

Commonwealth of Massachusetts



**Child and Family Services Plan
2020 – 2024 Final Report**

June 30, 2024



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FFY 2020-2024 FINAL REPORT

INTRODUCTION

State Agency Administering the Programs

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

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

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

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’s Priorities for Creating an Equitable Child Welfare System

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

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

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

Summary of DCF’s Goals and Priorities

- *Continue to increase DCF staff diversity and inclusion at all levels through recruitment, improved retention, and promotional opportunities. Strategies include:*
 - Job fairs and recruitment events geared toward building a candidate pool and supporting the hiring of diverse professionals and managers
 - Training and consultation with DCF’s hiring managers on best practices in recruiting, interviewing, and hiring staff
 - Support for more succession planning and promotions for existing, talented, proven and aspiring staff via DEI leadership development training and mentorship programs
- *Ensure the appropriate identification of children and caregivers with disabilities who are served by DCF, as well as continued improvement of individualized service delivery for DCF clients, who are disabled. Strategies include:*
 - DCF first issued a Disability Policy to improve service delivery and intervention for persons with disabilities in January 2022. DCF continues to work with the Department of Justice as well as external stakeholders to incorporate feedback from both entities to strengthen the policy further. In early 2023, an updated Disability Policy was issued that adds specific timelines for certain actions to be taken by DCF and set forth a grievance process for consumers to appeal the denial of a request for accommodation or complaint of discrimination on the basis of a disability. An overview of the updated policy has been provided to clinical and legal management as well as all staff attorneys by the Statewide Disability Coordinator in April 2023.

- The Department continues to utilize the statewide disability coordinator and regional disability liaisons to enhance the early identification of individuals with a disability and support area office staff in complying with the ADA through consultation with clinical staff and attendance at ADA meetings with clinical staff and DCF consumers.
 - DCF hired its first Director of Disability Services in December 2021 to further enhance the identification of timely and appropriate service delivery to parents and children with disabilities.
 - DCF completed the hiring of all Regional Disabilities Services Specialists who are available to consult with social workers, supervisors, and managers on cases where specialized assessments and/or services may be vital to ensure that the safety, permanency and well-being needs of the child and family are met. The Disability Services Unit (DSU) was fully staffed as of August 2022.
- *Increase the agency's capacity to provide culturally competent care and affirming services to youth and families who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and more identities (LGBTQIA+). Strategies include:*
 - DCF onboarded its first new Director of LGBTQIA+ Services, who officially began with the agency in January 2023. The new Director is spearheading initiatives to support the children and youth in our care and ensuring staff are well-resourced to provide a safe and welcoming environment for gender-expansive youth.
 - Requisitions for three LGBTQIA+ Specialists have been posted and are currently in the recruitment process. These roles will help support the Director and the agency's goals, which include building employee capacity.
 - Ensure that appropriate training and resources are made available to new and existing staff in order to improve awareness of services needs and resources for youth and families who are LGBTQIA+.
 - Expand Area Office level training for staff to develop knowledge and skills needed to talk with youths about gender identity and sexual orientation.
 - Updated and implemented a requirement to complete Sexual Orientation and Gender Identity (SOGI) data fields in the iFamilyNet system to improve the quality of this data and increase understanding of disproportionality and disparate outcomes for LGBTQIA+ youth.
 - At least two LGBTQIA+ liaisons are identified for each DCF Area Office and participate in quarterly LGBTQ Liaison Statewide Meetings, ensuring that ongoing LGBTQIA+ information, training, and resources are disseminated to the local area office.
 - When making policy and practice updates, DCF will continue to embed LGBTQIA+ guidance where relevant. DCF LGBTQIA+ liaisons, service providers and supporters, including the Massachusetts LGBTQIA+ Youth Commission are subject Matter Experts (SMEs) and consulted in policy and practice guidance development as needed.
 - The Department implemented a new policy outlining the Department's values and principles in its work with LGBTQIA+ children and families.
 - The Department will continue outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to LGBTQIA+ adolescents

- and children. The DCF foster care recruiters, with the assistance of the LGBTQIA+ liaisons, will actively engage the LGBTQ community to strengthen recruitment efforts and generate new approved foster homes for DCF.
- As the Department re-writes its foster parent training curriculum, the Massachusetts Approach to Partnership in Parenting (MAPP), DCF will work with LGBTQIA+ Liaisons to ensure that it reflects DCF's commitment to providing culturally competent care to LGBTQIA+ youth and that foster parents are aware of the specialized needs.
 - DCF will offer additional training opportunities to expand foster parents' capacity to care for LGBTQIA+ youth.
 - DCF's new congregate care network will offer specialized and supportive residential services that include clinical services tailored to the needs of LGBTQIA+ children and youth. In DCF's congregate care network, there are three specialized programs delivering services tailored for children and adolescents who are LGBTQIA+. Two of the programs offer 12 beds and the third program offers 9 beds, for a total of 33 beds
- *Continue to reduce disparities in outcomes for children and families of color involved with DCF. Strategies include:*
 - Child Welfare Institute (CWI), DCF's training institute, in collaboration with DCF's Racial Equity and Inclusion (REI) Work Group, will offer a robust menu of training and resources that focus on diversity, equity, and inclusion. This includes a partnership with Salem State University School of Social Work to deliver a year-long post MSW Certificate program on Equity Minded practice for DCF supervisors and managers, as well as a specialized training series for senior leadership in Culturally Responsive Leadership in Child Welfare.
 - DCF's Racial Equity and Inclusion Work Group and the DCF policy team have continued their efforts to develop, implement and refine a structured process to examine and shape current, pending and new policies, using a racial equity lens, and to perform a racial impact analysis on any new policy prior to it taking effect. Having already tested and practiced this new structured approach in the review of multiple existing policies. DCF recently applied its new review process to a policy that was currently under development.
 - CWI will continue to incorporate Racial Equity Inclusion (REI) training into new social worker training.
 - REI Work Group will continue to update and enhance DCF's intranet page to provide resources and tools that support the education of staff on REI and the implementation of best practices in their work with families, staff, and stakeholders.
 - The REI Work Group researched, drafted, and disseminated to all staff Volume's I and II of its *Call-to-Action* document, DCF's new seasonal newsletter dedicated to racial equity and inclusion within our agency and our work.
 - The Department published and distributed the publication, *Me, Naturally - How to Care for My Hair and Skin - A Guide for the Hair and Skin Care of DCF Foster Children of Color*. Staff also collaborated with the Massachusetts Wonderfund, a local non-profit organization, to secure donors and provide hair and skin care products for children in foster care.

