completed within 60 days of the youth's 14th birthday or their entry into foster care. Upon receiving the credit report, whether it shows an absence of a credit file or identifies potential issues, the coordinator with the assistance of the Outreach Worker (if assigned) and ongoing Social Worker will provide financial educational consultation and will guide the youth through the process of disputing inaccuracies with credit bureaus. Staff continue individual follow up with youth to ensure their records are correct and credit scores improved before they leave foster care. All actions taken and corrections made on the credit report will be thoroughly documented in each case file.

AYAS will explore the possibility of adding another Fiscal Literacy Specialist position to provide individual financial consultations and complete reports and reviews in a timely manner.

- In FFY 2023, the Fiscal Literacy Specialist reviewed 7,493 credit reports.
- In June 2023 to March 2024, the Fiscal Literacy Specialist reviewed 2,902 credit reports.
- For young adults under age 18 from July 2023 to March 2024, 91 youths had been identified with fraudulent activities. The Fiscal Literacy Specialist was able to advocate for correction and/or removal of fraudulent activity from 71 young adults' credit reports.

- For young adults ages 18 + from July 2023 to March 2024, 1,882 youth had been identified with information that needed to be investigated (late payments, loans, and fraudulent activities). The Fiscal Literacy Specialist was able to advocate and improve credit reports for 1,100.

Over the next five years, the Employment and Fiscal Literacy Coordinator will work alongside the Fiscal Literacy Specialists to organize statewide workshops and seminars on financial literacy in partnership with local banks and community providers. These educational sessions will address essential topics such as managing a personal budget, filing taxes, building savings, understanding loans and interest rates, and the importance of maintaining good credit.

DCF Placements and Discharge Support Program

In accordance with Chafee Grant regulations, “States may dedicate as much as 30% of their funding toward room or board for youth ages 18 to 23.” DCF offers a Voluntary Placement Agreement (VPA) for youth 18+ who choose to remain in DCF care until age 22. This agreement may be extended to age 23 at the discretion of the Area Director if deemed beneficial in giving the young adult additional time to prepare for independent living. DCF and the young adult agree to work cooperatively to choose a living arrangement that may be in an out-of-home placement such as a foster home, group care program, residential school, or in community-based, and appropriate and stable housing.

Another key service provided by the Adolescent and Young Adult Services is the Discharge Support Program. This program allocates funds to cover start-up costs such as the first month’s rent, security deposits, essential furniture, and household items for young adults who are planning to exit DCF care and require financial assistance. These expenses are classified by DCF as room and board payments for youth who are aging out or planning to exit DCF care. The allocated amount of \$2,500 may be disbursed directly to the young adult or the landlord, facilitating a smoother transition out of care.

As per feedback from Youth Advisory Boards, DCF staff, children’s advocates, and TAY services providers, the current financial assistance of \$2,500 does not adequately cover the rising costs associated with housing. Often, the expenses required for moving and initial housing set-up considerably surpass this amount, leaving some young adults unable to secure stable housing and putting them at risk of homelessness upon exiting foster care. To address this critical barrier to youth’s successful transition into independence, AYAS will propose to increase the discharge funds up to \$3,000 in FFY 2025. This adjustment reflects the current housing market conditions and is aligned with the agency’s commitment to providing the necessary support to young adults to secure stable housing, which is a cornerstone of a successful transition to independence, influencing various aspects of their lives including employment, education, and mental health.

Modernization and Update of Informational Materials

The department is committed to enhancing service delivery through technological advancements. In FFY 2024, AYAS and IT Department launched a multi-faced initiative that aims to develop a

comprehensive digital one-stop hub and corresponding mobile app for current and former youths.

This project will unfold in three stages:

Stage I:

This initial stage is scheduled for completion by July 1, 2024. The ETV team will launch a universal postsecondary online application platform that consolidates four major financial aid applications such as ETV, Foster Child Tuition and Fee Waiver Program, MA Foster Child Grant Program, and William Warren Scholarship Program, along with providing detailed guidance on completing the Free Application for Federal Student Aid (FAFSA) and accessing other statewide educational resources.

Stage II:

In FFY 2026, DCF plans to launch a centralized online resource platform that will provide information, resources, and support in various domains of independent living such as employment, wellness, peer network, community support/volunteering, legal, LGBTQIA2S+, family planning, financial literacy, and housing. This resource hub will be tailored to provide services regionally and statewide, enhancing equitable accessibility for youth. In addition to the core services, the platform will incorporate interactive tools, engaging visuals, success stories, and opportunities for youth to share their experiences and connect with peers. To ensure the information is relevant and useful, AYAS and IT will conduct an ongoing statewide focus group of YAB members and MassNFCA representatives to gather their feedback and input.

Stage III:

By the end of FFY 2027, DCF plans for all young adults with DCF history to be offered access to personalized online profiles with access to personal vital docs, medical information, request financial assistance, any payments requests, and consultation services.

Our goal is to empower current and foster youth by providing them with a secure and private way to manage their personal information, streamline access to essential services and programs, and build their sense of ownership and empowerment.

In March of FFY 2024, AYAS initiated a partnership with the Massachusetts Court Improvement Program (CIP), to update The Answer Book: Making the Most out of Foster Care. Originally developed in 2011 by the CIP in collaboration with youth and various partners, the Answer Book serves as a critical guide for informing youth about their rights and available services and resources as they transition out of foster care. The most recent revision of this indispensable resource took place in 2018.

Our primary goal is aligning The Answer Book with emerging legal standards, reflect changes in DCF policies, disseminate information about new resources and programs, and cater to the evolving needs of youth in state care. Stakeholders, including the Joint Youth Advisory Committee (JYAC) of DCF, the Massachusetts Network of Foster Care Alumni (MassNFCA), and other Youth Boards, have been invited to contribute to the project and are expected to play pivotal roles in its execution. This project will empower youth and promote autonomy by providing them with inclusive, up-to-date information to assist them in making informed

decisions as they navigate their path toward independent adulthood. Involving the JYAC and MassNFCA ensures that the revisions accurately reflect the real experiences and needs of youth, thereby boosting the guide's relevance and effectiveness. The Answer Book will be incorporated into the future DCF Youth resource digital platform.

Project Youth Voice & The Massachusetts Network of Foster Care Alumni

Over the past five years, the Department of Children & Families (DCF) has established a significant alliance with the Baker Center for Children and Families. This entity serves as the headquarters for the Massachusetts Network of Foster Care Alumni, as well as the New England Association of Child Welfare Commissioners and Directors (NEACWCD) a partnership of public child welfare leaders from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, initiated in 1984 with the objective to refine policy and practice to better serve youth and families.

In 2021, DCF, the Baker Center, and MassNFCA jointly initiated the 'Project Youth Voice,' which is a targeted initiative to foster engagement and create a network of current and former foster care youth and individuals with lived experiences through a variety of activities designed to nurture community ties, impart knowledge, and provide emotional support. MassNFCA staff and volunteers together with YABs and Outreach Workers identify relevant topics and coordinate activities/events. They alternate between physical meetups and virtual platforms, with a view to reaching participants across the state. These activities, strategically scheduled monthly or bi-monthly, are influenced and directed by the youths with lived experiences. While some events are targeted at fostering social bonds in a laid-back setting, allowing alumni to bond over shared experiences, others are structured with an educational or professional development focus, demonstrating the initiative's multifaceted approach to community building.

For instance, in FFY 2024, Project Youth Voice organized eight regional activities such as MassNFCA Thanksgiving, Boda Borg Escape Room and Thai dinner, Taxes Basics, Paying for College, Lean In, LetGo and Level Up Motivational webinar, Games and Gather - intergenerational event to recognize and celebrate foster care awareness month and more.

DCF will continue to collaborate with MassNFCA. AYAS representatives attend the monthly Board meetings and provide updates on initiatives and ongoing programs and seek feedback on policies and programs.

In FFY 2025-2029, DCF and MassNFCA will continue offering group mentorship sessions focusing on career paths within "Project Youth Voice," connecting foster care alumni, who are established professionals, with current and former youth, further enriching the support system by promoting resource sharing, career development, and personal growth.

The Department plans to continue Project Youth Voice and build and enhance partnerships between YABs and the Foster Care Alumni Association, fostering a sense of community engagement, and shared purpose, such as influencing current child welfare policies and practice improvements.

National Youth in Transition Database (NYTD)

The NYTD is a critical tool for understanding and enhancing the experiences of young individuals transitioning out of foster care. It tracks the services provided to these youth under the Chafee Program, helping identify beneficial services and gathers essential data on their outcomes post-care, guiding the evaluation of state programs. AYAS in partnership with the Baker Family Center, administers surveys to youth at ages of 17, 19, and 21 to capture their transitioning experiences covering areas such as financial stability, educational accomplishments, adult connections, homelessness experiences, risky behaviors, and health insurance access. The Baker Center surveys youth who have left care and Adolescent Outreach Workers survey youth who are in DCF care. The Department has been actively enhancing the data collection process for the NYTD by employing various strategies. This effort is critical for increasing survey participation rates and ensuring the accuracy of the data collected. Outreach workers play a pivotal role in this process. Known for their innovative approaches, AYAS staff not only conduct surveys but also offer consultation to youth who have aged out of care providing information on available services/resources and support related to housing and postsecondary and vocational education.

