

Commonwealth of Massachusetts



Child and Family Services Plan 2020 – 2024

June 30, 2019



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SECTION D. 2020-2024 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. There are currently more than 9,000 children in foster care across Massachusetts and more than 45,000 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: Boston, Central, Western, Northern, and Southern, 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 3,215 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 200 attorneys and 50 foster care reviewers. DCF provides services to over 20,000 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. Additionally, families can come to DCF as a result of their child being truant from school or running away, families may request voluntary services, or DCF may provide services to families after a court orders a child into DCF custody.

Mission

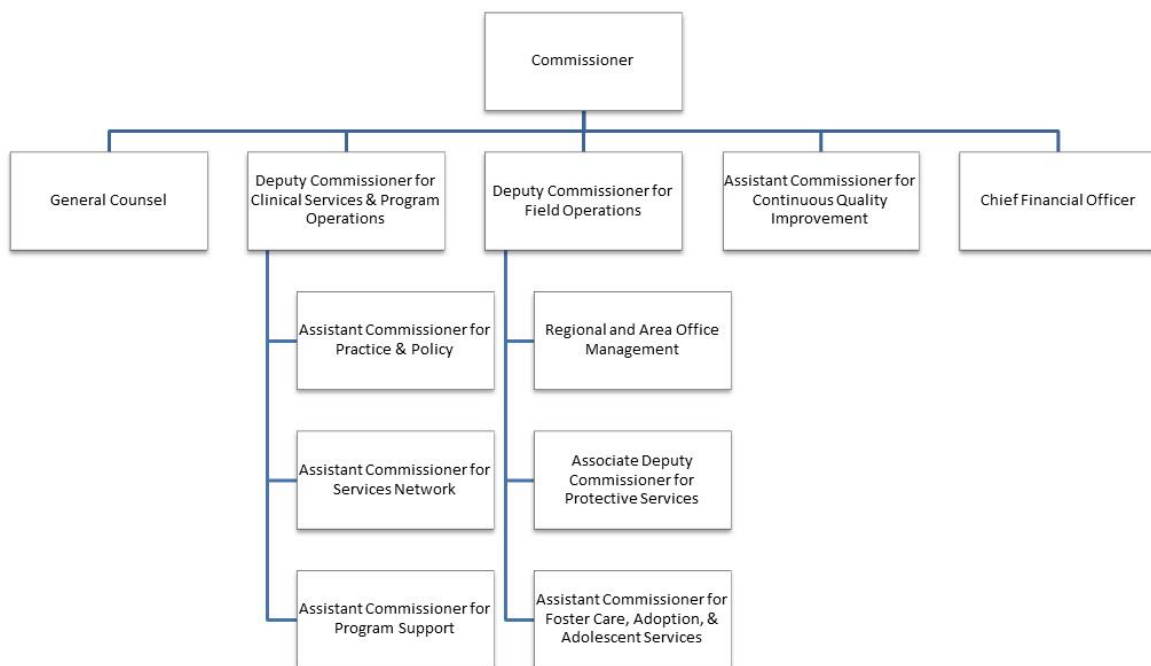
The Department of Children and Families strives to protect children from abuse and neglect and, in partnership with families and communities, ensure that children are able to grow and thrive in a safe and nurturing environment. We believe all children have the right to grow up in a home, free from abuse 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.

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-E programs, Title XX program, and statistical/outcomes reporting
- The Division for Clinical Services and Program Operations, led by the Deputy Commissioner for Clinical Services and Program Operations, which oversees the Title IV-B programs
- The Division for Administration and Finance, led by the Chief Financial Officer, 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>

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The FY2020-FY2024 Child and Family Services Plan (CFSP) will be posted upon approval on the DCF website: www.mass.gov/dcf.

Collaboration

Collaboration has been a cornerstone of the Department's Agency Improvement activities efforts that 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 in keeping children safe, achieving permanency and in keeping children safe and nurturing healthy families and supportive communities. Collaboration with internal and external partners will drive the implementation of the 2020-2024 CFSP, our CFSR PIP, and our IV-E PIP.

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 to 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.

DCF staff at all levels is vital partners in Agency Improvement efforts and in the 2020-2024 CFSP activities. Social workers and supervisors play a vital role in identifying areas for practice improvements and developing, testing and implementing strategies for solving practice problems. 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 all field staff including program and clinical managers who provide input, lead problem solving and activities, and participate in continuous quality improvement efforts

2020-2024 CFSP Collaboration

Collaboration with children and families who receive services from the Department remains a high priority. As such we will actively maintain the DCF Family Advisory Council (FAC) which includes biological parents, kinship care providers, and foster and adoptive parents 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 improvements.

Like the frontline staff, foster and adoptive parents, along with kinship caregiver are critical partners in providing for the needs of children who cannot safely be served at home. As such, the Department will continue several initiatives designed to strengthen collaboration with family caregivers.

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

The Department also engages the courts, local schools systems, and other state agencies to address the needs of children and families involved with DCF. Further, the Department has engaged in dialogue with the Aquinnah and Mashpee tribes to recruit foster home and coordinate service delivery to tribal children and families.

Below, we highlight specific examples of how the Department collaborated with these resources in the past year with regard to the implementation of our 2020-2024 CFSP, CFSR PIP, and IV-E PIP:

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

- Administrative Office of the Juvenile and Family Court
- Association of Behavioral Health Care
- Berkshire Children and Families
- Children and Family Law Project
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- Department of Children and Families Family Advisory Counsel
- Department of Children and Families Youth Advisory Council
- Department of Early Education and Care
- Department of Elementary and Secondary Education
- Department of Mental Health
- Department of Public Health
- Department of Transitional Assistance
- Department of Youth Services
- Executive Office of Housing and Economic Development
- Family Nurturing Center
- 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 Law Reform Institute
- Massachusetts Network for Foster Alumni
- Massachusetts Council of Human Service Providers
- Massachusetts Society for the Prevention of Cruelty to Children
- Mass Health
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- Office of the Child Advocate
- Parent Professional Advisory League
- Rosie's Place
- The Children's League of Massachusetts
- The Parents Helping Parents
- United Way

- University of Massachusetts Medical Center
- Wayside

Administrative Office of the Juvenile and Family Court

Beginning in the winter of 2018-2019, the Department has worked closely with the Juvenile and Family Court to develop and launch the Pathways initiative. 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 lead by judges, and including the Committee for Public Counsel Services, DCF legal and clinical leadership, and others have been established and are working to plan for implementation of Pathways. By focusing on identifying and prioritizing cases before the court, the Department believes that we will be able to strengthen permanency outcomes and improve placement stability for children.

The collaborative efforts to improve permanency are a priority for the Department and will extend to our work with the Court Improvement Project.

State Level Collaboration

Collaborations to refine policies, practices, and engages in system level conversation with state agency partners to include: The Courts, Juvenile Probation Department, Department of Education (DOE), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Disabled Services (DDS), Department of Public Health (DPH) and the Executive Office of Health and Human Services (EOHHS).

Collaboration has become an invaluable tool for an ongoing process that hopes to create positive outcomes and strengthen families. For example, collaborating with DYS, through the Juvenile Detention Alternative (JDAI) initiative allowed the courts, youth services and child welfare to come together to build team process and address issues related to disproportionate involvement of youth of color in the juvenile court system. In addition to a series of training conferences the work resulted in the film “Seeing RED”, a documentary that highlights the problem of over-representation of children of color in juvenile justice and child welfare system. As part of the strategic plan to help address this nationwide system issue and reverse current outcomes, Community Coalition and Family Resource Center staff were trained as facilitators. Additionally, members of the Family Advisory Committee attend the showing and workshop in local communities. In an effort to replicate the process across the commonwealth multiple centers are used host collaborative discussion with community stakeholders and families.

The Department of Education (DOE) was awarded a federal grant that helps explore best practice to engage families within the school system. DCF continues to participate in the initial design of the Family Engagement Framework, and provide 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 DOE and local school systems to assist local school districts and DCF Area Office as they further implement guidance regarding best interest determinations related the Every Child Succeeds Act which prioritizes the enrollment for foster children in their home school and the related process for transportation decision-making.

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, such as the FRC’s and Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve.

Additionally DCF staff contributes to the overall program development, attend quarterly meetings to the extent possible provide technical assistance by sharing information on current programs and policies, that aligns with DPH policies on related topics. When applicable and there is an opportunity staff collaborates on initiatives that related to the prevention of child abuse and neglect, safe sleep, shaken baby syndrome and other child protective/family support.

The Department works closely with the Department of Early Education and Care. During 2020 and going forward the two agencies will work together to expand a program designed to ensure that short term child care is immediately available for children entering care. This model is designed to ensure that children are able to set new supportive care routines that will aid in their adjustment to placement.

DCF since 1994 through the federally funded Promoting Stable Safe Family grant has founded a network of Community Connections Coalitions that are located in underserved communities in MA. These program primary functions are to provide families with easy access to information and referral to families who are in need of services. Additionally, Coalitions serve as a forum that mobilizes families, develop and sustain that better aligns a collective response to the identified needs of families with the goal of preventing child abuse and neglect. These partnerships have offered the opportunity to further engage informal community partners that extends the network of family resources in their respective communities. Using the coalition model other approaches that are effective in providing resources to community families with multiple challenges have been developed and implemented, such as; Family Resource Centers, Parents Helping Parents hotline support and Kinship and Grandparents Raising Grandchildren programs. These programs partnership with DCF have provided a lifeline to families. They encourage families to participate in preventive services before they are referred out to child welfare or other governmental services.

Foster Care Support and Recruitment Collaboration

The Department instituted Regional Foster Parent Forums in the fall of 2017. These annual forums have brought together clinical and legal staff with foster parents to gather input and ideas for addressing the challenges that caregivers face as they care for children who have experienced chronic and acute stress and trauma. This interaction has identified training and support needs, and communication and collaboration activities that will improve partnership with DCF Area Offices. As a result, the Department has implemented a list serve 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. With input from foster families, the Department recently launched *Foster MA Connect*, the Departments new social internet portal for foster parents. A new MAPP based training module for kinship caregivers will be implemented this year to ensure that these families have the information they need to effectively provide care.

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

- Massachusetts Adoption Resource Exchange (MARE) will continue 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 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 child care, respite, and annual training conferences.

- Recruitment collaborations 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.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- Massachusetts General Hospital will host an informational day in their hospital for the purposes of recruiting foster families.
- Boston Children's Hospital recently held a kick-off event to promote a partnership in the recruitment of foster & adoptive families. The partnership will include an informational day held on a monthly basis in Boston and Peabody to interest hospital employees of all level in becoming foster and adoptive parents.
- Foster Parent Recruitment Ambassadors: current foster parents selected by their area offices to represent DCF at 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 Departments Foster MA campaign... All DCF Area Offices participate in the event which is advertised statewide.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices will 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.

CFSR PIP Related Collaboration

- MA Court Improvement Program (MA CIP) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers is a core MA CFSR PIP strategy. Toward this end, DCF Commissioner Spears met with the MA CIP leaders in September 2016. Out of this meeting a MA CFSR PIP Key Activity was developed: Collaborate with MA Court Improvement Program (CIP) to increase stability and permanency for Massachusetts children. Follow-up meetings with Commissioner Spears, DCF Senior Staff and CIP have continued through as recently as September 2019. MA CFSR PIP work will focus on using data and metrics to better understand and address the permanency needs of children. This will include understanding the characteristics of children across permanency goals including adoption, guardianship, and reunification. This data will also inform the department about which Area Offices and local courts may need additional support to improve permanency outcomes. DCF will continue its focus on increasing kinship placements for children who cannot remain safely in their homes, increasing family finding activity for children in care, and cross-training for court personnel and DCF staff in both kinship and family finding issues. In addition, the Department and MA CIP discussed specific projects that collaboration would be beneficial to obtaining permanency for children. The first project will be to work with the Registry of Vital Records to implement electronic birth certificates for the Juvenile Court and DCF. This will require determining the barriers, the costs and identifying sources that fund this project. With electronic birth certificates fathers can be identified early on. This raised an issue regarding the need for a joint paternity training with CIP, DCF, the Juvenile Court and attorneys who represent parents and children. All parties agree that this will be a useful training and should occur within this state fiscal year. In May, 2020 CIP, along with the Juvenile Court and DCF shall participate in a Pathways follow-up conference. Meetings will be held to determine the agenda and the goals of this conference. In December a conference will be held regarding the Department's updated 6 week placement reviews (initial placement review). The invitees to the conference will include attorneys, Juvenile Court judges and DCF staff. The purpose of this conference will be to discuss the new process, which asks the question does the child need to remain in placement as well as is the current placement of the child the most appropriate and best placement for this child. Finally, MA CIP will be working with

DCF and CPCS to increase the number of joint trainings. The goal of these joint trainings will be to increase the quality of legal representation.

- Massachusetts Alliance for Families (MAFF) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers is a core MA CFSR PIP strategy. In a collaborative effort with MAFF, the Department identified the MA CFSR Key Activity of increasing training and support for foster and adoptive parents with the goal of reducing the number of disruptions in foster care and adoptive placements.
- National Council on Crime & Delinquency, Children's Research Center's (NCCD/CRC) - Embedding assessment of safety and risk into daily practice is a core MA CFSR PIP strategy. The Department worked with NCCD/CRC to develop a set of MA CFSR PIP Key Activities which are targeted at validating the Department's current risk assessment tool and/or developing and validating a new tool. Working with the DCF Child Welfare Institute and the Policy and Practice Unit, NCCD/CRC is completing development of a train-the-trainer curriculum and set of E-Learning modules to support the i-FamilyNet rollout of the revised risk assessment tool in September 2019.
- Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum - Improving services and treatment for children and families affected by substance misuse is a core MA CFSR PIP strategy. A MA CFSR PIP Key Activity is to collaborate with Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum to improve information sharing between the systems, provide cross-systems training, and address treatment access needs for youth and adults involved in child welfare needing substance abuse treatment services.
- DCF is currently in partnership with Solomon McGown, a Boston-based marketing and communications firm to update and disseminate its comprehensive and social media rich foster care recruitment campaign entitled Foster MA. The newer features of the campaign include materials with the theme of Adopt MA and include advertisements on Spanish-language television and during the World Cup Hockey series.
- University of Southern Maine/Muskie School of Public Service/Cutler Institute - A key MA CFSR PIP strategy was to improve the training provided by DCF Child Welfare Institute (CWI). Toward this end, the Department contracted with the USM Muskie School of Public Service to assist in the development of a new pre-service curriculum with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization.

IV-E State Plan PIP Collaboration

- N/A the DCF title IV-E State Plan PIP contained procedural corrections that did not require collaboration with stakeholders external to the Department.

D2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

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.

Emergency responses must be initiated within 2 hours and an initial determination of the child's safety must be made within 24 hours. All required activities and a formal report documenting the response must be completed within 5 working days.

Non-emergency responses must be initiated within 2 working days and all required response activities and a formal report documenting the response activities must be completed 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.

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.

SAFETY OUTCOME 1:

Children Are First and Foremost, Protected From Abuse and Neglect

The Department completed its CFSR3 Statewide Assessment and onsite review in September 2015. To address the CFSP 2020-2024 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 (CFSR3) Data Profile (January 2019) and the 2017 Child Maltreatment Report. As a supplement where indicated, data was extracted from the Department's SACWIS (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

	FFY2013		FFY2014		FFY2015		FFY2016		FFY2017		FFY2018	
Total CA/N Reports Disposed	37,867		47,591		46,116		48,252		45,366		45,686	
Substantiated	14,071	37.2%	22,282	46.8%	22,079	47.9%	22,387	46.4%	17,835	39.3%	18,297	40.0%
Unsubstantiated	8,161	21.6%	13,771	28.9%	14,235	30.9%	18,137	37.6%	19,122	42.2%	19,532	42.8%
Other	15,635	41.3%	11,538	24.2%	9,802	21.3%	7,728	16.0%	8,409	18.5%	7,857	17.2%
*Children Served in Placement	13,609		14,907		15,899		16,801		16,904		16,862	
Children in Placement on the Last Day of the Year + Discharges During the Year.	Source: MA DCF SACWIS (AFCARS & NCANDS) – includes approved methodology adjustments											

Significant year-over-year increases in total CA/N reports disposed between FFY2013 and FFY2016 (27.4% increase) began to reverse in FFY2017 (6.0% decrease between FFY2016 and FFY2017) and continued through FFY2018 (5.3% decrease between FFY2016 and FFY2018). During the same time period between FFY2013 and FFY2016, a significant increase in substantiation rates was also observed (24.9%). This increase is directly correlated with a corresponding decrease in use of the Department's Initial Assessment differential response track in FFY2014 and FFY2015. 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 has been added. Substantiated Concern dispositions do not identify a perpetrator nor a victim. As such they are classified within the "Other" category on Chart S1 above. Of note, the number of children served in placement increased 23.9% between FFY2013 and FFY2018.

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:** 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 2015 CFSR3 required that reports screened in for Initial Assessment have an initial contact from the social worker within 2 business days of assignment. For CPS investigations, state policy required that reports assigned for Emergency response were to be initiated within 2 hours from the time the report was received by the Department. Reports assigned for Non-Emergency response were to be initiated within 2 business 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 2015 CFSR3, because 43% of the 28 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

- **Item 1 PIP Baseline Performance (Jul-Dec 2017):** A Strength rating was evidenced for 45.5% of 44 applicable cases. This represents a 5.8% improvement over the 2015 CFSR3 results.
- **Item 1 Adjusted PIP Goal:** 52.3%
- **Item 1 PIP Review Quarters 1&2 Performance (Jan-Jun 2018):** 52.9% – PIP Goal Met.

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 2015 CFSR3. 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	95% Confidence Interval	Data Period(s) Used for State Performance
Maltreatment in foster care (victimization per 100,000 days in care)	9.67	Lower	25.42	34.30	32.08 – 36.68	14A–14B, FFY14
	9.67	Lower	22.42	30.13	28.14 – 32.26	15A–15B, FFY15
	9.67	Lower	24.35	32.48	30.48 – 34.61	16A-16B, FFY16
	unavailable	Lower	20.55*		unavailable	18A-18B, FFY18*
Recurrence of maltreatment	9.5%	Lower	20.0%	25.4%	24.8% – 25.9%	FFY14–15
	9.5%	Lower	19.4%	24.8%	24.2% – 25.4%	FFY15–16
	9.5%	Lower	16.9%	21.8%	21.3% – 22.4%	FFY16–17

*Source: MA DCF SACWIS

- **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 9.67 per 100,000 days in care. Further, the Department is evidencing more incidences of Recurrence of Maltreatment than the national performance of 9.5%. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- **Maltreatment in Foster Care (victimization per 100,000 days in care)** has been calculated for FFY18

utilizing the Department's SACWIS. FFY18's (18A–18B) observed performance was 20.55 per 100,000 days in care. While below the national performance, Massachusetts is evidencing a significant 19.2% improvement over FFY14's observed performance.

- FFY16-17's observed performance was 16.9%. Though below the national performance, this is a significant 15.5% improvement over FFY14-15's observed performance.

SAFETY OUTCOME 2:

Children Are Safely Maintained In Their Homes Whenever Possible and Appropriate

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 66% of the 65 cases reviewed. The outcome was substantially achieved in 75% of the 40 foster care cases, 52% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

As indicated in Chart S3 below, CPS referrals increased significantly between FFY2011 and FFY2018. This 17.1% rise in referrals tracks with the occurrence of several high profile child fatalities within the time period. CPS referrals are tracked at the state/region/area office level.

Chart S3.

	Counts of Referrals Received by DCF							
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018*
Referrals received by CPS	73,294	75,439	75,560	77,974	80,435	82,851	82,828	85,794

*Source: MA DCF SACWIS

Screen-in Rates

As evidenced in Chart S4 below, screen-in rates per 1,000 in Child Population increased significantly between FFY2011 and FFY2018. This 26.2% rise in screen-in rates per 1,000, which tracks with the occurrence of several high profile child fatalities during the time period, climbed at a significantly greater rate than referral rates. Screen-in rates are tracked at the state/region/area office level.

Chart S4.

	Rate per 1,000 in Child Population per CB Child Maltreatment 2017 Report							
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018*
Screen-in rate	44.3	44.4	45.0	55.6	54.7	57.4	54.0	55.9

*Source: MA DCF SACWIS

Victimization Rates

As evidenced in Chart S5, victimization rates have risen significantly between FFY2011 and FFY2018. This significant 31.3% rise in the victimization rate, which tracks with the occurrence of several high profile child fatalities within the time period, climbed at a greater rate than referral rates during this 8-year time span. Victimization rates are tracked at the state/region/area office level.

Chart S5.	Rate per 1,000 in Child Population							
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018*
Victimization rate	14.4	13.7	14.5	22.9	22.5	23.3	18.3	18.9

*Source: MA DCF SACWIS

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 a reunification.

- Status: 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 62% of the 29 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 71% of the 7 applicable foster care cases, 55% of the 20 applicable in-home services cases, and 100% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 2 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.8% of 27 applicable cases. This represents a significant 25.5% improvement over the 2015 CFSR3 results.
- Item 2 Adjusted PIP Goal: 85.0%
- Item 2 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 92.5% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (PIP Review Quarters 3&4 Performance (Jul-Dec 2018) increased to 95.5%, a solid strength).

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: The Department received an overall rating of Area Needing Improvement for Item 3 because 66% of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 75% of the 40 applicable foster care cases, 52% of the 23 applicable in-home services cases, and 50% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 3 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 71.4% of 70 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 3 Adjusted PIP Goal: 76.3%
- Item 3 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 78.6% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (PIP Review

Quarters 3&4 Performance (Jul-Dec 2018) increased to 82.9%).

- In 82.9% of the cases the Department met with children frequently (at least monthly), completed Risk Assessments during responses, completed or updated the Family Assessment and Action Plan (FAAP) during the period under review, assessed home safety, completed announced and unannounced visits depending on the situation, had ongoing contact with collaterals, and discussed risk and safety to children during supervision.

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 is connected to achievement of permanency.

PERMANENCY OUTCOME 1:

Children Have Permanency and Stability In Their Living Situations

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Permanency Outcome 1. The outcome was substantially achieved in 35% of the 40 applicable cases reviewed.
- New Challenges: The Department is evidencing continued improvement in permanency for children in 12 months. Re-entry rates continue to lag behind national performance, nonetheless re-entry reduction is evident. Placement stability remains an area needing improvement.

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period(s) Used for State Performance
Perm in 12 months (entries)	42.7%	Higher	44.1%	42.9% – 45.3%	16A – 18B
Perm in 12 months (12-23 mos.)	45.9%	Higher	34.4%	32.7 % – 36.1%	18A – 18B
Perm in 12 months (24 + mos.)	31.8%	Higher	26.0%	24.9% – 27.2%	18A – 18B
Re-entry to foster care in 12 mos.	8.1%	Lower	10.2%	9.1% – 11.4%	16A – 18B

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 above, the Department is meeting (exceeding by 3.3%) the national performance of moving children to permanency within 12 months of entering care. While evidencing improvement over prior review periods, the Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

Recognizing that performance on Permanency in 12 Months for Children Entering Care has improved, the Department is making concerted efforts to improve performance on Re-entry to Foster Care in 12 Months. The Department recognizes that these paired measures are interrelated and that success necessitates that services be 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 improved a significant 11.3% relative to performance at the start of the six (6) AFCARS cohort periods (i.e., from 11.5% to 10.2%).

Chart P2.

	Risk Standardized Performance (RSP) CFSR3 Data Profile – January 2097					
	13B16A	14A16B	14B17A	15A17B	15B18A	16A18B
Re-entry to foster care in 12 mos.	11.5%	11.2%	12.3%	12.9%	11.1%	10.2%

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: The Department received an overall rating of Area Needing Improvement for Item 4 because 80% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 4 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 57.1% of 42 applicable cases. This represents a significant 28.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address stability for children in its care.
- Item 4 Adjusted PIP Goal: 64.1%

- Item 4 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 59.5% – PIP GOAL NOT MET.
- New Challenges: While the Department’s strength rating improved a significant 46.9% (i.e., 40.5% to 59.5%) relative to the Jan-Jun 2018 reporting period, the following was noted:
 - Children experienced multiple temporary placements.
 - Children were placed in short-term programs (i.e., STARR) upon entry into care and/or following a placement disruption. These settings are deemed by ACF/CB to be instable.
 - Use of night-to-night foster home settings.
 - Behavioral dysregulation factored into a subset of the observed placement disruptions.

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.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period(s) Used for State Performance
Placement Stability (moves per 1,000 days in care)	4.44	Lower	9.02	8.83 – 9.23	18A – 18B

Chart P3 indicates that children in the Department’s care experience double the number of moves per 1,000 days in care than the national performance. Furthermore as evidenced in Chart P4 below, performance on this indicator has declined by 19.5% in the past six (6) paired AFCARS cohort periods.

Chart P4.

	Risk Standardized Performance (RSP) CFSR3 Data Profile – January 2019					
	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B
Placement Stability (moves per 1,000 days in care)	7.55	8.61	8.68	9.49	9.05	9.02

Placement with Kin

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

	DCF Target	SFY’08	SFY’09	SFY’10	SFY’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16	SFY’17	SFY’18
Kinship Care Rate Kinship as a % of all children in out-of-home placement	≥ 28.5%	19.2%	22.6%	22.7%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%

Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2018, 36.0% of all children in out-of-home placement were placed with kin. This represents a steady increase over time, and a significant 87.5% increase over SFY2008. 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). Eight months into SFY'19, 16.0% of children within this cohort are placed with kin at entry into care.

	DCF Target	SFY'10	SFY'11	SFY'12	SFY'13	SFY'14	SFY'15	SFY'16	SFY'17	SFY'18
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	46.4%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%

*Departmental Foster Care = foster family Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2018, 55.7% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents a significant 20.0% increase over SFY2010. 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). Eight months into SFY'19, 22.7% of children within this cohort are placed with kin at entry into care.

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: The Department received an overall rating of Area Needing Improvement for Item 5 because 55% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 5 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 59.5% of 42 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 5 Adjusted PIP Goal: 66.4%
- Item 5 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.0% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to remain steady (PIP Review Quarters 3&4 Performance (Jul-Dec 2018) at 69.1%).

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 arrangement.

- Status: The Department received an overall rating of Area Needing Improvement for Item 6 because 50% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 6 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.2% of 42 applicable cases. This represents a 9.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address permanency for children in its care.
- Item 6 Adjusted PIP Goal: 52.2%

- Item 6 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 59.5% – PIP GOAL MET.

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 65% of the 40 applicable cases reviewed.

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: The Department received an overall rating of Area Needing Improvement for Item 7 because 64% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 7 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 56.7% of 30 applicable cases. This represents a significant 11.4% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address placement with siblings for children in its care.
- Item 7 Adjusted PIP Goal: NONE ESTABLISHED
- Item 7 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 66.7% – though not a PIP item, performance represents a significant 17.6% improvement over baseline.

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: The Department received an overall rating of Area Needing Improvement for Item 8 because 59% of the 29 applicable cases were rated as a Strength. In 62% of the 13 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 73% of the 26 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 44% of the 9 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 8 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.5% of 40 applicable cases. This represents a significant 31.4% improvement over 2015 CFSR3 results.

- Item 8 Adjusted PIP Goal: NONE ESTABLISHED
- Item 8 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 83.8% – though not a PIP item, performance represents a significant 8.1% improvement over baseline.

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: The Department received an overall rating of Area Needing Improvement for Item 9 because 74% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 9 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 90.2% of 41 applicable cases. This represents a significant 21.9% improvement over 2015 CFSR3 results.
- Item 9 Adjusted PIP Goal: NONE ESTABLISHED
- Item 9 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 92.7% – though not a PIP item, performance represents a 2.8% improvement over baseline—approaching a solid area of strength.

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: The Department received an overall rating of Area Needing Improvement for Item 10 because 71% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 10 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 85.4% of 41 applicable cases. This represents a significant 20.3% improvement over 2015 CFSR3 results.
- Item 10 Adjusted PIP Goal: NONE ESTABLISHED
- Item 10 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 94.7% – though not a PIP item, performance represents a significant 10.9% improvement over baseline—nearing a solid strength.

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: The Department received an overall rating of Area Needing Improvement for Item 11 because 64% of the 28 applicable cases were rated as a Strength. In 68% of the 28 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 60% of the 10 applicable cases,

the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

- Item 11 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 63.2% of 38 applicable cases. This represents a 1.3% decrease in performance relative to 2015 CFSR3 results. The Department is working to promote, support, and/or maintain positive relationships between children in foster care and their parents/primary caregivers.
- Item 11 Adjusted PIP Goal: NONE ESTABLISHED
- Item 11 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 66.7% – though not a PIP item, performance represents a 5.5% improvement over baseline.

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 child care 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 with satisfaction/enjoyment. 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 with satisfaction/enjoyment. A child's well-being is dependent upon physical health, mental/behavioral, social/emotional and educational needs being met. Every child and family deserves 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 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 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: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in 33% of the 40 foster care cases, 39% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. The MA CFSR3 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: The Department received an overall rating of Area Needing Improvement for Item 12 because 38% of the 65 cases were rated as a Strength. Item 12 was rated as Strength in 35% of the 40 foster care cases, 43% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 12 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 38.6% of 70 applicable cases. This represents a 1.6% improvement over the 2015 CFSR3 results.
- Item 12 Adjusted PIP Goal: 43.8%
- Item 12 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 58.6% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (PIP Review Quarters 3&4 Performance (Jul-Dec 2018) increased to 64.3%).