- The Department will continue to prioritize the completion of demographic screens to help DCF identify disproportionality and mitigate disparate outcomes for children and youth of color.
 - The Department will ensure that DCF regions develop and/or maintain employee resource groups (ERG) that focus on matters of racial equity and inclusion; support the sharing of REI resources and training with staff; and partner with office leadership to develop REI priorities and goals, as detailed in an annual Diversity Action Plan.
 - As the Department rewrites its MAPP training curriculum, language and documents will reflect DCF's vision that all foster parents are trained in cultural humility and can demonstrate an awareness and openness to youth from various cultural, ethnic, and religious backgrounds.
 - Employee resource groups, contracted providers, and Family Advisory Committee (FAC) members, among others, will serve as SMEs and be consulted in any policy and practice development as needed.
 - The Department will engage one or more diversity consultants to build capacity/readiness among agency leaders and to support policy/practice development that advances racial equity more systematically and strategically within the Department.
 - The Department continues its outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to children and adolescents of color. The DCF recruiters, with the assistance of members of REI-focused ERGs, will actively engage with diverse communities to strengthen recruitment efforts and generate new approved foster homes for DCF.
 - DCF has continued in its collaboration with neighboring New England states that are also engaged in racial equity and social justice work. Efforts in the *New England States Racial Equity Work Group* have recently focused on reducing/eliminating racial disparities at the front door of the child welfare system and exploring prevention strategies to decrease child welfare involvement with families, whenever possible, while still maintaining child safety.
 - Continue to analyze DCF demographic data at key points during the life of a case to examine racial/ethnic disparities and study potential root causes in order to address issues through modification of policy, practice and/or training.
- *FFY 2024 Highlights*
 - DCF's Promoting and Safe and Stable Families (PSSF) program and The Family Nurturing Center Redoubled efforts and programming related to Diversity, Equity, and Inclusion (DEI) to help providers better support BIPOC, LGBTQ+, and Special Education-connected families, including a more trauma-informed redesign of our three-day facilitator training in Bettie Edwards Murchison's Nurturing Parenting® Programs with African American Families™ curriculum supplement which we provided in-person.
 - FNC offered ten training courses for DCF social workers, Community Connections Coalition staff, and those partnering with them. FNC expanded language capacity to strengthen our focus on DEI (Diversity, Equity, and

Inclusion) in training and we maintained last year's training ratio of twenty percent (20%) in-person / eighty percent (80%) virtual

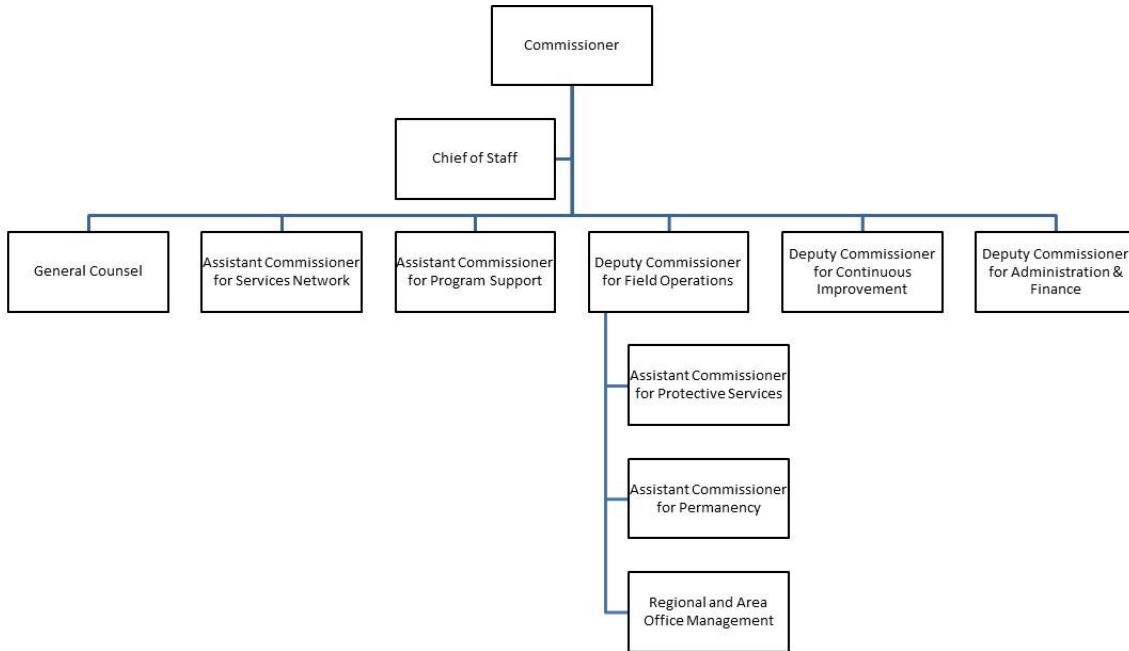
- As in recent years, FNC has maintained and strengthened the Statewide Nurturing Network by planning, hosting, sponsoring, and collaborating on various local, statewide, and regional events for Nurturers and other family support professionals. This year's events included an in-person Nurturing Fathers' Institute in Boston (with a focus on Diversity, Equity, and Inclusion, as well as highlighting the science behind fathering and neuroplasticity), the New England Fathering Conference in Newport, Rhode Island (FNC delivered four very popular and positively reviewed workshops to over 200 people, provided four Dad Story/Ambassador presentations to 400+ attendees, and had a significant presence in the entirety of the conference), and several Regional Fathers and Family Network events, many with a focus on gender and DEI work.
- In FFY 2020 - FFY 2024, Racial Equity training was implemented and offered to all field staff. A consultant created and presented instructional child welfare practice in an integrated in-person classroom and online forum.