AYAS complies with NYTD survey data collection deadlines, meets requirements and secures federal funding for Chafee programs. In April 2024, DCF requested technical support training from NYTD Consumer Center to enhance staff knowledge about recent NYTD system modernization and reiterate the importance of NYTD data accuracy.

In FFY 2025-2029, DCF is committed to enhancing NYTD outcomes and data sharing protocol with young adults, DCF, State leadership, and community partners. We plan to offer ongoing interactive webinars and workshop sessions to stakeholders to educate them about the value of NYTD data and its practical use for identifying gaps in service and making informative decisions. To ensure a robust feedback loop we will incorporate multiple mechanisms and interactive elements like live polls, group discussions, Q&A online sessions, and annual reviews with YABs and MassNFCA. In addition, we plan to release the NYTD data reports in youth-centered data visualization format on the DCF website and AYAS Mass.gov page.

In FFY 2025, AYAS and the Baker Center will introduce a new initiative to establish a database containing the email addresses of all participants in the base group aged 17. All survey participants will be informed about a bi-annual lottery through their emails with incentives such as e-gift cards, educational technology, or gas cards to encourage engagement and increase the participation rate in NYTD surveys. Additionally, participants will be provided with the email address of a staff member responsible for ensuring the accuracy of their contact information. This would allow us to foster ongoing communication and offer young adults who exited foster care the opportunity to stay connected and informed about resources that can support their transition into independence.

Services for LGBTQIA2S+

Outreach Workers and AYAS team members are offered ongoing professional development opportunities to enhance their competency on LGBTQIA2S+ rights and understanding and

implementing inclusive policies and best practices. They are supported by LGBTQIA2S+ Regional Specialists who provide them with consultations in each of the Area offices. Outreach Workers are equipped to meet and address the needs of LGBTQIA2S+ youths, advise foster parents on affirming support techniques, and assist youth in their preparation of holistic transitional plan to emerging adulthood.

Outreach Workers offer financial assistance to LGBTQIA2S+ through Life Skills Support, which addresses the needs for gender-affirming garments, essential personal items, and specialized health and aesthetic services. The Department's partnerships with Fenway Health, Boston GLASS, and the Alliance of Gay, Lesbian, Bisexual, and Transgender Youth (AGLBTY) amplify the support network and resources available to the LGBTQIA2S+ youth community.

The Department continuously encourages youths to pursue extended foster care benefits by signing a VPA. It provides youth with the opportunity to utilize affirming services, and access to resources, foster their socioemotional development, cultivate mentorship connections, and acquire life skills essential for autonomy. AYAS is collaborating with LYFT Learning and the DCF LGBTQIA+ unit to create an independent skills module that is specifically tailored for LGBTQIA2S+ youth. This training marks DCF's dedication to inclusivity, offering a holistic and sensitive approach that addresses the unique circumstances of our youth cohort.

Additionally, AYAS is joining forces with the DCF IT department to modernize an AYAS digital information platform on Mass.gov. The platform will contain comprehensive information on LGBTQIA2S+ support services, community networking, legal advocacy, health education, and other essential resources for fostering successful independent living among emerging adults. AYAS is planning to create a focus group to ensure that offered resources are informed by feedback from the LGBTQIA2S+ youth community, ensuring that the services remain relevant and beneficial.

In FFY 2025-2029, AYAS, in partnership with the Department's LGBTQIA+ and community partners is planning to start working on developing a peer mentorship framework designed to support LGBTQIA2S+ youths.

Chafee Services Across the State

The Chafee Foster Care Program for Successful Transitions to Adulthood offers financial assistance to eligible youth and young adults throughout the Commonwealth. In Area Offices where an Adolescent Outreach worker is not available, the Regional Outreach Supervisor ensures access to services supported by Chafee funding. These services, uniformly available across the state's five regions, are tailored to address special needs of each youth or young adult. Services provided by the Chafee Program are consistent for both current youth and young adults in foster care 14 + and 18- to 23-year-old. Former foster youth who leave care of DCF after turning 18 are eligible for Chafee-funded services such as internships, educational assistance, housing consults, and Outreach Program assistance. The Department prioritizes improving access to services for youths in rural areas, where transportation is a major barrier to independence. Outreach Workers assist these youths by enrolling in driving courses,

securing a driver's license, and by providing financial support for car insurance or other transportation related expenses.

Serving Youth of Various Ages and Stages of Achieving Independence

Adolescents as young as 14, are able to access Chafee funded life skills support, PAYA incentives, and internship programs. In addition to that, the Outreach Program mainly works with youth/young adults in Departmental foster care, kinship care, and youth eligible for guardianship/adoption. Contracts require that youth/young adults in Comprehensive Foster Care or Congregate Care be provided similar life skill preparatory services in their placements. To avoid duplication of services, the Outreach workers generally do not provide services to youth while they are in these placements unless a social worker specifically requests additional support. Also, according to Chafee Program guidelines, youth/young adults who initially decline services may return for intensive or short-term focused services at any time prior to age 22.

Generally, youth/young adults are referred to the Outreach Program by the assigned ongoing Social Worker. Outreach workers also identify prospective clients by reviewing a report of youth in placement provided by the DCF Office of Management, Planning, and Analysis. The average age of youth receiving Outreach weekly service is 18 years old. The weekly intensive model focuses primarily on the needs of youth/young adults ages 16 and older. Outreach Workers offer contacts to youth ages 14 and 15. However, the Outreach staff does serve 15-year-olds when the program may meet their needs. Eligibility for Chafee-funded services remain the same for youth/young adults whether they are open with DCF for placement, are former foster youth who left DCF after attaining age 18, or left DCF placement after age 16 for guardianship or adoption. The referrals to the Outreach Program for the youth in guardianship or adoptions are less frequent.

Child and Family Services Plan (CFSR) Round 4 and Program Improvement Plan (PIP) Coordination with Chafee Plan

DCF is committed to aligning the strategic objectives of Chafee programs with the strategies outlined in the CFSR Round 4 Program Improvement Plan (PIP), which is currently under review by the Administration for Children and Families (ACF). Our commitment includes increasing youth engagement in extended foster care services and incorporating their feedback in program improvements.

On February 1st and 2nd, 2024, approximately 100 key internal and external stakeholders (including agency leaders, members of the judiciary, parent and child attorneys, the CIP Taskforce, the Office of the Child Advocate, foster parents, group care providers, Tribal representatives, and individuals with lived experience) were invited and participated in a CFSR Final Report presentation. The Department facilitated Breakout sessions and provided an opportunity to elicit feedback on PIP's proposed goals.

Joint Collaboration in Development of the Chafee Plan

Feedback from the 30-Day Public Comment Period (May 3, 2024 – June 2, 2024)

On 5/3/2024, the Department of Children and Families (DCF) released the proposed five-year Chafee and ETV Plan on the Commonwealth of Massachusetts DCF website for public review. The link to the proposed plans was shared with various stakeholders, including the Court of Improvement (CIP) Taskforce, the ICWA Manager at the Mashpee Wampanoag Tribes, and other child welfare partners and stakeholders.

The FFY 2025-2029 Chafee and ETV Plans incorporated valuable feedback and recommendations from stakeholders and partners, such as Youth Advisory Boards (up to 38 members participated in reviewing the proposed plans), Ascentria, MassNFCA, Youth Joint Committee, Baker Center, Maryl's Safe Haven, CPCS, and Hope well. This plan reflects DCF's commitment to fostering a supportive and empowering environment for youth aging out of foster care. The insights and feedback we gathered during this public commentary period are invaluable in helping the agency refine and enhance its approach, ensuring that our services are responsive to the evolving needs of the youth we serve. This section consists of a summary of the main recommendations and feedback.

Key Area: Youth Engagement as Partners

Feedback: The Chafee plan mentions youth as co-designers of services but lacks consistent emphasis on youth involvement.

Response: The Chafee plan includes youth involvement in YABs, Housing Internships, focus groups for The Answer Book, and MassNFCA events and activities. We considered CPCS feedback and restructured the plan to prioritize youth voices at the onset ensuring that youth involvement was highlighted throughout the plans.

Key Area: Housing

Feedback: the housing section of Chafee plan should be moved to the forefront and provide detailed plans for specific interventions, transparency in resource allocation, and addressing barriers to accessing housing services. In addition to that, it was recommended to Increase funding for Discharge Funds from \$ 2,500 to \$4,000.

Response: DCF acknowledges the significance of providing stable housing for youth in foster care and financial assistance to young adults who decide to exit DCF care. The Chafee plan outlines Foster Youth to Independence (FYI), Family Unification Program (FUP), and Youth Transition to Success Program (YTTS) housing programs for young adults transitioning into adulthood. DCF moved the housing section to the forefront to demonstrate its importance and prioritization in the plan. DCF is committed to working with community partners to address barriers to accessing affordable housing in marginalized communities. The Chafee program regulations limit room and board funding to 30%. Due to this restriction, DCF cannot raise the discharge amount from \$2,500 to \$4,000 for room and board with Chafee grant funding. DCF plans to raise the discharge amount to \$3,000 if Chafee funding is allowed. However, this

feedback has been shared with the agency leadership for future discussions on Housing support for this vulnerable population.

Key Area: Youth Re-entering Care

Feedback: transition planning was mentioned in Chafee plan, but not detailed for youth re-entering care.