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: The Department received an overall rating of Area Needing Improvement for Item 13 because 58% of the 62 applicable cases were rated as a Strength. Item 13 was rated as Strength in 68% of the 37 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 73% of the 41 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 72% of the 54 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 58% of the 33 applicable cases, the agency made concerted efforts to involve fathers in case planning. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 13 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 61.4% of 70 applicable cases. This represents a 5.9% improvement over the 2015 CFSR3 results.
- Item 13 Adjusted PIP Goal: 66.7%
- Item 13 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 71.4% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (PIP Review Quarters 3&4 Performance (Jul-Dec 2018) increased to 75.0%).
 - For reviewed cases where family involvement was a noted strength, the agency met with children and parents on a regular basis and discussed progress with their action plan tasks. Interviews confirmed that family members understood why the Department was involved and what needed to be done in order to close their case. Notwithstanding, based on Department case practice, children under age 14 are not always engaged in case planning, as they are not assigned action plan tasks. Federal guidelines require the Department to engage all school age children in age appropriate case planning conversations, unless there is a specific clinical reason why they cannot participate.
 - The concept of engagement is something the Department has been committed to for more than 10 years. This will be sustained through: training, supervision, revising policy to be more consistent and understandable, and our CQI process.

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: The Department received an overall rating of Area Needing Improvement for Item 14 because 74% of the 65 applicable cases were rated as a Strength. Item 14 was rated as Strength in 83% of the 40 foster care cases, 61% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 14 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 81.4% of 70 applicable cases. This represents a significant 10.0% improvement over the 2015 CFSR3 results.

- Item 14 Adjusted PIP Goal: 85.6%
- Item 14 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 82.9% – PIP GOAL NOT MET.
- New Challenges: The Department’s strength rating improved 3.6% (i.e., 80.0% to 82.9%) relative to the Jan-Jun 2018 reporting period. While the frequency of visits with children was generally found to be sufficient, social workers did not routinely visit with children one-on-one (i.e., alone). As such, the Department is actively engaged in an Agile Scrum effort to increase both the frequency and quality of visits with children.

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: The Department received an overall rating of Area Needing Improvement for Item 15 because 44% of the 54 applicable cases were rated as a Strength. Item 15 was rated as Strength in 45% of the 29 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 59% of the 54 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 47% of the 32 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 15 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 55.2% of 67 applicable cases. This represents a significant 25.5% improvement over the 2015 CFSR3 results.
- Item 15 Adjusted PIP Goal: 60.7%
- Item 15 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.7% – PIP GOAL MET.
- New Challenges: Though the Department met its PIP goal for Item 15, the Department is actively engaged in an Agile Scrum effort to increase both the frequency and quality of visits.

WELL-BEING OUTCOME 2:

Children Receive Appropriate Services to Meet Their Educational Needs

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 90% of 42 applicable cases reviewed.

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: The Department received an overall rating of Area Needing Improvement for Item 16 because

90% of the 42 applicable cases were rated as a Strength. Item 16 was rated as Strength in 92% of the 36 applicable foster care cases, 80% of the 5 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

- Item 16 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 94.1% of 51 applicable cases. This represents a 4.6% improvement over 2015 CFSR3 results.
- Item 16 Adjusted PIP Goal: NONE ESTABLISHED
- Item 16 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 97.7% – though not a PIP item, performance represents a 3.8% improvement over baseline—and evidences a solid area of strength.

Education is critical to a child’s healthy growth and development and sense of well-being. The Department’s efforts to ensure that children are receiving appropriate education services were identified as an area of strength in the 2015 CFSR3 Report. An ongoing focus in this area continues to support children’s academic achievement. 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.

	DCF Target	2011	2012	2013	2014	2015	2016	2017	2018
Four-Year Graduation Rate	≥ 67.0%	52.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%
Five-Year Graduation Rate		62.8%	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	

While the Four-Year Graduation Rates between academic years 2011 and 2018 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 5% of cohort

students receiving acknowledgment for graduating (e.g., 10.8% in 2011; 3.0% in 2017). Of note, the Four-Year Graduation Rate increased by 6.9% between 2011 and 2018.

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.

	DCF Target	2011	2012	2013	2014	2015	2016	2017	2018
^MCAS Competency Determination Rate	≥ 40.0%	26.9%	38.3%	36.0%	32.8%	37.7%	37.1%	45.1%	41.2%
ELA – proficient or higher		47.3%	63.7%	68.2%	58.7%	67.2%	66.8%	68.1%	64.3%
Mathematics – proficient or higher		32.9%	42.5%	43.0%	33.1%	40.3%	35.0%	42.7%	40.0%
*Science/Tech./Eng. – proficient or higher		-	76.6%	78.9%	67.4%	74.7%	76.2%	81.5%	77.6%

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

**Science and Technology/Engineering subject area was adopted in academic year 2012.*

Data Source: MA data exchange between DCF and ESE

Breaking a multiyear trend of underperformance, MCAS Competency Determination rates for children in the custody of DCF in academic years 2017 and 2018 are above DCF’s established target. Performance on the Science/Technology/Engineering tests consistently exceed that of English Language Arts and especially Mathematics. Of note, MCAS Competency Determination is challenged by the significantly lower performance on the Mathematics test.

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 of 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: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 67% of the 55 applicable cases reviewed. The outcome was substantially achieved in 68% of the 40 applicable foster care cases, 64% of the applicable 14 in-home services cases, and 100% of the applicable 1 in-home services alternative/differential response case.

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: The Department received an overall rating of Area Needing Improvement for Item 17 because 85% of the 47 applicable cases were rated as a Strength. Item 17 was rated as Strength in 85% of the 40 foster care cases, 83% of the 6 applicable in-home services cases, and 100% of the 1 in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 17 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 84.9% of 53 applicable cases. This represents a 0.1% decrease in performance relative to 2015 CFSR3 results. The Department is working to address the physical health/dental needs of the children in its care.
- Item 17 Adjusted PIP Goal: NONE ESTABLISHED
- Item 17 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 91.1% – though not a PIP item, performance represents a significant 7.3% improvement over baseline—and moving toward an area of strength.

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: The Department received an overall rating of Area Needing Improvement for Item 18 because 62% of the 37 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 62% of the 26 applicable foster care cases, 60% of the 10 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 18 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 69.0% of 42 applicable cases. This represents a significant 11.3% improvement over 2015 CFSR3 results.
- Item 18 Adjusted PIP Goal: NONE ESTABLISHED
- Item 18 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 75.7% – though not a PIP item, performance represents a significant 9.7% improvement over baseline.

SYSTEMIC FACTORS:

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: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the

systemic factor of Statewide Information System. The one item in this systemic factor was rated as a Strength.

DCF has operated a Statewide Child Welfare Information System (SACWIS), known as FamilyNet, since February 1998. FamilyNet is the system of record for DCF and maintains demographic data for all persons receiving services from DCF. It also retains a history of addresses for both children and adults involved with the agency and maintain a placement history for all children in out-of- home placement. FamilyNet includes referrals for all paid services and interfaces with the Office of the State Comptroller through the MMARS system to initiate payment for most services and to track receivables and collections in the event an overpayment occurs.

FamilyNet was extended to the internet in 2006 to support collaboration between DCF, hospitals and placement services providers to help move children out of hospital settings when a less intensive treatment setting is appropriate. Since 2006, DCF has continued to move FamilyNet functionality to the web-based application i-FamilyNet. In July 2014, DCF rolled out over 2,000 4G enabled iPads with access to i-FamilyNet. Currently, all Department social workers, supervisors and their managers have these state issued iPads. These iPads permit DCF staff to view and update information in i-FamilyNet from anywhere with a cellular or secured Wi-Fi signal.

Data necessary to ensure compliance with DCF policies and document trends 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 ensure 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 Family Resource licensing).

DCF is currently in the process of making batch reports more accessible. In July 2014, DCF implemented a user dashboard available to caseworkers and supervisors in i-Familynet. This report provides aggregate counts of the consumer children and adults assigned to a caseworker by the length of time since the last recorded in-person contact. Caseworkers and supervisors can download a list of assigned consumers including the last in-person contact date using their pc or iPad. A dashboard using nightly batch reports to provide managers with a dynamic view of progress toward documentation of in-person consumer contacts for the current month and current worker caseloads was rolled-out in late Fall 2014.

All batch reports and batch letters are being migrated to a Jasper server as part of a data analytics initiative. Instead of downloading and printing or transforming reports to Microsoft Excel and/or receiving Excel files as email attachments, batch reports will be accessed from a central repository based on user security roles. This migration is being used as an opportunity to enhance existing reports, cull reports no longer in use, and ensure reports are easily available in the format most appropriate to the report purpose.

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 Oracle Discoverer. Reports available in Discoverer are referred to as the DataMart 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 DataMart reports include aggregated data summaries and support drill-down to detail data in the warehouse tables. Several DataMart reports are now available in Jasper and the roll-out continues.

All on-line queries, batch, DataMart and Jasper reports are based on state-wide 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 and will enable security ensuring access to confidential data is limited to appropriate users. New reports are constantly under development to support DCF's evolving needs.

Data regarding paid placements is generally very good 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 less accurate. Nonetheless, Mental Health Specialists are closely monitoring the entry of psychiatric hospitalizations. Areas needing improvement include:

- Documentation of diagnosed health conditions.
- Timely activation of guardianship and adoption subsidies.
- Data entry of legal status end-dates when custody is returned to parents or guardians.

Data quality is taken very 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.

Systemic Factor: Case Review System – Items 20-24

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with the systemic factor of Case Review System. One of the 5 items in this systemic factor was rated as a Strength. **[see Case Review System section of 2020-2024 CFSP for additional details]**

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: The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described the state's policies for case plan development and provided data on service plan completion. In interviews, stakeholders reported that joint development of the case plan with parents is inconsistent and that plans are often developed without input from the parents and presented to them.

The Department has implemented a new Family Assessment and Action Planning policy which promotes/supports the development of a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Fidelity metrics have been developed to assess performance.

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: The Department received an overall rating of Strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during stakeholder interviews indicated that periodic reviews occur largely on time and as required. Delays may occur on occasion to accommodate parents or, in a limited number of geographic areas, as a result of significant increases in the foster care population. While recognized as a strength, the Department is working on SACWIS improvements which will support periodic review for each child in care.

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: The Department received an overall rating of Area Needing Improvement for Item 22 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on the requirements for permanency hearings and the process for monitoring timeliness. Data from the statewide assessment and confirmed during stakeholder interviews indicated that permanency hearings were not held timely in many cases.

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: The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided data focused on the scheduling of termination of parental rights hearings and resolving issues related to scheduling of these hearings. During the onsite review, results indicated that for one-third of the children who had been in care for 15 of the most recent 22 months, the required provisions for filing of termination of parental rights or documentation of a compelling reason had not occurred. Although stakeholders largely believed that filing was occurring timely, case review information collected during the CFSR review did not support this. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

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: The Department received an overall rating of Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department described challenges in ensuring that caregivers of children in foster care are notified of and have a right to be heard in any review or hearing. Stakeholders reported that caregivers are typically notified of and invited to attend reviews and hearings by caseworkers or by written notice. Under Massachusetts law, caregivers are not considered a party to the case and as a

result, each court treats caregivers differently, varying in involvement with some caregivers sworn in to provide testimony; other times caregivers are not considered for input.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 25 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described several components of the state's continuous quality improvement (CQI) system but was unable to demonstrate the integration of these components. The state's past qualitative reviews were ad hoc in nature and did not provide the state with information about the quality of its services and the strengths and needs of its service delivery system. Stakeholders confirmed that a functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place.

The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance. Toward this end, the Department has established a formal quality assurance system which 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. **[see Quality Assurance System section of 2020-2024 CFSP for additional details]**

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

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor was rated as a Strength.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on initial staff training for new workers including classroom-based, on-the-job, and in-service trainings, and the state's Web-based learning management system. During interviews, stakeholders were concerned that the training did not prepare staff to perform their job functions and that the state lacked methods to evaluate the effectiveness of this training. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with stakeholders indicated that the state requires 30 hours of ongoing training annually; however, the state does not have training requirements for supervisors. The state offers professional development to supervisors, and in-house and topically based training to all workers. Stakeholders reported concerns with tracking staff participation in and completion of ongoing training as well as with the evaluation of ongoing training.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with stakeholders indicated that foster and adoptive parents complete initial and ongoing training and that training is effective in providing them with the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. However, the state did not provide information to demonstrate whether staff of child care institutions receives training that effectively prepares them to carry out their duties.

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

- Status: As evidenced in the 2015 CFSR3, the Department is not 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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained through interviews with

stakeholders indicated that there are significant waiting lists for many services, and some services are unavailable in the more rural areas of the state or in the suburbs. In particular, stakeholders identified significant gaps for children and families, which include access to transportation services, independent living housing for older youth, and services for cognitively impaired parents. Stakeholders also identified long wait lists for intensive foster care homes, child psychological evaluation and treatment, substance abuse treatment services, and trauma-informed services. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department described the agency's ability to purchase services that could be individualized for the child and family. During interviews, stakeholders clarified that practice is inconsistent and depends on the caseworker's level of involvement in crafting such services. Stakeholders also asserted that individualization is difficult for persons who are non-English speaking or those with cognitive disabilities.

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

- Status: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One item in this systemic factor was 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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with some stakeholders described the ongoing engagement and consultation with a wide variety of internal and external stakeholders and Tribes. However, the state did not demonstrate how information was considered in developing the CFSP, and other stakeholders described challenges in ongoing and routine engagement of attorneys for parents, Tribes, and law enforcement.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Strength for Item 32 based on information from the statewide assessment. In the statewide assessment, the Department described how the state coordinated federally funded services and collaborated with other agencies receiving federal funds/grants. The state presented examples of how these collaborations were supporting children and families.

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

- Status: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. None of the four 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 child care institutions receiving title IV-B or IV-E funds.

- Status: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 33 based on information from the statewide assessment. In the statewide assessment, the Department described the state policies and processes for applying licensing standards at initial licensing and at reevaluation. Stakeholders reported that there were inconsistencies in how the standards are applied, particularly in the use of waivers for unrestricted family homes.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 34 based on information from the statewide assessment. Information in the statewide assessment and collected during interviews with stakeholders provided information on the state's policy requiring foster and adoptive parents to complete criminal background checks prior to licensing. However, no data or information in the statewide assessment or obtained from stakeholders during interviews demonstrated that the policy was being implemented consistently statewide. The state was unable to provide data or information concerning provisions for addressing the safety of foster care and adoptive placements for children.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment. In the statewide assessment, Massachusetts described general recruitment efforts including the quarterly comparison of the race and ethnicity of resource caregivers with the population of children in need of care. The state did not provide data or information in the statewide assessment to demonstrate that the state's approach to diligent recruitment was adjusted based on data or that there was a functioning statewide recruitment plan. Stakeholders were also unable to provide this data or information. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 36 based on information from the statewide assessment. In the statewide assessment, Massachusetts described its partnership with the Massachusetts Adoption Resource Exchange and its ability to access nationwide pre-adoptive resources through AdoptUSKids. Data in the statewide assessment documented that although timeliness has improved, a sizeable number of home studies requested by other states in order to place a child in a Massachusetts home are delayed beyond 60 days. Stakeholder interviews confirmed this information and reported that little information is available on the effectiveness of the state's use of cross-jurisdictional placements.

CASE REVIEW SYSTEM

Written Case Plan

Description of Systemic Factor Item 20: 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: The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described the state's policies for case plan development and provided data on service plan completion. In interviews, stakeholders reported that joint development of the case plan with parents is inconsistent, and that plans are often developed without input from the parents and presented to them.

The Department has implemented a new Family Assessment and Action Planning which promotes/supports the development of a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Fidelity metrics have been developed to assess performance.

The Department's Family Assessment and Action Planning policy prioritizes child safety and centers on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

1. Determining whether the Department must remain involved with the family to safeguard child safety and well-being; and
2. 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 Planning is:

- Integrated by identifying and addressing assessed areas of concern for the parent's capacity to meet the safety, permanency and well-being needs of the child; and
- Dynamic in that the gathering and analyzing information from multiple sources, and subsequently addressing changing needs, is a process throughout the life of a case, not a one-time event.

Values and Principles

Family Assessment and Action Planning at the Department is conducted in a manner that aligns with case practice and furthers the Department's Core Values:

- **Child and Youth-Driven:** A child's right to safety and their experiences and perspectives must be recognized and understood.
- **Family-Centered:** Family members are partners in assessing strengths and needs, and in planning to address child safety.
- **Community-Focused:** Families have the ability, with support, to overcome adverse life circumstances.
- **Committed to Cultural Diversity/Cultural Responsiveness:** Families are diverse and have the right to be respected for their cultural practices, norms, attitudes and beliefs.
- **Committed to Continuous Learning:** Changes in the shared, progressive understanding of a family's circumstances, needs and strengths are revealed and recognized over time.

The Department's Family Assessment and Action Planning identifies and engages all family members who have a role to play in the child(ren)'s safety, permanency and well-being, including all parents/guardians, individuals residing in the home (kin and other), children in Department placement, minor siblings residing out of the home and/or others identified by the family as important to them. When the Family Assessment and Action Planning involves a young adult who is sustaining connection or re-engaging with the Department after leaving care or custody at age 18, the young adult is the focus, and other family members are involved only when the young adult agrees.

Collaterals such as kin, service providers, educators and other resources are also likely to be involved. Assessment of adults who reside in the home or in the home of any non-resident parent/guardian/parent substitute is important because of the likelihood that they may assume a caregiver role, however briefly or informally, or otherwise be crucial to child safety, well-being or permanency.

Family Assessment 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.

Permanency Plans

The Family Assessment and Action Plan must identify each child's permanency plan. The Department first seeks to achieve:

- **Permanency through Stabilization of Family:** The purpose is to strengthen, support and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less, or when longer placement is required due to the child's own developmental, medical or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.
- **Permanency through Reunification of Family:** The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child's educational, physical/mental health and social activities.

The Department establishes one of the following alternative plans for achieving permanency when, despite efforts to stabilize or reunify the family over a period of time, the assessed problems or needs have not been alleviated and have resulted in continued or increased risk of abuse and/or neglect to the child(ren) in the family. The end result of the following permanency plans is to provide the child with the safest, most nurturing long-term/permanent living arrangement possible.

- **Permanency through Adoption:** The purpose is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. The permanency plan of adoption does

not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in the children's lives.

- **Permanency through Guardianship:** The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
- **Permanency through Care with Kin:** The purpose is to provide the child with a committed, nurturing and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties. The kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child's safety, permanency and well-being, until such time as the kin receives a permanent custody or other final custody order.
- **Permanency through Another Planned Permanent Living Arrangement:** The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support the youth's development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanence. The Department will continue to provide services and support the youth's safety, permanency and well-being.

In all cases, the Department makes reasonable efforts to engage in concurrent planning with a family so that the child may achieve permanency through adoption, guardianship or care with kin if stabilization of or reunification with family is determined not to be a viable option.

Action Plan Scope

Based on the information contained in the Family Assessment and the permanency plan for each child, the Action Plan specifies, at a minimum:

- the time period of the plan (usually 6 months);
- area(s) of focus based on the findings of the Department's Family Assessment of parental capacity and child safety, permanency and well-being that indicate why continued Department involvement is needed;
- for each priority area of focus, the observable changes that are needed to maintain child safety and to achieve the jointly identified goals in the Action Plan; and
- the actions/tasks/services/supports identified to address the observable changes for each open consumer and any other identified participant(s) in the Action Plan (e.g., substitute care provider, foster parent, kin collateral, etc.), including the Department.

The Action Plan may also include information and actions/tasks for substitute care and other providers. When the child is in placement, the Action Plan includes the visitation plan and supplemental placement-related information such as: an explanation of why the child came into placement and the circumstances of the removal; whether siblings are placed together and if not why not, and specifics of the sibling

visitation schedule (when relevant); whether the placement is with kin, or if not, and what efforts were made to locate kin, including to whom written notification was sent; the plan for visitation with grandparent(s) and/or other kin (when relevant); whether the school-age child will remain in the school of origin and what options have been considered with the Local Education Agency (LEA) to determine and support the child's educational best interest; specific details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health and education information).

Approval and Signatures

The Action Plan must be signed and dated by the Social Worker and approved by the Supervisor and presented to at least one parent/parent substitute and any youth age 14 or older, or to the young adult who has sustained connection or re-engaged with the Department, for their review and signature. If the child is in out of home placement, the substitute caregiver also signs the Action Plan. When changes are made to the Action Plan during a meeting with the family, the electronic case record version is changed to conform.

Time Frames and Updating

Completion of the Family Assessment and Action Plan is done within 60 working days after the Department assigns the case for Family Assessment and Action Planning

Updates: The Action Plan will be updated, at a minimum, every 6 months. The Family Assessment will be reviewed, as part of the update to the Action Plan, and, as needed, updated to reflect progress made by the family since the last assessment/update and/or any significant changes in family circumstances that affect child safety.

The Family Assessment and Action Plan must also be updated when the following significant events occur in a family:

- birth/death of a child;
- new household member/caregiver;
- family becomes homeless; and/or
- loss of a caregiver to death, divorce or incarceration.

The Social Worker, in consultation with the Supervisor, may also determine that it is necessary to update the Family Assessment and/or Action Plan prior to the regularly scheduled 6 month update in response to recommendations from any formal reviews (e.g., 6 Week Placement Review, Foster Care Review, a court permanency hearing, Permanency Planning Conference) or when there are other significant changes that affect child safety.

Periodic Review

Description of Systemic Factor Item 21: 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: The Department received an overall rating of Strength for Item 21 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during stakeholder interviews indicated that periodic reviews occur largely on time and as required. Delays may occur on occasion to accommodate parents or, in a limited number of geographic areas, as a result of significant increases in the foster care population. While

recognized as a strength, the Department is working on SACWIS improvements which will support periodic review for each child in care.

Federal and state laws require that the Department operate a system of foster care review dedicated to engaging key participants in a timely and periodic review of all cases involving children 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.

Pursuant to (MGL c. 18B, § 6A), an independent Foster Care Review unit has been established within the Department. This unit operates outside of the department's day-to-day delivery of casework services, and is dedicated to quality oversight of case decisions. Foster Care Review complements the oversight role of the judiciary in individual cases, and contributes aggregate data and information that is needed to support the Department's continuous quality improvement efforts.

It is the policy of the department that all cases involving children in out-of-home placement be reviewed no less frequently than once every 6 months. The Foster Care Review Unit (FCRU) is responsible for conducting a Foster Care Review for a family when at least one child in the family under the age of 22 is in placement. A child is in placement when she/he is in Department custody through a court order, in Department care through a Voluntary Placement Agreement or Care and Responsibility Petition, and is living outside the home of her/his parent(s) or guardian(s).

The initial Foster Care Review is scheduled to occur by the 6th calendar month after the date the first child in the family enters placement. The initial period under review begins on the date the first child enters placement until the initial Foster Care Review occurs. Subsequent Foster Care Reviews are scheduled every 6 months from the initial Foster Care Review date, as long as a child up to age 22 remains in placement. The review period for subsequent Foster Care Reviews consists of the consecutive months since the last review.

The Foster Care Review is conducted by a 3 person panel whose members must not carry responsibility for case management, oversight or service delivery for the case under review. The panel consists of: a member of the FCRU (i.e., Case Reviewer) who convenes the meeting; a manager or Supervisor from the Area Office who is not the manager or Supervisor assigned to the case under review; and a Volunteer Case Reviewer, a citizen who has been recruited and trained by the FCRU. 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, when applicable, are included in the Foster Care Review and provided with sufficient notice of the review date:

- parent(s)/guardian(s) (including a putative or unwed father) except any parent whose parental rights have been terminated or whose child has reached 18 years of age, unless their attendance is requested by the young adult;
- child(ren) 14 years of age and older;
- placement resource(s);
- child(ren)'s attorney(s);
- parent's attorney(s), unless their client's parental rights have been terminated;
- the Social Worker(s) and Supervisor(s) assigned to the family;
- the Department Attorney; and
- Family Resource, Adoption and Adolescent Outreach Social Worker(s), as assigned.

In 2018, the FCR policy was revised and fully implemented in January of 2019. Comments on the new regulations (110 CMR 6) are being reviewed and revisions will be made before the regulations are finalized; promulgation was delayed to ensure the regulations correspond with the policy implementation and the Information Technology changes that support the policy changes. The Department plans to promulgate these regulations in early 2019.

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 have been developed to assess fidelity to the revised FCR policy. These reports will be 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 thus should support greater attendance and participation by key participants.

Foster Care Review	SFY2016	SFY2017	SFY2018
Total number of children in the care of the Department or its agents during the previous fiscal year.	18,253	16,057	15,507
Number of children who were in its care for more than 6 months.	13,584	14,051	13,742
Number of reviews conducted.	11,770	14,478	14,093

**Sibling groups are generally reviewed together. As such, the total number of reviews conducted will always be less than the number of children in care for more than 6 months.*

While the number of children who were in the Department's care for more than 6 months increased 1.2% between SFY2016 and SFY2018, the number of reviews conducted increased a significant 19.7%.

Permanency Hearings

Description of Systemic Factor Item 22: 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:** The Department received an overall rating of Area Needing Improvement for Item 22 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on the requirements for permanency hearings and the process for monitoring timeliness. Data from the statewide assessment and confirmed during stakeholder interviews indicated that permanency hearings were not held timely in many cases.

DCF's Policy #2013-01, Permanency Planning establishes the required processes and procedures to ensure that permanency hearings are held in a timely way that is consistent with federal requirements and

state laws. Further, the Permanency Planning Policy embeds the Permanency Hearings within a broader system of regular and ongoing reviews of the status of children in out-of-home placement.

Pursuant to DCF's Permanency Planning Policy, **Permanency Hearings** are conducted in court:

- within and no later than 12 months after court grants Department custody, child enters placement or VPA signed—whichever occurs first (or within 60 calendar days after court extends a VPA);
- every 12 months thereafter as long as child remains: (1) in placement, including young adults over 18; or (2) in Department custody even if at home for less than 6 months;
- at same time as, or within 30 calendar days after, a judicial determination that reasonable efforts to reunify family are not required.

DCF has its own monitoring system to determine when permanency hearings are due for each child in DCF custody. Through the use of FamilyNet data, DCF runs a monthly report of all children in placement, with key information, that provides a monitoring mechanism to assist with the timely scheduling of permanency hearings on an annual basis. The report is provided to the DCF legal managers in each region to utilize in comparing against lists and notices received from the court. The DCF legal and clinical staff has established procedures to obtain and file the permanency hearing reports.

Termination of Parental Rights

Description of Systemic Factor Item 23: 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:** The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided data focused on the scheduling of termination of parental rights hearings and resolving issues related to scheduling of these hearings. During the onsite review, results indicated that for one-third of the children who had been in care for 15 of the most recent 22 months, the required provisions for filing of termination of parental rights or documentation of a compelling reason had not occurred. Although stakeholders largely believed that filing was occurring timely, case review information collected during the CFSR review did not support this. The MA CFSR3 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 parents 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.

Notice of Hearings and Reviews to Caregivers (Notice and Right to be Heard)

Description of Systemic Factor Item 24: 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:** The Department received an overall rating of Area Needing Improvement for Item 24 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department described challenges in ensuring that caregivers of children in foster care are notified of and have a right to be heard in any review or hearing. Stakeholders reported that caregivers are typically notified of and invited to attend reviews and hearings by caseworkers or by written notice. Under Massachusetts law, caregivers are not considered a party to the case and as a result, each court treats caregivers differently, varying in involvement with some caregivers sworn in to provide testimony; other times caregivers are not considered for input.

DCF's Policy #2013-01, Permanency Planning establishes the expectation that starting from the very first contact with a family and continuing throughout involvement, Department staff work to identify all kin and families known to a child and their family who might be willing to be a placement resource if needed. Once the determination is made that a child needs to enter out-of-home placement, the Social Worker is required to notify those individuals, in writing, of the child's placement. When the Permanency Planning Policy went into effect on July 1, 2013, a new "notice to kin" letter was created for use by the Department's social workers in meeting this requirement.

In addition, Massachusetts General Laws established 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.

It is the Department's policy and established practice that placement options be explored first and foremost with family members when a child cannot safely remain at home (i.e., Kinship First). Consideration is given first to placement with non-resident parent, then other kin. Priority for placement resources considered include kinship, child-specific and unrestricted foster/pre-adoptive families; specialized foster homes; and community-connected residential treatment.