Organizational Structure

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

- The Division for Field Operations, led by the Deputy Commissioner for Field Operations, which oversees the Title IV-B, Title IV-E, and Title XX programs.
- The Services Network Unit, led by the Assistant Commissioner for Services Network, which oversees our provider network and implementation of the Families First Act.
- The Program Support Unit, led by the Assistant Commissioner for Program Support, which oversees programmatic support services to field operations.
- The Continuous Quality Improvement Unit, led by the Deputy Commissioner for Continuous Quality, which oversees statistical/outcomes reporting.
- The Division for Administration and Finance, led by the Deputy Commissioner for Administration and Finance, 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 FFY 2020 – 2024 Final Report will be posted upon approval on the DCF website:
www.mass.gov/dcf.

SECTION C. 2020 – 2024 FINAL REPORT REQUIREMENTS

C1. COLLABORATION

Collaboration has been a cornerstone of the Department’s Agency Improvement activities, 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) continues to engage in substantial, ongoing, and meaningful collaboration to keep children safe, achieve permanency, and nurture healthy families and supportive communities. Collaboration with internal and external partners drives the continued implementation of the 2020-2024 Child and Family Services Plan (CFSP) and will drive the implementation of the 2025-2029 CFSP goals and objectives, and future Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs).

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

The partnership of DCF staff at all levels is vital in Agency Improvement efforts and the 2020-2024 CFSP activities. Social Workers and Supervisors play a fundamental role in identifying areas for practice improvements and developing, testing, and implementing strategies for solving practice problems. These staff continue to meet with agency leadership and participate in surveys, focus groups, pilot projects, and policy reforms to ensure that social workers have the tools they need to effectively protect children and support families. In implementing agency reforms, the Department has significantly strengthened the participation of field staff including program and clinical managers who provide input, lead problem-solving activities, and participate in continuous quality improvement efforts. Of particular importance are staff advising the Policy Unit concerning the alignment of DCF policy with best practices concerning racial, ethnic, and LGBTQIATS+ diversity, equity, inclusion, and access.

2020-2024 CFSP Collaboration

Collaboration with children and families who receive services from the Department remains a high priority. The DCF Family Advisory Council (FAC), which includes biological parents, kinship care providers, foster and adoptive parents, and young adult alumni, meets 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.

The frontline staff, foster and adoptive parents, and kinship caregivers, are critical partners in providing for the needs of children who cannot safely be served at home. The Department continues several initiatives designed to strengthen collaboration with family caregivers. These include the Department's FosterMA Connect Intranet portal, where caregivers can find information, forms, news, and guidance; increased availability of online training, including pilot virtual MAPP (Massachusetts Approach to Partnerships in Parenting); an interdisciplinary advisory group meeting to explore improving the process of investigation and review when foster parents are reported for alleged abuse or neglect; periodic Foster Parent Forums that allow caregivers to meet with the Commissioner, Area Office and Regional leadership and staff; implementation of an Orientation for kinship caregivers; increased collaboration with Area Office foster parent liaisons to provide local support; and, expansion of the training topics available to foster parents.

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

The Department also engages the courts, local school 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 Wampanoag Tribes to recruit foster parents and coordinate service delivery to tribal children and families. The Department's legal unit is engaged in discussions with the Tribes about the collaborative work with the Tribal Court in child welfare cases.

Below, we highlight specific examples of how the Department collaborated with these resources in the past year about the implementation of our 2020-2024 CFSP, the continued implementation of the CFSR Round 3 PIP, the CFSR Round 4 Statewide Assessment and Stakeholder Interviews in FFY 2023, and development of the draft CFSR Round 4 PIP.

In planning for CFSR Round 4, MA DCF convened the CFSR4 Stakeholder Engagement Committee in 2022, comprising representatives of state agencies, legal and judicial communities, MA Tribes, foster parents, members of the Family Advisory Council (FAC), young adults with lived experience, and key DCF staff. The CFSR4 Stakeholder Engagement Committee was integral to the development of the Statewide Assessment, played an important role during the CFSR site visit and interviews, and has been essential to drafting our PIP. On February 1 and 2, 2024, Stakeholder Engagement Committee members were among the approximately 100 people who gathered to begin development of PIP goals, strategies, and key activities as we launched our PIP planning. The diversity of voices at the table ensured a breadth of discussion and creative thinking, enriched by varying, and sometimes opposite, perspectives. We are committed to continuing to partner with the Stakeholder Engagement Committee.