Response: The plan mentions transition planning discussions 90 days before the youth turns 18 or exits foster care. DCF is committed to assisting young adults with youth-centered transitional planning in DCF care before they turn 18 and are not yet 23. We adjusted the language in the plan to provide more detail on this process. In addition, we have shared this feedback with the leadership for future improvements and further discussion about the transitional planning process.

Key Area: Data Collection and Reporting

Feedback: data collection efforts were described, but the scope and detail need enhancement.

Response: The plan includes data collection efforts from Housing Consults, November 2023 to April 2024. DCF, with IT assistance, is upgrading the iFamilyNet system and creating a special page for Outreach Workers to document housing consults. It will assist AYAS in enhancing detailed data collection to include a full fiscal year and breakdown by race/ethnicity, providing more meaningful insights into service effectiveness.

Key Area: Program Design and Delivery

Feedback: Chafee plan needed to indicate clearly that Chafee funds are available for 14- and 15-year-old to increase their access to age-appropriate activities.

Response: AYAS, in partnership with WonderFund, offers adolescents and young adults ongoing opportunities to participate in age-appropriate recreational and social activities. Ongoing Social Workers refer to Outreach Services as predominantly young adults 16 and older. Ongoing Social Workers submit requests for recreational and social activities for 14- and 15-year-olds to the WonderFund. The organization has a designated representative in every DCF regional office. It offers funds for activities such as sports, dancing lessons, SAT prep classes, school trips, or going to STEM camps. Additional information has been added to the plan.

Key Area: Life Skills and Financial Literacy

Feedback: Chafee plan includes life skills training and financial literacy efforts but may not start early enough or cover all needs.

Response: The Chafee plan mentions a new FFY 2024 contract to access the Life Skills Reimagined Curriculum to provide life skills to DCF young adults *through* self-paced learning modules on personal finance, getting and keeping a job, independent living, communication skills, and resiliency. All of these modules can be accessed on their cell phones, tablets, and computer devices. DCF will provide life skills support starting at age 14. AYAS's new Employment and Fiscal Literacy Coordinator *will collaborate with* community service providers

to create tailored financial literacy training for youth receiving social security benefits and having *Attainable Savings Plans (also known as ABLE accounts)*. The feedback has been shared with agency leadership for consideration of future improvements.

Key Area: Education Training Vouchers (ETV) Program

Feedback: Even though ETV plan had a detailed outline, there were lack of concrete steps addressing outreach and training efforts of school districts and TAY providers.

Response: DCF is working to increase the number of introductory trainings related to the ETV program and services to ensure that school career counselors and TAY providers are informed. AYAS Unit in partnership with DCF Educational Director is planning to offer ongoing trainings to school districts. Additionally, we will continue working with the IT team on the modernization of ETV resources and invite young adults as consultants to assist with creating youth-friendly materials. The feedback has been shared with agency leadership for consideration of future improvements.

Coordination of Services with other Federal and State programs

1. AYAS took the proactive step of initiating an outreach of Court Improvement Program (CIP) and offering to revise and update the Answer Book: Making the most out of Foster Care resource guide for current and former foster youths. This collaborative project will involve Outreach Workers, Judges, current youth from YABs and MassNFCA members, the DCF Policy unit, and other community and State partners. The collective goal is to ensure that the revised guide captures the latest legal standards, incorporates new programs and resources, and addresses the evolving needs of transitioning youth.
2. Executive Office of Housing and Livable Communities - Since 2009, the collaboration between DCF and the MA Office of Housing and Livable Communities has resulted in joint applications to HUD for Family Unification Program (FUP) vouchers. Notably, a dedicated portion of these vouchers has been allocated to support "transition age" youth. Furthermore, the Office of Housing and Livable Communities and DCF have joined forces to establish the Youth Transitioning to Success Program (YTTSP). This innovative initiative, funded through Move to Work dollars, provides young adults with a stipend for rental assistance tailored to the fair market value of their area of residence
3. Office of the Child Advocate (Transition Age Youth Initiatives) - Statewide Housing Stabilization Support Program; The program is an expansion of a successful pilot initiative aimed at supporting young adults transitioning out of care at age 18, or those leaving the Department post-18. This initiative offers young adults the opportunity for continued support through a collaborative effort among various agencies serving young adults. It ensures access to crucial supportive services beyond their involvement with the Department, empowering them as they navigate the transition to independent living.
4. City of Boston Youth Aging Out of Care Working Group - Established in November 2022, this collaborative effort brings together fourteen diverse organizations and agencies serving

youth in foster care across Boston and neighboring regions. The working group has been instrumental in providing the Mayor of Boston with comprehensive recommendations aimed at enhancing housing options for transition age youth, boosting graduation rates, fortifying support networks, and implementing trauma-informed resources. The City of Boston (COB) has allocated \$4.7 million over five years to construct 157 new housing units for unaccompanied youth and young adults experiencing homelessness. Additionally, the Mayor's Office of Housing has issued a Request for Proposals (RFP) to provide supportive services to FYI voucher holders through the Boston Housing Authority (BHA) in collaboration with DCF. Currently, the group is actively preparing for a Hiring Day scheduled for June 2024. This event will offer foster youth invaluable opportunities to apply for positions within the City of Boston, fostering their path toward independence and professional growth.

5. The goal of Youth Homelessness Demonstration Program (YHDP) is to support selected communities, including rural, suburban, and urban areas across the United States, in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. Additionally, HUD is committed to sharing the experience of YHDP communities and mobilizing communities around the country toward the same end. DCF has partnered with the Lynn Housing Authority, City of Springfield, and Worcester Continuum of Care (COC) to aid in the development of Youth Homelessness Demonstration Program (YHDP) initiatives in their respective areas. Additionally, they are actively involved as a member of the Springfield Executive Committee and the Lynn Housing Authority YHDP Team. Furthermore, they serve as the point of contact for child welfare in Worcester and Cape Cod YHDP Programming efforts. DCF is continually advancing its collaboration efforts with all Continuums of Care (COCs) across the state.
6. EOHHS Unaccompanied Homeless Youth Commission - In a concerted effort, the Department has collaborated with the Massachusetts Office of the Child Advocate and the MA Unaccompanied Homeless Youth Commission to enhance the stability of youth and young adults transitioning out of DCF custody or care, whether at age 18 or beyond. Through the Housing Stabilization and Support Program, comprehensive assistance is provided to facilitate housing acquisition and sustain stability. This program extends its support to youth and young adults who were formerly in DCF custody or in the process of transitioning out of its care. Notably, it offers holistic case management, encompassing essential areas such as employment, education, and economic resources, tailored to the needs of closing or closed DCF youth. This collaborative partnership has fostered improved communication with service providers, enabling former foster youth to access vital services, including re-establishing a sustained connection with the Department.
7. Fostering Youth to Independence Vouchers - This initiative is dedicated to supporting closed youth or those nearing closure within 90 days by providing a 36-month housing choice voucher. Participating in local Regional Administrator Agencies (RAAs) offering Family Self-Sufficiency (FSS) Programming extends an additional 24 months of support upon enrollment. Notably, Boston, Somerville, and Mansfield offer FSS Programming. DCF plays a central role in this collaborative effort. Ongoing engagement with service providers and local RAAs has significantly enhanced operational efficiency and fostered cross-agency

collaboration. The Department actively recruits local RAAs and service providers to expand FYI voucher accessibility statewide. Presently, FYI services and vouchers are accessible in Boston, Sandwich, Springfield, Stockbridge, Somerville, and Mansfield, with a partnership underway with the Lynn Housing Authority. However, statewide expansion with the Executive Office of Housing and Livable Communities is contingent upon meeting HUD's requirement of 90% FUP utilization before voucher issuance

8. The Youth Homelessness Demonstration Project (YHDP) - Empowers selected communities nationwide, encompassing rural, suburban, and urban areas, to craft and implement a unified approach to combatting youth homelessness. The Department is deeply engaged in this initiative, actively contributing to various Youth Homelessness Demonstration Projects across the state. Presently, DCF collaborates and participates in key groups including the Massachusetts Balance of State Continuum of Care and Youth Homelessness Demonstration Program (YHDP) Committee, Community Team Works, YHDP Leadership Team, Lynn Core Team Member YHDP Workgroup, and Springfield Hampden County YHDP Executive Committee.
9. The Department actively engages in various regional youth committees, facilitating enhanced access to comprehensive services for homeless and formerly homeless foster youth across regions. This newfound connection and collaboration have significantly improved the staff's ability to directly engage in accessing crucial services for foster youth, spanning housing, employment, mental health treatment, and beyond. Notable committees include the City of Boston Rising to the Challenge Steering Committee, Worcester County Youth Subcommittee, and South Shore Network to End Homelessness, where the Department plays an integral role.
10. Department of Higher Education/Office of Student Financial Assistance- DCF staff have continued to work collaboratively with staff at the Department of Higher Education (DHE), the state universities, the community colleges, as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of students from foster care. DCF has continued its presence on campuses and works in partnership with higher education (in the areas of support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students. In addition to working directly with DHE, DCF has been a member of the Financial Aid Advisory Committee. The committee members are both private colleges, public universities, community colleges, and Federal TRiO Programs like MassEdCO that help students to overcome economic, social, academic, and cultural barriers to higher education.
11. Department of Mental Health Impact Centers- The Impact Center offers services for youth 16-21 who are experiencing, or at risk of, mental health and/or substance use concerns in a friendly relaxed space. It connects youth to resources for jobs, housing, education, and more.
12. WIA/Mass Hire- DCF Outreach Program staff members have continued their efforts to strengthen connections with Workforce Investment Act (WIA) funded agencies and career centers to access services and support for our foster youth. Targeted outreach to foster youth for summer/seasonal job hiring continues.