The Permanency Planning Policy includes the following specific requirements regarding notification:

- ***Locating Kin; Notification of Placement.*** *Starting at initial contact and continuing through the Department's determination that a child needs out-of-home placement, the Social Worker, in consultation with the family, the child age 12 years or older and the Supervisor, identifies all kin and families known to the child and family who might be willing and available to be approved as the child's placement. She/he notifies the kin and child-specific families, in writing, of the child's placement and requests that they contact her/him, within 10 working days, regarding their interest in being considered as a possible placement for the child.*

The Social Worker documents responses to each notification in dictation, and begins initial eligibility screening of all families who have indicated an interest in becoming licensed as a possible placement for the child. When more than one family has participated in an initial home visit, continues to be interested in being considered as a potential placement and has been determined eligible to apply, the child's Social Worker, in consultation with her/his Supervisor, determines the order in which the License Study for these resources will be initiated by the Family Resource Unit.

In response to ASFA, the Commonwealth amended its state law to provide 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. DCF continues to provide notice the current caregiver for both the annual permanency hearing and the trial. The State Appeals Court held that the method a court should use to consider the information from a caregiver is to put them under oath to testify. Although caregivers are notified, they do not typically appear to be heard except in cases where they have been called as a witness by one of the parties or where they are the possible permanent placement for the child. The formal notice is sent from the legal department. A template letter was developed in FamilyNet to

facilitate the legal staff's requirement. The letter pre-populates with the current caregiver based on placement data in FamilyNet. This helps to ensure that as children's placement's change, there is not an additional burden on either the legal or clinical staff to ensure the correct caregiver receives notice. In addition, the social workers verbally inform current caregivers of upcoming court dates, including trials and permanency hearings. The Department worked on and developed a report that would allow the legal office to print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it could be implemented.

Although not a requirement, 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. If the caregiver does attend and wish to be heard, the Juvenile Court does have a mechanism that permits them to testify, or if no objection by any party, verbally report to the court. In some of the cases, the foster or pre-adoptive parents testify at the trial as a witness for the Department or the child.

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: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 25 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described several components of the state's continuous quality improvement (CQI) system but was unable to demonstrate the integration of these components. The state's past qualitative reviews were ad hoc in nature and did not provide the state with information about the quality of its services and the strengths and needs of its service delivery system. Stakeholders confirmed that a functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

The Department implemented the MA CFSR3 PIP in July 2017. One of the Department's PIP goals (Goal 3 of 3) was to develop a robust Continuous Quality Improvement (CQI) program. Toward this end, the Department utilized the ACYF-CB-IM-12-07 information memorandum on Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies to inform the development of DCF's CQI system. The Department's CQI approach better equips the agency to measure the quality of services provided in Massachusetts by determining the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

By the start of FFY2018 and into FFY2019, the Department was operating a robust CQI program that was functioning statewide to ensure that it was/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.

MA CFSR3 PIP Goal 3: Develop a Robust CQI Program

Strategy 1: Build the CQI Model

The Council on Accreditation's public agency standards for Performance and Quality Improvement (PQI) served as a guiding reference. The Department's agency-wide CQI program promotes efficient and effective service delivery and the achievement of strategic and program goals.

Key Activity 1: Develop a clearly articulated **mission** for CQI—which defines its purpose within the Department.

Progress – The Department of Children and Families' **mission** for its CQI program, is that:

- DCF's Continuous Quality Improvement program is a systemic approach to advancing the agency's mission and achieving its goals through continuous and integrated efforts to improve service delivery and overall agency function.
- DCF's mission: *Strive to protect children from abuse and neglect and, in partnership with families and communities, ensure children are able to grow and thrive in a safe and nurturing environment.*

Key Activity 2: Develop a clearly articulated **vision** for CQI—which sets out its direction within the Department.

Progress – The Department of Children and Families' **vision** for its CQI program, is that:

- Supports and services are designed and implemented based on evidence and knowledge;
- Practice is aligned with policy;
- Data collection is focused on measuring outcomes and achieving success through safety, permanency, and well-being;
- Continuous quality improvement is emphasized and supported throughout the agency; and
- Innovation is valued and encouraged.

Key Activity 3: Develop a clearly articulated set of **values** for CQI—which establishes the parameters for its accomplishments.

Progress – Five core **values** (principles) underlie the Department's CQI system. A good CQI system:

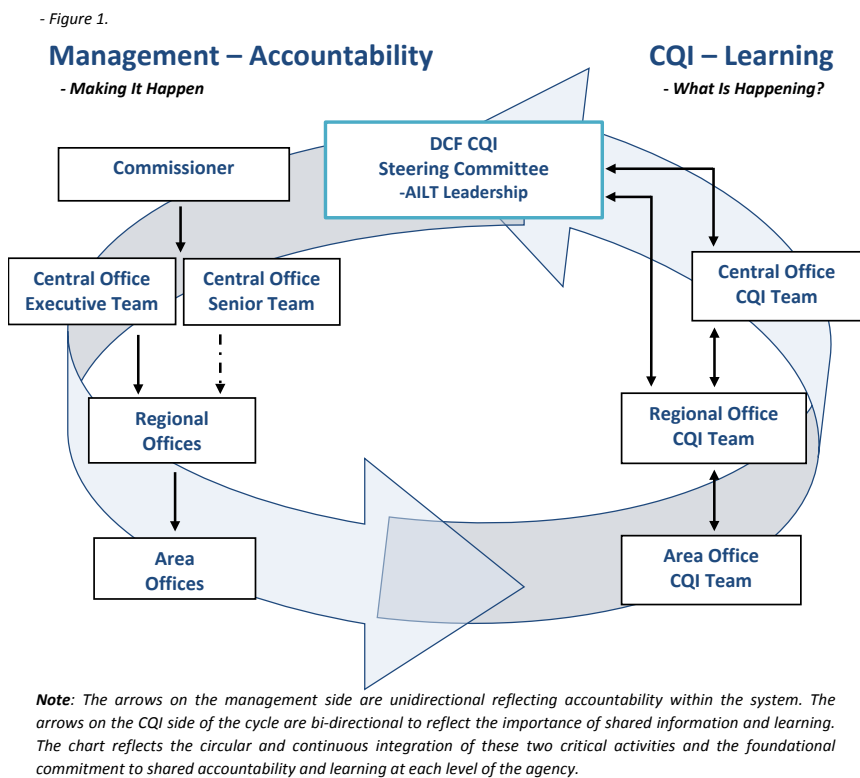
- Provides for continuous learning at all levels of the Department and does not serve as either a compliance tool, or as an individual evaluation or accountability system;
- Addresses the entire child welfare system as a whole, including both the Department's formal partners, such as its providers and foster parents, and its informal partners in family and community;
- Identifies best or promising practices and promotes them for learning and appropriate spread across the Department;
- Provides early warning of operational problems or challenges in any office or in the larger system of care, promoting a proactive rather than a reactive response system; and
- Serves as the primary means by which the Department identifies needed program development or professional development to ensure the highest quality child welfare across the Commonwealth.

Key Activity 4: Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively and consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include the Department's executive team. The foundational administrative structure will promote a culture that values service quality and ongoing

efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

Progress – The Department has established a foundational administrative structure which recognizes and supports the following cyclical relationship of management and CQI:

- There is an integrated and cyclical nature between Management and CQI. The cyclical nature of this relationship is a critical foundation for positive outcomes; reflecting the substantive communication and information flow that sustains fidelity to the agency’s vision and goals. The Management structures hold the accountability for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families. The CQI structures hold the responsibility for facilitating access to quantitative and qualitative information about those processes, practices and outcomes, and ensuring that this information is used to enhance practice knowledge and promote learning throughout the agency.
- Figure 1 depicts the ongoing, integrated and cyclical nature of the relationship between DCF Management and CQI.
- There is an ongoing cyclical relationship and communication flow between the accountability of management and the learning promoted by CQI. This integration functions through the exchange of data and responsive feedback occurring during management oversight, as well as formal and informal learning opportunities. The functional integration of these structures occurs at each level of the agency. The CQI Teams review qualitative and quantitative information on clinical, managerial and systemic practices and related outcomes to gain an understanding of trends, practice challenges and promising practices. The knowledge gained through these efforts is then used by the Management Team as they guide and refine clinical, managerial and systemic practices for which they are accountable.
- CQI teams have been formed to include broad based representation. Membership on the DCF CQI Team is not specifically prescribed, but careful consideration of the team’s composition is critical to ensuring a variety of perspectives and areas of expertise that relate to all facets of the Department’s practices. The functions of the CQI Teams include a range of activities that focus on a review of practices and outcomes, development of improvement plans, and promoting a continuous learning environment.
- CQI efforts are the most effective, when conducted by individuals/stakeholders closest to the locus of practice or process. Therefore, the DCF CQI program benefits from local CQI teams established in each area, region, and Central Office. Local Area Office CQI Teams receive guidance/focus from Regional Office CQI Teams; learning is to flow in both directions. The CQI Steering Committee (i.e.,



AILT Leadership) guides and focuses the work of the Central Office, Regional and Area Office CQI teams; learning flows in multiple directions.

Key Activity 5: Establish a comprehensive CQI plan—functioning agency-wide which:

- Includes standards to evaluate the quality of services—inclusive of safety, permanency, and well-being;
- Identifies strengths and needs of the service delivery system—at all levels;
- Provides relevant reports—driven by comprehensive quality data collection, systematic/representative case record review, analysis of quantitative/qualitative data, and dissemination of findings utilizing multidirectional feedback loops; and
- Evaluates implemented program improvement measures.

Progress – As of the start of FFY2018, the Department has firmly established a comprehensive CQI plan which includes each of the elements outlined above.

Key Activity 5a: Establish a CQI management structure which will hold the accountability for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families. This structure will include the following:

- Commissioner;
- Central Office Executive and Senior Staff;
- Regional Office leadership; and
- DCF CQI Steering Committee.

Progress – As of the start of FFY2018, the Department has firmly established a comprehensive CQI plan which includes each of the elements outlined above.

Key Activity 5b: Establish an agency-wide CQI team structure which promotes learning and critical thinking, and embeds a quality improvement perspective/lens for all staff across all levels of the agency.

Progress – The following CQI teams have been established.

- Central Office CQI Team(s);
- Regional Office CQI Team(s) – minimally one team per regional office; and
- Area Office CQI Team(s) – minimally one team per area office

AREA OFFICE CQI TEAM	
<i>Team Composition</i>	<i>Team Functions</i>
<ul style="list-style-type: none"> • Area Office Managers • Lead Agency Representatives • Supervisors and Direct Service Staff – as indicated • Family Member(s) • Youth • Community Representatives • Area Board Member(s) – as indicated 	<ul style="list-style-type: none"> • Review data related to caseload, practice, systems performance, and child/family outcomes on a monthly/quarterly (TBD) basis. • Identify performance challenges and strengths and develop action plans in response to these. • Ensure that the review process is characterized by learning and reflection. • Develop and implement action/improvement plans, evaluate results, and modify plans accordingly in a process of continuous improvement. • Participate in monthly/quarterly (TBD) regional office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

REGIONAL OFFICE CQI TEAM	
<i>Team Composition</i>	<i>Team Functions</i>
<ul style="list-style-type: none"> • Regional Office Managers • Regional Counsel(s) • Regional Office Specialists and Support Staff as indicated • CQI Specialist(s) 	<ul style="list-style-type: none"> • Review Area Office data related to caseload, practice, systems performance, and child/family outcomes on a monthly/quarterly (TBD) basis. • Organize and provide staff support for Area Office CQI reviews as indicated. • Conduct monthly/quarterly (TBD) CQI reviews of Regional Office functions and services. • Ensure that the review process is characterized by learning and reflection. • Develop annual action plans addressing cross-area performance challenges. • Participate in quarterly/semi-annual (TBD) Central Office reviews of performance and action plan status. • Disseminate learning about successes and challenges.

CENTRAL OFFICE CQI STEERING COMMITTEE	
<i>Team Composition</i>	<i>Team Functions</i>
<ul style="list-style-type: none"> • Executive Team • Senior Staff • AILT Leadership • CQI Director 	<ul style="list-style-type: none"> • Conduct monthly/quarterly/semi-annual (TBD) reviews of Regional/Area performance and action plan status. • Determine priorities for Area/Regional CQI Team Review as indicated. • Conduct quarterly (TBD) CQI reviews of Central Office functions and services. • Ensure that the review process is characterized by learning and reflection. • Ensure that training, agency policies, and other resources support identified Area/Regional practice and system changes. • Identify exemplary practice and system improvements, and disseminate across Areas and Regions, and internal/external stakeholders as indicated.

Key Activity 5c: Train CQI teams on the agency CQI model/process/content and use of data.

Progress – Central/Regional/Area Office leadership teams have been trained on the agency CQI model, process and content, as well as the tools/methods of CQI. Furthermore, as of March 2019, more than 120 data fellows have graduated from an intensive 6-month DCF Data Fellows Institute which has provided comprehensive instruction and hands-on experience with CQI and the use, analysis, and display/presentation of data.

Strategy 2: Develop a case practice review system (structure and mechanisms) to gather qualitative and quantitative information.

This case practice review system incorporates an ongoing case review component that includes reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases.

Key Activity 1: Develop and implement a communication strategy for promoting agency-wide understanding regarding the process, purpose, importance, and use of the case practice review system; particularly as it relates to successfully meeting/exceeding the PIP goals.

Progress – The DCF CQI Plan (including importance of establishing a comprehensive case practice review system to manage/meet/exceed PIP goals) has been developed, approved, and rolled-out to each region/area office, and fully implemented.

Key Activity 2: Establish a CQI Unit within the agency which supports an ongoing case practice review system agency-wide. A fully staffed CQI Unit will consist of a Director and minimally one CQI Specialist in each of the agency's five (5) regional offices.

Progress – The Department established its first-ever CQI Unit with the agency. The CQI Unit consists of a unit director, and one (1) CQI Specialist (social worker supervisor level position) per each of the five (5) DCF regions.

Key Activity 3: Develop and utilize a quality data collection system framework for gathering both quantitative and qualitative data—utilizing SACWIS data extracts and a DCF case review instrument which includes interviews specific to each case. Found to be a strength and in substantial conformity with the systemic factor of Statewide Information System, the Department's SACWIS system will serve as the primary source for gathering quantitative data on both process and outcomes, as well as to identify representative cases for case review.

Progress – The DCF FamilyNet (MA SACWIS) Database is the primary source for gathering structured quantitative data and for identifying sample cases for systematic case review. The DCF CQI Unit has developed structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy (e.g., Protective Intake, Case Closing, and Family Assessment and Action Planning). Furthermore, the DCF CQI Unit is utilizing the ACF/CB OSRI and OMS for the agency's CFSR3 PIP case reviews.

Key Activity 4: Establish a systematic methodology and instrument (CFSR Onsite Review Instrument (OSRI) plus DCF-specific data elements) for reviewing cases on a representative sampling universe of children who are/were recently in foster care and children who are/were served in their own homes. The case review methodology and instrument will support data collection on the following PIP items—including but not limited to the assessment of training/implementation/case practice:

- *Goal 1, Strategy 2, Key Activity 1:* Adherence/effectiveness of DCF Risk Assessment Tool.
- *Goal 1, Strategy 2, Key Activity 3:* Adherence/effectiveness of the Supervision Policy.

- *Goal 1, Strategy 2, Key Activity 4:* Ability of staff to engage families in examining parental capacity and protective factors.
- *Goal 1, Strategy 2, Key Activity 5:* Adherence/effectiveness of the Family Assessment and Action Planning Policy.
- *Goal 1, Strategy 2, Key Activity 6:* Adherence/effectiveness of the In-Home Case Practice Policy.
- *Goal 2, Strategy 1, Key Activity 5:* Assess impact of increasing identification of kin connections during assessment.

Progress – The DCF CQI Unit is utilizing the ACF/CB OSRI and OMS for the agency’s CFSR3 PIP case reviews. The Department’s CFSR3 PIP Baseline was completed through the comprehensive case review of 70 cases from Jul-Dec 2017. Subsequently, 175 CFSR3 PIP case reviews were conducted between Jan-2018 and Mar-2019. This review schedule is anticipated to continue through the remainder of 2019 and beyond.

Key Activity 4a: Establish (in consultation with the ACF/CB) and implement a case practice review system that will measure safety, permanency, and well-being outcomes in support of the PIP, as well as on an ongoing basis. This system will utilize the CFSR OSRI and Online Monitoring System (OMS) for data collection and reporting.

Progress – The DCF CQI Unit is utilizing the ACF/CB OSRI and OMS for the agency’s CFSR3 PIP case reviews.

Key Activity 4b: Establish and implement a case practice review system that will assess fidelity to the Department’s new and ongoing policies. Key learnings will be utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

Progress –The DCF CQI Unit has developed structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy (e.g., Protective Intake, Case Closing, and Family Assessment and Action Planning). Key learnings are being utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

Key Activity 5: Develop a written user manual and standardized instructions for completing case review instruments and for implementing the case review process.

Progress –The DCF CQI Unit has developed structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy. The DCF CQI Unit is utilizing the ACF/CB OSRI and OMS which includes a written user manual and standardized instructions and an implementation plan.

Key Activity 6: Establish and implement a uniform and consistent training process for staff case reviewers (i.e., CQI Specialists)—focusing on reducing bias and increasing interrater reliability.

Progress – The DCF Case Review Modules contain embedded instructions. Interrater reliability is ensured through anchoring guidance within the instruments, staff meetings, & QA oversight by the CQI Unit Director (with initial review/sign-off by the Assistant Commissioner for CQI). The DCF CQI Unit is utilizing the ACF/CB OSRI & OMS for the agency’s CFSR PIP case reviews. CB Regional Office provided training and ongoing support to the CQI Unit Director and CQI Specialists. Primary and Secondary QA oversight has/is being provided to ensure conformity and reliability.

Key Activity 7: Develop a process for conducting ad hoc / focused reviews targeting specific domains when analysis and other data warrant such reviews.

Progress – The DCF CQI Plan and guidance for conducting ad hoc / focused reviews was developed,

approved, rolled-out to each region/area, and implemented. Conducted examples: Protective Intake Policy Implementation, Case Closing - Re-opening, Fatherhood Engagement studies, and Quality Contacts.

Key Activity 8: Develop and implement a consistent mechanism for gathering, organizing, and tracking information from the case review process for information not otherwise captured in the OSRI.

Progress – The DCF CQI Unit has developed a MS Excel template for recording Case Review Module findings. While this strategy has proven to be sufficiently reliable, in an effort to gain additional efficiencies, a MS Access Database structure for recording findings with MS Excel exporting options for reporting is being explored.

Key Activity 9: Establish and implement process for analyzing data from both quantitative and qualitative data sources.

Progress – The MS Excel templates for recording Case Review Module findings are utilized to analyze data (e.g., descriptive statistics, pivot tables, charting, and graphing). The ACF/CB OMS is utilized to extract quantitative and qualitative data.

Key Activity 10: Develop mechanism for distributing key findings and information from quantitative and qualitative data sources to:

- Families, children, youth, and young adults receiving services;
- Providers;
- Stakeholders;
- Legislators;
- The Office of the Child Advocate; and
- The General Public

Progress – The DCF Commissioner and the OCA (Office of Child Advocate) Director have convened a Data Workgroup to explore and expand DCF's reporting and its mechanisms for distributing key findings and information from quantitative and qualitative data sources. Data Workgroup includes representation from: EHS, DCF, OCA, MA Legislative staff, child welfare/legal advocates, faculty from higher education. To date, the Department's Quarterly Data Profile has been augmented with additional data elements and an Annual Report with comprehensive trending data has been developed.

Strategy 3: Improve training for DCF staff provided by Massachusetts Child Welfare Institute (CWI).

Key Activity 1: Review and assess current pre-service and on-going training provided by CWI, with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization. As a result, identify the changes needed in training to increase DCF staff's understanding of the basic skills and knowledge required by their positions. The process will include engaging subject matter experts and obtaining input from field operations (i.e., DCF regional and area offices).

Progress – The DCF Child Welfare Institute (CWI) in collaboration with curriculum writing consultants initiated a review and assessment of DCF's current preservice training and materials.

Key Activity 2: Review and revise DCF new worker preservice training curriculum.

Progress – Review of the Department's preservice resulted in revisions to the pre-service training curriculum. All revisions and a final draft of the curriculum are anticipated to be completed by June 30, 2019.

Key Activity 2a: Implement revised preservice training curriculum and process.

Progress – Implementation to follow finalized curriculum.

Key Activity 2b: Develop and implement a mechanism for evaluating the effectiveness of initial training—results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the DCF Child Welfare Institute (i.e., DCF training unit). This formal feedback process will measure transfer of learning around key practice elements.

Progress – This key activity is being addressed simultaneously (linked) with the development and completion of pre-service curriculum revisions and the implementation of the revised pre-service curriculum.

Key Activity 3: Create a cross-functional working group to review existing On-the-Job Training (OJT), determine best practices, and develop a framework for development and implementation agency-wide. The OJT strategy will describe the roles and responsibilities of the MA Child Welfare Institute, the new worker trainees, and the local area offices.

Progress – A cross-functional field operations (i.e., workers, supervisors, managers, etc.) workgroup was created. Preliminary OJTs were developed. Transfer of Learning/OJT components are dependent on and components of pre-service curriculum.

Key Activity 3a: Implement revised OJT strategy and process.

Progress – Implementation to follow finalized OJT strategy and process.

Key Activity 4: Develop a staff statewide training system that provides staff with the skills and knowledge needed to carry out their duties.

Progress – CWI engaged various levels of line and management staff to create a comprehensive list of skill and knowledge needs. CWI is working with Social Workers, Supervisors, and Managers to prioritize training and coursework based on this list of skill and knowledge needs.

Key Activity 5: Develop and implement a mechanism for evaluating the effectiveness of ongoing training. Identify metrics and process for evaluating and improving staff training.

Progress – CWI initiated on-line participant evaluations for ongoing training. Working with DCF CQI, CWI is finalizing the metrics, and formalizing the evaluation and quality improvement process for staff training.

Key Activity 6: Develop and implement a mechanism for tracking the 30-hour requirement for ongoing training for social workers.

Progress – Working with DCF CQI/OMPA, CWI established a mechanism for tracking the 30-hour training requirement for SWs.

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. Training and technical assistance has been provided by the CB Regional Office. This ensures that the OSRI is being completed according to CB guidelines. Additionally, this process promotes interrater reliability across case reviewers and quality

assurance staff. Technical assistance will be sought from the CB Regional Office throughout the PIP period.

Data Source and Approach to Measurement

Massachusetts is reviewing 70 randomly selected cases every 6 month period using the Children's Bureau's CFSR On-Site Review Instrument (OSRI) utilizing the CB's Online Monitoring System (OMS), until the improvement goals are met for each item or until the end of the PIP implementation and non-overlapping period. Cases reviewed between July and December 2017, served as the baseline data.

For each 6 month period, 42 (60%) of the selected cases are Out-Of-Home (OOH) cases and 28 (40%) are In-Home (IH) cases. Cases are stratified across the five DCF regions, allowing for all eligible cases across the state to have a chance to be randomly selected. Ten (10, 14%) of the 70 cases are selected from the Boston Region as this region includes Suffolk County, the largest metropolitan area of the state. The period under review (PUR) is at least seven months, beginning with the first day of the sample period and ending the week of the review.

All cases shall have an initial review by a member of the Continuous Quality Improvement (CQI) Unit. CQI Unit members shall have experience and specialized training in conducting case reviews. A second level review shall also be completed of every case by the Director of the CQI Unit. The CQI Unit is assigned out of the DCF Central Office and is under the senior leadership of the Assistant Commissioner for CQI and Professional Development. In order to eliminate bias, CQI Unit members shall not review cases where they had direct or supervisory involvement. Randomly selected cases with identified conflicts shall be assigned/reassigned to CQI Unit members with no prior history with the case.

The case review includes a review of the FamilyNet/i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants as further detailed below.

Case samples are produced quarterly, on or after the 15th of the month prior to the review quarter, by the MA DCF OMPA Unit. Target children eligible for Out-Of-Home (OOH) review are those children who have been in OOH care for at least 24 hours during the six month sample period. In-Home (IH) cases eligible for review are those cases open and active (open with a Family Assessment and Action Plan or comprehensive assessment/service plan) for at least 45 days during the six month sample period. The first eligible cases, based on the review schedule outlined in the MA CFSR3 PIP Measurement Plan, are selected from the sample lists. Massachusetts is utilizing a spreadsheet to track elimination and eligibility rationales.

The following are valid reasons for case elimination during the sample selection process:

- in-home case open and active for fewer than 45 consecutive days during the PUR,
- in-home case in which any child in the family was in foster care during the PUR,
- out-of-home case in which the target child was in out-of-home care for less than 24 hours during the PUR,
- out-of-home case in which the target child was on a trial home visit (placement at home) during the entire PUR,
- a case in which the target child reached the age of 18 before the PUR,
- a case in which the target child is in the care and responsibility of another State and Massachusetts is providing supervision through an ICPC agreement,
- a case that has already been selected for review and is still open for the same case open episode,
- a case in which the child was placed for the entire PUR in a locked juvenile facility or other

placement that does not meet the federal definition of foster care, and

- a case assigned to a DCF Social Worker who already has 3 cases selected for review for baseline measurement (for the baseline cases) or improvement measurement (for the improvement cases).

A case may also be eliminated at any point during the case review if an interview is not able to be conducted with at least one of the following: parent/legal guardian, relative placement during the PUR, or school aged target child. Cases are not eliminated if one or more of these interviews occur, or if the case circumstances do not allow for any of these interviews. The Department will consult with the Children's Bureau related to any child interviews with school aged children in which the Department believes there is reason to not interview the child, and any case that does not include a parent/guardian. Case elimination decisions related to interview availability are made on a case by case basis in consultation with the Children's Bureau.

Concerted efforts are made to interview the following people as part of the case review:

- school aged target children; if developmentally capable of participating,
- parents/legal guardians who are applicable to at least one item being reviewed,
- all foster parents who cared for the child during the PUR, and
- the DCF Social Worker, or unit Supervisor; if the DCF Social Worker is no longer employed with the agency.

Parents whose rights have been terminated (TPR) may still need to be interviewed. The parent-related questions are NA in cases in which the TPR was before the PUR, therefore no interview of the parent would be required. Interview of a parent whose rights have been terminated only occurs in cases where the parental rights were terminated during the PUR or the parent remains involved in the child's life. In these cases, the DCF Social Worker provides input about whether the parent should be interviewed. The decision of whether to interview these parents is made on a case-by-case basis in consultation with the Children's Bureau.

Concerted efforts to conduct the above interviews include:

- two phone calls at different times of the day and week to all known or possible phone numbers,
- discussion with the assigned DCF Social Worker, unit Supervisor, and/or Area Program Manager (APM) regarding other possible means to make contact with the parent or legal guardian and follow-up on any such information, and
- efforts to encourage the parent/legal guardian to participate in the interview if the parent/legal guardian initially refuses to do so (e.g., elaboration of the purpose and importance of the information to be shared, or offering the use of e-mail to answer the reviewer's questions).

Interviews are conducted in-person whenever possible. If in-person interviews cannot be conducted due to refusal on the part of school aged children/youth, parents/legal guardians, and/or former foster parents; approval for telephonic and/or email communication may be sought from the Children's Bureau. Decisions to permit review of a case without an interview with a child of school-age, the parent/legal guardian, and/or a former foster parent will be made in consultation with the Children's Bureau.

STAFF TRAINING

Available data and information that demonstrates the current functioning of the systemic factor regarding staff training:

- a. **The Massachusetts Department of Children and Families (DCF), Child Welfare Institute (CWI)** has worked with the DCF Continuous Quality Improvement office on the development of a comprehensive training database. It was completed in December of 2018 and contains information from October 2017 through September 2018. This database will generate quarterly aggregate reports for a variety of data points, e.g.:
 - Total number of training by title
 - Number of times a course was offered
 - Number of staff that completed each course
 - Number of Supervisor/Manager courses
 - Number of Supervisors/Managers that completed each course
- b. **The DCF** will be periodically reviewing training data and feedback information related to staff practice needs and make curriculum content adjustments as necessary to support the CFSR PIP and CFSP goals.

Progress to date to achieve or maintain substantial conformity with this systemic factor:

- a. **The Massachusetts Department of Children and Families (DCF), Child Welfare Institute (CWI)** will engage with other DCF offices (e.g., General Counsel, ICWA/Tribal Coordinator, etc.) to establish a framework to secure input from families, children, and youth; tribes, courts and other partners. In addition, CWI will establish a DCF Training Advisory Committee (TAC) that would have statewide representation and a cross section of staff roles and responsibilities. The TAC would meet quarterly to provide direct input to CWI on training and development needs as well as feedback regarding existing content or courses.
- b. **The CWI** is part of a workgroup with the DCF General Counsel and the Committee for Public Counsel Services that is discussing trainings, which include practice areas such as Immigration and Trauma.

Description of planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision:

- a. The Massachusetts Department of Children and Families (DCF), Child Welfare Institute (CWI) will be revising the New Supervisor Training (NST) curriculum. In accordance with the specific needs of the agency, an in-depth review of existing NST instructional materials and content will be initiated. Stakeholder and partner focus groups will be consulted regarding best practices and specific NST objectives. The overall goal will be to develop a comprehensive NST curriculum based on existing best practices and competencies. It will have a blended delivery format and include a comprehensive Trainer Guide, a Participant Manual, and development materials to on-the-job learning and the transfer of learning.
- b. The DCF will assess the staffing resources of the CWI to ensure that there is alignment with the Department mission, expectations, and overall CFSR PIP and CFSP goals.