Organizational Collaborators

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
- Capacity Building Center for States
- Casey Family Programs
- Center for Adoption Support and Education (CASE)
- Children and Family Law Project
- Children's League of Massachusetts
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- MA Department of Children and Families Family Advisory Council
- MA Department of Children and Families Youth Advisory Council
- MA Department of Developmental Disabilities
- MA Department of Early Education and Care
- MA Department of Elementary and Secondary Education
- MA Department of Mental Health
- MA Department of Public Health
- MA Department of Revenue
- MA Department of Transitional Assistance
- MA Department of Youth Services
- Evident Change (formerly the National Council on Crime and Delinquency and Children's Research Center)
- Executive Office of Health and Human Services
- Executive Office of Housing and Livable Communities (formerly Department of Housing and Community Development, DHCD)
- Family Nurturing Center
- Fidelity Investments
- Jane Doe, Inc.
- Justice Resource Institute
- Massachusetts Adoption Resource Exchange
- Massachusetts Alliance for Families
- Massachusetts Association of Private Schools
- Massachusetts Chapter of the American Academy of Pediatrics
- MA Chapter- NASW
- Massachusetts Citizens for Children
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Commission on LGBTQ Youth
- Massachusetts Council of Human Service Providers
- Massachusetts Network for Foster Alumni
- Massachusetts Society for the Prevention of Cruelty to Children

- MassHealth
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- North American Council on Adoptable Children
- Office of the Child Advocate
- Quality Improvement Center on Domestic Violence in Child Welfare
- Parent Professional Advisory League
- Providers' Council
- Rosie's Place
- Social Security Administration
- The Parents Helping Parents
- United Way
- University of Massachusetts Medical Center
- Wayside

Administrative Office of the Juvenile and Family Court

Throughout the 2020-2024 CFSP period, DCF worked with the Juvenile Court on several projects designed to achieve permanency for children. The work began before the CFSP period, in the winter of 2018-2019, 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 led by judges including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, and others were established to plan for the implementation of Pathways. However, the COVID-19 pandemic impacted the original implementation plan for this initiative; a second Pathways conference had been scheduled to occur in May 2020 but was canceled due to COVID-19. Instead, the Department participated in county-wide virtual training which included Judges, DCF attorneys, CPCS attorneys, and clinical staff in October 2020, December 2020, and February 2021.

In April 2021, the Department also collaborated in a second Pathways initiative, "Upstream." Upstream is a Child Welfare Resources Mapping Model supported by the National Center for State Courts and the Casey Family Programs. A mapping summit was convened in Hampden County where 69 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. The needs assessment was provided to all participants in September 2021 which included a proposed action plan. The aim of the community mapping was to enhance services for children and families which in turn, would lead to more timely permanency.

A third initiative on which the Department and Court continue to collaborate is the Family Treatment Courts ("FTC"). The original family treatment court session located in Berkshire County in the Franklin Probate and Family Court received over 100 referrals. The average time to the reunification of children whose recovering parents participated in the program is 18 months. The Massachusetts Trial Court/Juvenile Court Department was awarded an additional \$1.5 million in January 2022. The grant funded the establishment of additional Family Treatment

Court Sessions in the Juvenile Court. In the calendar years (CY) 2023 and 2024, DCF collaborated with CPCS and the Court to develop the FTC Operational Manual and Manual for Parents. These documents establish an agreed-upon protocol to be followed during Family Treatment Court sessions. In December 2023, the first session of the FTC was launched at the Hampshire/Franklin County Juvenile Court. On March 13, 2024, a statewide kick-off of the Family Treatment Court took place. DCF, CPCS, members of the Court, and key stakeholders in the child welfare system held a working lunch to brainstorm how the FTC system can be utilized by all parties. The brainstorming session was facilitated by Children and Family Futures. The next day, more than 100 staff members, including legal managers, clinical managers, supervisors, and members of the substance use unit, attended a full-day interactive training facilitated by the Children and Family Futures Group to introduce DCF staff to the FTC model. It is anticipated that two additional FTC sessions will be launched in CY 2024.

Finally, DCF participated in the Northeast States Judicial and Systems Partners Symposium for Child Wellbeing, Family Preservation, and Equal Access to Justice, on April 25 and 26, 2024 sponsored by Casey Family Programs. The Chief Justice of the Massachusetts Juvenile Court has convened the Massachusetts state team consisting of the Chief Justice, DCF Commissioner and General Counsel, the Commonwealth's Child Advocate, the Undersecretary of Health and Human Services who oversees DCF, and a member of the Committee for Public Counsel Services, all of whom will attend and participate in presentations focused on making a change in the child welfare system.

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

Collaborating with DYS, through the Juvenile Detention Alternative (JDAI) Initiative has continued to allow the courts, youth services, and child welfare to come together to build team processes and address issues related to the disproportionate involvement of youth of color in the juvenile court system. Throughout the 2020-2024 CFSP period, the Department worked with JDAI to address the needs of Dually Involved Youth (DIY) through its membership on the JDAI Governance Board which met quarterly, as well as its participation in a multiagency DIY Special Populations Subcommittee, which meets monthly. The subcommittee includes individuals from DCF, DYS, the Juvenile Court Clinic overseen by DMH, Massachusetts Probation Service, EHS Division of Children Youth and Families, the Youth Advocacy Division of the Committee for Public Counsel Services, and the Bureau of Substance Abuse Services overseen by DPH. In the State Fiscal Year (SFY) 2023, the participants remained available to assist individual courts in developing additional county-wide case conferencing projects. Interest in doing so was expressed by one county and has been slow to develop. As a result, the subcommittee shifted to consider other populations on which it could focus on detained youth with mental and behavioral health needs and exploration of connecting those youth with community services upon discharge from detention; and youth who have been deemed incompetent to stand trial and the development of a restoration curriculum. In the upcoming year, the Governance Board is considering creating updated training for court personnel, defense counsel, and DCF social workers to promote alternative solutions to detention.

State Level Collaboration

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

In FFY 2022, the Department collaborated with DYS in their data collection/verification methodology of youth entering detention who had an open case with DCF (either through a Care and Protection Petition or Application for a Child Requiring Assistance). In previous years, DCF involvement data was gathered through self-reporting by the youth. In FFY 2021, DCF assisted in verifying the DYS data which has resulted in more accurate reporting of this population of youth that was underreported in prior years. DCF utilizes the data shared by MDM and DYS by verifying their role as a DCF consumer. By adding DCF consumer demographics to the detention file and distributing it to the regions, DCF can ensure timely entry of the non-referral location into i-FamilyNet. This process, which occurs weekly, has improved the ability to report on dually involved youth at a greater frequency and has improved the ability to report across the spectrum of both their DCF and DYS involvements. The data has been utilized by both agencies to inform specific internal projects on racial disproportionality. In FFY 2024, DCF and DYS again updated their data sharing agreement to allow for additional analysis to occur regarding dually involved youth.