13. Office of Victim of Crimes Grant Project- The agency has partnered with LIFT (Living in Freedom Together), a provider of care to victims and survivors of human trafficking, to develop videos to train adult supporters, foster parents, and other caregivers with trauma-informed, supportive ways to provide care to young people who have been sexually exploited.
14. My Life, My Choice- Outreach staff participated in a two-part CSEC training from My Life My Choice, Commercial Sexual Exploitation of Children and CSEC Advanced Clinical Training. During the training series, staff were educated on the identification and best responses for children and youth who are at risk for or who have been exploited.
15. MassEdCO partnered with DCF to provide training on their resources to the Adolescent and Young Adult Services Unit. On 4/27/2023, MassEdCO provided a training to improve the collaboration between DCF staff and supporting youth with accessing free services through this TRIO grant funded program to support youth around choosing a career, career readiness, job training, applying for colleges, accessing financial aid, financial literacy, and support available to people of all ages, including adult clients. This has grown to include meetings with the Harbor Area Office, Park Street Area Office, and Jackson Square Area Office in Boston.
16. The MA Department of Youth Services (juvenile justice) and DCF have continued the collaboration to identify transitioning youth connected with both agencies that are eligible for Chafee and/or state- funded resources. In April 2019, DCF partnered with DYS and other youth serving agencies to present a transition age resource workshop at a conference provided by MASOC (Massachusetts Society of a World Free of Sexual Harm by Youth). Chafee funds are made available to eligible youth who have experienced care and placement in both systems. DCF plans to ensure child welfare representation at this annual conference in order to reach providers and court personnel.
17. The collaboration between the DCF and MassHealth has supported Massachusetts' utilization of the federal Chafee Provision allowing states to provide Medicaid coverage for youth who discharge from placement at or after age 18. This benefit is provided up until their 21st birthday without reapplication. DCF and MassHealth have been working to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from "in placement" Mass Health to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination.
18. DCF holds its Annual College and Career Fair in Central Massachusetts to allow high school aged students and graduates to meet with admissions staff from up to 40 of the State's public colleges, universities, public vocational schools, select private colleges, private vocational schools, and community support providers. The goal of the conference is to give young people exposure to career and education pathways to inspire future oriented goals.
19. DCF has partnered with the Massachusetts Education Financing Authority (MEFA) and cofacilitated informational sessions on financing college and vocational schools, which

includes DCF aid programs for high schools. These virtual training sessions are made available to high school staff, community service providers, and other interested parties.

20. DCF has partnered with some public schools to provide guidance counselors to discuss DCF educational support for post-secondary education, outreach services, and answer their questions. Most recently, meetings were requested by Springfield Public High School and Somerville Public High School.
21. DCF also works closely with the state Department of Transitional Assistance to assist transition-age youth access SNAP benefits and Transitional Aid to Families with Dependent Children (TAFDC) for parents whose children are not in the custody/care of DCF and may qualify.

Collaboration with Private and Public Agencies

1. Massachusetts Network of Foster Care Alumni Board of Directors- The Massachusetts Network of Foster Care Alumni, a 501c3 organization initiated and funded through Chafee. Its purpose is to connect Foster Care alumni with YABs, create social networks and educate current foster care youth on advocacy and leadership. They organize community events, educational workshops, and mentorship groups that promote resource sharing, career development, and personal growth.
2. Youth Villages- DCF contracts service with Youth Villages LifeSet program which services youth ages 17.5-22 to assist young adults in crises. LifeSet has partnered with Adolescent Outreach to share resources and engagement techniques. Training and roundtable discussions are utilized to identify gaps in services and meet the needs of young adults across Massachusetts.
3. DCF and Jordan's Furniture, host an annual Youth Achievement Celebration to honor and recognize the accomplishments of youth who have graduated from high school, college, vocational training programs, or received their GED. At this annual event, over 450 graduates and their guests gather to celebrate their educational achievements, enjoy activities, and network with peers and DCF leadership. The graduates are also presented with gifts to commemorate their hard work and success.
4. Rise Above- The Rise Above Foundation continues to work with Adolescent Outreach Workers to identify youth and young adults for their "Launch Box" program, where needed supplies for first apartments and dorm rooms are donated to young adults. Rise Above is also available to supplement Chafee funding for enrichment opportunities, educational technology, and support other goals of youth and young adults.
5. Walker Cares -AYAS is working in collaboration with Walker Cares, a nonprofit organization providing comprehensive programming in the fields of child welfare, children's behavioral health, and special education. Walker is a contracted provider with DCF and offers therapeutic services such as residential schools, outpatient, and home-based services. Walker's Consultation and Partnership program, Walker Solutions, has developed an

initiative, the Wellness Coach Project. Wellness Coaches are placed in middle schools and high schools to assist youth in addressing behavioral health challenges such as anxiety and depression, while also promoting healthy habits related to sleep, nutrition, exercise, and screen use. AYAS has partnered with Walker Solutions to identify young adults with lived experience in foster care to become Wellness Coaches. Walker Solutions understands the value and importance of having young adults with lived experience working with youth who have shared experiences. This new and exciting partnership will provide young adults who are interested in pursuing careers in the mental health field an opportunity to gain training and experience while being paid and supported by the program. The AYAS Employment Coordinator has referred one young adult for this year's cohort and has begun recruiting candidates for 2025 enrollment.

6. New England Youth Collaborative – a regional youth group comprised of youth and adult supporters from the six New England states dedicated to improving the services/resources and outcomes for foster youth.
7. The Massachusetts Appleseed Program has been working in collaboration with DCF's Adolescent and Young Adult Services unit since November 2023 to update their Homeless Youth Handbook (HYH). In addition to that Appleseed offered a series of workshops to DCF YAB about youth rights and housing.
8. In June 2023, DCF reached out to the Bioversity workforce development program and attended their groundbreaking ceremony on 7/25/2023. DCF is working to develop increased visibility and access for youth in foster care to obtain training in the biotech field and receive support to obtain well paid jobs. Bioversity is a grant-funded program that is working in collaboration with new biotech initiatives through Boston and the Massachusetts communities.
9. DCF has been working with the Possible Zone in Dorchester since 8/2/2023 and began working on a staff meeting with the DCF Jackson Square Area office to discuss services available to youth in the area for workforce development that includes entrepreneurial skill growth in areas of fashion, 3-D modeling, laser cut signs, and other business collaborations for youth in their area through this grant- funded service. In February 2024, they provided a presentation for their staff meeting and then began coordinating in-person site visits for DCF staff and welcome referrals.
10. Ascentria is a contracted provider with DCF and provides placement and service provision for youth in care through the Unaccompanied Refugee Minor program. Youth in the program are Chafee eligible and can receive Life Skills funding. AYAS partners with Ascentria to administer Life Skills for a variety of needs that will assist youth with developing independent living skills and pursuing education/vocational and employment goals. Some examples of funding requests for Ascentria youth include tuition for CDL training programs, nail and eyelash technician programs, and music and art programs. On June 27, 2024, AYAS will be participating in a panel hosted by the Office of Refugee Resettlement (ORR) titled, "Newcomer Youth Access to Training and Career Pathways". AYAS will be presenting on their partnership with Ascentria Care Alliance, a Global Refugee affiliate.

11. Adolescent Outreach staff collaborates with local Workforce Investment Boards and Job Corps in the Southern, Northern, and Greater Boston Regions of Massachusetts. The goal of the Department is to engage WIA and Job Corps services in all regions of the state.
12. AYAS continues its partnership with Roca, Inc., focusing on enhancing staff education about both organizations' services and the needs of the youth they serve. This collaboration will involve an overview of Roca's Cognitive Behavioral Therapy (CBT) curriculum, which is integral to their success in reducing recidivism and promoting employment among high-risk young people. DCF's goal is to continue working on developing joint initiatives to better support at-risk youth and foster positive community change.
13. Wonderfund was founded to exclusively serve children engaged with the Massachusetts Department of Children and Families. Wonderfund is available to fund activities for youth and young adults, such as art and music classes, gym memberships, camps, and fees associated with sports teams. The Adolescent Outreach Unit works in partnership with Wonderfund to ensure youth have access to experiences that will build their confidence and enrich their lives.

Chafee Training and Technical Support

AYAS Unit has maintained its commitment to enhancing the knowledge and practices of DCF staff, service providers, and foster parents, particularly in addressing the needs of youth transitioning to emerging adulthood.

The Massachusetts Child Welfare Training Institute (CWI) provides AYAS staff with an opportunity to conduct ongoing training for new DCF staff during the New Social Workers monthly orientation. The AYAS Unit has launched a series of Housing workshops in regional offices with a focus on HUD Housing initiatives FUP and FYI and housing resources available statewide and in different regions. In addition, Outreach Supervisors offer ongoing training on the Chafee program for DCF staff in Area offices.

ETV program staff offers the PAYA (Preparing Adolescents for Young Adulthood) training for DCF and service providers on an ongoing basis. AYAS provides participants with a detailed overview of all independent skills modules and engages them in discussion, ensuring that providers and DCF staff can identify and implement effective life skills training and engage both young individuals and their caregivers in practical work sessions. The Outreach Workers along with ETV program staff, offer semi-annual Statewide Education Open Houses, focusing on services and resources for young adults in post-secondary education. Detailed information concerning challenges specific to foster care youth and a comprehensive overview of DCF's financial aid programs are presented. These programs encompass Tuition and Fee Waivers, Foster Child Grants, Education and Training Vouchers, and the William Warren Scholarship.