SERVICE ARRAY

CFSR and Service Array

In the 2007 CFSR, Service Array was an area of substantial conformity for Massachusetts. In the 2015 CFSR, Massachusetts received an “Area Needing Improvement” rating on the Service Array systemic factor.

Through the PIP process, the Department addressed the Service Array systemic factor through the development of a CQI system, specifically, by the creation of a case review process, which was described in Goal 3, Strategy 2 of the Department’s PIP:

Strategy 2: Develop a case practice review system (structure and mechanisms) to gather qualitative and quantitative information. This case practice review system incorporates an ongoing case review component that includes reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases.

To avoid duplication between the CRSR PIP and this CFSP, no additional information about this work will be included in this document.

Family First Prevention Services Act and Service Array

Since the Department’s last CFSR, the Family First Prevention Services Act (FFPSA) became law. FFPSA has significant implications for the Department’s service array. Therefore, the Department is currently focusing on preparations for aligning prevention services, family-based foster care services and congregate care services with the new legislation.

In 2005, the Department first procured Support and Stabilization services, which include 280 services delivered by 100 community-based providers. Support and Stabilization Services include services for:

- Families - for example, in-home counseling, home management aides, 24/7 on-call assistance, outreach workers who assist families with accessing services in their communities, parent training & education, and family partners who have similar lived experiences
- Youth - for example, peer mentors, therapeutic mentors, specialized assessments, after-school programs, and vocational experiences

Support and Stabilization Services may be provided to intact families to prevent out-of-home placement, to foster families to maintain stability, and to families and children who are reunifying to support a successful transition back home. All of the Department’s 29 Area Offices are involved in the review and selection of which support and stabilization services will be purchased. This decentralization of service selection ensures that local differences in needs are recognized and addressed in the service array.

The Department’s re-procurement of Support and Stabilization services, which will occur within the next two years, will continue to request supportive services such as home management aides and after-school programs that strengthen families’ capacities for care for their own children. The re-procurement will also request evidence-based prevention services for children who are candidates for foster care. These services will be aligned with the requirements in FFPSA. Some of the services (e.g., Multi-systemic therapy, Motivational Interviewing) in Appendix C of the Children’s Bureau November 30, 2018 Program Instruction already are included in the Department’s Support and Stabilization services. The Department’s progress with preparing for the Support and Stabilization re-procurement, especially the preparation of service providers, will be aided by receipt of the initial list of prevention services approved by HHS as eligible for reimbursement.

The Department appreciated the release of HHS' model licensing standards for foster family homes. The model standards are similar to the Department's former licensing standards. The differences in the sets of standards have been identified and communicated with the Department of Early Education and Care (EEC), which licenses the Commonwealth's foster homes, and with contracted providers of foster family homes.

With regard to congregate care, in 2012, the Department partnered with the Executive Office of Health and Human Services (EOHHS) and the Department of Mental Health (DMH) to procure congregate care through the Caring Together Initiative. When congregate care is re-procured, within the next three years, the Department's re-procurement will be aligned with the Family First Prevention Services Act (FFPSA). The need for this alignment was one of the factors that contributed to the decision for the Department and DMH to do separate re-procurements of congregate care, rather than continue with the joint process used in Caring Together.

To assess the readiness of the 56 agencies that currently provide congregate care to become Qualified Residential Treatment Programs (QRTP), the Department conducted on-site interviews with leadership teams from all 56 agencies. The interviews were conducted from October through December 2018.

The findings from the interviews revealed:

- 29 (52%) operate using a trauma-informed treatment model
- 42 (75%) have 24/7 availability of licensed or registered nursing staff and licensed clinical staff
- 56 (100%) do discharge planning
- 51 (91%) offer some aftercare services
- 16 (29%) are accredited by COA, CARF or TJC
- For family engagement, the policies of 43 agencies were reviewed for 1) integration of family members into child's treatment, 2) outreach to family members, and 3) sibling contact. The results are displayed in the table below.

	Integration into Child's Treatment	Outreach to Family Members	Sibling Contact
Excellent	49%	35%	2%
Fair to Good	47%	42%	19%
Needs Improvement	5%	23%	79%

The Department is partnering with provider's trade associations to disseminate the results of the interviews and the QRTP requirements to all current congregate care providers. The trade associations are Association of Behavioral Healthcare, Children's League of Massachusetts, Massachusetts Association of Approved Chapter 76 Private Schools, and Provider's Council.

During May 2019, more than 100 representatives from the provider agencies attended the Department's presentations across the Commonwealth to discuss the results from the QRTP Readiness interviews and preparation for becoming a QRTP. Providers requested some follow up sessions to talk in more detail about Family Engagement, especially work with siblings, trauma-informed services, and aftercare. The Department will work with the trade associations to host these sessions during the summer and fall of 2019.

During the next five year period, the Department's service array will be changed significantly by the

FFPSA. The changes will be implemented through re-procurements for services in which the specifications for services will be aligned with the provisions in FFPSA.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Consumer Engagement

In 2004, the Department launched the Family Involvement Initiative by hiring a full-time Family Representative as part of the Family Support Team. The purpose of the Family Representative was to promote partnership between DCF and community members on behalf of families and to facilitate the inclusion of parents in the planning, delivery and monitoring of DCF practice and contracted services. The Family Representative, and its successors positions (the Director of Family Engagement and Director of Community and Family Engagement), recruited over 200 community representatives to work with the Department on policy, on practice and to provide feedback on the quality of services. Of these community representatives, between 18 and 24 currently sit on the Family Advisory Committee (FAC).

The Director of Community and Family Engagement is also available for on-going technical assistance to the area offices as well as the community representatives. A yearly retreat is organized for the Family Advisory Committee to look at the work that was done in the last two years and prioritize the work that needs to be accomplished. The Family Advisory Committee is committed to working in their communities and at the area office level, concentrating on the following:

- Assessing how DCF Area Offices work with fathers
- Participating in and assisting in the development of Fatherhood Engagement Leadership Teams (FELT)
- Assessing how DCF area offices work with kin, especially grandparents
- Providing advocacy to fathers, families with mental illness and grandparents raising grandchildren.
- Participating on Area Boards and mentoring new consumer applicants

As part of DCF's commitment to assessing the impact of its work and to the inclusion of the family perspective in the Department's work, DCF and Casey Family Programs partnered to develop a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. This long term effort was launched in 2013 with a survey of parents/guardians with recent experience with DCF.

In May of 2013, a random sample of 3,000 parents/guardians whose cases with DCF has closed within the prior six months received a letter notifying them that they had been preliminarily selected to participate in a telephonic survey regarding their experience working with the Department. Parents/guardians were thus notified that they might receive a call asking them to complete a phone survey conducted by Community Representatives on behalf of the Department. The letter described that Community Representatives are parents with prior DCF experience. In this initial phase, surveys were conducted in English, Spanish and Portuguese.

The confidential survey included questions in the following areas:

- Initial engagement with the family
- DCF's communication and work style with the family

- Efforts to build family capacity and focus on family strengths
- Opportunities to engage children
- Promotion of family partnerships in service planning
- Respect for family's individuality and culture
- Access and availability of community services
- Case closure

While a random sample of 3,000 parents/guardians was drawn, the pre-established intent was to survey a randomized sort of 1,000 from this larger set. However, only 643 of the available phone numbers were still valid, accepting calls or responded to by English, Spanish or Portuguese speakers. Of these 643 parents/ guardians, 480 consented to be surveyed by the Community Representatives; an effective response rate of 75%.

DCF conducted the Parent and Guardian Survey on an annual basis through 2015. DCF anticipates reestablishing the survey in order to ensure regular and consistent attention to including the family voice, experience and perspective in efforts to change the way DCF works with families. Future phases may also include surveys of foster parent, DCF alumni and DCF providers.

Additional opportunities for consumer engagement include:

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 stages of design and 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 that was sponsored by New Hampshire child welfare agency for implementation by Massachusetts in 2020. One significant indicator of how successful this program has been is that the FAC members attend a monthly DCF Statewide Managers Meeting, and a number of intra-agency and interagency planning groups at the area, regional, and statewide levels.

The Joint Youth Advisory Committee

The Department's Joint Youth Advisory Committee consists of the DCF Youth Advisory Board (youth and young adults in the care of DCF) as well as members of the Massachusetts Network of Foster Care Alumni (MassNFCA) who consult and support the work of the Youth Advisory Board. Boards meet regularly throughout the year with representatives from their communities and regions within Massachusetts. Twice per year there is a statewide meeting where youth engage with their peers in statewide planning, agenda setting, and leadership training to meet the needs of the Committee. Feedback and recommendations on policy and practice are provided to agency leadership including the Commissioner of DCF at in-person meetings and through formal group and individual communication. Members of the Joint Youth Advisory Committee regularly provide training to regional field staff, statewide leadership including executive leadership, and to potential foster and adoptive parents.

Ombudsman's Office – Family Liaison Program

The DCF Office of the Ombudsman is charged with responding to consumer inquiries about case practice and working toward resolution of problems and complex situations. Working with the Family Advisory Committee, this office created the Family Liaison Program to increase problem-solving resources for DCF staff and families.

Family Liaisons were parents who were formerly involved with DCF. Their cases were closed, and they had become parent representatives on the Family Advisory Committee, and on Regional and Area Boards throughout Massachusetts. They were carefully selected and trained.

- They are impartial—committed to listening to all sides and helping all parties
- They have attended DCF core training and understand DCF policy and practice
- They can spend up to five hours listening and meeting with all parties
- In addition to knowledge about policy and practice, different Family Liaisons have specialized knowledge about mental health, substance abuse, local community resources, the criminal justice system, probate court and fatherhood engagement.

The Family Liaison Program was for families who were already involved with the Office of the Ombudsman and Family Liaisons might be offered as a resource if the situation was challenging and complex. However, the office will follow up with all parties. While much of the reform efforts in 2015 were focused inward, strengthening and maximizing clinical practice that improves overall decision-making of staff engagement with families remains a departmental priority. To that end, the peer support aspect of the Family Liaison program may have benefits to families needing support in other areas where they connect with DCF.

Community Representatives on Service Proposal Review Teams

A group of parents and other interested community members have been recruited, largely from the Community Connections coalitions, and trained to sit on proposal review teams to assist DCF to select the most qualified service providers.

General Meetings

Outreach to other advocacy groups, agencies devoted to children and parent councils, such as Parents Helping Parents, the Federation for Parents of Children with Special Needs, the Children's Trust, etc., are conducted on a regular basis, with the goal of leveraging additional support for families served by DCF.

Fatherhood Engagement

DCF has become a nationally recognized leader in its work to engage fathers. The research is absolutely clear: when fathers are engaged in a safe and consistent way, children and families benefit in the short- and long-term. Internally, we are working with more and more fathers every day 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 October 2018, DCF was proud to co-chair the sixth annual Massachusetts Fatherhood Leadership Summit that brought together leaders from across state government with fathers and family advocates to identify ways to make fathers and fathering a priority across state government. DCF continues to focus on programs designed to improve parenting skills, reinforce parent confidence in areas such as child development, and decrease the risk for 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.

Kinship Navigator Program

DCF received a grant for the development and implementation of the Kinship Navigator program. The goal of the program will be to increase stability and permanency for kinship families through advocacy and coordination of support services for all kinship caregivers.

The program will proactively assist all kinship caregivers in learning about and accessing services to meet their individual needs and that of the children they are raising. We aim to promote effective partnerships among public and private agencies to ensure kinship caregivers and their families receive support and achieve success. The Massachusetts Kinship Navigator Program model will also include structured collaboration between the Department, Family Resource Centers (FRC) and the Commission on the Status of Grandparents Raising Grandchildren. Services that will be provided are:

- Determining the specific needs of Kinship Caregivers and their families
- Providing Kinship Caregivers access to a resource portal (website)
- Connecting Kinship Caregivers to community resources, providers and services, examples include:
 - Family Resource Centers
 - Grandparents Commission
 - Support Groups
 - WIC
 - Legal Aid
 - Mental Health Providers

Foster Parent Forums

With the Department's continued efforts to improve communication with Foster Parents, Annual Foster Parent Forum have been introduced. These regionally based forums are held annually. Foster Parents are invited to attend to provide input and feedback regarding foster care topics. Proposed improvements and/or initiatives for the upcoming year planned. As a result of these regional forums, Area Directors have incorporated these forums within their own area offices.

Engagement and Consultation with Other Key Stakeholders

DCF Area Boards

The Department also utilizes various forums as a time to present updates on strategic plan progress and make adjustments based on input from these key stakeholder groups. A key group in the Department's engagement with community stakeholders is the DCF Area Boards. *The Act to Protect Children in the Commonwealth*, enacted in 2008, reaffirmed the important role of an advisory structure at local and statewide levels, comprised of citizens and other stakeholders, to inform the work of the state child welfare agency. Under the legislation, Area Boards were specifically required along with defined membership requirements. Board recruitment and development has remained an agency priority since that time.

DCF has Area Boards established in all of its 29 catchment areas, with varying levels of capacity, and

each includes an array of stakeholders from the community and from provider organizations, with some active family involvement on every board. DCF has set a goal of having at least 25 percent of area board membership be comprised of youth, birth families, foster and adoptive families and kin. Stipends are available to assist in defraying the cost to families for their participation.

DCF strives to make board membership real and meaningful to all stakeholders while remaining relevant to its staff. DCF has set a goal to review current operational board guidelines as part of the current CFSP 2020-2024 plan. This should address issues ranging from the scheduling of meeting times to widely varying interpretation of board role(s), selection of meeting agenda items and priority action areas all impact on the development of a coherent and cohesive infrastructure statewide. Realistically, support of area boards on a local level, however well-intentioned, has been difficult to sustain in the face of more daunting, immediate priorities. However, it remains incumbent upon DCF having strong connections to the communities it serves and to have the voice of the community guide its work. Additionally, increasing staff allocation and time dedicated to support overall implementation of area board functions may ensure that board priorities are resourced effectively. Supporting structural connections between area boards, the FAC and the Statewide Advisory Council, such as the annual Area Board FAC Summit, are ways of sustaining practice informed strategies.

Higher Education System

DCF Adolescent Services staff has continued to work collaboratively with staff at the Board of Higher Education, the state universities, the two-year public colleges as well as the staff of the campuses of the University of MA. A strong collaboration among the child welfare and higher education systems in Massachusetts has existed for over 20 years and consists of the combination of state and federal financial aid targeted for students from foster care as well as the development of on campus and at home programming and services. Massachusetts has adopted a Single Point of Contact (SPOC) model of service delivery on public post-secondary campuses. These staff is directly connected with DCF staff to become part of the support team for students from foster care. DCF also represents the interests of students from foster care on the Massachusetts Financial Aid Advisory Board where strategic discussion takes place about the direction of state-funded higher education resources.

Adolescent Services staff also serves the secondary education system with effective post-secondary planning and other transition services. By partnering with the Massachusetts Education Financing Authority (MEFA) and the public high schools, trainings are provided to professionals on the needs of foster care students at statewide conferences and through regularly updated webinars.

MA Department of Housing and Community Development

DCF has a critical partnership with the Massachusetts Department of Housing and Community Development 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 to have 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 alum and works to create relationships within the private and public sector for potential resources related to employment, skills development, and philanthropic opportunity.

Native American Tribes

The Department continues to consult with the two federally-recognized tribes in Massachusetts: the Wampanoag Tribe of Gay Head (Aquinnah) and the Mashpee Wampanoag Tribe. When custody is awarded to DCF of a child with Native American/Alaskan Native heritage, the social worker is required to notify the MA ICWA Coordinator. Over the past year, DCF has encouraged staff to ask the family about their Native American/Alaskan Native heritage as soon as DCF becomes involved, rather than at the time of seeking custody. The various trainings provided to DCF encourage staff to ask the question about family ancestry throughout the life of the family case since; extended family members may embark on a history of the family tree after the initial question was asked or, the family may feel more comfortable talking about their heritage as their relationship with their social worker deepens. Notices to federally recognized tribes across the United States are sent by the ICWA Coordinator. The agency ICWA coordinator meets regularly with representatives of the Wampanoag Tribe of Gay Head (Aquinnah) and Mashpee Wampanoag Tribe (MWT). Each DCF region now has an ICWA Liaison. The Liaison role has established itself as a vital function when questions arise from either the Tribe or DCF staff. Case specific ICWA related issues are receiving an improved collaborative response. As required, DCF and the tribes exchange their CFSPs and APSRs.

The DCF ICWA Coordinator has worked with the Department's Foster Care staff on increasing Foster Care Recruitment efforts with the goal to have more tribal foster homes available for a child with Native American/Alaskan Native heritage.

Medical Community

DCF continues to support a placement program designed to meet the unique needs of medically- needy children in foster care: The Special Kids-Special Care Program was developed in Partnership with the Division of Medical Assistance (utilizing Medicaid funding) to meet the needs of children with special health care needs.

DCF is also currently working to build relationship with local hospitals in order to enhance our availability of homes that can provide for medically involved children.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Please see the CFSP section regarding Foster and Adoptive Parent Diligent Recruitment plan for details regarding the Department's efforts and strategies to recruit and approve homes that match the needs of children in DCF care and those awaiting a permanent home.

Additional information regarding foster home licensure:

- Massachusetts requires that all children in the custody of DCF are placed in licensed homes. Relative homes (kinship placements) also require licensing. In certain circumstances, a child can be placed with a relative in an emergency situation prior to full approval. Prior to placement background record checks including child protective history and criminal record reviews as well as safety checks of the home must be completed. The relative home must meet preliminary standards for the child to be placed. The full study must be completed within 40 days. If a relative is not approved during the full license study, the child must be removed.

- Foster Homes are required to be relicensed every two years from the initial approval date. The Department has monthly reports that indicate timely relicensing. Also individual workers receive electronic work reminders three months prior to the relicensing date to indicate the process of relicensing should be initiated. Foster Homes are also evaluated yearly through an Annual Reassessment to ensure that the foster home remains in compliance.
- The existing pool of available families is able to geographically meet the needs of children being placed on a limited basis. DCF will continue to do capacity-building specifically in the Commonwealth's rural communities.
- Some children may be placed outside of their community because of a lack of available foster families. The lack of an available foster family to meet the specific needs of a particular child at a specific time is a contributing factor to out of area placement. DCF now has available data which informs recruiters as to which city/town in the Commonwealth need foster homes in order to accommodate children from these communities who come into placement.

The Department's goal is to increase its pool of available foster and pre-adoptive homes. Recruitment efforts continue on both a statewide level as well as through grassroots efforts in local communities. DCF also continues to work on retention efforts to ensure that foster families have their needs met.

Recruitment Efforts that continue:

Foster MA and Adopt MA Campaign

- New materials
- Foster MA Facebook Page
- New Mass.gov site with Foster and Adoption information
- Digital advertising campaign. Including World cup commercials, billboards, etc
- February 2018 online applications
- Fall 2018 Adopt MA materials
- February 2019, three additional Foster care recruiters (18 total statewide)
- May 2019 Foster MA Connect (Secure interactive website for foster parents)

Foster Care Recruiters

In November 2016, DCF hired 15 Foster Care Recruiters with the goal of recruiting more foster and pre-adoptive homes. The Foster Care Recruiters job is to be visible in the communities and to hold information sessions and attend events to spread awareness about the need for more foster and pre-adoptive families in all communities. The Foster Care recruiters also complete the application process with applicants. The Foster Care recruiters work with every area office to identify needs for that office and create Recruitment plan to address the specific targeted areas. They incorporate data to guide the goals and targets. In February 2019, the Department increased the number of Foster Care Recruiters to 18. The plan in FY20 is to increase the Foster Care Recruiters to a total of 29, one for every area office.

FosterMA Connect

Foster MA Connect, a secure intranet site for licensed foster and pre-adoptive parents, will be launched in May 2019. This site will allow foster parents to access important information, including policies, documents, resources, forms, contacts, special events and more. Foster and pre-adoptive parents will have

their own log in to the site. They will be able to ask questions and share information. The staggered roll out will start in May 2019 with five area offices with the expectation that all foster and pre-adoptive parents will be on-boarded to the site by July 2019.

Kinship Orientation

An orientation for newly on-boarded kinship and child-specific foster parents has been piloted in four area offices in early spring 2019. This orientation consists of two three-hour sessions which give an overview of the Department and information on how trauma impacts children. The plan is for rolling out this Kinship Orientation statewide in FY 2020. The goal will be for area offices to hold this orientation bi-monthly.

Expand kinship pilot program to 10 area offices

The Department's goal is always to place a child with kin whenever possible. A Kinship pilot program was launched in ten area offices this year. The goal is to expand to all area office. This program allows trained staff to search for a child's kin that we might not otherwise know about.

D3. PLAN FOR ENACTING THE STATE'S VISION

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.

Child welfare organizations are challenged each and every day to make the right decisions regarding the needs of children and families: assessing whether or not a family is in need of assistance; whether a family can care for children; whether children can remain in the home safely; and whether it is necessary to remove children from their home to protect them from child abuse and neglect. A common thread in discourse about the child welfare system is that “the pendulum has swung too far” – that there is too much emphasis on preserving families and not enough emphasis on protecting children – as if there is a choice between one or the other. DCF believes this is a false dichotomy. DCF must do both. In order to support families, DCF must first protect children from harm. DCF recognizes that to accomplish both, it must recognize and honor the rights of children, must engage families and the community in our work, must have supports and services that meet the needs of children and families, and must maintain an excellent quality improvement program to track progress. In addition to having the cooperation and assistance of families, DCF must collaborate with providers, courts, and community stakeholders, and must develop greater understanding among the general public of their role in prevention and intervention.

In 2014, Child Welfare League of America (CWLA) completed a Quality Improvement Review of the Massachusetts Department of Children and Families at the request of the Executive Office of Health and Human Services.

A primary lesson from the report was that even as DCF must continue to strengthen its internal capacity, it must also engage the community, families, and other systems in working to improve children's safety and well-being. CWLA stated, “*We must address the core issues that lead children and families to need DCF's intervention and services... These are concerns that can be changed only when all individuals, communities, and organizations are ready to examine their roles and take responsibility for their contributions to tragic case outcomes...and when they are willing to work collaboratively to make improvements. Everyone must be ready to advocate for overhaul of the parts of the system that do not protect children adequately, and for providing appropriate levels of services and funding.*”¹

CWLA's Report introduced DCF to the CWLA National Blueprint², as it was the foundation of CWLA's findings and recommendations; those findings and recommendations drove the Department's last Strategic Plan

In 2016, DCF committed to develop Principles of Practice, based upon CWLA's National Blueprint. In our Child and Family Services Review Round 3 Program Improvement Plan, the Department committed itself to developing and implementing Principles of Practice with the intent of guiding child welfare practice, increasing family engagement and the involvement of communities, providers, and other agencies. The intended outcome was that children of the Commonwealth will be safer, will experience improvements in permanency, and that their well-being will be improved as a result of implementation of Principles of Practice. The Principles of Practice development process built on the work of DCF's 2014-15 case practice model committee and incorporated recommendations from other states/jurisdictions and national experts in case practice models.

¹ CWLA Quality Improvement Review, Child Welfare League of America, May 22, 2014

² CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April, 2013

A central tenet of the CWLA National Blueprint and DCF's Principles of Practice is that children's rights are human rights. While the Courts have not made this connection formally, they have determined that all decisions relative to a child's welfare should be made in the child's best interest and that it is the responsibility of all members of society to uphold the rights of children. Any decisions should be driven first and foremost by each child's right to have decisions made in his/her best interests. Reasonable efforts, a requirement by Federal and state statutes, require the Commonwealth to provide services to maintain children in their home; however, when the state must remove a child for their protection there is not a need to provide services that would be considered extraordinary. This then ensures the balancing of interests to maintain children in their homes and uphold one of their most basic rights, freedom from abuse and neglect.

The end goal of all of DCF's efforts to improve (internal Continuous Quality Improvement program, CFSR Program Improvement Plan, and APSR annual reports, and Agency Improvement Leadership Team projects), is to achieve significant, lasting, and positive change in the Department. Our children and families deserve no less. Of course, change does not happen overnight. It takes time, a lot of hard work, and the support of communities, and stakeholders. We are pleased with the intentional progress that the Department has made towards achieving change, and are eager to build upon these successes and advance our reform efforts in the coming years.

While much of the initial reform effort has been directed inward, the Department will also continue to engage the community at large. Child welfare is not the work of one person or one agency—the work cannot be done alone without stakeholder support. Staff will continue working with community partners, children and youth, parents, and the legislature. Real engagement with our partners and our families, together with a strong foundation of casework from DCF staff will be the catalyst for change in the days, months, and years ahead.

Consistent with our CFSR PIP, (completion is anticipated by July 2020) we are centering our CFSP Strategic Plan on the Principles of Practice (based on *CWLA National Blueprint for Excellence in Child Welfare*). The MA DCF Principles of Practice reflect the agency's mission/vision, and will provide the foundation for consistent practice within the Department and in its contracted programs. DCF used the eight Core Principles of the *CWLA National Blueprint* as the framework for development of 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. We have included four of the eight Principles in our Strategic Plan because they reflect our agency's highest priorities and we believe that these four Principles are most closely aligned with the emphases of the Children's Bureau, the Family First Prevention Services Act, and our in-process CFSP PIP. They are:

RIGHTS OF CHILDREN - It is the responsibility of all members of the Department to work to advance the fundamental rights of children.

ENGAGEMENT/ PARTICIPATION - The Department engages and empowers 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.

MA DCF will use the strategies outlined below to increase family engagement and the involvement of communities, providers, and other agencies with the intended outcome that children of the Commonwealth will be safer and that their well-being and permanency will be improved.

It is anticipated that this strategic plan will result in more consistent practice across the Commonwealth, more consistent and improved engagement of families, improved collaboration with community partners sister state agencies, and courts, improved supports and service to children and families, and continued excellence in DCF's continuous quality improvement programs.

MA DCF will continue to monitor metrics/indicators of child safety, permanency, and well-being. It is anticipated that as Principles of Practice are embraced and implemented with consistency, metrics will demonstrate improvements in child safety, increased timeliness of permanency outcomes of children, and well-being of children and their families.