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

In FFY 2022, DCF and DESE worked on two joint guidance documents to further the safety and well-being of children served by both systems. The first is an update to a prior collaboration between the two agencies. Guidance for mandated reporter responsibilities first drafted in 2010 was reviewed by both agencies and jointly supplemented to provide the educator community with current best practices in reporting child abuse or neglect. The collaboration culminated in a webinar panel discussion with representatives from both DCF and DESE in December 2021 to allow the educator community to ask questions about the newly updated guidance. The second is a newly created document designed to set forth the parameters that allow DCF social workers access the education records of students in DCF custody via the various web-based portals utilized by school districts throughout the Commonwealth in a manner consistent with applicable laws and regulations. In addition, DCF also created six new positions to support collaboration

efforts with local school districts to promote educational success and support timely decision making regarding best interest determinations with the schools.

In SFY 2023, DCF and DESE modified its Memorandum of Understanding to allow DCF to receive student data from DESE's Early Warning Indicator System (EWIS) from the most recent data report issued to school districts, for children 14 and older in DCF custody. The EWIS data allows DCF to target children who are at risk of not graduating high school so that focused intervention can be provided by the Department's educational specialists to change the child's educational trajectory.

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

The Department has built a strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives to include The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF-funded programs, including the Family Resource Centers (FRCs) and Community Connection Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve. Additionally, DCF staff contribute to the overall program development, attend quarterly meetings to the extent possible, and provide technical assistance by sharing information on current programs and policies that align with DPH policies on related topics. When applicable and there is an opportunity, staff collaborates on initiatives that relate to the prevention of child abuse and neglect, safe sleep, shaken baby syndrome, and other child protective/family support.

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

DCF has also worked with the Department of Public Health as a member of the Interagency Health Equity Task Force, created by the legislature to address equity issues that became apparent during the pandemic. Through 2022, the task force was a vehicle for coordinating each agency's efforts to address disparities impacting individuals served by public human service agencies.

DCF worked with the Department of Public Health in SFY 2023 to develop a process, through the execution of a Memorandum of Agreement, which allows DCF to issue certified copies of birth certificates as a designee of DPH's Registry of Vital Records and Statistics (RVRS) for children that are the subject of a Care and Protection Petition. This will allow DCF to obtain and file birth certificates for children born in Massachusetts in a timely manner and remove a potential barrier to permanency when birth certificates are not filed in a timely manner with the Court. DCF has identified individuals to be trained on the RVRS system and began piloting the program in SFY 2024 in the Boston Region. In April 2024 the pilot expanded to the Western Region.

The Department works closely with the Department of Revenue (DOR) Child Support Enforcement Division when DCF identifies a child whose parentage is in question. A Complaint to Establish Parentage can be filed in either Juvenile Court or the Probate and Family Court. During the CFSP period, DCF and DOR developed an electronic referral system, which allows DCF to request DOR to file a Complaint to Establish Parentage on behalf of a child in DCF custody or to assist with Genetic Marker Testing when Complaint is filed in Juvenile Court. During FFY 2023, DCF conducted a training on establishing parentage for its staff attorneys which included panelists from DOR to talk about the electronic referral system and the Complaint process in Probate and Family Court. Staff from DCF and DOR also meet monthly to troubleshoot any issues with the electronic referral system and to discuss any case specific matters.

The Department works closely with the Department of Early Education and Care (EEC). During 2020 and going forward, the two agencies have worked together to establish a program designed to ensure that short-term childcare is immediately available for children entering care. This model is designed to ensure that children can set new supportive care routines that will aid in their adjustment to placement.

Promoting Safe and Stable Families Community Collaboration

In FFY 2023, The Department of Children and Families continued partnering with key organizations that bring community leaders, residents, and governmental entities together to better align effective, collective responses with the primary goal of preventing child abuse and neglect. Engaging in inter-agency collaboration helps to address gaps in available resources while increasing opportunities for staff to become familiar with and knowledgeable about other system resources. The Department has established ongoing relationships with many children and youth public serving agencies listed below that promote racially equitable, evidence-based, data-informed, family-engaged services and programs.

- Family Nurturing Centers (FNC) – The agency provides a statewide network of skill-building curricula that support fatherhood engagement
- Family Resource Centers (FRC) – provides services and support to families in partnership with Community Connections Coalitions
- Worcester State University's Translation Center – offers affordable translation services to community members
- Children's Trust (CT) – provides parent education programs and is the MA CBCAP designee

- Essential for Childhood – provides support to low-moderate income working families
- Police Departments – provide arts and music for children in various underserved communities.
- Grandparent’s Raising Grandchildren Commission (GRG) – provides support groups for grandparents and caregivers

Foster Care Support and Recruitment Collaboration

The Department 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. During the COVID-19 pandemic, DCF has pivoted to virtual foster parent forums at the regional and statewide level conducted in partnership with the Massachusetts Association for Families (MAFF) and Regional Leadership, the DCF medical team, the Commissioner and other leadership staff. This interaction has identified training and vital support needs for foster, adoptive and kinship families including training and town hall sessions designed to educate families about testing, quarantine and isolation requirements, and health concerns for vulnerable populations with information regarding vaccine efficacy. These communications and collaboration activities have continued to improve partnerships between foster families and DCF Area Offices. The Department has implemented a listserv for foster parents to support the need to provide timely information about payment, foster parent support, 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*, DCF's new social Internet portal for foster parents. A new Orientation Program for kinship caregivers was developed in 2019 to ensure that these families have the information they need to effectively provide care, and a revised curriculum has been implemented. DCF tracks the use of Foster MA Connect by MA foster parents and works to increase the number of families engaging with this valuable source of information.