AYAS collaborates with the Massachusetts Education Financing Authority to host annual virtual informational sessions on funding post-secondary education for high school personnel and community service providers. Also, we have partnered with public schools to provide guidance counselors insights into DCF educational support, particularly for post-secondary pursuits.

A quarterly ETV newsletter is published and distributed online by AYAS to youth, DCF staff, service providers, and partners which includes a lineup of training and resource information. In FFY 2025-2029, the AYAS unit plans to work with the CWI to create a series of online training sessions focusing on Chafee programs. This informative training will be available to young adults and TAY providers through the AYAS page on Mass.gov and to DCF staff through the MassAchieve platform.

Additionally, AYAS will work with Adoption Unit in the Permanency Division to better inform foster parents and DCF staff about the distinctions between Adoption, Guardianship, and foster care. This can empower families with the knowledge to make informed decisions. It will clarify the unique benefits of each option and emphasize the significance of permanency from the perspective of the youths involved. AYAS is planning to offer training about Chafee Programs to Lead Agencies. The AYAS Housing Coordinator together with Housing Interns, who are youths with lived experience, is preparing a training series focusing on housing resources for youth facing housing instability

EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

DCF is committed to support and improve the educational attainment of current and former foster care youths by creating a conducive environment that promotes academic persistence and empowers foster care youth to achieve their academic goals.

The Education and Training Voucher (ETV) program is a federal initiative designed to assist young adults aging out of the foster care system by offering financial assistance for post-secondary education and training. ETV aims to provide eligible foster youth with financial aid to offset the expenses associated with attending college, university, vocational, or technical programs, encompassing costs like tuition, textbooks, accommodation fees, and other educational-related expenditures. To qualify for the program, individuals must be in foster care by their 16th birthday, adopted, or placed in guardianship after their 16th birthday from foster care. ETV eligibility extends until the youth reaches 26 years old. They must be enrolled in a post-secondary education program and demonstrate academic progress. Aside from financial aid, ETV program offers support services to help foster youth excel academically and smoothly transition into college life, including connection to educational support services, academic guidance, career counseling, funds for summer and winter housing if eligible.

The ETV program in Massachusetts reaches close to 380-450 students each year. In 2025-2029, the ETV team will continue comprehensive awareness campaigns about ETV and other postsecondary benefits through various channels. This includes utilizing the Mass.gov page, foster parent page, statewide Education Open House informational meetings with providers and DCF staff, Education Open Houses with Foster parents and youth at each of the 29 area offices, annual statewide College Fair, and community events.

The ETV Supervisor in a coordinated effort with DCF's Educational Units reached out to the Department of Elementary and Secondary Education (DESE) and offered to expand outreach

initiatives by providing DHE Guidance Counselors with essential information about ETV and other benefits available for foster care youth. The objective is to improve the dissemination of information about financial aid opportunities for eligible foster care youth, ultimately supporting their educational pursuits and success

Through the continuation of regional cross-sector partnerships with educational institutions and medical and mental health services community providers, the ETV team will continue utilizing current support programs on campuses and developing new services for young adults that support persistence in higher education and create networking opportunities for youth. Currently, ETV Specialists have developed partnerships with the Single Point of Contact Network (SPOC) established with six of the state's public universities (Bridgewater State University, Fitchburg State University, Framingham State University, Salem State University, Westfield State University, and Worcester State University). The SPOCs work with both their assigned university and a community college local to their area to connect students with assistance meeting their Basic Student Needs. Some colleges offer young adults with lived experiences series of trainings including financial assistance, locating stable food resources, academic guidance, sustaining their educational persistence, campus resources, and housing issues ranging from locating stable housing while in school to finding affordable housing for after graduation.

Many young adults face challenges of adjustment to new social settings such as university campuses. They need additional social support and guidance other than formal mentors. We will explore possible avenues of providing a peer mentoring opportunity for our youths. ETV and the Adolescent and Young Adult Service Unit will continue collaborating with DCF's Information Technology department on modernizing existing paper-based applications to online platform and interface at Mass.gov. The project includes the development of a universal online application platform that integrates the four major financial aid applications such as ETV, Foster Child Tuition and Fee Waiver Program, MA Foster Child Grant Program, and William Warren Scholarship Program along with providing detailed guidance on completing the Free Application for Federal Student Aid (FAFSA) and accessing other educational resources. This will streamline the application process for DCF's and MA post-secondary financial aid programs, increase access to academic support resources, and facilitate access to additional services. The initiative will be launched on June 1, 2024. The ETV unit will offer youth, DCF staff, providers, and parents' informational sessions in May 2024 and throughout the summer.

In FFY 2025-2029, a key objective for ETV Unit with assistance of DCF IT Department is to develop a comprehensive framework within iFamilyNet that enables the tracking and evaluation of participant advancements and program results. DCF aims to utilize data concerning youth engagement with resources to effectively target underserved communities and demographic groups, with the aim of expanding service provisions. Furthermore, in collaboration with the DCF IT Department, there are plans to implement an online payment request system via iFamilyNet for the ETV team. This initiative seeks to enhance operational efficiency by simplifying procedures and optimizing the distribution of financial aid payments to youth.

The ETV Unit will continue collaborating with DCF staff and the Department of Higher Education to streamline the application process for grants following a recent Memorandum of Understanding (MOU) between the agencies for data sharing. DHE hopes to utilize data from

DCF youth in care turning 18 to reach out to them about the availability of funding for Tuition/Fee Waivers and the Foster Child Grant to support efforts to provide more comprehensive financial aid estimates and disseminate information to all eligible students. Although the Foster Child Grant program previously required youth to reapply each year, in 2022, this was changed to provide a rolling record for eligibility that would follow them to new school settings. Further collaboration with DHE will seek to provide similar access to automatic eligibility for youth in DCF-supported guardianships/adoptions and those aging out of care to receive easier access to Tuition and Fee Waivers by providing data on eligible youth in advance of them having to request the waiver.

The ETV team will continue developing housing initiatives to assist students in securing stable, year-round housing options, focusing on summer housing solutions to prevent homelessness during academic breaks. Housing stability will enable students to focus on their studies and personal growth. In 2023, the ETV team offered summer housing financial assistance to 34 students. In FFY 2024, the ETV team allocated \$200,000 for summer housing and developed a summer housing application distributed among current ETV youth and encouraged them to apply. ETV will continue offering assistance with summer housing as additional funding will be allocated. Many young adults are interested in vocational certificate programs and entrepreneurial training that are not FASFA-approved. AYAS, in collaboration with Rise Above and WonderFund, will continue to provide financial assistance to these individuals, ensuring they have the necessary resources to pursue their career goals. The ETV team will also continue advocating to expand ETV funds to support a broader range of educational opportunities.

In FFY 2024, the implementation of the new FAFSA interface experienced a significant delay, impacting the timing of university acceptance letters and financial aid determinations. The FASFA application challenges could affect students' decision-making processes. ETV Supervisor will continue working closely with DHE and MA Educational Finance Authority (MEFA) and seek their guidance and technical assistance.

State Funded Post-Secondary Education Programs

The Foster Child Tuition and Fee Waiver Program provides waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any one of Massachusetts' 29 state universities and community colleges. Initially approved by the Board of Higher Education in June of 2000 for tuition waivers, this program was expanded to include fees in July of 2008. Youth eligible for the state college undergraduate or certificate tuition and fee waivers include:

- Current or former foster child who was placed in the custody of the DCF and remained in custody through age 18 without subsequently being returned home. (The youth must have been in custody for at least six months immediately prior to age 18).
- Youth adopted through DCF.
- Youth who have been in the custody of the DCF and whose guardianship was sponsored by DCF through age 18.

Massachusetts Foster Child Grant Program

The Foster Child Grant Program was developed in January 2001 and provides up to \$6000 of financial aid for current and former DCF youth (in custody via a C&P) who have left care at age 18 or older without returning home. This aid may be used at any IV- E eligible public or private college. The MA Board of Higher Education manages these grants, determining the level of funding per student.

William Warren Scholarship Program

The Department issued five William Warren Scholarships this year to youth served by the agency who were attending four-year colleges and who demonstrated the need beyond financial support programs available at the state and federal level. These scholarships were financed with donated funds and nominally by the State Ward account. Many of the youth who apply for the program are also eligible for the Massachusetts Tuition and Fee Waiver and other higher education support programs such as ETV. Applicants who qualify for other forms of student aid are supported by DCF workers to access such aid.

Hope Worldwide Dr. Martin Luther King Essay Contest

DCF has continued its partnership with Hope Worldwide, an agency that sponsors an essay contest annually to celebrate the birthday of Dr. Martin Luther King. College and HS students from foster care are invited to compete in an essay contest where they reflect on their public service. In 2024, a scholarship winner was awarded \$5,500. The winner was honored at a service dedicated to Dr. King.

This funding is particularly helpful to the DCF foster youth who were not in protective custody (as they are not presently eligible for the state-funded Foster Child Grant) and to those youth who were adopted from foster care or youth who were placed in guardianship with kin after attaining age 16. The ETV Program has provided significant post-secondary assistance to eligible foster and adopted youth and has assisted them with making more manageable and safer transitions to adult living.