Strategic Plan 2020-2024

In the following chart, we display our goals, strategic objectives and measures for the 2020-2024 CFSP. Where applicable, we have indicated cross-references to the CFSR PIP and Family First requirements with a notation (* = CFSR PIP cross-reference; ^ = Family First cross-reference):

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
I. Rights of Children - Each member of the Department will work to advance the fundamental rights of children.	1. By end of the 2020-2024 CFSP period, the Department will conduct a comprehensive review and revision as needed of four (4) policies; ensuring that that each policy aligns with the fundamental right of children to safety and wellbeing.	<ul style="list-style-type: none"> • Protective Intake Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. • Family Resource Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. • Permanency Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. • In-Home Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. 	<ul style="list-style-type: none"> • Protective Intake Policy: <ul style="list-style-type: none"> ○ Comprehensive review completed. ○ Revision as needed completed. ○ Negotiation completed. ○ Training/implementation completed. ○ Fidelity/outcome metrics developed, tracked and used for ongoing QA & QI. ○ Metric baselines and targets to be established and reflected in the APSR. • Family Resource Policy: <ul style="list-style-type: none"> ○ Comprehensive review completed. ○ Revision as needed completed. ○ Negotiation completed. ○ Training/implementation completed. ○ Fidelity/outcome metrics developed, tracked and used for ongoing QA & QI. ○ Metric baselines and targets to be established and reflected in the APSR. • Permanency Policy: <ul style="list-style-type: none"> ○ Comprehensive review completed. ○ Revision as needed

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
			<ul style="list-style-type: none"> completed. o Negotiation completed. o Training/implementation completed. o Fidelity/outcome metrics developed, tracked and used for ongoing QA & QI. o Metric baselines and targets to be established and reflected in the APSR. • In-Home Policy: <ul style="list-style-type: none"> o Comprehensive review completed. o Revision as needed completed. o Negotiation completed. o Training/implementation completed. o Fidelity/outcome metrics developed, tracked and used for ongoing QA & QI. o Metric baselines and targets to be established and reflected in the APSR.
	<p>2. By end of FFY2021, implement Phase II of Safe Sleep initiatives with sister agencies.</p>	<ul style="list-style-type: none"> • Safe Sleep e-learning: <ul style="list-style-type: none"> o Developed; and o Implemented. • Medical Social Workers and Substance Abuse Specialists will be integrated into Safe Sleep campaign. • Convene meetings with sister agencies (e.g., DPH, DHCD) focused on Safe Sleep. 	<ul style="list-style-type: none"> • Safe Sleep e-learning module: <ul style="list-style-type: none"> o Developed; o Rolled-out; and o 100% of workers trained. • Safe Sleep transformed from a “specialty” topic to a basic skillset for social workers. <ul style="list-style-type: none"> o Intakes, investigations, COINS, and FAAPs will reflect this skillset. • Safe Sleep practices will have been rolled-out within the Department of Housing and Community Development (DHCD) shelters.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	<p>3. By end of the 2020-2024 CFSP period, the Department will ensure that children:</p> <ul style="list-style-type: none"> a. maintain ties to family, and b. have lifelong connections. *^ 	<ul style="list-style-type: none"> • Family Resource Policy and Permanency Planning Policy review/revision will include a focus on: <ul style="list-style-type: none"> ○ increasing overall kin placement utilization, as well as Kin-First placements; ○ maintaining and strengthening sibling connection processes (see Strategic Objective I.5); and ○ identifying and increasing lifelong connections. • DCF infrastructure and staffing will be enhanced to increase Kinship-first placements. • Barriers to placing with Kin will be identified and mitigated. 	<ul style="list-style-type: none"> • Kin metrics will be developed/tracked with the goal of increasing utilization through ongoing QA & QI: <ul style="list-style-type: none"> ○ Kin placement as a % initial entries into care (i.e., entry cohort) ○ Kin as a % of initial Department Foster Care (DFC) entries (i.e., DFC entry cohort). ○ Kin as a % of all placements (point-in-time counts). ○ Kin as a % of all DFC placements (point-in-time counts). ○ Kin metric baselines and targets to be established in early ffy2020 and reflected in the APSR. • Kin placements correlate positively with placement stability, as such, Placement Stability will be tracked and expected to improve. • Time to permanency correlates positively with Placement Stability, as such, Timeliness to Permanency will be tracked and expected to improve. • Sibling Connections metrics (see Strategic Objective I.5). • Lifelong Connections metrics will be developed / tracked with the goal of identifying and increasing lifelong connections through ongoing QA & QI. <ul style="list-style-type: none"> ○ Lifelong Connections rate as captured during Foster Care

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
			<p>Reviews (i.e., Periodic Reviews).</p> <ul style="list-style-type: none"> o Lifelong Connections rate targets to be established in early ffy2020 and reflected in the APSR.
	<p>4. By end of the 2020-2024 CFSP period, the Department will develop additional processes and strategies to address permanency at intake and throughout the life of each case. *</p>	<ul style="list-style-type: none"> • Initial Placement Review (aka: 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency. <ul style="list-style-type: none"> o Statewide implementation of the new Initial Placement Review process. • Permanency Planning Conference process is reviewed revised and implemented statewide. • Permanency Roundtable and/or Permanency Consultation process implemented statewide. 	<ul style="list-style-type: none"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> o Placement Stability rate will be increased/improved. o Timeliness to Permanency will be increased/improved.
	<p>5. By end of the 2020-2024 CFSP period, the Department will ensure that siblings are placed together, unless it is not in their best interest to do so. *</p>	<ul style="list-style-type: none"> • Placement Policy developed with focused attention on placing siblings together. • Enhanced recruitment and expanded capacity of foster homes that are able to accept sibling groups. • Permanency Policy revised to include focus on maintaining and strengthening sibling connection processes. 	<ul style="list-style-type: none"> • Sibling Connections metrics will be developed/tracked with the goal of strengthening Sibling Connections through ongoing QA & QI: <ul style="list-style-type: none"> o 2-or-more Sibling Placement Rate. o ALL Sibling Placement Rate. o Sibling Placement rate baselines and targets to be established in early ffy2020 and reflected in the APSR.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	<p>6. By end of 2020-2024 CFSP, the Department will establish strategies and mechanisms for reducing disproportionality and disparity.</p>	<ul style="list-style-type: none"> • New Social Worker Pre-Service Training launched with curriculum and learning objectives targeted at: <ul style="list-style-type: none"> ○ Training on and reinforcing cultural humility; ○ identifying and addressing systemic, implicit/explicit bias; and ○ addressing/reducing disproportionality and disparity. • Ongoing in-service trainings on managing unconscious (implicit) bias and cultural humility. • Forums held with stakeholders, partners, and citizen review panels to collaboratively identify barriers and solutions for reducing disproportionality and disparity. 	<ul style="list-style-type: none"> • All new social workers are trained in newly enhanced curriculum. • Increase alignment of statistics of DCF population served with general MA population. • Metrics developed and CQI activities indicate decreased disparity and disproportionality in screening, response, and service delivery. <ul style="list-style-type: none"> ○ Baselines and targets to be established in early ffy2020 and reflected in the APSR. • Metrics include: <ul style="list-style-type: none"> ○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI) for Consumer Children Open with DCF ○ RoD and RRI for Consumer Children in Out-of-Home Placement ○ Exits from Care by Race\Ethnicity (RoD & RRI) ○ Exits to Permanency by Race/Ethnicity (RoD & RRI) ○ Reunification by Race/Ethnicity (RoD & RRI) ○ Exits to Adoption by Race/Ethnicity (RoD & RRI)

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
II. Engagement and Participation - The Department will establish trauma responsive strategies for interaction and collaboration to support successful engagement and improved outcomes for those engaged in our work.	1. By end of 2020-2024 CFSP, the Department will expand staff and vendor knowledge regarding Trauma-informed models and the effects of trauma on brain development. ^ *	<ul style="list-style-type: none"> Applied research findings on the “Science of Brain Development” discovered/established by the Harvard University/Center on the Developing Child are embedded and incorporated into DCF’s casework practice. <ul style="list-style-type: none"> Harvard University/Center on the Developing Child will train /consult with two (2) pilot DCF area offices so that they can support foster parents in recognizing and mitigating the impact of trauma experienced by children prior to and as they enter care. Trauma-informed approaches and cultural humility concepts are integrated, and incorporated into DCF’s casework practice. DCF staff knowledge of and skills to address toxic stress and acute stress on brain development are enhanced. 	<ul style="list-style-type: none"> Metrics developed and CQI activities indicate increase in trauma-informed casework practice. <ul style="list-style-type: none"> Baselines and targets to be established in early ffy2020 and reflected in the APSR. Survey results on family engagement indicate improvements in engagement and participation.
	2. By end of 2020-2024 CFSP, the Department will utilize the lessons learned from the pilot conducted by the Harvard University/Center on the Developing Child, retrain staff regarding the traumatic effects of home removal episodes, and strategies for mitigating negative impact.	<ul style="list-style-type: none"> Utilize lessons learned from the pilot to develop training on the traumatic effects of home removal episodes. <ul style="list-style-type: none"> Implement training. Develop a trauma-informed home removal casework practice improvement plan. <ul style="list-style-type: none"> Implement plan. 	<ul style="list-style-type: none"> Metrics are developed and CQI activities indicate increase in trauma-informed casework practice during home removals. Baselines and targets to be established in early ffy2020 and reflected in the APSR.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	<p>3. By end of 2020-2024 CFSP, the Department will increase engagement of youth, families, and stakeholders on DCF task forces and workgroups. * ^</p>	<ul style="list-style-type: none"> • Frequency of youth/family participation at statewide meetings is increased • Increase in youth/family participation in agency improvements reform process • Increase in youth/family participation in policy development process 	<ul style="list-style-type: none"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: • Citizen Review Panels report an increase in youth/family participation. <ul style="list-style-type: none"> ○ Increase in the number of meetings where youth/family participates.
	<p>4. By end of 2020-2024 CFSP, the Department will include youth and family voice throughout the life of their cases.</p>	<ul style="list-style-type: none"> • Initial Placement Review (aka: 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency. <ul style="list-style-type: none"> a. Statewide implementation of the new Initial Placement Review process. • Permanency Planning Conference process is reviewed revised and implemented statewide. • Staff are retrained/refreshed on Family Assessment and Action Plan (FAAP) Policy. <ul style="list-style-type: none"> a. Strategy to increase family participation in the development of Action Plans is developed and implemented. • Families and youth (14 and older) are actively participating in Foster Care Reviews (aka: periodic reviews). Strategy to increase family and youth participation in Foster Care Reviews is developed and implemented. 	<ul style="list-style-type: none"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> a. Increased rate of families participating in the Initial Placement Review process. b. Increased rate of family participation in development of Action Plans as measured by signed FAAPs. c. Increased rate of family and youth participation in Foster Care Reviews.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	<p>5. By end of 2020-2024 CFSP, the Department will collaborate with MA Court Improvement Program (MA CIP) to further permanency for children in the care and custody of the Department.</p>	<ul style="list-style-type: none"> • Work with Registry of Vital Records to implement electronic birth certificates for the Juvenile Court and DCF, which will facilitate earlier identification of fathers. • Conduct joint paternity trainings with MA CIP, DCF, the Juvenile Court and attorneys who represent parents and children. • Participate in Pathways follow-up conference-May 2020 • Convene conference for attorneys, Juvenile Court judges, and DCF staff to further roll-out the Department's revised Initial Placement Review Process (formerly 6-week review)– December 2019. • Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings. 	<ul style="list-style-type: none"> • Feasibility study/timeframe for implementation of electronic birth certificates will be established in ffy2020. <ul style="list-style-type: none"> a. APSR (ffy2020-24) will document progress/implementation. • Number of joint paternity trainings conducted each year as documented in the ffy2020-24 APSRs. • DCF participation in the May 2020 Pathways follow-up conference as documented in the ffy2020 APSR. • December 2019 Initial Placement Review Process conference as documented in the ffy2020 APSR. • Work plan and number of joint trainings convened with MA CIP and CPCS as documented in the ffy2020-24 APSRs.
<p>III.Supports and Services - The Department and its partners will work 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</p>	<p>1. By end of 2020-2024 CFSP, the Department will re-procure DCF Hotline After-Hours Coverage; work with selected vendor to improve after-hours screening, and responses.</p>	<ul style="list-style-type: none"> • Vendor selected and service go-live with a mechanism for tracking fidelity to contract performance specifications and the quality of service delivery. • Increased clinical capacity of Hotline vendor to assist DCF in making informed and timely decisions about removal and placement. 	<ul style="list-style-type: none"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR. <ul style="list-style-type: none"> o Hotline vendor meets or exceeds contract performance specifications.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
developmental tasks, develop protective factors, and strengthen coping strategies.	2. By end of 2020-2024 CFSP, the Department will support Family Resource Centers (FRC) to accomplish their identified goals; assess performance annually, and increase access for underserved communities. ^	<ul style="list-style-type: none"> Funding for FRCs maintained in state budget. Evidence based parenting supports continue to be available. Management oversight provided to FRCs in the provision of services to the community. Quantify and assess services provided and need for underserved populations. 	<ul style="list-style-type: none"> Compliance with FRC contract performance specifications are reviewed 2x/year. <ul style="list-style-type: none"> PIPs are established and tracked as needed. Service needs and FRC network capacity are periodically reviewed by the <i>Families and Children Requiring Assistance Advisory Board</i>—underserved communities are identified and expansion/realignment recommendations are made as needed. Accordingly: <ul style="list-style-type: none"> In ffy2020, 4 micro FRCs will be converted to full FRCs. In ffy2020, one (1) additional FRC site and two (2) micro FRCs will onboarded.
	3. By end of 2020-2024 CFSP, the Department will increase targeted recruitment of Resource Families to meet the cultural, linguistic, health, educational, geographic, and spiritual needs of children and youth entering care. *	<ul style="list-style-type: none"> Ongoing assessment of the demographics of children/youth entering care to align Resource Family recruitment efforts as needed. Ongoing alignment of family resource staffing levels according to established workload standards. Alignment of foster care recruiter staffing levels according to established need. Foster Care Recruitment campaign (FosterMA) shaped to target specific resource families. 	<ul style="list-style-type: none"> Metrics and CQI activities will be developed to measure increases in matches of children to resource families that can better meet their cultural, linguistic, health, educational, geographic, and spiritual needs. Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> Increased number of family resources recruited. Increased rate of Kin-First placements. Increased Placement Stability.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	<p>4. By end of 2020-2024 CFSP, the Department will create and provide clinical supports to family resources (foster and kinship); improve initial training and support for resource families. ^</p>	<ul style="list-style-type: none"> Completed review and update of the Massachusetts Approach to Partnerships in Parenting (MAPP) training. Development and implementation of a formal training program for Kinship families. Increased quality and quantity of communication with family resources by leveraging the family resource intranet (FosterMA Connect) and e-mail distribution list. Completed survey of the clinical support needs of family resources. New procurement for support and stabilization services includes clinical supports for family resources. 	<ul style="list-style-type: none"> Metrics and CQI activities will be developed in early ffy2020. Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> Increased family resource retention rates. Decreased complaint calls to the DCF Ombudsman regarding family resources. Assess Family Resource satisfaction and ongoing needs.
	<p>5. By end of 2020-2024 CFSP, the Department will increase its capacity to provide trauma-responsive services to parents, foster parents, kinship resources, children at home, and children in placement. ^</p>	<ul style="list-style-type: none"> Completed procurement of support and stabilization services. <ul style="list-style-type: none"> Evidence-based services incorporated into support and stabilization procurement. Trauma-informed approaches and cultural humility concepts are integrated, and incorporated into casework practice. 	<ul style="list-style-type: none"> Metrics and CQI activities will be developed in early ffy2020 to measure increases in trauma-informed services. Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
IV. Quality Improvement - The Department will develop its capacity to provide evidence-based and evidence-informed service approaches; data collection will be focused on measuring outcomes and achieving success.	1. Throughout the 2020-2024 CFSP, the Department will ensure consistent review and analysis of current data and metrics to inform decision-making and measure agency progress. *	<ul style="list-style-type: none"> Key metrics continue to be presented at weekly AILT meetings to evaluate progress on ongoing work/initiatives. New metrics (weekly/monthly) are identified as needed and developed to measure effectiveness of future prioritized work. Key metrics and data reports are distributed to the field to guide decision-making and strengthen practice. External stakeholders provide feedback on DCF metrics and reports. 	<ul style="list-style-type: none"> As part of a robust ongoing QA & QI system, metrics and reports are developed/distributed and used to inform decision-making, monitor fidelity to policies and procedures, encourage accomplishment of identified goals and objectives, and document outcomes.
	2. Throughout the 2020-2024 CFSP, the Department will employ comprehensive case record reviews as a valuable tool to assess quality of practice and promote a culture of learning at DCF *	<ul style="list-style-type: none"> Continue CQI case record reviews utilizing the Federal On-Site Review Instrument (OSRI). Develop Area Office (AO) case review process to promote on-the-job learning (OJL). 	<ul style="list-style-type: none"> As part of a robust ongoing QA & QI system, findings inform management decisions and policy changes.
	3. By end of 2020-2024 CFSP, the Department will solidify mechanisms for soliciting and considering feedback from youth, families, collaborators, and other stakeholders. *	<ul style="list-style-type: none"> Continue use of surveys, focus groups, and individual interviews. Utilize family resource intranet to solicit feedback. 	<ul style="list-style-type: none"> As part of a robust ongoing QA & QI system, CQI efforts are informed by youth, families, collaborators, and other stakeholders

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes
	4. Throughout the 2020-2024 CFSP, the Department will publish/present AILT results/findings in an effort to contribute DCF learning to the field of child welfare. * ^	<ul style="list-style-type: none"> • Presentations at conferences and other like forums. • Publish methodology and outcomes of reform efforts. 	<ul style="list-style-type: none"> • Opportunities to present and/or to publish successful methodologies and quality improvement efforts will be documented in DCF's APSRs.

* CFSR 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 child welfare practice in the Commonwealth. CWI focuses on three interdependent responsibilities:

- Promotes 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;
- 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 new strategic plan over the next five years. CWI has advanced 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 child welfare social workers, supervisors and managers at DCF, the CWI promotes organizational effectiveness by building on our many strengths, including:

- The agency's core practice values clearly state that continuous learning is an expectation for professional growth and organizational improvement.
- CWI staff is all dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities for staff.
- The agency has a highly educated and experienced workforce.
- Historically, staff turn-over rates have been low which promotes a deep knowledge of the child welfare system and practical experience in the agency
- The CWI approach to curriculum design and training development is learner-centered and practice-based.
- The CWI contributes to the planning and implementation of policy change initiatives.
- The CWI supports DCF staff efforts to become licensed social workers. Currently, 99% of DCF social workers hold a 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 orientation training for newly hired staff.
- Staff training and professional development are essential agency priorities which strengthen effective succession planning and cultivate organizational leadership.
- The CWI has a clear budget allocation from a dedicated line-item within the DCF appropriation.
- The CWI operates a dedicated statewide training center. This facility is a large training and conference space to house all of the 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 embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency.

Framework for Professional Development

DCF, through CWI, employs an innovative methodology for engaging staff in training and learning forums. The CWI created this approach to help staff demonstrate practice skills that are reflective of the agency's core practice expectations, values, and priorities. Essential to this training approach is that child welfare social work is a defined, unique and distinct profession within the field of social work. As a profession, child welfare social workers embrace a clear set of values which describe why their work is important and necessary. They also share common principles about how the work gets done in an effective manner. Further, the profession of child welfare social work requires that staff have a grasp of core competencies and specific knowledge and skills needed to engage in purposeful interactions with families to keep their children safe. Finally, the profession of child welfare social work utilizes critical thinking and group decision-making to facilitate the assessment and planning processes with vulnerable children and families. Over the years, the Department has continued to expand, diversify, and revise training and professional development programs for staff. This has included a continuous revision of the New Social Worker Preservice Training (NSWPT), the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. All of the programs designed and implemented by the CWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The CWI gathers input through practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

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

- a. CWI provides a variety of training, professional development and technical assistance at every level of DCF. CWI provides the following training opportunities for newly on-boarded staff or those new to their positions:
 - i. New Social Worker Preservice Training (NSWPT) for all new DCF social workers. NSWPT provides foundational policy and practice content required before a social work can be assigned a case.
 - ii. 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 manage social workers.
 - iii. New Area Program Manager Training (NAPMT) is a series that supports APMs as they assume their roles managing social worker supervisors. The content in this series walks through administrative, educational, supportive, and clinical expectations at a middle management level with broader oversight and decision-making responsibilities.
- b. Master in Social Work (MSW) Fellowship and Professional Certificate Programs offer professional education opportunities for qualified staff through an MSW Fellowship and a Professional Certificate Program.
 - i. MSW Fellowship is offered to staff through several university and college partnerships around the state. The Fellowship accepts a limited number of qualified staff from every DCF region.

- ii. The professional certificate programs are offered to staff through several university and college partnerships. Applications are accepted from every DCF region for a limited number of seats at two levels; one program, the Trauma-Informed Certificate in Child Welfare Practice is open to all social work staff that apply and are qualified. In addition, DCF initiated a higher level Trauma-Informed Certificate specifically for Supervisors and Managers.
- c. In-service and Professional Development offered by CWI is practice-topic based professional development courses throughout the year for social workers, social worker supervisors, and managers. The development of these courses has evolved to be more practice-based as well as being more responsive to field identified needs and the overall strategic goals of the Department. Information about the courses is provided on a quarterly basis to all DCF staff through a comprehensive training and professional development newsletter.
- d. CWI staff is part of the Policy Development and Implementation efforts of DCF. CWI staff provides technical assistance to the policy unit and other stakeholder regarding policy rollout training and curriculum content. More direct assistance is provided around development of training materials.
- e. CWI will provide specific training and professional development to meet the more localized needs of the five Regions and 29 DCF Area Offices.

Technical assistance and capacity building needs that the state anticipates in FY 2020 - 2024 in support of the CFSR PIP and CFSP goals and objectives

- a. CWI anticipates technical assistance and capacity building needs associated with the training and development of Social Worker Supervisors and Managers. Specifically around clinical practice (enhancing critical thinking, analysis, and assessment skills), supportive (applying trauma informed supervision and decision making), educational (being coaches, facilitators, and teachers), and administrative (using data and available tools to support staff and meet policy expectations.)
- b. DCF leadership and CWI staff will explore partnering with a capacity building organization to develop a comprehensive continuum of professional development that is competency and practice-based. In addition, resources for Supervisors and Managers would be created that would integrate DCF policy, best practices while ensuring that critical thinking skills and coaching principles frame learning outcomes and expectations. The overarching capacity building goal is to ensure that DCF experiences a positive shift in its workforce, leadership, and management (knowledge and skills) as well as leadership commitment and field staff buy-in to the values of competency and practice-based learning.

Evaluation and Research Activities

- a. CWI will develop and implement a mechanism for evaluating the effectiveness of initial training and results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the CWI (i.e., training staff). This formal feedback process will measure transfer of learning around key practice elements.
- b. CWI will develop and implement a mechanism for evaluating the effectiveness of ongoing training. Identify metrics and process for evaluating and improving staff training.

- c. CWI will develop and implement an online mechanism for tracking the 30-hour requirement for ongoing training for social workers and their supervisors.

Implementation Supports

In the chart above, the Department displays its strategic goals, objectives, and measures of progress for the 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 located in the Training Plan section of the CFSP. Others are embedded in activities the Department is already engaged in. For example, DCF has almost completed the action plan in its Child and Family Services Review PIP.* 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 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 policies across the agency such as coaches, trainers, and ongoing conversation will be key.

SECTION D4 – SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

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

Prevention

The Department's approach to prevention of child abuse and neglect is rooted in the premise that community child welfare work, needs to be integrated in 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.

- The Department 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, it has formed a strong partnership for over 20 years with various community stakeholders. The Department continuous to fund 21 Community Connections Coalitions, programs four PATCH programs and various other programs that mobilize and better aligns effective, collective response 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 preserving intact families when possible. Time-limited reunifications services to families, whose children have been placed in foster homes, allows for reunification to safely occur. 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 network of Family Resource Centers (FRC), the Department works to increase the capacity of communities to more effectively respond to the needs of families. In 2015, the Massachusetts Executive Office of Health and Human Services (EOHHS) and DCF developed Family Resource Centers to better integrate services for children youth and families across the Commonwealth. Many of the families served by FRCs may have received voluntary services from the Department in the past, but can be better served with a more informal approach and can benefit from peer to peer support. There are currently 22 e FRC programs funded by the Department across the Commonwealth. DCF moved towards the development of an FRC model that fully integrates a number of family support innovations and state funding streams.
- The Department contracts with providers to offer 17 service sites across the Commonwealth that provide support, education and assistance to pregnant and parenting teenagers in an effort to prevent those families from entering the child welfare system due to a need for care and protection of the children.

Support and Stabilization Services – Prevention and Intervention

The Department's Support and Stabilization services are provided by 100 agencies that offer 280 different services across the Commonwealth. Support and Stabilization Services are available to intact families, foster families, adoptive families and kinship families. These services are also available to support reunification after a period of out-of-home placement.

- Support and Stabilization services include:
 - Intervention and treatment services such as Multi-systemic Therapy, Motivational Interviewing, and Parent Training programs, including Triple P – Positive Parenting Program.
 - Family preservation services, which are referred to as “Family Stabilization,” are offered in different formats, depending on the needs of the family. One format assigns a clinician and outreach worker to the family. The clinician and outreach worker meet, either together or separately, multiple times each week with the family, to provide family therapy, assistance with managing children's behaviors, outreach and linkage to community supports, and 24/7 crisis responding to the family. Another format for family preservation services is a parent aide assigned to the family for multiple visits each week focusing on assistance with budgeting, housing stability, home management – including cleaning, laundry, meal preparation and nutrition, and attending to children's medical needs and appointments. Both formats for family preservation provide families with in-home services, multiple times per week, to address and overcome the issues that often lead to the removal of a child.
 - The family support services included in Support and Stabilization can include supports for parents, supports for youth, or supports for both parents and youth. Support services are practical, effective ways to strengthen families' capacities for caring for their children. The services include a wide range of offerings, including afterschool programs, peer mentors for youth, supportive counseling for parents, and homemaking assistance and training.
 - The Department's 29 Area Offices, spread across the Commonwealth, are involved in selecting the Support and Stabilization programs with which to contract. This de-centralized process ensures that Support and Stabilization services are delivered by local, community-based providers who can meet the needs of children and families within that geographic area.
- The Department plans to re-procure Support and Stabilization services within the next two years. A focus of the re-procurement will be aligning with the Family First Prevention Services Act, specifically by increasing the number of evidence-based intervention and treatment services that are available to prevent and intervene with families' mental health and substance abuse challenges as well as increasing the number of evidence-based parent education programs. The Department will approach increasing the availability of evidence-based interventions in a measured way, ensuring that the provider community is prepared and supported in delivering the models and in sustaining fidelity. The Department's work in this area will be aided by the availability of the initial and ongoing lists of interventions that meet the FFPSA criteria for evidence-based practices. In addition to adding more evidence-based interventions to the array of Support and Stabilization services, the Department will continue to purchase practical family supports, such as parent aides and afterschool programming that help families keep their children safe and well cared for at home.

Family-based Foster Care

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

- As of May 2019, there are 4,738 licensed Departmental family-based foster care homes. That total includes both kinship/child specific homes (2,299) and unrestricted homes (2,439).
- As of May 2019, the Department contracts with 22 different agencies that provide, monitor and manage 1,558 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

Congregate care services were procured in 2012 through Caring Together, which was joint work by the Massachusetts Executive Office of Human Services (EOHHS), the Massachusetts Department of Mental Health (DMH) and the Department. Through Caring Together, the Department contracts with 56 congregate care providers.

Their services include:

- 30 Residential Schools
- 120 Community-Based Group Homes, which serve youth with a range of behavioral health needs and are staffed at the 1:2, 1:3 or 1:4 staff to student ratios
- 43 community-based emergency assessment sites, with a 45-day length of stay
- 12 group homes for pregnant or parenting teens
- 120 independent living apartments for young adults age 18 and older

Within the next two years, the Department plans to re-procure residential services, replacing the Caring Together procurement. The re-procurement will be aligned with the Family First Prevention Services Act. In preparation for the re-procurement of congregate care, the Department conducted interviews with and policy reviews of the 56 current providers of congregate care to determine readiness for Qualified Residential Treatment Program status.

The interviews revealed that:

- Twenty-nine providers (52%) operate using a trauma-informed treatment framework.
- Forty-two providers (75%) have 24/7 availability of licensed or registered nurses and licensed clinical staff.
- Forty-three providers (77%) provided their family engagement policies for review. Policy reviews showed that:
 - Only two policies (5%) need improvement with regard to integrating family members into a child’s treatment.
 - Thirteen policies (30%) need improvement with regard to family outreach.
 - Thirty-nine policies (91%) need improvement with regard to sibling outreach and connection.
 - All fifty-six providers provide discharge planning, which is a licensing requirement in the Commonwealth. Fifty-one providers (91%) already provide aftercare through the Follow Along add-on service available in Caring Together.

- Sixteen providers (29%) are accredited, with an additional twenty-five providers planning for accreditation.
- The Department is partnering with providers' professional and trade associations (e.g., the Children's League of Massachusetts) to ensure that providers understand the QRTP requirements and responsibilities.
 - Four presentations about QRTP requirements and the results of the Department's assessment of QRTP readiness were delivered in locations across the Commonwealth in May 2019. More than 100 representatives from the provider community attended the sessions.
 - The Department will continue to partner with providers' professional and trade associations on keeping providers informed about the provisions in FFPSA and on supporting providers through the change process.

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 supports at the case level.

To assess needs and strengths, and then determine what services will be the best match for children and their families, Lead Agency staff convene Family Team Meetings, which yield an individualized list of services. To ensure family involvement in determining appropriate services, attendees at the Family Team Meeting include 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. Facilitated by Lead Agency staff, the Family Team develops a coordinated set of services that will support a child and family in fulfilling an action plan to achieve their individualized goals.

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 Abuse. 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 the Family Team meeting 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 publically and privately funded services available to assist families with mental health and substance abuse. Outside the Family Team Meeting, 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.

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 and sexual exploitation, the Department partnered with the Child Advocacy Center of Suffolk County, the Justice Resource Institute's My Life, My Choice program, and Northeastern University to secure federal grant funding to serve commercially sexually exploited children (CSEC). The coalition of organizations working to implement the Massachusetts Child Welfare Human Trafficking Grant includes representatives from 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 the coalition's work, youth who have experienced sexual exploitation benefit from improved responding by a multi-disciplinary team trained in CSEC best practices. There is a trained multi-disciplinary response team in each of the Commonwealth's 14 counties as well as a CSEC Coordinator. The CSEC Coordinator assists with locating and coordinating local services for CSEC and youth at risk of sexual exploitation.

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.

Replacement of Caring Together

Seven years ago, the Department launched, in partnership with DMH and the Executive Office of Health and Human Services, the Caring Together procurement for congregate care services. Caring Together was an attempt to coordinate services to children and families involved with either DMH or the Department. The rationale for Caring Together was to – 1) improve the experience of families of children with behavioral health challenges by reducing the number of times that families had to tell and retell their stories to staff in different agencies, and 2) improve outcomes for the children through coordination of behavioral health services. Though not apparent when Caring Together was being designed, with hindsight, it is possible to see that a missing partner in the Caring Together initiative was Massachusetts' Medicaid agency, MassHealth, which oversees contracts for the provision of medical and behavioral health services to Medicaid enrollees in the Commonwealth.

The Department will re-procure congregate care as will DMH, but the re-procurements will be separate, not the shared contracts that were used in Caring Together. There are several factors that contributed to the decision to replace Caring Together with separate re-procurements. A significant factor is that coordination alone was not sufficient to achieve the anticipated improvements in outcomes for children. Another factor was the Department's growing need to move away from generic program types to procure specialized services for youth not served by DMH, which include but are not limited to, juvenile justice involved youth, youth with aggressive or sexualized behaviors, youth on the autism spectrum, and youth with developmental and intellectual disabilities.