In addition, the Department continues 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) continues to coordinate efforts in the recruitment of child-specific adoptive families. All children with a goal of adoption are listed on the MARE website
- Jordan’s Furniture: public/private partnership that focuses on the recruitment of adoptive homes. This partnership began 15 years ago
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC) Kid’s Net Program: a foster/pre-adoptive family support services contract, which provides training, emergency childcare, respite, and annual training conferences
- 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

- The Department continues to collaborate with Children’s Hospital regarding the recruitment of foster families. Due to the pandemic, events have been virtually in May 2021 and May 2022. During these events, we have included current foster families to share their experiences and highlighted the need for all foster parents and especially those who can work with children who have medical needs. We anticipate continued collaboration with Children’s Hospital and to return to in-person events when able
- 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 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. Although there was a temporary reduction in the number of in-person events during the height of the pandemic, virtual recruitment activities continued throughout the pandemic and in-person events resumed in the Spring 2022
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes. While many FFY 2020-21 events were postponed, some Area Offices conducted socially distanced drive through/drop off events to thank foster parents.

Adoption Promotion

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

- National Training Initiative: 20-hour interactive, web-based, permanency curriculum for child welfare workers; 25-hour interactive, web-based, curriculum for child welfare supervisors and managers; now available to all DCF staff through Center for Adoption Support and Education (CASE) and University of Maryland portal. DCF plans to make NTI available through MassAchieve during FFY 2024. All DCF staff are encouraged to enroll in this free training program.
- Parent Leadership Training: DCF is collaborating with the North American Council on Adoptable Children (NACAC) to present parent leadership training to foster/adoptive parents/staff who lead or are planning to lead foster/adoptive parent support groups. To date, two cohorts have completed the training; additional training was provided for DCF staff.

Adoption Call to Action

Adoption Call to Action is a collaboration between the Court of Improvement Program (CIP), DCF, the Juvenile Court, Children and Family Law (CAFL), and two community adoption agencies: The Cambridge Family and Children's Services, and the Massachusetts Adoption Resource Exchange (MARE) to increase timely adoptions.

The committee meets regularly to identify and reduce barriers to timely permanency to increase adoptions, especially of teens and children who are non-white, and to improve timely permanency for children by identifying and eliminating barriers to adoption.

This effort is connected to the agency's work on the Child and Family Services Review (CFSR) and measures on permanency outcomes and diligent recruitment:

- a. CFSR Item 4: Placement stability
- b. CFSR Item 5: Timely and appropriate permanency
- c. CFSR Item 6: Achieving permanency goal
- d. CFSR Item 35. Diligent recruitment of foster and adoptive homes.

The Committee continues to meet to review adoption/guardianship data, identify barriers, and discuss innovations to address challenges. The Committee continues to support innovative initiatives by DCF to improve the timeliness of adoptions.

Some initiatives supported by the Committee include:

1. Hosting virtual training to recruit and train adoptive parents, pre-adoptive parents, and adoption social workers from FFY 2020 to FFY 2023. Funding training for foster parents on transracial adoptions
2. Utilizing alternative adoption methods during the COVID-19 pandemic and providing support and funding for in-person National Adoption Day.
3. Creating substantive and procedural materials on guardianship and adoption. Materials continue to be published and distributed in FFY 2023. Materials reprinted and distributed in FFY 2024
4. Developing and expanding innovative interventions to identify and address barriers to adoptions
5. CIP sponsored adoption training in FFY 2023

National Adoption Day Highlights

The committee supported creative adoption venues and a virtual National Adoption Day hosted by the Massachusetts Governor and adoptive families. In November 2022, on National Adoption Day, the Court Improvement Program, in collaboration with the Juvenile Court, MARE and DCF, sponsored in-person adoptions in six counties. Over 90 adoptions were finalized on National Adoption Day. From July 1, 2022, through May 31, 2023, a total of 890 adoptions were finalized, along with 584 completed guardianships. In November 2023, CIP sponsored National Adoption Day in nine Massachusetts counties, resulting in 101 finalized adoptions. From July 1, 2023, through May 31, 2024, over 682 adoptions and more than 271 guardianships were finalized. In FFY 2024, 116 adoptions were finalized on National Adoption Day.

Planning and Service Coordination

The Department collaborated with Casey Family Programs to complete the roll-out of its revised Initial Placement Review (formerly Six Week Review) protocol to the remaining 19 Area

Offices. Initial Placement Review Training included the Initial Placement Review process, facilitation training, and coaching. The AILT Permanency Team conducted follow-up check-in sessions with all 29 Area Offices to provide support and monitor implementation. Additional training was conducted in May 2023 and January 2024 for Managers new to their positions.

Building on the successful roll-out of the revised Initial Placement Review process, the AILT Permanency Team developed the Permanency Tool for Managers and conducted training workshops for Clinical and Legal Managers. Initially drafted in 2022 and piloted with five Area Offices, the tool was revised in 2023 and introduced to an additional five Area Offices. In April 2024, managers from the remaining Area Offices were trained, and the tool is now being used statewide. The new tool is helping Managers to ensure that Social Workers and Supervisors focus on permanency right from the beginning, and that the Department is gathering all information to facilitate informed decision-making. Virtual follow-up discussions have been scheduled for June 2024 to address any questions and implementation challenges.