Consultation with Tribes (Chafee)

MA DCF Adolescent Outreach has and will continue its work with the Massachusetts Tribes regarding services for transition-age youth. Training and consultation on Chafee-funded services are made available to Tribes. Native youth are eligible for all Chafee benefits and services, and tribes are annually provided with updated staffing and referral information by the Department.

In FFY 2024, the DCF ICWA Coordinator facilitated contact between Tribes and the Adolescent & Young Adult Services leadership to discuss Chafee Benefits. Also, the ICWA Coordinator facilitated contact between Tribes and the DCF Educational Program Supervisor and the DCF Director for the Office of Adolescent & Young Adult Services to discuss opportunities available via Postsecondary Educational/Vocational grant and Chafee Benefits on March 28, 2024.

In 2025-2029, the Department will work to strengthen our partnership with Massachusetts tribes.

D5. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

This report is submitted as part of the plan of the Commonwealth of Massachusetts for compliance with title IV-B of the Social Securities Act (the Act) and the Indian Child Welfare Act of 1978 (ICWA). The report will detail the state's process to gather input from Tribes for the development of the 2025-2029 CFSP and outline collaboratively agreed upon goals for the next five years.

Coordination with the MA Tribes for the Purpose of Goal Formulation

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A) and the Mashpee Wampanoag Tribe (MWT)

The MA DCF ICWA team will continue successfully collaborating with Massachusetts' two federally recognized Tribes. The current contact for the WTGH(A) is Paul Jeffers-Mayhew, Client Services Program Specialist and Chief of Staff, Kevin Devine. The current contacts for the MWT are ICWA Director Maria Turner and Child and Family Services (CFS) Director Yvonne Avant.

Meetings, teleconferences, and phone contact have all contributed to the formulation of the five-year goals for the 2025-2029 CFSP. The most recent annual meeting took place on November 6, 2023, when the MA DCF ICWA team met virtually with ICWA leaders from the MWT and WTGH(A). Attendance included:

- The ICWA Director and CFS Director for the MWT
- The Chief of Staff, Client Services Specialist, and Tribal Attorney for the WTGH(A)
- The ICWA Coordinator and Five ICWA Liaisons for MA DCF

Yearly goals were discussed and endorsed at the meeting. These include:

1. Continued efforts by DCF to provide statewide training on ICWA
2. Providing the Tribes information on Chafee Benefits
3. Updating DCF's ICWA policy with the inclusion of the Tribes
4. Supporting the Tribes MA Achieve portal access for training

Additional meetings took place with each Tribe, focusing on both long-and short-range goals. On January 5, 2024, the MA DCF ICWA Coordinator and MA DCF Legal Researcher met with MWT staff from the ICWA Department, the CFS Department, and the Tribal Court at the Mashpee Wampanoag Government Center. The meeting focused on goals, legal clarification, ongoing collaboration, active efforts, and QEW selection.

- A meeting with the WTGH(A) took place virtually on March 6, 2024, that included the MA DCF ICWA Coordinator, the Client Services Program Specialist for the WTGH(A), and the Tribal Attorney for the WTGH(A). This meeting centered on a review of goals centered on general ICWA compliance, QEW selection, observing placement preferences, and emphasizing the role of the Tribe in ICWA cases.

- A call took place with the ICWA Director of the Mashpee Wampanoag Tribe on April 25, 2024, where jurisdictional transfer and planning for trainings that included the reasons behind ICWA law were discussed.
- Additionally, a copy of this CFSP report was sent to both Tribes for their review and additional input on May 10, 2024.
- As a result of these consultations, the section below that addresses the “Specific Measures Taken by the State to Comply with ICWA” will highlight the objectives of these consultations.

Specific Measures Taken by the State to Comply with ICWA

As a result of the meetings and contact between MA DCF and the Wampanoag Tribes, the following goals were established.

Objective 1:

The MA Department of Children and Families, in collaboration with the MA Tribes, will continue to ensure that ICWA trainings for social workers and other professionals working with Native families in the child welfare system take place throughout the state. Training will focus on comprehensive compliance with ICWA law and include historical and contemporary information on why ICWA law is essential in protecting Indigenous families.

Current progress in meeting this objective:

Content review:

To date, all currently utilized instructional content created for MA DCF ICWA training has been sent to both Tribes for review before use. Previously, in 2023 and 2024, content for Area Office training had been sent to the Tribes for their review. Most recently, a PowerPoint designed to discuss jurisdictional transfer was sent to the MWT on May 9, 2024, for review.

Videos and on demand training:

DCF hosts five online videos that discuss ICWA and two web-based trainings for clinical and legal staff. The five videos discuss the history behind ICWA, an introduction to Tribal Nations, the complete ICWA process of sending notice, ICWA compliance (placement preference, active efforts, and Tribal collaboration), and important legal considerations. The on-demand videos expand on these topics, including videos, knowledge checks, and supplementary information on active efforts and placement preference.

Dawnland Screenings:

The DCF ICWA Coordinator, the Manager of Professional Development from DCF’s Child Welfare Institute, the Foster Care and Adoption Recruitment Supervisor, and MA DCF ICWA Liaisons will hold a screening of the film Dawnland on June 21, 2024. The screening will be open to all DCF staff, and there will be a facilitated discussion afterward about the film’s themes of ICWA compliance, Tribal rights, and equity.

Specialty units and managerial staff training:

Additional training will continue to be scheduled for specialty units and managerial staff. A training for new supervisors took place on May 9, 2024. And another is being planned for October 2024.

Collaborative ICWA training:

Since March 2021, the DCF ICWA Coordinator has partnered with the Supreme Judicial Court/Court Improvement Program (SCJ/CIP) Training Committee to develop, plan, and facilitate two-to-three workshops annually around cultural affirmation and racial equity promotion. In April 2024, the committee began planning a workshop around collaboration with Tribal communities with the Mashpee Wampanoag Tribe. This workshop is slated to take place between Autumn 2024 and spring 2025.

Area Office training:

Training sessions will be scheduled for MA DCF Area Offices during staff meetings statewide in late 2024 to ensure comprehensive attendance, and the topics of the sessions will include:

- The purpose of ICWA law and historical context around enactment
- Tribal Nations as sovereign entities
- An introduction to Massachusetts's state and federally recognized Tribes
- A reason to know and requirement for ICWA to apply
- Cases that ICWA encompasses
- Available supports: the DCF ICWA Intranet Page and the MA regional ICWA liaisons
- Asking the question around Native affiliation to all families through the life of a case
- Where and how to document ICWA information in IFamilyNet
- The process of sending legal notice, from start to finish
- Missteps in the ICWA notice process
- Social work collaboration with Tribes and Nations
- Legal intervention by a Tribal Nation
- Placement preference
- Active efforts with examples
- The importance of cultural connection with examples
- Jurisdiction
- Burden of proof in ICWA cases
- Permanency in ICWA cases
- Invalidation or appeal of ICWA cases
- Updates to ICWA Policy
- Jurisdictional Transfer

These trainings are also available earlier and at request of the Area Office. Two recent area office training sessions occurred at the Coastal/Braintree MA Area office on May 1, 2024, and the Berkshire Area Office on March 8, 2024.

Expanded legal training:

In addition, a legal ICWA training is currently in development with topics including all the above-described clinical topics, but more thoroughly examining and discussing jurisdiction, burden of proof in ICWA cases, permanency, invalidation or appeal of ICWA cases, jurisdictional transfer, and qualified expert witnesses. Training content is being developed, and training will be scheduled once materials are finalized.

Objective 2:

The MA Department of Children and Families will work with both Tribes to update policies, procedures, protocols, and agreements that are designed to improve compliance with ICWA law.

Current progress in meeting this objective:

Policy updates:

ICWA compliance has been and will continue to be incorporated into current and updated policies. Previous incorporations have occurred in the Protective Intake policy, Missing or Absent Children policy, and the Family Assessment and Action Planning policy.

The MA DCF ICWA Coordinator and Legal Researcher met with the MA DCF Policy team on January 16, 2024, and February 6, 2024, to begin discussing the updates for the MA DCF ICWA policy. The collective team is currently collecting data on needed elements for the policy, which may include addendums on transferring jurisdiction and coinvestigations with Tribes. Both MA Tribes will be invited to join the MA DCF ICWA Liaison in this important work. Once the policy is finalized, ICWA trainings will incorporate information about the policy. To ensure a comprehensive understanding of policy changes, statewide ICWA trainings will incorporate information about the policy update.

Jurisdictional transfer protocol:

The MA DCF ICWA team is creating a procedural guide and training to guide MA DCF Area Offices in the jurisdictional transfer of cases. This guide will include record transfer and a transfer meeting protocol and is slated to be completed in May 2024. Several training courses will be scheduled after May 2024 to aid in the understanding and implementation of the transfer protocol. Presentation material for these sessions was sent to the MWT for their feedback on May 9, 2024. The training will begin in the Southern region of MA, where most of the jurisdictional transfer cases occur, and training in the remaining regions will follow in the summer and autumn of 2024.