Another factor that contributed to the Department and DMH moving forward with separate re-procurements for congregate care is the Family First Prevention Services Act (FFPSA). The Department's re-procurement, which will be completed within the next three years, will be aligned with FFPSA. DMH will not be aligning their re-procurement with FFPSA.

Behavioral Health

In 2018, the Massachusetts Secretary of Health and Human Services launched an interagency workgroup tasked to improve access to behavioral health services for citizens enrolled in MassHealth. The Department participates in the redesign work aimed at increasing access to behavioral health services for children and adolescents as well as the redesign work to assist adults. Through a child welfare lens, the adult system is the system serving "parents." Through participation in this workgroup, the Department is expanding service coordination at the system level. Examples include:

- Advocating for preferred pathways into services for children and families involved with the Department,
- Collaborating on the re-design of short-term stabilization programs for youth experiencing behavioral health crises. Such programs, with available psychiatric care and a range of behavioral health specialties, will enhance the service array for youth with severe emotional disturbances and fill an existing service gap.
- Designing congregate care service models that will maximize access to MassHealth behavioral health services – from crisis responding to on-going therapy – for youth being served in a residential setting.
- Defining competencies that behavioral health practitioners must have to effectively work with youth served by the Department. These competencies include experience with trauma-informed practices, ability to manage aggressive behaviors, and skills in motivational interviewing and other practices that engage reluctant youth.

Juvenile Justice Services

As a result of changes to Massachusetts' juvenile justice laws and the success of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in the Commonwealth, many youths with juvenile justice involvement are now served by the Department, rather than being committed to the Department of Youth Services (DYS). Members of the Department's Services Network team have been meeting with DHS to gain knowledge of what aspects of DHS' service continuum can be adapted for use in child welfare. Fortunately, many of Massachusetts' DHS services are trauma-informed, which will make the process of adapting them easier than if they were based on punitive approaches. In addition, some of DHS' programs are staff secure, rather than hardware secure, which makes them more appropriate for adapting to a child welfare approach.

Substance Abuse Services for Adolescents

The Department of Public Health's (DPH) Bureau of Substance and Addiction Services (BSAS) procures substance abuse services for adolescents and adults. During the past few years, there has been an underutilization of BSAS' adolescent residential substance use services and of adolescent community-based services, specifically Adolescent Community Reinforcement Approach (ACR-A). Members of the Department's Services Network team have been meeting with BSAS staff to develop ways for the Department's adolescents with substance use challenges to be linked with available, underutilized, BSAS services.

There are two initiatives underway to improve substance use disorder service coordination:

- The Department is providing feedback to BSAS on specifications for new RFRs for residential substance use disorder programs. Underutilization of residential substance abuse services can be attributed to the profile of youth able to be served in the programs. The Department has helped BSAS design a service model that will be able to meet the needs of youth served by the Department. Some of the changes include ensuring that programs have the ability to serve youth with complex trauma histories, aggressive behaviors, co-occurring mental health and substance abuse disorders, and high frequencies of running away. Previous BSAS programs lacked the capacity to serve youth with these characteristics, which resulted in many youths served by the Department being determined ineligible.
- Youth in the Department's congregate care settings are at risk of substance use disorders; however, linkage for these youth with ACR-A services has been inconsistent. During the summer and fall of

2019, the Department and BSAS will be hosting meetings across the Commonwealth for both congregate care providers and ACR-A providers. The purpose of the meetings is to introduce the two different types of providers to each other, explain how ACR-A services can be arranged for youth in congregate care settings, and set the expectation for both sets of providers to coordinate on ensuring that youth in need receive ACR-A services.

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 so that access issues can be addressed.

The Department is committed to service coordination as a strategy for expanding the service array. The Department will continue to identify available service provided by other agencies and organizations and engage in the education and protocol-development work with other agencies and organizations that are 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. The Court Improvement Program has two standing committees: Steering and Training. The Steering Committee consists of individuals from the Juvenile and Probate and Family Court, the Committee for Public Counsel Services (hereinafter CPCS) which is the state agency that oversees attorneys who represent children and parents in child welfare proceedings, the Department and the Trial Court. A few years ago members of the Steering Committee attended a Data Sharing Capstone seminar at Georgetown University in Washington, D.C. From that program the Steering Committee, through a contract with Boston University, completed an evaluation of education of children in state custody. During the course of this evaluation numerous conversations occurred between the participants of the Steering Committee on how to improve educational outcomes for children, including ensuring that children are not transferred to another school when removed from their parents. Additionally, through CIP a confidentiality guide was created. This not only took much research on the laws, both state and Federal, but many meetings to discuss. In order to accomplish this, a sub-committee was created. This sub-committee not only included those agencies involved in CIP but other members of the community including the Department of Youth Services, the Department of Elementary and Secondary Education and other child advocacy organizations.

The CIP Steering Committee meets on a regular basis where the Department's General Counsel attends those meetings. During these meetings, many topics are discussed, including legal representation of children and parents, educational concerns of children in state custody, timely permanency hearings and outcomes for children involved in the child welfare system. At certain intervals, the Steering Committee

reviews data on permanency hearings, time to adoption and time to reunification. These reviews raised concerns about the timeliness of Appeals and therefore more data was obtained and reviewed.

The Training Committee meets regularly and consists of individuals from the courts, CPCS, and the Department. These meetings discuss training needs of attorneys, social workers and judges and how to accomplish these training needs through cross-training of all parties involved in child welfare proceedings. Immigration and the Indian Child Welfare Act were two recent trainings that occurred. At both trainings many attorneys and social workers attended from all disciplines.

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 30 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, 20 and under. HFM has shown many positive outcomes for families from the randomized control trial of its effectiveness, including a recent finding, that children who had been a part of HFM had 32% lower incidence of a subsequent report of abuse and neglect by age 8 than those who had not. The Department is currently a vital referral source for HFM, generating 10% of all referrals, the third highest in the state. 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 also improving the 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 serves to promote more prevention services and better support for families. Over the coming years, the Children's Trust will work with the Department in planning and implementing the Families First services array. In the last five years, HFM has worked with a total of 7,138 families (unduplicated count). Continuously, HFM is working with many families across the Commonwealth (see chart below for the number of families served each year).

	Number of families served
FY14	2957
FY15	2618
FY16	2899
FY17	2532
FY18	2667

Massachusetts continues to maintain a multidisciplinary Children's Justice Act (CJA) Task Force that meets on a regular quarterly basis to acquire information, identify issues, and develop strategies for intervention, review progress and network with state and community organizations. The Task Force meetings provide an opportunity for statewide information gathering. This information is supplemented

by Task Force members' contact with multiple organizations throughout the state.

During these meetings, the Task Force establishes objectives and reviews key program initiatives and relevant policies and legislation, as well as budget issues affecting service delivery to children and families in the Commonwealth of Massachusetts. The CJA Task Force has conducted a systemic review and assessment at meetings throughout the contract period. At selected meetings, the CJA Task Force discussed the three-year review requirement, the process and the issues to include in the assessment. The task force consists of many members from the community, including but not limited to the Department, Juvenile Court, Probate and Family Court, Police Departments, Probation Department, Child Advocacy Center, Committee for Public Counsel Services, a private therapist and a former victim.

The Task Force currently works with the Child Protection Program (CPP) at Boston Children's Hospital (BCH). This includes providing a Department Nurse Liaison who works with the Child Protection Clinical Services Program. At the same time that the Nurse Liaison position was expanding to cover all of the Department's regions in the Commonwealth, the Child Protection Program also began to contract with the Department to provide a range of essential, but otherwise non-billable services to Department-involved children, including expedited medical evaluations, consultation, case review and expert witness testimony. With support from the Department for those services that were not supported by third-party billing, the Child Protection Program was able to offer the Department a full complement of services required to ensure the complete assessment, case coordination, forensic response, and follow-up so essential to the appropriate care of maltreated children. This grant further works by allowing children who are seen at BCH for the diagnosis and treatment of severely inflicted injury or pediatric condition to receive expert consultation, medical examinations, interviews with caregivers, coordination with multiple specialties including ophthalmology, radiology, orthopedics, psychiatry, hematology, genetics, metabolism, dermatology and others to ensure appropriate diagnosis and treatment, consultation to Department workers, expert testimony, case coordination and discharge planning.

When children enter the foster care system it is necessary for each child to be medically reviewed. Through this grant and the partnership with the BCH the Foster Care Clinic continues to accept referrals for children newly entering foster care for whom there is either lack of health history or an incomplete health history. The work of the clinical staff includes gathering missing records, making referrals to appropriate medical subspecialists, screening for psychiatric issues, getting children caught up with immunizations, and connecting children either back with their original primary care physician or ensuring they are referred to a new potential primary care physician. Written reports are provided to Department social workers for the children seen in the outpatient clinic to ensure that any ongoing health needs will be followed once the child's involvement in our clinic ends.

In 2015, the Commonwealth was awarded an opportunity through the Child Welfare Trafficking Grant to collect and track data about child victims of human trafficking. This grant brought together providers from across the Commonwealth and the Department to educate and collect data on human trafficking. This data collection is allowing the analysis of each county's information to identify areas that need improvement. Further, the project includes an evaluation conducted by Dr. Amy Farrell, Associate Professor of Criminology and Criminal Justice at Northeastern University (NU). One of the key elements of the evaluation is improving our understanding of whether or not a multidisciplinary response improves outcomes for child trafficking victims who are served by this process. At the start of the project, the Commonwealth was unable to quantify the incidence of child trafficking or track the impact of any of the Child Welfare Trafficking Grant activities on outcomes for youth helped identify

and serve. The Massachusetts Child Welfare Trafficking Grant provided the Commonwealth with a unique opportunity to develop infrastructure across the state to identify and respond to victims of child trafficking.

In addition, the Department continues to partner with My Life My Choice and the Suffolk County Support to End Exploitation Now (SEEN) on a federal five-year grant to address human trafficking in our child welfare system. This grant focuses on the vulnerabilities of the LGBTQ and transgender populations within the Department through training and support to Department staff, placement providers and the community. Multidisciplinary teams across the state are increasing their understanding of human trafficking and the unique risks that our LGBTQ and transgender youth experience. Additional funding from the state legislature has allowed the Department to offer additional training to ensure that staff identify these youth and respond appropriately.

The CJA grant also funds the Department's Director of Special Investigation/Case Investigation Unit. The Director manages the contracts of each of the State's District Attorney Child Advocacy Centers and SAIN programs; represents the Department as a member of the State Child Fatality Review Team; represents the Department as a member of the State Child and Adolescent Sexual Assault Taskforce and serves as a member of the Department's internal Critical Incident Review Team. The Director collaborates with multiple local and state offices to ensure consistent and efficient practices and protocols are enforced. The Director recommends and provides feedback on a number of issues, including child placement, screenings, available and appropriate resources, financial allotments and quality assurance measures.

In addition, the Director works closely with the Assistant Commissioner for Continuous Quality Improvement in providing clinical services and to meet the operational needs of DCF clients and their families. The Director provides technical advice and consultation on especially complex and sensitive issues for the central administration as well as the field operations. The Director is the chair of the Children's Justice Act Task Force and attends the annual CJA/CAPTA liaison conferences as required under grant provisions.

During FY2019, the Department once again contracted with Children's Charter, a division of the Key Program Inc., to provide state-of-the-art forensic clinical evaluations for the Department's most complex cases of child maltreatment that need intensive, in-depth assessment and treatment services to children involved in criminal court cases. As a statewide service, Children's Charter accepts referrals from any Department area office. Children's Charter provides forensic evaluation services to children, between the ages of 3 and 17, who have experienced and/or witnessed trauma. Children's Charter provides valuable expertise and consultation services in the areas of court testimony, case management, and investigative services. In addition Children's Charter has established sound collaborative relationships with police, district attorneys, courts, physicians, and other community partners. The Director of the forensic evaluation program reports that over 70% of the evaluations are utilized by the courts in assisting them with making court rulings on behalf of the children. The primary purpose of the court-related evaluations is related to the permanency of children. In addition, evaluations aide the courts in determining critical services that must be in place to achieve the goal of reunification. The Department will continue conversations and group meetings to identify methods of tracking the use of forensic evaluations to inform permanency decisions, and to measure outcomes related to the permanency of children in court related cases.

Over the past five years, the Department provided funding to support the Children's Cove Champions for Children Conference, an informative and innovative multidisciplinary conference offering workshops presented by many nationally recognized experts in the field of child abuse, including sexual abuse, physical abuse, neglect, domestic violence, trafficking and exploitation, and prevention. The Champions for Children Conference is one of the premiere child maltreatment conferences in the country and

provides professionals in the field with extensive and innovative insight to assist child victims and families in their community. This year's 17th Annual Conference "Innovation and Inspiration to Make a Difference" included 20 presenters who led a series of discussions and workshops as part of the event. The conference was an informative and innovative multidisciplinary conference offering workshops presented by nationally recognized experts in the field of child abuse. Social workers, prosecutors, judges, medical professionals, teachers, forensic interviewers, advocates, clinical professionals and law enforcement attended this conference to gain knowledge and trends on best practices around the issue of child abuse.

The Department values these community collaborations and will continue to work to increase the collaborations.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES 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 FY2020 - FY2024, the Department will use grant funding to achieve the following key outcomes, consistent with the previous 5-year plan:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*— The Department will continue to use 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 will continue to use 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.
 - Family Support Services, which provides needed flexible supports to intact families with the focus on keeping children safely in their homes.
 - 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; it is anticipated that this contract will continue in effect from FY'2020-2024. 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 live 24 hours/day, 7 days/week. There is also a component of the contract designed to educate therapists, attorneys, judges, and others who may work with adoptive families. Adoption Journeys has also conducted 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 with 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 the needs, interests, and expectations of all involved. 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 home. 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 that has legalized an adoption or permanent guardianship can access the post-adoption services. Approximately 32% of the families working with Adoption Journeys in 2017 and 2018 were infant, private, or intercountry adoptions.

As is the case in most states, the number of new intercountry adoptions by families in Massachusetts continues to decline. According to State Department data, there were only 49 intercountry adoptions in Massachusetts in 2017, down from 55 in 2016, 98 in 2015, and 112 in 2014. Therefore, there has not been an increased demand for post-adoption support services for new intercountry adoptive families. The primary demand is from families with teenagers who were adopted from other countries anywhere from 1 to 10 or more years ago. MA DCF does not anticipate changing its post-adoption support model, as Adoption Journeys continues to be successful for families in this demographic.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Activities the state plans to undertake over the next five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and to address the developmental needs of all vulnerable children under five years of age:

A. Reduce the length of time in foster care without a permanent family

- Continue work with Family Find Pilot which is currently underway in 11 of 29 Area Offices. This pilot is supporting identifying appropriate kin as placement resources for children initially identified

as needing unrestricted foster placement. Referrals are tied to the intake/investigation units whereby the FF worker is engaged immediately at first placement. The FF worker, in conjunction with the assigned social worker for the family, explores and engages family kin & supports. Use of a genogram supports the initial implementation work as well as use of an Accurint Search where needed.

- Review and rework the following DCF policies; Family Resource, Permanency Planning, Protective Intake and In-home Casework and Documentation.
- Aggressive data collection & analysis to monitor permanency work with this population.

B. Address the Developmental Needs of all Vulnerable Children Under Five Years of Age

- Continue referrals to Early Intervention for children under the age of three years of age.
- Continue and extend partnership with the Harvard University Center on the Developing Child. Teaching staff to develop a practice based approach to applying the science of child development to child welfare decision making & help social workers and foster parents better able to understand and apply the neuroscience of relationships to their work with children and families who are experience acute and chronic stress. This work will strengthen our social worker's ability to protect children from abuse/neglect and strengthen children's lives through three frames; forensic, trauma and building resilience.
- Bring a trauma-informed and culturally responsive approach to all aspects of our work with children, including our emergency response system and transitions for children in placement.

C. Child Care Vouchers

DCF is continuing to work with the Massachusetts Department of Early Education and Care to increase access to early education for our children from birth to age 5. A nine office pilot program is currently underway with the goal of expanding short term child care for children in need. The goal will be to implement this model statewide in FY2020.

d. Foster Care Review Policy

The Foster Care Review Policy has been updated which went into effect on March 11, 2019. Goals of the new policy are to increase the participation in reviews and to ensure that all updated information is available at the time of the review. This will help to ensure that every child is receiving the necessary services and permanency planning. Utilize data and analysis to monitor progress in this area.

POPULATION AT GREATEST RISK OF MALTREATMENT

DCF has identified the following as Populations at Greatest Risk of Maltreatment

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. Family Coping with Homelessness
5. Children/Parents with Disabilities
6. Youth Transitioning from Foster Care

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) on a federal five-year grant (concluding on 9/30/19) to address human trafficking in our child welfare system. This grant also focuses on the vulnerabilities of the LGBTQ and transgender populations within DCF through training and support to DCF staff, placement providers and the community. Multidisciplinary teams across the state are increasing their understanding of human trafficking and the unique risks that our LGBTQ and transgender youth experience. Additional funding from the state legislature has allowed DCF to offer additional training (SFY 2017) to ensure that staff identify these youth and respond appropriately.

As of December 2018 the work of the grant team met its goal of establishing multidisciplinary teams (MDTs) within each Children's Advocacy Center (CAC). These MDTs specifically addresses the 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 of 2017. Throughout this period of time, additional training was provided to DCF staff and providers; Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, training that incorporated the production entitled Body and Sold with a panel discussion occurred 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 in order to sustain attention and support the work related to human trafficking.

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.

DCF has continued to collaborate with statewide task forces and initiatives focused on parental substance misuse and the impact it has on children. DCF is a primary partner 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. This 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, developing a statewide structure for Plans of Safe Care, identifying the needs of substance exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF made a commitment to support frontline social work practice by increasing the capacity of its statewide Substance Abuse Unit. Through 2017-18 staff was increased from five to ten regional Substance Abuse Coordinators plus a central office coordinator. 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.

Children and Youth Exposed to Ongoing Issues of Mental Health, Domestic Violence and Substance Abuse

DCF utilizes specialty units focused on all three of these areas in a variety of ways. The Mental Health Specialists Unit is comprised of one specialist for each of the five DCF statewide regions. They provide over-all coordination of the regional mental health services utilized by DCF families with a focus on assisting staff to access 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 providing leadership in assisting the Department in advancing trauma informed practice and understanding the impact trauma can have on children who have experienced abuse/neglect as well as on adult caretaker's ability to safely care for their children.

Domestic violence continues to be a significant risk factor for children and their non-offending parent 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/or 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 DCF area offices they cover working directly with the area and regional offices to think strategically about capacity building for staff. These activities inform a statewide perspective for the development of 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 Office and local domestic violence programs

During 2018 the DCF was selected as one of three sites across the country to participate in a ground-breaking project funded by the U.S. Children's Bureau. The project will test an approach to improving outcomes for children and families involved in the child welfare system who are experiencing domestic violence. This project, called the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), will be working with the Haverhill, Lawrence, Lowell, and Malden 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 because of a strong commitment and existing capacity of community partners.

In all policy development, DCF clinical units (domestic violence, substance abuse, and mental/behavioral health) have been utilized to incorporate clinical thinking and practice guidance related to these vulnerable populations. DCF's Intake Policy and Family Assessment and Action Plan Policy both include guidance related to parental and adolescent substance misuse. Staff from all three of these clinical units regularly collaborate on clinical case practice needs of regional and area offices and in the development of integrated trainings that include these topic areas as well as trauma informed practice.

The DCF After-hours Hotline Contract is being re-procured, with services relative to intake/investigation, missing or absent children and internal staff support being separate entities, both in terms of staffing and

function. This new program will offer improved services to our most vulnerable populations and will be staffed appropriately to offer urgent responses to critical situations.

Family Coping with Homelessness

DCF continues to expand our portfolio of services offered to families with issues of child maltreatment who are experiencing housing insecurity and or 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.

In 2016, the Department increased staffing levels to ensure each DCF region has an assigned Housing Stabilization Unit specialist and expanded the distribution of housing and economic self-sufficiency information through the creation of the Housing Services Unit intranet page. In an effort to increase service delivery to homeless families, the Department enhanced the Family Unification Program with the option for families to access supportive housing services. In Fiscal Year 2017, the Unit completed 1,954 case consultations on DCF involved families struggling with homelessness and housing insecurity. In an effort to raise awareness and increase the staffs' capacity to respond to families struggling with housing-related issues, the Unit collaborated with state partners and the Child Welfare Institute to develop housing specific curricula for the Department's field staff. These ongoing efforts include training related to economic self-sufficiency, approaches to servicing unaccompanied homeless youth and supporting families placed in state-funded shelter.

Additionally, a Memorandum of Understanding between the Department and 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 DHCD and the success of families housed through the Family Unification Program; this data allows the Department to better assess the services delivery needs of families facing poverty and housing insecurity.

Children/Parents with Disabilities

The Department has continued to strengthen 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 competent care and services to the Deaf and Hard of Hearing, persons with limited English proficiency, and persons with disabilities. The Department's Diversity Officer leads the implementation work, with support from 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;
 - resolving issues related to reasonable accommodations for families involved with DCF;
 - sharing information needed to implement reasonable accommodations;
 - 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.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Securing a Language Line service; this is secured as of January 1, 2019.

- Numerous onboarding, ongoing, and professional development opportunities are provided by the Child Welfare Institute, DCF's training unit. Additionally, the Diversity Officer provides diversity, anti-discrimination, sexual harassment, and ADA trainings, 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 and MA Office on Disability.

Youth Transitioning from Foster Care

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. Using stakeholders' input, the agency has focused state and federal funded programming on assisting youth and young adults build strong foundations for success to help youth achieve 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 supports to achieve 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. The effective use of 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.

Aligned with the Fostering Connections to Success and Achieving Adoptions Act of 2008, 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 re-enforce 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 currently conducting a data review project to examine the permanency goals of an identified transition age youth cohort in out of home placement in the fall of 2017. The goal of this review is to assess the impact of services and programming on the well-being and permanency of these youth.

MONTHLY CASEWORKER VISIT FORMULA GRANT

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 in a purposeful manner, 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 reference to FFY 2018 Monthly Caseworker Visit Grant funds, the Departments plan to spend these funds on the following strategies:

- 1) **Technology Support:** The Department has identified challenges with cellular connectivity in the Greenfield Area Office. Limited connectivity in this catchment area can pose issues for worker safety and become a barrier for maintaining regular contact with children and families. The Department plans to utilize a portion of FFY18 funds to purchase a limited number of satellite phones for the Greenfield Area Office to support ongoing visitation with children and families.
- 2) **Travel Expenditures to Support with Monthly Visitation:** The Department plans to utilize funds from this grant to support travel expenditures incurred while ensuring timely visitation of children in placement occurs.

In reference to the 2020-2024 Monthly Caseworker Visit Grant funds, the Departments plans to spend these funds to support the Department's Agency Improvement Leadership Team initiative to increase monthly visitation in ongoing cases (both for in-home cases and for children in out of home placement). The initiative seeks to improve the number of children seen each month and the quality of the contact, 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 anchoring tool for the Department in assessing the quality of contact.

The Department 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:

- 1) **Revision and Implementation of Policies and Practice Guidance:** The Department has identified a core set of policies fundamental to the agency's mission that are in need of revision. These policies include: Family Resource Policy, Permanency Planning Policy and Ongoing Casework and Documentation Policy. Planned revisions include an emphasis on purposeful interactions with children, families and family resource.
- 2) **Policy Implementation Specialists:** The Department has identified policy implementation coaching as an important 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.
- 3) **Enhanced Training:** The Department seeks to update existing trainings and to develop new training curriculum to support quality casework and decision-making. Trainings identified include: Supervision Training, Family Assessment and Action Planning Training (with a focus on developing Clinical Formulations) and Writing Skills for Case Documentation.
- 4) **Technology Improvements:** The Department has identified the absence of a structured narrative guide for documentation of monthly contacts as a barrier to achieving quality contact measures. To address this, the Department plans to develop an improved format for entering monthly face-

to-face contacts in iFamilyNet. The format will ensure documentation includes key metrics associated with purposeful interactions with children and families are captured.

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 pursuant 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 counts 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
- **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 20 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 Mass. 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 consents are encouraged.
- **Infant Safe Sleep Campaign** – Joint campaign between the Mass. Department of Public Health and DCF to increase public awareness of safe sleep practices with the goal of reducing infant fatalities related to unsafe sleep practices.
- **Kids Can’t Fly!** – Joint efforts between the Mass. Department of Public Health and DCF to increase public awareness regarding window safety.
- **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, 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.
- **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.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

In the last five years, the DCF Community and Family Engagement team has focused on improving practice around building of parental skills and strengthening families. In 2012, the stage was set for multiple system changes to improve programming and practice in MA child welfare courts, education,

and community-based services. The framework that has been set is a perfect springboard to launch the next five-years of child welfare/community-based partnership.

We will first assess the overall progress made to date and address the shortfalls in our historical approach. We propose to use PSSF funds as an incubator for innovative program development that responds to emerging or unmet needs and better plan to strategically advocate for system changes.

First, we will take an overall account of what has worked - and where we need to improve. We will hold planning strategies with Community Connections Coalitions and better align our efforts at documenting their work by providing tools that result in clearer accountability for producing desired outcomes. A revised Action Plan for FY 20 implementation will be based on Protective Factors (Parental resilience, Social connections, Knowledge of parenting and child development, Concrete support in time of need, and Social-emotional competence of children) and PSSF indicators. Second, we will provide updated training opportunities such as the Parent Leadership Development program by the University of Connecticut, which supports the development of parents as leaders. Third, we will engage in programs that will yield system changes by providing communities with resources that will allow them to do better need assessments. The Department is in the process of securing new software that will allow for heat mapping of the state, identifying “hot spots” for prevention work that may help predict areas where the likelihood of high rate of child maltreatment may occur. Fourth, we will collaborate with innovative programs such as *Mothers Against Violence*, providing seed money to help pilot the program in local neighborhoods. Additionally, we will partner with the Domestic Violence Unit to promote and implement evidence-based curriculum and programs “Celebrating Families and Strong Fathers” to provide resources to families who are not involved with the department. Finally, we will use the resources to reactivate a sound practice that produces positive system change such as; the inclusion of the voices of family members who have been through the system as partners to families who are new to the system or families whose child has been removed.

The recently signed Family First Prevention Services Act speaks to the continued need to collaborate with programs that support the availability of evidence-based supports to parents. In addition, in the next five year we will work closely with the Kinship Navigator program. Further, we will partner with the Georgetown Center for Juvenile Justice Reform, and explore working with the Annie E. Casey Foundation to develop practice approaches and provide training for DCF social workers working with youth who are also served in the juvenile justice system.

The PATCH framework and its approach to practice development linked the goals of the state child welfare agency in a community-embedded child welfare model. DCF has expanded the approach to connect with other agencies with areas of similar interest in communities that focus on tangible, concrete issues related to safety, permanency, and well-being. PATCH approach that became the way of connecting Area Offices with community work will need to be re-assessed in order to be a vital agent for system change. The Department seeks to engage in a strategic planned revision that will support and align newly revised policies with PATCH practice. The emphasis will be to identify core set of policies that will allow for specific plan to improve practice and sustainability of quality practice.

SERVICE DECISION MAKING PROCESS FOR FAMILY SUPPORT SERVICES

The Department’s family support services, which are called “Support and Stabilization Services”, were procured through the 2005 Family Networks initiative. Through that procurement, community-based providers of support services submitted proposals to deliver services within a specific geographic area.

The Department's Field Operations are organized into five Regional Offices. Within each Region, there are smaller subdivisions called "Area Offices." The number of Area Offices within a Region ranges from four to eight.

After potential providers of Support and Stabilization services submitted their proposals, the review, ratings and recommendations about those proposals were conducted by the Department's staff located in the geographic region where the services would be delivered. Through this decentralized process, the Department's staff members selected support services that would be delivered by and meet the needs of people based in the local community.

An Area Office that serves communities with a large Hispanic population can, for example, ensure that selected providers deliver culturally appropriate services and employ Spanish-speaking staff members. The decentralized process keeps the service decision-making process at the local level, ensuring that services are community-based and appropriate matches for the children and families who live in the local area.

The Promoting Safe and Stable Families (PSSF) funding support an array of community initiatives with the objective of strengthening families and reducing child maltreatment. Since 1994, when these funds first became available, the Department of Children and Families has focused its efforts on creating strong community infrastructures that serve as vehicles for innovative responses to emerging community and family needs.

In FFY20, PSSF dollars will be used to support and enhance community-driven practices that increase and promote preventive practices. Through on-going community asset mapping, the Community Connections Coalition approach has provided DCF with the opportunity partner with community stakeholders, families, courts, schools and other sister agencies to engage in community child welfare practice. The lessons learned during program development and implementation has translated into building scalable program models that are evidence-informed.

Originally, these coalitions were envisioned primarily as family support entities in a traditional sense. Over time, they have evolved to also address the needs of families in the community who are involved with the DCF as recipients of services. These include services to families whose children are in foster placement with a goal of returning home, support and enrichment activities for children in foster care, remedial experiences for families where escalating crises pose a significant risk of child placement, and foster and adoptive family recruitment grounded in the community, and initiated by community members themselves.