Support and Stabilization Services – Prevention and Intervention

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

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

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

Permanency Related Collaboration

The Department collaborated with several organizations to present a series of 10 workshops on topics related to permanency for children in 2020 and 2021. Having originally planned an in-person conference for June 2020, DCF modified plans with the onset of the pandemic and

switched to individual workshops ranging from 90 minutes to 4 hours. DCF collaborated with community providers, consultants, and the North American Council on Adoptable Children (NACAC) – now “Families Rising” - to present the Permanency Series. The topics included:

- What Every Worker Needs to Know About Fetal Alcohol Spectrum Disorders from a Trauma Lens.
- Thriving! Moving Beyond Trauma-Informed to Nurturing Resilience
- Seven Core Issues of Adoption and Permanency
- Hitting the Mark! Targeted Recruitment Strategies for Foster and Adoptive Families
- Adoption and Other Options for Teens
- Private Agency Adoption – What Intake and Response Staff Need to Know
- Sibling Relationships are for Life: Nurturing and supporting connections.
- Cultivating Cultural Humility in Permanency Planning
- Promoting Positive Racial/Ethnic Identity for Youth in Placement
- Serving LGBTQ+ Youth and Resource Families

The overwhelming success of the Permanency Series in FFY 2020 - 2021 led to the decision to present an additional series of permanency workshops in FFY 2022 - 2023. Once again, the Department collaborated with NACAC and community organizations and experts to present 6 workshops:

- Reasonable Efforts - What are they? How do we make them? What is enough? (2/8/22)
- Attachment with a Trauma Lens (4/6/22)
- Keeping Siblings Together (6/8/22) NACAC
- Role of Culture in Permanency Decisions (7/27/22) 10:00 AM – 11:30 AM
- Attending to child’s permanency preferences (9/13/22) 2:00 PM – 4:00 PM
- Helping Children to Be Ready for Permanency (11/10/22) 10:00 AM – 12:00 PM

Several of these highly successful workshops have been added to the rotations of training available through CWI.

In collaboration with Casey Family Programs, the Department is continuing the rollout of Permanency Roundtables (PRTs) to additional Area Offices. In 2019, five Area Office completed training and began PRTS for 15-year-old youth with a goal of adoption, but without a match with a prospective adoptive family. An additional five Area Offices were scheduled to complete training in March 2020; however, the training was postponed due to COVID-19. DCF and Casey Family Programs developed a virtual PRT training for five additional Area Offices in 2021. The newly hired Permanency Specialists attended a Permanency Roundtable Training in May 2023 and are now primarily responsible for overseeing PRT implementation. In FFY 2024, five additional Area Offices were trained, and refresher training has been offered to offices that have experienced staff turnover. 15 Area Offices now have functioning Permanency Roundtable teams. DCF plans to train the remaining Area Offices by the end of the calendar year.

In collaboration with the Center for Adoption Support and Education (CASE) and the University of Maryland, the Department has launched training for staff through the National Adoption

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

Massachusetts Behavioral Health Roadmap Collaboration

The Department has continued to participate as a member of the interagency work group established by the Secretary of Health and Human Services in 2018 to re-imagine behavioral health services. This increased access is expected to benefit children and families involved with the Department, most of whom are insured by MassHealth (Medicaid).

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

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

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

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

Health Roadmap Reform is performing relative to the goal of ensuring access to mental health and substance use care for Massachusetts citizens.

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

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

Capacity Building Center for States Collaboration

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

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

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

Social Security Administration (SSA) Child Benefits Collaboration

The Department of Children and Families serves as the representative payee for children in care receiving Supplemental Security Income (SSI) and Retirement, Survivors and Disability Insurance (RSDI) social security benefits. Based on the latest DCF Consumer Balance Report run on 5/10/2024, DCF managed benefits for approximately 375 SSI recipients and 359 RSDI recipients. Each child has a personal needs allowance (PNA) account where funds are set aside for them to access for the purchase of goods and services. Each of the 29 DCF area offices has a designated SSI/RSDI liaison to provide information to the caseworkers on how to access and maintain SSA child benefits. DCF central staff (CFO, Director of Federal Relations, Deputy General Counsel) and the Revenue Management Unit have held quarterly meetings with the Area Administrative Manager (AAM) and liaisons. The purpose of these meetings is to provide updates, guidance and trainings, best practices, and share metrics on PNA account balances and spending by area offices. The meetings were held on 12/10/2021, 4/8/2022, 7/25/2022, 11/3/2022, 1/12/2023, 4/10/2023, 9/8,2023, 12/12/2023, and 3/15/2024. The Department also works collaboratively with SSA and other state agencies, such as the Department of Developmental Disabilities (DDS) to close PNA accounts and support transitioning to new representative payees for children and families no longer involved with DCF. This also includes helping young adults over the age of 18 under a voluntary placement agreement become their own Representative Payee.

On December 19, 2022, the Department held a focus group with child/parent attorneys for feedback on their experiences working with the Department to access SSA Benefits. Their feedback is listed below:

- Knowledge regarding SSA benefits is variable across social workers.
- Some social workers are not able to answer how the client receives their benefits.
- Some social workers do not know the amount of the benefit, who is receiving it, where the benefit is directed, and how the benefit is accounted for.
- When a child moves, there is a long delay for payment to follow the child. This presents a potential hardship for families who depend on the funds for supporting the child upon returning home. Social Workers were encouraged to strategize ahead of reunification.
- Issues were raised regarding youth 17+ requiring guardianship/adult services:
 - Inconsistency about who is responsible for addressing this transition,
 - Delays in starting the process by DCF, and
 - Need for a better system for addressing the needs of children requiring a guardian as an adult.
- Some social workers assist with the Department of Developmental Disabilities' (DDS) Representative Payee application, while others list it as an item on the child's action plan (i.e., case plan).
- A conversation is warranted about keeping SSA benefits with parents vs. moving it around with the child.

The Department sees an opportunity for ongoing training for social workers around SSA benefits. Regarding the social workers knowing the monthly benefit amount, social workers can only access that information when an SSA application has been filed and representative payee

status has been granted to the Department from the SSA. Delays in transferring benefits to a new representative payee when the child returns home or is placed in guardianship or adopted are tied to the Social Security Administration processing timeframes and not DCF.