Intergovernmental agreements:

MA DCF is committed to resuming work on previous Intergovernmental Agreements with both Tribes. On April 29, 2022, MA DCF met with a representative for the MWT to discuss IGA Agreements. An agreement, previously drafted in 2017, has been in review by the MWT and MA DCF. On February 3, 2023, the ICWA Coordinator reached out to reconnect with the MWT and facilitate an introduction between the Assistant General Counsel for DCF and the Mashpee Wampanoag Tribe's legal representative. MA DCF emphasized that the administration changes

with both the Commonwealth and the Tribe and the pending Haaland vs. Brackeen case before the U.S. Supreme Court creates a timely opportunity to revitalize the agreement. A preliminary meeting was scheduled for March 31, 2023. The meeting was postponed until the Tribe's attorney met with the Tribal Council, and the Department has not received any further communication from the Tribe's attorney regarding the IGA.

The WTGH (A) terminated its IGA with MA DCF in 2013. Up until recently, the tribe had communicated that an IGA had not been prioritized. In April 2019, WTGH (A) indicated to DCF that they were prepared to proceed with an IGA. DCF has not been approached with a plan to proceed to date.

Objective 3:

ICWA compliance will remain a multidisciplinary objective at the MA Department of Children and Families.

Current progress in meeting this objective:

ICWA Liaisons:

MA DCF ICWA Liaisons assist in supporting regional Area Office staff in compliance, serve as liaisons to Tribes as clinical case matters arise, and support advisement for updates to the MA DCF ICWA policy. The DCF ICWA Liaisons meet with the ICWA Coordinator formally on an annual or bi-annual basis to discuss best practices, ways to support staff and Tribes, and to share information about national trends. Meetings will continue, with the next being scheduled for August 2024.

The Human Trafficking Unit:

MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. Both Tribes have been and will continue to be invited by DCF and the Children's Cove to participate in the Steering Committee and the Advisory Group for the Commercial Sexual Exploitation of Children (CSEC) Multi-Disciplinary Team (CSEC MDT) at the Children's Cove.

The MA Central Office Incident Notification (COIN) Review Team (CRT):

The MA DCF CRT convenes weekly to review COINs from across the state. These notifications include Fatalities, Near Fatalities, Serious Bodily Injuries, Emotional Injuries, Baby Safe Haven, Alerts, and other incidents that require timely notification to the Commissioner and other executive staff. There have been instances where ICWA has been identified and brought to the attention of the DCF staff working on the case as well as the MA DCF ICWA Coordinator.

DCF's Child Welfare Institute (CWI):

CWI has led an initiative to secure online user accounts for the MA Achieve training platform for approved non-DCF users (such as the ICWA representatives for both Tribes). This will allow Tribal ICWA staff to access MA state training on MA Achieve and is currently available for both Tribes.

The CWI at DCF also offers live virtual and in-person training that the Tribes can attend, such as new social worker training. Since June 24, 2022, the MA DCF ICWA Coordinator has facilitated contact between the MWT ICWA Manager and the Manager for Professional Development at the DCF Child Welfare Institute to schedule training for MWT ICWA staff. In January 2023, the MWT's ICWA Department attended online sessions for DCF New Social Worker training and currently has access to MA DCF online training for substance use. They are invited to attend several scheduled live training courses at the CWI's training center. These opportunities are available to both MA Tribes.

The MA DCF Data and Technology Team:

The team will support any required updates to the Foster Care Analysis and Reporting System (AFCARS) data elements to capture additional data points in DCF's internal database related to the ICWA.

MA DCF Adolescent Outreach:

MA DCF Adolescent Outreach continually supports connecting Tribal youth to Chafee benefits and services and provides Tribes with annually updated referral information. The *Consultation with Tribes (section 477(b)(3)(G))* section below explains the previous five years.

The MA DCF Permanency Team/DCF Foster Care Recruitment:

DCF has offered to work collaboratively with WTGH(A) and MWT to recruit and increase Tribal foster homes and will reach out to both Tribes annually to discuss the goal of recruiting foster homes. DCF will continue to offer to collaborate with the Tribes in recruiting additional foster homes.

Foster Care Reviewers and Foster Care Volunteers:

Staff and volunteers reviewing foster care placements support ICWA in many ways. They ask the question about Native American/Alaskan Native ancestry in reviews. As a result, Foster Care Review workers have and will continue to send inquiries to the MA DCF ICWA Coordinator for follow-up.

MA DCF Family Find and Family Group Conference Staff:

The Family Find and Family Group Conference staff at DCF provide frequent assistance to the ICWA unit in locating family tree information needed for Tribal determinations on ICWA notices. As needed staff in each region assist social workers in obtaining this necessary genealogical information via Accurant searches and guidance on how to engage families in conversations about obtaining the information.

Objective 4:

MA DCF will continue its established practices in complying with ICWA law.

Current progress in meeting this objective

The DCF ICWA Team:

DCF maintains an ICWA team that includes The First Deputy General Counsel, a Legal Researcher, an ICWA Clinical Consultant, an ICWA Coordinator, and five Regional ICWA Liaisons.

The DCF Intranet Page:

DCF maintains the ICWA Intranet page to inform and support staff further including Information about ICWA law, history, notice preparation, tribal collaboration, active efforts, placement preference, legal considerations, cultural promotion, and other field guides.

Inquiry and documentation:

At trainings and through consultation, ICWA staff encourages staff to ask about ancestry throughout the life of the family case, beginning at intake. Social workers are prompted to enter information related to NA/AN ancestry in several sections of the case record in iFamilyNet.

ICWA Notice:

MA DCF maintains a practice of investigating each claim of Tribal eligibility in court custody proceedings. Legal notice is sent to Native parents or custodians, Tribes, and the appropriate regional Bureau of Indian Affairs (BIA). Preparing ICWA notices will continue to include diligent efforts to uncover the genealogy necessary for Tribes to determine eligibility. In addition, DCF will strive to obtain responses to notices through additional requests via emails, phone, and mail.

Placement preference:

As soon as a child enters placement, DCF social workers diligently search for relatives to ensure placement preference is followed. Placement preference is explained at ICWA training sessions, and further information can always be found on the ICWA Intranet page. The ICWA Coordinator and ICWA Liaisons also provide and reinforce placement preference guidance. DCF's five ICWA Liaisons across the state serve as contacts to address any questions or concerns that arise with placement preferences for the Tribes, and DCF's family-find teams across the state have greatly assisted with kin-related searches in cases where ICWA applies.

In addition, DCF has offered to work collaboratively with WTGH(A) and MWT to recruit and increase Tribal foster homes. To help identify all potential Tribal foster homes, DCF will ask foster parents about tribal affiliation, and foster care applications have recently been updated to include questions related to applicants having Native history or being part of a Tribe.

Active Efforts:

DCF ICWA training includes specific examples of practices that fulfill the Active Efforts requirement. Examples of Active Efforts can also be accessed via the DCF ICWA Intranet Page, which is available to all DCF staff.

Once ICWA applies in a case, social workers receive information from the ICWA Coordinator that underlines the requirements of active efforts, placement preference, close coordination with the family's Tribe, and incorporation of cultural elements into the action plan. Regional ICWA

Liaisons are available to assist Area Office teams in enrolling eligible children in their Tribes and are available for consultation and support of field staff at any time.

DCF recognizes that active efforts are an interconnected endeavor and that all DCF employees can provide a family with active efforts within their roles. Specialized training always includes a component that discusses active efforts within respective positions.

MA DCF's Plan for Ongoing Coordination and Collaboration with Tribes in the Implementation and Assessment of the 2025-2029 CFSP

Consistent engagement between MA DCF and the MA Tribes has been integral to successful collaboration. DCF currently utilizes a direct consultation feedback model for input. Collaborative discussions such as meetings and routine contact via phone, email, and virtual conference are the preferred method of MA DCF and the Tribes, as they provide an opportunity to actively generate ideas and solve problems while strengthening the relationships between stakeholders. In addition, meetings and monthly check-ins provide a time and space to assess the implementation of CFSP goals. There are no current barriers to this coordination.

Care of Children under State and Tribal Jurisdiction

The Department and the Tribes understand that when a Tribal child is placed in the custody of the Department, the Department must meet all the requirements for that child under 42 USC § 622(b)(8), and §§ 675(5) and 675A. The Department and MWT have had discussions during the negotiations on the IGA as to who would meet these requirements if a child were placed in the custody of the tribe, and if the case is removed to the Tribal court. This subject will also be a focal point in any future IGA negotiations with the WTGH (A). If a Tribal child comes to the attention of the Department because of abuse or neglect, the Department will treat the Tribal child as it does any other child in the Commonwealth and provide pre-placement preventative services. In cases where the MWT has transferred legal jurisdiction of Tribal children from state to Tribal court, the MWT ICWA Department would provide the child welfare services and protections for Tribal children delineated in section 422(b)(8) of the Act. These services include the operation of a case review system (as defined in section 475(5) of the Act) for children in foster care, a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families, a service program for children in foster care to facilitate reunification with their families, and placement of a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take and have taken jurisdiction of protective cases. In FFY 2024 the Tribe reported they were working with a total of six cases which have previously been transferred from state to MWT jurisdiction. To ensure the smooth transition of cases transferring from state to Tribal Courts, MA DCF is creating a transfer protocol with accompanying trainings to support staff with case transfers.