Several cases illustrate the intertwined and evolutionary nature of this work. One such example is the partnership that has developed between the Community Connections Coalition, DCF Area Office and Letourneau Elementary School in Fall River, MA. The school saw an increase in families who spoke Spanish as their primary language and struggled to find community resources that provided services in these families' native language. The partnership provided an opportunity for teachers to be trained in the Nurturing Father curriculum which gives them the tools to run Nurturing Fathers programs in Spanish.

The approach offered a preventive alternative to the more traditional avenue of families having to "fail up" before child welfare services are provided. Capitalizing on the success of the Nurturing Father program in the Coastal Area Office and the positive relationship that had been developed, the Family Nurturing Center (FNC) established a Family Nurturing Program, which brings birth parents and foster parents in a supportive environment tailored to engage diverse families in activities that better supports family reunification – broadening implementation of a model that had been limited to the Dimock Street Area Office in the Boston Region for nearly a decade.

In other parts of the state, the impact of Community Connections on other PSSF program areas has been similar. The Foster Care Task Force of the Worcester Community Connections Coalition (The Task Force) was formed as a community response to the needs of foster families and young parents in the community by hosting a quarterly community baby shower. Local businesses are encouraged to donate baby items that are distributed to foster and community parents with young children. The work of the Task Force has firmly taken hold in the neighboring community of Fitchburg to its north, expanded to include Southbridge and began to spread to other areas of the state. Worcester developed a template of recruitment materials that are easily modified to incorporate local information and made it available to the network of Community Connections coalitions, it effectively balances the need for having a statewide recruitment branding identity and information that makes a campaign relevant for local communities - producing a win-win for everyone involved.

In 2017, EOHHS, DCF, Coalitions and Family Resource Centers, engaged in a multipronged approach to respond to the needs of thousands of families who were survivors of overwhelming natural disasters, most notably Hurricane Maria that devastated the Island of Puerto Rico. Many of the families self-evacuated to Massachusetts and settled in city and towns with a large Puerto Rican population. Coalitions became a vital resource for the families by providing concrete services in time of need.

Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more service categories. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. DCF uses state funds to support the categories below the 20% minimum. For example, in SFY17, the State had annual expenditures in excess of \$61 million in expenditures for our Support and Stabilization service models. This group of services includes family reunification and adoption promotion services.

Massachusetts, along with the rest of the country, continues to grapple with the impact of opioids on children and families. It is anticipated that we will continue to see an increase in adoption and reunification activities reflective of this prevailing societal trend. The broad federal policy goals of safety, permanency and well-being, particularly maintaining children in their own homes and facilitating timely exits from foster care to reunification, adoption or guardianship, encourages states to spend a minimum of 20% of the state allocation in each of the program areas and spend no more than 10% for administrative activities. DCF continues to strive to spend within the stated federal guidelines. We project to spend PSSF dollars in the following way, considering, the uncertainty of national and regional trends that may impact family needs: approximately 23.10% in Family Support Services, 26.50% in Family Preservation, 19.60% in Adoption Promotion, 13.20% in Family Reunification, 9% in Administration, and 9% in Planning/Other Services, based on our actual FFY17 program reporting.

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.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

During the FY 2015 -2019 period, DCF assessed and identified areas of need and opportunities for improvement in the training of staff and providers that could better enhance competency in the delivery of

services to our families and children to further advance our commitment to timely permanency. During that time a five-day preservice training series was developed and implemented for Adoption and Family Resource staff. This training is now on a semi-annual schedule and will continue through the FY 2020-2024 reporting period. ALGIP funds are utilized for experts to present some of the topic areas during this training. DCF continues to offer a robust array of trainings and provide staff with opportunities to attend national conferences. In July 2019, several DCF staff will present at the North American Council on Adoptable Children annual conference to share the curriculum we developed for our Adoption and Family Resource 5-day pre-service as well as the Agile Scrum model utilized for system-wide agency improvements. Over the past fiscal year, we have also begun a procurement process to further enhance support services offered to our children and pre-adoptive families.

Given the priorities identified through our Agency Improvement Leadership Teams and our Agile Scrum process, described throughout this CFSP, the recent funding awards through the AIGLP has allowed for the beginning stages of innovative pilots and program planning to be implemented over the FY 2020-2024 period. Throughout the next five years, program staff will meet with budget staff regularly to plan for these funds to ensure that they are obligated and expended by the deadline specified.

The Department acknowledges changes to the adoption and legal guardianship incentive payment program brought about by the enactment of PL113-183. The law extended from 24 months to 36 months the length of time states have to spend incentive payments earned under the program; also the law prevents states from using incentive payments to supplant federal or non-federal funds for services under title IV-B or IVE. At present, these changes do not impact the Department's plans for use of the incentive funds.

ADOPTION SAVINGS

Since the introduction of the "applicable child" eligibility criteria for Title IV-E adoption assistance, Massachusetts has accumulated adoption savings it will use to provide post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Using the "CB Method" (as outlined in the Children's Bureau's Program Instruction ACYF-CB-PI-15-06), the calculated accumulated savings through FFY18 are approximately \$2M. However, until only recently did the savings start to ramp up (in FFY17, the accumulated savings were only approximately \$500K).

There is no timetable for states to spend the savings. To date, the Department deferred developing a spending plan until such time that the amount of the savings were more consistent to ensure we can continue to support the programs and services we develop with the savings. We believe we have now reached that point and have begun a planning process to determine how to spend the funds. This planning process includes discussing needs with both our Central Office Adoption staff as well as the leadership of our regional and area offices. The planning process will also include outreach to key stakeholders in the community, providers, and children and families who will benefit from these additional services. We plan to advise the Children's Bureau as plans progress and will update the CFSP with our detailed plans through the annual progress and services report process.

The Department receives appropriations directly from the Massachusetts General Court and all Title IV-E reimbursements are deposited back into the Commonwealth's General Fund. As such, in order to spend the savings, the Department will need to have the Adoption Savings appropriated back to it in subsequent state fiscal year budgets. The Department does not anticipate any issues with requesting and obtaining the funds through the appropriation process.

D.5 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 ICWA of 1978.

Overview of Efforts Related to the Compliance of the ICWA Act

MA DCF works multilaterally with its federal and tribal counterparts to diligently protect the rights of indigenous families. This is accomplished thorough consultation with state Tribes, adherence to the ICWA Act and BIA regulations, development of the MA DCF ICWA program, care and permanency planning of tribal children in state custody, and adherence to best practice throughout the Commonwealth.

Coordination with Tribes

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A) and the Mashpee Wampanoag Tribe (MWT)

The Tribal contact for the WTGH (A) is Catherine Edwards, Human Services Director and Catherine Hendricks, the ICWA Director for the MWT.

The DCF ICWA Team met with both Tribes in September 2018 to discuss a shared vision for the next five years and to acknowledge the importance of partnership and collaboration. At that meeting, preliminary planning for coordination on training, supporting field staff through the use of different forms of learning such as field guides, the formation of a qualified expert witness committee, outstanding offers by MA DCF to increase tribal foster homes, and preventative services were discussed. All agreed that continued close work on these issues is imperative.

In FY19, a planning committee comprised of the DCF ICWA team, the MWT ICWA team, and the Capacity Building Collaborative for Tribes worked together to plan a full day ICWA Training. The training was comprehensive, addressing all technical aspects of ICWA. The attendees included state and tribal caseworkers, juvenile and probate judges, DCF staff attorneys, tribal judges, court staff, and tribal elders.

The MA DCF ICWA Coordinator reconvened with the MWT in December 2018 and had follow-up discussions on the formation and need for a Qualified Expert Witness Committee, and the MA DCF ICWA Teams support of field staff. An additional meeting took place on May 28, 2019 with the MWT to plan MAPP Trainings and cultural adaptations to those trainings, strategize state and tribal collaboration on the recruitment of tribal foster homes, gather input from the Tribe on cultural adaptations to preventative and post placement services, discuss tribal elements that can be incorporated into DCF Action plans, and identify state and tribal facilitators for statewide training.

On April 24, 2019, the DCF ICWA Coordinator, Southern Regional DCF ICWA Liaison, and several staff members from the Cape and Islands MA DCF Area Office met with Catherine Edwards, Human Services Director for the WTGH (A) and Lee Ann Wander, Chief of Staff for the WTGH (A). Discussion took place on a variety of topics including foster home recruitment, new structuring of the WTGH (A)'s ICWA Department, a practice that supports Wampanoag families in the state, and preliminary discussion on the review of the previous Intergovernmental Agreement. This energetic meeting set the stage for a promising concerted work on mutual objectives that will be ongoing with MA DCF and the Tribe.

Status on Intergovernmental Agreements with Tribes

The negotiations for the Intergovernmental Agreement (IGA) began in April 2017 between MA DCF and the MWT. Meetings occurred twice monthly through August 2017. At that time, the MWT

communicated that its next step was to incorporate the agreed upon changes to the first draft of the IGA. Currently, DCF and the Tribe are in agreement regarding focuses such as services (current, post-placement and pre-placement), child placement, notice, training, inter-agency coordination, amendments and terminations to agreements, confidentiality, ICWA compliance, and consent to adoptions. DCF is currently in discussion with the Tribe's attorney to clarify any additional updates to the existing draft.

The WTGH (A) terminated the IGA in 2013. Up until recently, it had been communicated that an IGA had not been prioritized by the Tribe. In April 2019, WTGH (A) had indicated they are prepared to proceed. DCF is committed and eager for future collaboration with WTGH (A) on negotiating and updating the IGA.

Plan for Ongoing Coordination with Tribes

DCF and the MA Wampanoag Tribes meet throughout the year, both formally and informally. A large annual meeting takes place each summer in Martha's Vineyard, MA. This meeting includes representatives from both Tribes and the MA DCF ICWA Team. Additional formal and informal meetings take place throughout the year. When attendees are unable to attend in person, accommodations will be made to include attendees via phone. MA DCF and the Tribes have agreed that the agenda for future meetings will include an assessment of objectives, progress, and areas for development of the five-year plan.

In addition to meetings around objectives related to the five-year plan and IGA negotiations, the Tribes are welcomed to contact the MA DCF ICWA team at any time. Phone contact and emails are everyday mediums to discuss the implementation of ICWA and case-specific matters with the ICWA Coordinator and ICWA Liaisons in each region of the state. MA DCF expects that the Tribes will increase this communication in order to troubleshoot potential areas of concern.

MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. Both Wampanoag Tribes have been and will continue to be invited to participate in the Steering Committee and the Advisory Group at the Children's Cove Multi-Disciplinary Team (MDT). The MDT is made up of medical and mental health professionals, law enforcement, child protective services, victim advocacy, and others to address human trafficking.

DCF has proposed the formation of a Qualified Expert Witness (QEW) Committee, which will be made up of tribal, state and legal representatives. The purpose of the committee will be to clarify and create standards for QEW's in the areas of qualifications, recruitment, selection, preparation, training funding, sustainability, and Committee oversight. This project will begin by drawing on national QEW standards and practice already in place. DCF has communicated that input from the tribes is essential in order to ensure that the areas of tribal interest are included. ICWA representatives from both MA Wampanoag Tribes responded optimistically to the proposal and informed DCF that final approval to participate in this work comes from their Tribal Council. DCF is currently in the process of sending formal proposals to the Chairpersons of each Tribe.

Sharing the CFSP with Each MA Tribe

Ongoing communication is taking place during development of the CFSP. Upon finalization of the MA CFSP, a copy will be shared with both Tribes by the DCF ICWA Coordinator.

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 is placed in the custody of the tribe, and in particular if the case is removed to the tribal court. This subject will also be a focal point in IGA negotiations with the WTGH (A). If a tribal child comes to the attention of the Department as a result of abuse or neglect, the Department would treat the tribal child as it does any other child in the Commonwealth and provide preplacement preventative services.

State Measures to Comply with ICWA

Support

MA DCF has and will continue to maintain a full-time ICWA team that covers all areas of ICWA, and offers comprehensive support throughout the state. The ICWA team is made up of the Deputy General Counsel, ICWA Clinical Consultant, ICWA Coordinator, and five Regional ICWA Liaisons.

The Coordinator ensures the timely submission of ICWA notices, collaborates with Tribes across the country, trains throughout the state, and maintains the ICWA database. The MA DCF ICWA Clinical Consultant provides the Coordinator with supervision, support related to ICWA compliance, and strategic planning related to Tribal collaboration and the engagement of the ICWA Liaisons. The Deputy General Counsel provides legal supervision and support related to ICWA law and regulation. DCF's five Regional ICWA Liaisons assist in training and supporting area office staff in their region in all aspects of ICWA compliance and serve as liaisons to Tribes as specific clinical case matters arise.

The ICWA Coordinator and the Deputy General Counsel will continue to be a part of monthly calls facilitated by the Child Welfare League of America and the National Indian Child Welfare Association. These calls are attended by ICWA representatives from each state, and allow for updates on legislation and policy impacting ICWA. The calls also serve as an opportunity for states to share information on ICWA compliance and best practice.

DCF will maintain and regularly update its ICWA intranet page. This page has served as a great reference to staff to submit ICWA inquiries in a timely manner, increase the understanding of ICWA, as well as providing Supervisors with agenda topics for Unit meetings that result in improved compliance. Staff is and will continue to be encouraged to visit the page in trainings and during each ICWA inquiry.

DCF will continue to provide ICWA trainings on the statewide and regional level.

Field guides in user-friendly formats that include topics on active efforts, data collection for ICWA notices, and ICWA clinical considerations will also be included in trainings and for distribution.

Inquiry

DCF will continue its practice of encouraging staff to “ask the question” about family ancestry throughout the life of the family case. Best practice indicates that if DCF learns of any NA/AN heritage claimed by the family prior to any state custody hearing, DCF works with the family so that the family can communicate directly with the named tribe in order to ascertain family eligibility for membership.

DCF will continue to also monitor compliance through its use of language on administrative forms connected to ICPC, six-week placement meetings (following court custody), and Permanency Planning. Six-week placement and permanency planning meetings will also provide an opportunity for DCF to ensure compliance is met if the question has not been addressed.

Under the new Permanency Hearing Rules, DCF is including in its reports to the court a section on what efforts have been made to determine if a child is an Indian child under the statute, and if appropriate, to notify Tribes.

The inquiry will continue to extend toward diligent efforts to uncover genealogy necessary for an ICWA notice. Family tree collection always begins with the immediate and extended family. DCF also enlists the assistance of the attorney representing the appropriate parent to impress upon the parent the need to comply with this federal law. DCF also utilizes an Accurant search for missing family tree information. Ongoing work will continue to ensure that family trees in ICWA notices include the most comprehensive and accurate information obtainable.

ICWA compliance has been and will continue to be incorporated into current and updated policies. Previous incorporations have occurred in the Protective Intake Policy, policy on Missing or Absent Children, and the Family Assessment and Action Planning policy.

Notification of Indian Parents, Tribes, and BIA

DCF's efforts to educate staff about ICWA through training, its Intranet page, and outreach by Regional ICWA Liaisons has significantly impacted ICWA compliance and will continue.

All current and future ICWA notices to family, Tribes, and the BIA include information regarding court proceedings in the case, protective concerns as outlined in the petition, their right to intervene in court proceedings and transfer jurisdiction to a Tribal court.

DCF will continue to notify Tribes of trials in cases where ICWA applies, even if the Tribes have been previously notified and are actively intervening in a case, in accordance with BIA guidelines. DCF will diligently work to obtain responses to notices sent through sending additional notices, emails, or follow-up phone calls.

DCF will continue to monitor and assess its compliance with ICWA through the use of a database maintained by the ICWA Coordinator. The Coordinator will track all components of an ICWA case.

Education

Trainings are regularly held throughout the state and will continue. Both MA Wampanoag Tribes are provided updates on scheduled training and are invited to co-lead trainings. These trainings are at both the area office level and larger in-service trainings to educate DCF Social Worker and Supervisors on all aspects of ICWA. The next in-service training is scheduled for May 31, 2019.

A commitment to learning will also continue within the DCF ICWA team. Previously, through the sponsorship of the Massachusetts Supreme Judicial Court's Court Improvement Project, the ICWA team has been represented at the annual National Indian Child Welfare Association's conference. This conference brings together professionals from a cross-section of fields that serve Native American and Alaskan Native children who are sharing the latest research and best practice in service delivery. Attendance has enhanced knowledge in ICWA related matters and informed trainings. DCF will continue to look for opportunities for ongoing learning in these areas.

In addition with meeting with the Tribes, the MA DCF ICWA team will also continue to regularly meet throughout the year to share information, learn from one another about best practice, and discuss ways to support staff and Tribes.

Placement Preference

As soon as a child enters placement, DCF social workers will employ a diligent search for relatives to ensure placement preference is followed. Examples of Placement Preferences are included in the ICWA trainings, can be found on the ICWA Intranet page, and are reinforced by the ICWA Coordinator and ICWA Liaisons.

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.

DCF has offered to work collaboratively with WTGH (A) and MWT to recruit and train foster parents. Plans for recruitment over the summer of 2019 are underway, and MAPP trainings will be provided in locations agreed upon by the Tribe and DCF. DCF is leading the work with MWT to adapt current MAPP Trainings to include important cultural considerations.

As needed, the ICWA Coordinator and Liaisons will contact the ICWA Director of MWT and Human Service Director WTGH (A) to inquire about open foster homes for children from other Tribes. Previously, the Tribes have provided placement for children from other Tribes when other preferences were explored and couldn't be met.

DCF is encouraging its staff to ask potential foster parents about any Tribal affiliation in order to identify additional Tribal homes and will work to include the question on future foster care applications. DCF and the Tribes agree that identifying Tribal homes is a shared five-year vision.

DCF has developed an informative guide that will be given to all DCF foster parents regarding ICWA's purpose and requirements.

Active Efforts

DCF will continue its commitment to applying Active Efforts to both prevent the breakup of NA/AN families and help reunify families. DCF ICWA staff train on this and the training includes specific examples of practices that fulfill the Active Efforts. Examples of Active Efforts can also be accessed via the DCF ICWA Intranet Page, which is available to all DCF staff.

DCF and the Tribes agree that best practice in preventing the breakup of families takes into account early identification of familial and informal community supports and culturally appropriate preventative services. Future implementation of the Family First Prevention Services Act will serve to reinforce the implementation of these shared values.

Once ICWA applies in a case, social workers receive information from the ICWA Coordinator that impresses the requirement for observation of active efforts, placement preference, close coordination with the families 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 when eligible for enrollment and are available for consultation and support of field staff at any time.

Consultation with Tribes (section 477(b)(3)(G))

Adolescent Outreach in the Southeast Region continues to provide support and consultation on issues related to transition age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. Training and consultation on Chafee funded services including the availability of Adolescent Outreach is made available to Tribe serving professionals and Tribal youth in placement. Tribal youth are eligible for all Chafee benefits and services and Tribes are provided with annual updated staffing and referral information. At times, Mashpee Wampanoag Tribe has designated staff that are focused on youth and young adult programming and services. These designees have worked directly with DCF staff to understand and access Chafee funded benefits. A May 2019 meeting is planned with the Aquinnah Wampanoag Tribe so new staff are fully informed about the Chafee funded programming at DCF. Neither Tribe has requested to develop an agreement with the Department with respect to eligible Indian youth and young adults.

D.6 CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Agency Administering Chafee (section 477(b)(2) of the Act)

The state agency that will administer the Chafee program is the Massachusetts Department of Children and Families. The administration of Chafee funds and services rests in the Adolescent Services Unit at DCF Central Office. In SFY20, the name of this Unit will change to the Adolescent and Young Adult Services Unit to better capture the breadth of services and consumers that use them. This Unit houses the Adolescent Outreach Program. Outreach Workers are stationed in the one of the Department's 29 area offices. The Outreach Workers are supervised by Adolescent Outreach Supervisors who also sit in area and regional offices across the Commonwealth.

Description of Program Design and Delivery

The Department has designed programming to address the varied service 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 (2009) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment. The DCF's Permanency Planning Policy encourages permanency, sibling connections, transition planning, and extended voluntary care for transition age youth to support optimal goal achievement.

As part of the Department's Permanency Planning Policy, all youth ages 14 years and older in out of home placement must receive life skills training. Contracted care providers and Adolescent Outreach Workers are required to utilize the Young Adult Readiness Assessment Tool to guide and document this work. This tool captures skill development that is connected to short and long-term goals identified by the youth. The tool also captures lifelong connections as well as other supportive adults that will assist youth as they pursue their goals.

The Chafee funded programs are based on the principles of positive youth development and address each of the purpose areas 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 children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult;
3. To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families' experience;
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;

5. To make available vouchers 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 children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
7. To ensure children who are likely to remain in foster care until 18 years of age have regular, on-going 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 delivers intensive, individualized life skill assessment and training to current foster youth and young adults ages 14-21 from across the state to assist them in developing necessary relationships, skills, and supports to achieve their potential. Per grant guidelines, program services are also available to youth who were left care in a guardianship or adoption after age 16 and to former foster youth who discharged from DCF between ages 18-21.

Outreach services seek to address each of the purpose areas of the Chafee Program: assisting youth with life skill development, access to education, vocational training and other services necessary to obtain employment, support through connections to family, including siblings and lifelong supports.

The services provided are specific to the needs of each individual, including LGBTQ youth and young adults. Staff members participate in training and professional development to ensure that our services affirm the cultural, sexual orientation, and gender identities of our youth/young adults.

The Outreach staffs also assist youth with planning for and succeeding in post-secondary educational settings as well as vocational training programming. These efforts are supported by ETV program staff that facilitates the transition to post-secondary education as well as supports students through the duration of their academic programs.

Outreach Program staff support youth and young adults to identify and pursue long and short-term goals. The strength-based approach and focus on youth engagement with a positive youth development foundation have enabled the staff to successfully engage youth in the service. Feedback from the youth and young adults served confirms that this model is a significant factor in the program's success. This same strength-based approach has inspired the Department's internship program as well as the ETV support model. DCF believes that youth and young adults are essential partners in their own goal setting, service planning, and life skill training, a key factor, which facilitates their successful transitions into the community. Youth and young adults are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively within a safety net of positive adult supervision and support. Assisting youth in identifying their educational/vocational goals and developing strategies to realize their potential are critical tasks for program staff.

Youth are also supported in handling mistakes, disappointments, and failures. Overarching goals are to equip youth to live a successful life with long term, personal connections within the community. Outreach strives to help youth develop self-advocacy skills and to experience adolescent and young adult

milestones in a healthy, normative way. Through focused discussions on decision-making/problem-solving, community-based activities and goal-focused skill-building tasks, youth work to develop the skills necessary to cope with the challenges of adulthood and live self-sufficiently in their communities. Adolescent Outreach staff works closely with the DCF primary case managing social workers, foster parents, congregate care providers, community service providers and adults important to the youth to offer opportunities for youth and young adults to learn life skills through practical activities and achievements in their communities – making efforts to normalize their experiences. The Outreach Workers utilize other Chafee funded programs described below to help youth and young adults to reach their goals.

Preparing Adolescents for Young Adulthood Curriculum and Incentive Program

The Department's own life skill curriculum, Preparing Adolescents for Young Adulthood (PAYA), has been successfully used by the foster parents, congregate care programs and comprehensive contracted foster care agencies for more than 20 years to help ensure continuity in the life skills training for youth in out-of-home placement. The components of the PAYA curriculum include five (4) life skills modules, each of which incorporates a number of related skill areas as described below:

- Module 1: Money, Home and Food Management
- Module 2: Personal Care, Health, Safety and Decision-Making
- Module 3: Education, Job Seeking and Job Maintenance
- Module 4: Housing, Transportation, Community Resources, Laws and Recreation

The Adolescent Services staffs provide life skills and youth development training statewide. All DCF staff contracted and state agencies, community partners, and foster parents are invited to attend these trainings, which address the use of the curriculum and the implementation of the program services. The training presents strategies for working with adolescents around readiness for community living and teaching the wide range of life skills. The practice of the newly acquired life skills well as the inclusion of activities of normalcy whenever possible is essential components of this work with youth. Transition planning and the after-care needs of youth are also addressed in the training.

Foster parents, providers, and staff are encouraged to integrate the information and activities suggested in the modules into the daily learning opportunities for youth in their care. The PAYA incentive program is also available to these youth. Quality life skill training will be experiential for youth and young adults and will utilize current tools including mobile phone apps to help youth organize and enhance their learning. The PAYA curriculum will be updated for the third time in the coming years to reflect the need to incorporate modern technological and other tools and resources. The PAYA curriculum will also be widely distributed via flash drives and made available via the DCF web page.

PAYA Incentive Program

Since the implementation of the PAYA Program, the Department has utilized incentives to reward adolescents for their successful completion of a skill module, encourage their development of self-esteem, and empower them to continue their efforts of enhancing their life skills. The youth also learn to set goals for themselves and work toward their achievement – as well as the tangible reward. In order to qualify for an incentive, a youth must master the skills addressed in the individual life skill module. Youth may request \$50 for a life skill related item or a one-time payment of \$500 toward driver education training. In order to increase access to driver's education programs, the PAYA incentive program increased its driver's education incentive award from \$300 to \$500. At the suggestion of the DCF Joint Youth Advisory Committee, a new incentive will be built into the PAYA program. Youth who are engaged in

life skill development will be able to submit for a one time incentive payment of \$500 to be put towards the cost of the purchase for a furniture or dorm item.

Life Skills Support Program

The Department is committed to facilitating youths' connection to school and community activities and utilizes Chafee Program funds for this purpose through the Life Skills Support Program. Life Skill Support Program funds are used for a variety of positive youth development activities such as team athletics/uniforms, senior class expenses, SAT prep courses, high school activity fees, short-term transportation, computers, etc. DCF plans to continue this program and extend eligibility for the service to age 23.

Employment

The Department has continued its partnership with Cantella, Inc., a Boston financial firm over the past year. Cantella continues to host Career Nights for foster youth. Professionals from a variety of careers including nursing, finance, education, law enforcement, computer science, entrepreneurship, human resources and the law present information about their work and answer questions the youth. Youth receive advice on resume development, interview tips, networking and much more. Based on the success of this partnership, DCF plans to engage a larger network of private businesses in other areas of the Commonwealth to build off of and replicate the Career Night model.

Adolescent Outreach staff has collaborated with local Workforce Investment Boards in the Southern Northern, and Greater Boston Regions of Massachusetts. Outreach Workers participate on Workforce Investment Boards and are able to connect youth with WIA funded employment services that have resulted in DCF youth gaining both seasonal and yearlong part-time and full-time employment. DCF will continue to fully engage in this collaboration.

This year the Department has continued its development of a partnership with private businesses and community-based organizations to provide internship opportunities for DCF youth with the goal of assisting youth to develop job skills and gain exposure to careers in which they have expressed an interest. Such access to internships is a developmentally appropriate resource for foster youth, particularly as the Outreach staff provides the support in helping the youth/young adult identify their area of interest as well as potential placement sites. The Outreach staffs provide on-going supervision – meeting with the youth/young adult weekly -assessing the youth's current employment skills and providing support around job readiness in areas such as appropriate dress, workplace ethics, time management and transportation. Outreach workers can also support the internship supervisors to address any needs or concerns that may arise during the placement. Staffs use the PAYA Life Skill Curriculum Module 3 to assist youth with employment readiness skills.

DCF youth are paid a stipend by the Department (Chafee funds) for their participation in this program. The average youth initially works 40 hours with an opportunity for a 40-hour extension. The youth receives an \$8 an hour stipend. The internship program has been a successful way to introduce youth to a vocational or professional work setting and motivates them to continue with their educational goals. As of April 2019, 41 youth were matched with internship placements. The job market in Massachusetts has been strong, affording many youths the opportunity to be employed. In FY20, the internship program will be modified to allow youth to participate by working alternative hours or to combine learning related work and professional mentorship opportunities with their paying jobs. As the minimum wage in Massachusetts is now \$12 an hour, the internship stipend will be raised to \$10 an hour.

The Discharge Support Program

The Discharge Support Program, managed by the Adolescent Services Unit of DCF, supports start-up costs (i.e. first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth. Funds may be paid directly to the young adult or to the landlord. If the young adult's behaviors are such that providing money without his/her willingness to work with Outreach staff would likely jeopardize the youth's safety, then the young adult is informed of the program and given contact information so that he/she may call at any time and request assistance in the future. As Chafee funds cannot be used to support the room and board costs for foster youth in agency custody/care, and DCF provides voluntary care and placement for so many young adults age 18 and older, Massachusetts spends less than 5% on room and board through Chafee and is not challenged by the 30% cap set by the program in this area.

As Massachusetts seeks to expand access to transition services to young adults to age 23, a goal will be to increase utilization in all of these programs. A strong focus will be on the Discharge Support Program as the DCF Youth Advisory Board identified it as a critical need.

Supported Housing Programs

Family Unification Program (FUP)

Since 2009, DCF and the MA Department of Housing and Community Development have jointly applied to HUD for Family Unification Program (FUP) vouchers— 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. Since 2009, Massachusetts has maintained 28 vouchers for the transition age youth. Outreach staff is assigned to work with each recipient to support them with educational pursuits, money management, employment, housing and other needs that may arise. The young adults must be eligible for Chafee funding; however, they do not have to be in the voluntary care of DCF.

Youth Transitioning to Success Program (YTTSP)

The Department of Housing and Community Development 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) for transition age youth as well as input from DCF Outreach staff. This program was implemented in 2011 and expanded in 2017. Some of the features are subsidized rent; a special needs account for approved emergency expenses as well as an escrow account to assist youth to save for the future. The participants are required to be enrolled in a post-secondary degree program/vocational training program and to work at least 12 hours weekly. YTTSP also includes assigned DCF Adolescent Outreach workers to assist the young adults with managing the responsibilities of money management, education, employment and housing. This year the program served 22 young adults.

In the coming months, in collaboration with DHCD, DCF will be revisiting the MOU to determine if eligibility criteria can be expanded in order to serve additional youth. Funding, staffing, and consideration of the benefits and challenges of model of care will be reviewed before making any changes to the program.

Youth/Young Adult and Stakeholder Involvement in the CFSP

The Joint Youth Advisory Committee, which includes members of the DCF Youth Advisory Board, participated in focus groups and included the Massachusetts CFSP in the agendas of their spring 2019 meetings. Feedback was also solicited from the Massachusetts Network of Foster Care Alumni and the Massachusetts Financial Aid Advisory Board as well as current and former foster parents of adolescents and young adults. Current Adolescent Outreach Workers and Outreach Supervisors staffed via Chafee also provided feedback via a focus group. In all groups all Chafee programs and ETV were discussed and NYTD data was presented. Support for the Adolescent Outreach Program was consistently present in all discussions as was the common understanding of the need for permanent family connections. Consumer youth, young adults, and the professionals that serve them from external organizations and schools felt Outreach and permanency work are critical services for the transition age youth population.

The Massachusetts Financial Aid Advisory Board provided critical feedback about engaging a larger amount of on campus professionals from a greater variety of disciplines. Financial Aid and student support professionals may be engaged, but the group felt that there were many more professionals on campus that could be helpful to students and that the agency should expand its work around connecting with these stakeholders.

The Massachusetts Network of Foster Care Alumni quarterly board meeting in March 2019 was dedicated to the review of Chafee programs that are available and the Department's future plans to support youth through the programs. The board members and other attendees provided feedback about engaging youth in services and connecting the work of skill development to permanency work happening in various areas of youth/young adult's case. The group provided a variety of ideas to strengthen the pipeline of youth and young adults in care to join the Network for continued support as they leave care. The group also focused much of its discussion on advising about ways to strengthen job readiness and mentoring opportunities through Chafee funded programs. Regarding ETV, the group felt that the multiple resources available for post-secondary funding were an asset to the state and should be protected via communication and advocacy.

Youth Advisory Board Members provided valuable feedback about employment and internship initiatives as well. They requested that the stipend for the Chafee funded Internship Program of \$8 an hour be increased, as the minimum wage in Massachusetts is now \$12 an hour. Youth would like the opportunity to practice job skills in as small a timeframe as over one weekend or alternatively take an internship that would otherwise be unpaid for the entire summer. As a result, the Internship program will increase its stipend to \$10 an hour. In addition, the program will become more flexible and it will increase the ability for youth to participate in more or less than the average 40 hours. Greater emphasis will be put on developing and supporting mentoring relationships within these internship placements.

The Youth Advisory Board Members felt that Outreach Workers helped them the most by assisting them with system navigation. They felt that as young adults they experience multiple systems and agencies and that without the help of a professional, they would not be as successful in their living situations, jobs, and academic programs. Members also expressed deep appreciation for the presence and support of their foster parents and recognized the support they provide not just in times of need but in times of accomplishment as well. The agency will commit to providing foster parents with training and support to understand positive youth development and the impact their presence has on youth as they enter young adulthood. Youth and young adult presence and participation as trainers at foster and adoptive parent training (MAPP) will continue to be supported by the Department to address positive youth development.

Other critical feedback was that youth would like to be able to participate in the Discharge Support Program beyond age 21. Students who are receiving ETV are now able to receive support until age 26 if

needed. For those young adults who are working and not going to school and leaving care over age 21, assistance with housing start-up costs are crucial. Youth have also indicated that furnishing a dorm or new apartment is a hardship when leaving a foster home. As a result, of this feedback the Department will add a new type of incentive to the PAYA program noted in the Services section below.

As a result of this feedback, Massachusetts is seeking to extend Chafee funding to age 23 in the Commonwealth. Due to the increased focus on supporting young adults beyond age 21, the Adolescent Services Unit will be renamed, the Adolescent and Young Adult Services Unit. All written materials including e-newsletters that are distributed to college students and adolescent care providers, as well as all training materials and the DCF website will be updated to reflect the change the eligibility criteria.

CFCIP Services across the State

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. In area offices where there is not an Adolescent Outreach worker assigned, the Regional Outreach Supervisor will provide access to Chafee funded services and supports.

The Chafee funded services are the same in each of the 5 regions of the state. The particular focus of the services is based on the individual youth/young adult's needs. Former foster youth ages 18-21 are offered the same Chafee services as those under age 18. Former foster youth who leave DCF care after attaining age 18 may access Outreach services and other Chafee Program funded services, i.e. internships, discharge support, assistance with educational services. The Department is committed to staffing more rural areas with Outreach. In the past twelve months, two rural area offices, Cape Cod and the Islands, and Berkshire Area offices have been staffed with Outreach Workers. A goal of the program is to meet the needs of youth who may not have transportation, employment, or education readily available to them due to their living in remote areas.

NYTD

Massachusetts utilizes a contractor to survey youth who have left care and Adolescent Outreach Workers to survey youth who are in DCF care in out of home placement. Massachusetts has met the compliance standards of NYTD since the implementation of the program. The staff that participates with the NYTD effort, the Youth Advisory Boards, agency management team members and other stakeholders has been apprised of the review schedule as well as reported outcomes. Other notable activities are below.

- DCF has shared the NYTD data with statewide managers and executive leadership to continue assessment of the implementation of the Permanency Planning Policy and our efforts to support permanency, life skills development, and safety for all foster youth. Discussions continue regarding all the data components of the survey.
- DCF has shared the NYTD survey outcomes and information with the Massachusetts Network of Foster Care Alumni, the Joint Youth Advisory Committee, and local Area Boards. Discussions continue on strategies to maintain focus and positive outcomes for permanency, education, employment readiness/work experience and overall well-being for our foster youth.
- NYTD outcome data has been shared with members of the Youth Advisory Boards since the initial data was available. At the 2018 Youth Leadership Academy, Youth Advisory Board Members reported on the experience of participating in the survey process as well as on ideas to engage more out of care youth to take the survey.

- DCF has continued its effort to improve NYTD data collection using a variety of opportunities such as provider meetings and internal agency forums to inform and remind staff, foster parents and providers of the importance of assisting the agency in accessing the youth/young adults to administer the surveys. Outcome data has been shared and discussed at these meetings and forums.
- In September 2018, DCF made two technological upgrades to its NYTD survey process. In the first, a link to the NYTD survey was made more easily accessible via the www.mass.gov website as part of its overall improvement plan. Second, the NYTD survey was ported over into DCF's web-based case management application, i-Familynet. This change made it possible for Adolescent Outreach Workers and other staff to enter NYTD surveys from their state-issued iPads or other mobile devices, increasing the number of surveys recorded.

Outcome data from the NYTD surveys are regularly shared with Massachusetts stakeholders including court personnel. Efforts are underway to ensure the two Massachusetts tribes are fully aware of what NYTD data is showing regarding how Massachusetts foster youth are faring into young adulthood. Data shared with internal management and external stakeholders include the following:

Highlights of Survey Responses of 218 Young Adults Turing Age 21 in FY2015

- 90% of the young adults responded that they had at least one adult in their lives (other than their DCF social worker) to whom they could go to for advice and emotional support;
- 50% of the young adults reported that they were enrolled in an educational program;
- 29% of the young adults reported that they had a part-time job;
- 18% of the young adults reported that they had a full-time job;
- 16% of the young adults reported that they were receiving Social Security payments;
- 34% of the young adults reported they had an experience of homelessness in the past two years

NYTD data has been particularly helpful with recent efforts to assist the housing and homelessness provider community to develop programs and care models geared toward transition age youth. Massachusetts is currently above the national average for youth from care experiencing episodes of housing/homelessness. Program development is underway across the state to better serve former foster youth with housing resources (noted in the Housing section).

Future plans for NYTD utilization data includes creating a parallel data focus for youth/young adults who have received intensive Adolescent Outreach services to determine how this particular service may impact the outcomes measured through NYTD.

Youth at Various Stages

Since 2017, Massachusetts has regularly revisited permanency efforts made on behalf of adolescents in care. While serving these youth with transition services starting at age 14 per the Department's Permanency Planning Policy, the Department is also looking at reviewing permanency goals and permanency efforts for youth 14 and older who are freed for adoption but unmatched and youth 15 and older who have a plan goal of APPLA or have a plan goal that may be changed to APPLA in the near future. Concurrent efforts and planning are taking place for this group of adolescents. In 2019 staff will be trained to conduct Permanency Roundtables. When Roundtables begin, this cohort of youth will be prioritized to receive the service. In addition to permanency services, adolescents as young as 14 years old are able to access Chafee funded life skills support, PAYA incentive, and internship programs.

From July 2018 to April 2019, the Outreach staff served 1209 youth and young adults. Of these, 438 youth and young adults received or are presently receiving intensive, weekly-individualized life skill

assessment to identify their strengths, life skills training to address their needs, as well as assistance in developing and strengthening lifelong connections to caring adults. These services support the youth in mastering the skills they will need to live successfully in the community upon discharge from agency care. The other 771 youth and young adults received assistance from Outreach staff to assist with job search, education, financial aid/college applications, housing support, MassHealth applications, and referral/resource information. A goal of the program is to increase the annual amount of youth and young adults served by 10% by the year 2021.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those who are receiving Young Adult Support Payments 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 work intensively with youth while they are in these placements unless a social worker specifically requests the additional support. Also, per Chafee Program guidelines, youth/young adults who received initially decline services may return for intensive or short-term focused services at any time prior to age 21.

Generally, youth/young adults are referred to the Outreach Program by the primary case managing 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 for two reasons: present staffing levels would not currently support the expansion of services to youth ages 14 and 15 and youth in those age brackets are typically a better fit for contact Outreach support and other departmental programming. However, the Outreach staffs do serve 15-year-olds when the program may meet their needs. The PAYA life skills curriculum, Life Skills Support, and Employment programs are available to all youth in DCF placements age 14 and older.

Eligibility for Chafee-funded services remains the same for youth/young adults whether they are open with DCF for placement, 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, though there are currently three such consumers being served on the active caseload.

Given the changes to Chafee language, Adolescent Outreach Workers will be supported to provide greater outreach to caregivers of younger adolescents to ensure they have access to all appropriate programming. The age of recipients of each program will be collected as a data point and reported.

Collaboration with Other Private and Public Agencies

- DCF maintains its participation in the New England Youth Collaborative – a regional youth group dedicated to improving the services/resources and outcomes for foster youth. Each New England state has 2 youth representatives and adult supporters. This year the group has been working on methods for strategic sharing and the Driving to Success Program advocating for support for foster youth to receive a driver's license.
- The Massachusetts Network of Foster Care Alumni, initiated and funded through DCF, has grown into a vital partner to DCF and the youth and young adults from foster care. Its purpose is to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities

for service and leadership. Each year the membership grows and the activities expand across the state providing foster care alumni many opportunities to connect with one another and benefit from the community of support. The NFCA has engaged the City of Boston to establish foster care awareness week in May 2019.

- DCF Adolescent Outreach works collaboratively with the state Department of Mental Health (DMH) to facilitate access to services for youth and young adults. A new initiative that the Department has been involved with is the Transition Age Youth and Young Adults System of Care Access Initiative (TSAI) Grant. The TSAI grant goal is to increase access for transition age youth & young adults (ages 16-21) to mental health and substance use treatment on their own terms, in service of their own goals. The priorities of this grant include promoting policies and practices that best support the needs of young adults, developing low barrier referrals and enhancing young adult connections to employment, education & housing and amplifying young adults' voice Statewide; while using culturally relevant approaches to engage youths of color & LGBTQ young adults.
- DCF continues its collaboration with the state Department of Housing and Community Development to manage the Family Unification Program Vouchers (FUP) for housing for transition age youth and the newer program, the Youth Transitioning to Success Program (YTTSP).
- The collaboration between the DCF and the 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 re-application. 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.
- DCF Adolescent Services staff members have continued to work collaboratively with staff at the Department of Higher Education, the state universities, and the 2-year public 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 our shared students. DCF has continued its presence on campuses and work 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.
- 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.
- DCF works collaboratively with the state Department of Mental Health (DMH) and the Department of Public Health (DPH) to facilitate access to services for youth and young adults with mental health and/or substance abuse histories. The Department's Caring Together Initiative allows DCF to contract for congregate care and support services jointly with DMH. DCF has also extended this partnership model to contracting for comprehensive foster care with the Department of Youth Services.
- DCF Adolescent Outreach Workers are continuing their communications with local housing and homeless care providers in an effort to identify any young adults who may qualify for DCF and/or Chafee services. Outreach workers reach out to local shelter programs to ask staff to call them if they identify a young adult who identifies as a former foster youth. Our goal is to connect with the young adult to offer Outreach services and other services as appropriate.

- DCF's 29 Education Coordinators are affiliated with each of our geographical area offices to provide assistance, training and support to workers and families for all education and special education related concerns that impact our children and youth. Their focus includes school enrollment, transportation coordination with districts, school engagement and supporting transitions for youth who are hospitalized or returning from congregate care placements. They fulfill a critical role in fostering educational stability and progress for our youth.
- DCF Outreach Program staff members have continued their efforts to strengthen connections with Workforce Investment Act (WIA) funded agencies and career centers with the goal of accessing services and supports for our foster youth. Targeted outreach to foster youth for summer job hiring continues.
- DCF's partnership with a large local business, Jordan's Furniture, has grown significantly over the last five years. In an effort to support youth moving into their first apartments, Jordan's Furniture provides gift cards so the youth can buy furniture.
- DCF and its partner, Jordan's Furniture host the Youth Achievement Celebration honoring youth who graduated from high school, college, a vocational training program or received a GED. More than 450 graduates and their guests celebrate their educational achievements and share food, activities and a movie. The graduates are also given gifts to commemorate their accomplishments. The DCF Regions will also hold local celebrations for their graduates during the months of May and June at local venues.
- 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 provider and court personnel.
- More than 200 foster youth, foster/adoptive parents, providers and staff attended this year's statewide College and Career Expo on April 17, 2019. Attendees learn about the opportunities of post-secondary education as well as the state and federal financial support available. Representatives from more than 30 colleges and post-secondary educational programs attended along with a representative from the Massachusetts Educational Financing Authority and the Massachusetts Education and Career Opportunities, Inc. In an effort to also engage potential employers of youth, included in this year's expo were the U.S. Census Bureau, Armstrong Ambulance Company, and Building Pathways to Boston, a program that connects women to professional trades.
- DCF staff collaborates with Ascentria Care Alliance and provides ongoing training in order for the staff to assist DCF youth who have immigration/refugee status with post-secondary education need and life skill development needs.
- Adolescent Outreach staff collaborates with local Workforce Investment Boards in the Southern Northern, and Greater Boston Regions of Massachusetts. A goal of the Department is to engage WIA services in all regions of the state.

Determining Eligibility

On a monthly basis, the Adolescent Outreach staffs review a report of youth and young adults in DCF placement in order to identify eligible consumers. Young adults who apply for services after discharge from care are able to attain services through Adolescent Services Unit staff members. These staffs have access to cases through the Department's i-family net data system and can be checked for eligibility through that system. Youth who are temporarily living out of state are not denied services solely for that reason.

Cooperation in National Evaluations

Massachusetts DCF participated in the first round of the National Evaluation of CFCIP Programs and continues to lend technical support and availability to evaluation efforts.

Training and Technical Assistance

The staffs of the Adolescent Support Services Unit have continued to provide focused training to new staff and technical assistance to staff, providers and foster parents to strengthen understanding and effective practice with transition age youth. These opportunities for training and technical assistance will continue. The following is a list of the trainings offered jointly by the Massachusetts Child Welfare Training Institute and the DCF Adolescent Services Unit in the past 18 months. The Department's plan is to incorporate these trainings as regular professional development opportunities.

- *Transition Planning for Supervisors with Adolescents in Out of Home Placement* - This training helps supervisors to support social workers to work with youth to create and document effective transition plans in accordance with Permanency Planning Policy. Utilizing the Young Adult Readiness Assessment Tool, PAYA services, and accessing youth development services and funds available to youth and young adults are reviewed.
- *Young Adult Support Payments* - Social Workers gain skills to support youth who receive young adult support payments to budget and maximize their housing resources.
- *Permanency and the Young Adult* - This training helps social workers and supervisors understand permanency goals including APPLA and how to continue to pursue permanency for older adolescents and young adults in care.
- *PAYA for DCF staff* – In this training, DCF staff gains a deeper understanding of the PAYA curriculum and its role in transition planning. Agency expectations for congregate care and foster care service providers are reviewed and care providers learn how to identify effective life skills training work and engage youth and their caregivers in the work practice.
- *Foster Youth and Post-Secondary Attainment* - This training focused on the basics of the college planning process as well as alternative paths such as vocational training and certification. Information related to academic and social-emotional planning as well as financial aid and financial literacy for post-secondary students are reviewed.
- On a regular basis, Adolescent Services staff provided life skills and youth development trainings statewide. There were seven PAYA certification trainings (teaching participants how to teach youth life skills) across the state this year and three trainings on supporting foster youth in post-secondary education. All DCF staff, contracted agencies, appropriate other state agencies,

community partners, and foster parents are invited to attend these trainings. The agency will continue to plan to offer 10 trainings a year in these areas.

- Outreach staffs issue a newsletter for professionals and supporters of college-age foster youth. The publication includes training opportunities and dates as well as resource and referral information for professionals supporting youth in post-secondary education.

Consultation with Tribes (section 477(b)(3)(G))

Adolescent Outreach in the Southeast Region continues to provide support and consultation on issues related to transition age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. Both tribes have dedicated staff that serves as contacts for transition age youth and the Adolescent Outreach staff that serve them. Training and consultation on Chafee funded services including the availability of Adolescent Outreach is made available to Tribe serving professionals and Tribal youth in placement. In 2018, the ICWA Director of the Mashpee Wampanog Tribe communicated with DCF that there were no immediate plans to access Chafee funds this year. DCF regularly checks in with both tribes, a May 2019 meeting is planned with the Aquinnah Wampanoag Tribe so new staff are fully informed about the Chafee funded programming at DCF. Updated referral forms and applications are regularly made available to tribal staff that assists the transition age population. Where utilization of Chafee funded programs is very low by Tribes in Massachusetts, communication among youth-serving professionals in the Tribes and DCF is very strong.

EDUCATION AND TRAINING VOUCHER PROGRAM

The ETV program in Massachusetts reaches close to 500 students each year, maximizing its budget and helping young adults from foster care attain post-secondary education. The ETV application in Massachusetts requires an accompanying tuition bill and financial aid award letter from the student's school in order to ensure that a student's ETV award does not exceed the cost of attendance. An account of all awards made to individual students is maintained by the Commonwealth to ensure no student is able to access ETV for more than 5 academic years and to ensure no student is awarded more than \$5,000 in any one academic year. DCF is able to provide an unduplicated number of ETV's that are awarded each academic year (see chart below). Chafee funds are used for two staff that is dedicated to coordinating ETV's and supporting youth in post-secondary education.

The activities below have been found to be successful and will thus continue as part of the ETV program:

- In an effort to serve more students and to respond to feedback provided by ETV recipients, Education and Training Specialists held individual meetings with students and their social workers. In addition to these private consultations, 12 college advising events were held on 9 campuses this past academic year. Students from foster care were served through these events via attending an advising day, meeting privately with ETV Social Workers or through advocacy on their behalf to college financial aid or student support personnel. Students were assisted with financial planning, housing, academic progress and social/emotional needs. Group advising also provided an opportunity for interested students to meet peer mentors from foster care who attend the same academic institutions.
- The Commonwealth of Massachusetts has developed a Single Point of Contact Network (SPOC) on college campuses. These individuals are staff volunteers from varying departments on college campuses that will work with students at risk of not completing school due to challenges that are

not academic in nature. Together DCF staff and the campus SPOCs assist foster youth with needed support and resources. DCF staff trained SPOCS and guidance counselors from across the state on supports services and programs offered through DCF to guide post-secondary students on sustaining their education and establishing lifelong connections in their community.

- Education and Training Specialists work closely with MA Educational Finance Authority (MEFA) and offer training through a webinar to MA guidance counselors on post-secondary education. This training included financial planning, choosing the right school, academic guidance, sustaining their education, campus resources, and establishing permanency through the campus community. Counselors were provided with contacts at the Department of Children and Families and given information on how to access the DCF educational support programs.
- Education and Training specialists collaborated with the Wellness Center and clinicians at Bridgewater State University to promote well-being for foster youth on campus. Together the team discussed strategies on increasing access to mental health services, medical needs, as well as life skills and creating campus connections. DCF Education and Training Specialist and staff members from the Wellness center work together to promote positive youth development and self-awareness for youth on campus creating opportunities to participate in a different housing, employment, clubs and organizations on campus through advising. Bridgewater State University currently has 53 students from foster care enrolled in their Bachelor's program.
- DCF continues to publish a newsletter for ETV student recipients to invite input from college students and educates readers on resources and events geared toward post-secondary success.

Guidance from the Youth Advisory Board members and DCF college students will continue to be solicited to ensure the information is relevant to the needs of the students and presented in a manner that will engage students.

State Funded Post-Secondary Education Programs

Foster Child Tuition and Fee Waiver Program

The Foster Child Tuition and Fee Waiver Program provide 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:

- A 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; and
- Youth who have been in the custody of the DCF and whose guardianship was sponsored by DCFs 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 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 students from foster care are invited to compete in an essay contest where they reflect on their public service. More than \$3500 in scholarships was awarded to foster youth enrolled in college. The winners were honored at a service dedicated to Dr. King.

The ETV Program 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.

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Massachusetts

<u>Final Number:</u>	Total ETVs Awarded	Number of New ETVs
2017-2018 School Year (July 2016 to June 2017)	481	226
2018-2019 School Year	493	239

*Number of vouchers awarded as of May 2019.

E. FINANCIAL INFORMATION

In this section, the Department provides responses/assurances regarding certain payment limitations denoted with the CFSP Program Instruction. We also provide our CFS-101 submission.

1. Payment Limitations

a. Title IV-B, Subpart 1

Include information on the amount of FY 2005 title IV-B, subpart 1 funds that the state expended for child care, 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 child care, 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.

b. 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 FY2019 service categories that do not receive the minimum 20% funding level in section C.3 of our Final Report response.

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 2017 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 FY2017 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$61M. This is in comparison to the 1992 base year amount of \$41.7M.

2. FY2019Funding – Revised CFS-101 Budget Request

N/A

3. FY2020 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. FY2017 Title IV-B Expenditure Report (CFS-101, Part III)

Complete Part III of the CFS-101 workbook to report the actual amount of FY 2017 funds expended in each program area of title IV-B funding by source

At the end of this section, we provide part III our CFS-101 submission.

If the state's expenditure of FY 2017 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 of the APSR on 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2017; and 2) the rationale for the disproportion in the actual expenditure of FY 2017 grant funds.

The Department achieved the minimum 20% spending levels for two of the four PSSF grant service categories in FY2017. The disproportion for the two service categories below the 20% (time-limited family reunification and adoption promotion and support services) was requested when the state submitted our estimated expenditures for FY2017.


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. Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more service categories. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. DCF uses state funds to support the categories below the 20% minimum. For example, in SFY17, the State had annual expenditures in excess of \$61 million in expenditures for our Support and Stabilization service models. This group of services includes family reunification and adoption promotion services.

5. Standard Form 425 (SF-425) Federal Financial Report (FFR)

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 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	1-046002284-K5
Massachusetts Department of Children and Families		4. DUNS:	878509116
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)	
Massachusetts Department of Children and Families		<input checked="" type="checkbox"/> NEW	
600 Washington Street, Boston, MA - 6th Floor		<input type="checkbox"/> REALLOTMENT	
a) Email address for grant award notices: David.OCallaghan@MassMail.State.MA.US		<input type="checkbox"/> REVISION	
REQUEST FOR FUNDING for FY 2020:			
Hardcode all numbers; no formulas or linked cells.			
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$4,109,995
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$225,855
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	
a) Family Preservation Services		26%	\$4,529,643
b) Family Support Services		23%	\$1,177,706
c) Family Reunification Services		13%	\$588,854
d) Adoption Promotion and Support Services		20%	\$905,929
e) Other Service Related Activities (e.g. planning)		9%	\$407,668
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		9.0%	\$407,668
g) Total itemized request for title IV-B Subpart 2 funds:		100%	\$4,529,643
NO ENTRY: Displays the sum of lines 7a-f.			
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$285,439
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$1,745,641
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$3,547,068
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$0
11. Requested Education and Training Voucher (ETV) funds:			\$1,168,439
REALLOTMENT REQUEST(S) for FY 2019:			
Complete this section for adjustments to current year awarded funding levels.			
12. Identification of Surplus for Reallotment:			
a) Indicate the amount of the State's/Tribe's FY 19 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, CFCIP 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		Title	
CFO 10/2/2019			
Date		Date	

2019 APSR

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

Name of State or Indian Tribal Organization: Massachusetts Department of Children and Families

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 2,890,280			\$ -				\$ 116,782,080	48,000	-	all children	statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,177,706		\$ -				\$ 71,148,568	36,080	-	children not in placement	statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 993,860	\$ 1,041,818		\$ 1,745,641				\$ 86,775,107	97,094	-	abused and neglected children	statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 588,854		\$ -				\$ 26,147,609	9,024	-	children in placement	statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 905,929						\$ 38,212,333	1,514	-	children in placement with goal of adoption who are legally licensed and related with a family	statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 407,668						\$ 74,961,498	-	-	-	
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 38,031,330	\$ 133,101,324	9,039	-	children in foster care	statewide
(b) GROUP/INST CARE	\$ -						\$ 64,902,627	\$ 227,144,972	2,081	-	children in group/institutional care	statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 26,731,939	\$ 47,073,384	7,978	-	adoption subsidies	statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,098,129	\$ 26,610,324	3,117	-	guardianship subsidies	statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 3,547,068		\$ -	\$ 17,859,160	1,000	-	adolescents	statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 1,168,439	\$ -	\$ -	520	-	adolescents	statewide
12.) ADMINISTRATIVE COSTS	\$ 225,955	\$ 407,668	\$ -				\$ 23,154,048	\$ 23,154,048				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 850,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 100,000				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 2,299,368				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 285,439				\$ -	\$ 255,485				
18.) TOTAL	\$ 4,109,995	\$ 4,529,643	\$ 285,439	\$ 1,745,641	\$ 3,547,068	\$ 1,168,439	\$ 155,918,073	\$ 892,475,260				

19.) TOTALS FROM PART I

\$4,109,995 \$4,529,643 \$285,439 \$1,745,641 \$3,547,068 \$1,168,439

20.) Difference (Part I - Part II)

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)


21.) Population data required in columns I - L can be found:

On this form

In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 1-046002284-K5	
Massachusetts Department of Children and Families		Massachusetts Department of Children and Families		4. DUNS: 878509116	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		600 Washington Street, Boston, MA - 6th Floor			

Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 3,732,463	\$ 3,712,808	1,912	-	open cases	statewide
a) Administrative Costs <i>(not to exceed 10% of CWS allotment)</i>	\$ 370,000	\$ 171,777				
7. Total title IV-B, subpart 2 (PSSF) funds:						
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 4,518,775	\$ 4,291,914	17,125	17,640	families with concrete needs	statewide
a) Family Preservation Services	\$ 903,755	\$ 860,484				
b) Family Support Services	\$ 1,581,571	\$ 1,602,642				
c) Time-Limited Family Reunification Services	\$ 451,878	\$ 414,236				
d) Adoption Promotion and Support Services	\$ 723,004	\$ 660,202				
e) Other Service Related Activities (e.g. planning)	\$ 451,878	\$ 368,078				
f) Administrative Costs <i>(FOR STATES: not to exceed 10% of PSSF allotment)</i>	\$ 406,690	\$ 386,272				
g) Total title IV-B, subpart 2 funds:						
NO ENTRY: This line displays the sum of lines a-f.	\$ 4,518,776	\$ 4,291,914				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 284,639	\$ 115,195				
a) Administrative Costs <i>(not to exceed 10% of MCV allotment)</i>	\$ -	\$ -				
9. Total Chafee Foster Care Independence Program (CFCIP) funds: (optional)	\$ 3,143,968	\$ 3,125,259	-	-	-	-
a) Indicate the amount of allotment spent on room and board for eligible youth <i>(not to exceed 30% of CFCIP allotment)</i>	\$ -	\$ 66,300	60	-	adolescents	statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,020,225	\$ 1,020,813	484	-	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			
CFO	10/2/2019					