Sharing the APSR and CFSP with each MA Tribe

The DCF ICWA Coordinator provides a digital copy of the APSR with both tribes upon finalization yearly. Most recently, the DCF ICWA Coordinator sent copies of the previous APSR

and CFSR Statewide Assessment and Final Report to both Tribes via email on February 5, 2024, and followed up by mailing certified copies of the FFY 2024 to both Tribes on February 6, 2024. The MA DCF ICWA Coordinator also shared drafts of the ICWA FFY 2020-2024 Final Report with the Tribes on April 25, 2024, and the 2025-2029 CFSP on May 10, 2024. Finalized reports are also available on the MA.gov website.

Consultation with Tribes (section 477(b)(3)(G))

MA DCF Adolescent Outreach has and will continue its work with the MA Tribes regarding services for transition-age youth. Training and consultation on Chafee-funded services are made available to Tribes. Native youth are eligible for all Chafee benefits and services and Tribes are provided with annual updated staffing and referral information.

In FFY 2024, and up until most recently, the ICWA Coordinator facilitated contact between both Tribes, the Manager of Adolescent and Young Adult Services, and the DCF Director for Office of Adolescent & Young Adult Services on November 15, 2023, to discuss Chafee Benefits. The ICWA Coordinator facilitated contact between both Tribes, the DCF Educational Program Supervisor DCF Director for Office of Adolescent & Young Adult Services on March 28, 2024, to discuss opportunities available via a Postsecondary Educational/Vocational grant and Chafee Benefits.

Additionally, the MA DCF ICWA Coordinator, the Director for the Office of Adolescent & Young Adult Services, and the DCF Educational Program Supervisor reached out to both Tribes on May 8, 2024, to obtain public comment on the online CFSP 2025-2029 draft for Chafee and Educational and Training Vouchers (ETV) programs and to schedule a follow up meeting to discuss five-year goals and Chafee benefits.

D6. TARGETED PLANS WITHIN THE 2025-2029 CFSP

States are required to submit the following, each as a separate document to their 2025-2029 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

As outlined in the Administration for Children and Families (ACF) Program Instruction, ACYF-CB-PI-24-02, states will be expected to review and update the plans in future Annual Progress and Services Reports (APSRs), as appropriate.

DCF will submit all the targeted plans as appendices to the FFY 2025-2029 CFSP.

SECTION E. FINANCIAL INFORMATION

In this section, the Department provides responses/assurances regarding certain payment limitations denoted with the 2025-2029 CFSP Program Instruction. We also provide our CFS-101s submission.

1. Payment Limitations

Title IV-B, Subpart 1

Include information on the amount of FY 2005 title IV-B, subpart 1, funds that the state expended for childcare, foster care maintenance, and adoption assistance payments for comparison purposes

The Department has never used, nor does it plan to use, IV-B, subpart 1 funds to support childcare, foster care maintenance, or adoption assistance payments.

Include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005.

In FY2005, non-federal foster care maintenance funds used as a match totaled \$227,427.

States may spend no more than ten percent of title IV-B, subpart 1, federal funds for administrative costs (section 424(e) of the Act).

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 1, as shown in our CFS-101 submission.

Title IV-B, Subpart 2

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the APSR a rationale for the disproportion.

The Department provides a rationale for FY2024 service categories that do not receive the minimum 20% funding level in the narrative section of the CFSP.

States may spend no more than ten percent of federal funds under title IV-B, subpart 2 for administrative costs (section 434(d) of the Act). This limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 2, and the Monthly Caseworker Visit Grant as shown in our CFS-101 submission.

States must provide the FY 2022 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

The FY 2022 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$111.3M. This is in comparison to the 1992 base year amount of \$41.7M.

Chafee Program

States are required to certify that no more than 30 percent of their allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 21.

The Department adheres to the thirty percent limitation on room and board expenditures for youth 18 years of age and greater.

2. Current Year Funding

Reallotments

The Department is not requesting any reallotment of funds.

Revisions

N/A

3. FY2025 Budget Request (CFS-101, Parts I and II)

At the end of this section, we provide part I and part II our CFS-101 submission.

4. FY2022 Title IV-B Expenditure Report (CFS-101, Part III)

Complete Part III of the CFS-101 workbook to report the actual amount of FY 2022 funds expended in each program area of title IV-B funding by source

At the end of this section, we provide part III of our CFS-101 submission.

If the state's expenditure of FY2021 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the narrative on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY2022; and 2) the rationale for the disproportion in the actual expenditure of FY2022 grant funds.

The Department did not achieve the minimum 20% spending levels for all four PSSF grant service categories in FY2022. The disproportion was requested when the state submitted our estimated expenditures for FY2022. As explained in our FY2022 APSR (and current APSR),

when originally awarded PSSF grant funds, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities.

Our rationale for not achieving 20% in each category is that the vast majority of the PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. In addition, DCF spends significant state funds in support of the program. In SFY2022, the State had annual expenditures in excess of \$111 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel costs in these programmatic areas. This total includes over \$1.7 million in State funds targeted for time-limited reunification services, \$3.7 million in adoption services and over \$41.9 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

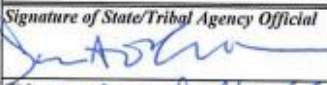
We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth is expected.

5. Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

The Department is in compliance with the submission of required 425 reports.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and
Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2025: October 1, 2024 through September 30, 2025

1. Name of State or Indian Tribal Organization AND Department/Division:		3. EIN:	1-046002284-K5
Massachusetts - Department of Children and Families		4. UEI:	KQE3EAKMNQ7
2. Address: (insert mailing address for grant award notices in the two rows below)			
600 Washington Street, 6th floor		5. Submission Type: (mark X next to option)	
Boston, MA 02111		- New	X
a) Contact Name and Phone for Questions: Nathan Landers (617) 748-2147		- Reallotment	
b) Email address for grant award notices (one only) Nathan.Landers@mass.gov			
REQUEST FOR FUNDING for FY 2025:			
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.			
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$3,528,747
a) Total administrative costs (not to exceed 10% of the CWS request)			\$247,012
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	\$
a) Family Preservation Services		21.6%	\$973,447
b) Family Support Services		37.5%	\$1,690,012
c) Family Reunification Services		9.2%	\$414,616
d) Adoption Promotion and Support Services		15.3%	\$689,525
e) Other Service Related Activities (e.g. planning)		8.2%	\$369,550
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		8.2%	\$369,549
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100.0%	\$4,506,699
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$284,873
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$1,897,966
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:			\$3,936,386
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$0
11. Requested Education and Training Voucher (ETV) funds:			\$1,524,356
REALLOTMENT REQUEST(S) for FY 2024:			
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.			
12. Identification of Surplus for Reallotment:			
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:			
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official	
			
Title Dep. Comm. for Admin. & Finance		Title	
Date 6/25/2024		Date	

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Massachusetts - Department of Children and Families

For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025

No entry required in the black shaded cells


SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ 2,258,398			\$ -				\$ 146,325,065	35,319	-	all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 973,447		\$ -				\$ 96,943,538	28,112	-	children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 1,023,337	\$ 1,690,012		#####				\$ 178,235,050	94,196	-	abused and neglected children (reports)	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 414,616		\$ -				\$ 47,727,213	7,207	-	children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 689,525						\$ 47,201,552	1,456	-	children in placement with goal of adoption who are legally free and matched with a family	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 369,550						\$ 95,971,306	-	-	-	
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 48,258,432	\$ 139,349,273	7,930	-	children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 6,944,542	\$ 480,066,173	1,503	-	children in congregate care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 61,590,522	\$ 38,339,597	9,267	-	adoption subsidies	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 14,578,916	\$ 23,325,612	3,215	-	guardianship subsidies	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 3,936,386			\$ 28,708,308	1,650	-	adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 1,524,356		\$ -	415	-	adolescents	Statewide
12.) ADMINISTRATIVE COSTS	\$ 247,012	\$ 369,549	\$ -				\$ 34,865,588	\$ 34,865,589				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 1,075,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 100,000				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 4,248,541				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -		\$ 284,873				\$ -	\$ 472,060				
18.) TOTAL	\$ 3,528,747	\$ 4,506,699	\$ 284,873	#####	\$ 3,936,386	\$ 1,524,356	\$ 166,238,000	\$ 1,362,943,877				
19.) TOTALS FROM PART I	\$3,528,747	\$4,506,699	\$284,873	#####	\$3,936,386	\$1,524,356						
20.) Difference (Part I - Part II) (If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
21.) Population data required in columns I - L can be found: (mark X below the option)												
	On this form	In the APSR Narrative										
	X											

FY 2025 CFSP

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2022 Grants: October 1, 2021 through September 30, 2023

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 1-046002284-K5	
Massachusetts - Department of Children and Families		600 Washington Street, 6th floor		4. UEI: KQE3EAKMNQ7	
5. Submission Type: (type New or Revision) New		Boston, MA 02111			
Description of Funds	(A) Actual Expenditures for FY 22 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (describe)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 3,507,588	1,440	360	open cases	statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 134,400				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 4,503,647	16,822	28,000	families with concrete needs	statewide
a) Family Preservation Services	\$ 974,931				
b) Family Support Services	\$ 1,687,871				
c) Family Reunification Services	\$ 412,579				
d) Adoption Promotion and Support Services	\$ 688,633				
e) Other Service Related Activities (e.g. planning)	\$ 379,341				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 360,292				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 4,503,647				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 264,906				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 2,876,385	1,508	-	adolescents	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ -				
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 974,318	371	-	adolescents	Statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.					
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official			
					
Title	Date	Title	Date		
Deputy Commissioner for Administration and Finance	6/25/2024				

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