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

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

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

In FFY 2025, the Department plans to:

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

CFSR Round 3 PIP Related Collaboration

- MA Court Improvement Program (MA CIP) - DCF continues to collaborate with MA CIP on projects to increase stability and permanency for children. In FFY 2023, DCF continued to support the pre-petition legal representation project which began in FFY 2022, facilitated by MA CIP grant funding, designed to stabilize families, and thereby avoid the family's entry into the child welfare system. The Family Stabilization Project (FSP) administered by Community Legal Aid of Central and Western MA began accepting referrals in December 2021. By November 2022, the FSP had worked with 31 Hampden County families with open DCF cases out of the Springfield, Van Wart or Holyoke DCF Area Offices resulting in zero Care and Protection Petitions filed. A total of 20 of those cases were referred directly by DCF to the FSP as a result of collaboration between the Western Legal DCF Office and Community Legal Aide. As a result of the success of this pre-petition project, FSP is in the process of training three additional FSP's at other legal aid organizations throughout the state: MetroWest Legal Aid, South Coastal Counties Legal Services and Northeast Legal

Aid. The Northern Legal DCF Office and surrounding DCF Area Offices are prepared to collaborate with the MetroWest Legal Aid in conjunction with the launch of that FSP.

- Throughout the 2020-2024 CFSP period, the Department, CPCS, and MA CIP training subcommittee met regularly to plan and implement trainings that would ultimately benefit children. The theme of trainings developed by the training subcommittee for FFY 2023 was “Engaging Families.” Three webinars have been developed: October 2022 – Resources for Families which consisted of presentations by external partners who support families involved with DCF regarding how to access their services and supports; January 2023 – Legal Resources for Families, designed to provide information about how to access legal services for families in an effort to prevent placement of children in foster care; June 2023 – Kinship Resources which will emphasize the importance of placing children with kin, the mechanisms available for kin to become a placement and the experience of kin placement. In addition to the trainings developed by CIP, funding for external trainings was also provided to enhance the quality of legal representation: DCF legal staff have been sent to the National Association of Children’s Counsel (NACC) annual conference: four attorneys attended in person in August 2023, two attorneys attended the person conference in August 2022 and an additional 15 DCF legal staff attended the virtual conference in September, 2022; 15 staff attorneys attended the National Institute of Trial Advocacy (NITA) virtual trial skills series which occurred over four Fridays in September 2022; seven DCF legal staff attended the NACC Race Equity Series virtually over three days in March 2023 and lastly, CIP funding was provided for the annually for the Massachusetts Continuing Legal Education (MCLE) Juvenile Delinquency and Children Welfare Conference for 63 DCF attorneys in November, 2023 and 55 DCF attorneys in December, 2022. The goal of these joint trainings continues to be improving permanency outcomes for children and increasing 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 was 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.
- Evident Change (formerly the National Council on Crime & Delinquency and Children’s Research Center) - Embedding evidence and research-based assessment of safety and risk into daily practice was a core MA CFSR PIP strategy. The Department worked with Evident Change to develop a set of MA CFSR PIP Key Activities 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 developed a train-the-trainer curriculum and set of E-Learning modules to support the September 2019 i-FamilyNet rollout of the revised risk assessment tool. This training began its rollout in FY21.
- The Department currently utilizes three structured decision-making (SDM) tools: A safety assessment, a risk assessment, and risk reassessment tool. In FFY 2022, DCF contracted with Evident Change to expand its use of SDM tools. Work is underway to update/develop the

following with staged implementation (first quarter of FFY 2025/second quarter of FFY 2025):

- Danger and Safety Assessment – helps to identify the immediate protective service interventions required during a CPS investigation or assessment, including removal of a child.
 - Foster Care Danger and Safety Assessment – helps workers at all points in a case determine if a child may safely remain in a foster care (family based foster home) setting.
 - Risk Assessment – this research-based actuarial assessment estimates the likelihood of future child welfare system involvement and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.
 - Risk Reassessment – this actuarial tool helps the worker determine when risk has been reduced sufficiently such that the case may be recommended for closure.
 - Reunification Assessment – for families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.
- Department of Public Health Bureau of Substance Addiction Services - Improving services and treatment for children and families affected by substance misuse was a core MA CFSR PIP strategy. A MA CFSR PIP Key Activity is to collaborate with the 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.
 - 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 and completed 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. The new curriculum was adapted for online use during the pandemic and is now delivered in a hybrid format combining in-person, live web-based, and asynchronous content.
 - DCF continues to partner with Solomon, McCown, and Cence, a Boston-based marketing and communications firm that provides creative and strategic support for the Department's statewide foster parent recruitment campaign, Foster MA. During its 4-year history the campaign has reached millions through online and television advertising, driving traffic to the foster care recruitment website. During the COVID-19 pandemic, Foster MA expanded its digital presence, finding success on Pinterest and by targeting viewer demographics on streaming or OnDemand services.

CFSR Round 4 Related Collaboration

- Stakeholder Engagement Committee (CFSR4 SEC) – In May 2022, Commissioner Spears appointed a committee comprising 15 agency leaders to steer the Round 4 CFSR Statewide Assessment. The group (including the Commissioner, Deputy Commissioners, Assistant Commissioners, and managers responsible for field operations, legal services, permanency, contracted providers, legislative communication, continuous quality improvement, policy and practice, critical incident review, and fiscal operations), convened on July 11, 2022, and developed an initial plan for gathering data, involving staff at every level of the agency, and for writing the Statewide Assessment. Soon after the first meeting, the Statewide Assessment workgroup appointed a subgroup to develop a plan for external stakeholder involvement. This small team proposed creation of a Stakeholder Engagement Committee, including DCF staff and external stakeholders, to ensure the authentic engagement of a diverse group with a range of experiences with the Department, and representative of stakeholders including youth, families, foster and adoptive parents, sister agencies, providers, legal and judicial communities, Tribes, and other key stakeholders.
- DCF invited 16 external stakeholders to join a core group from the Statewide Assessment workgroup to comprise the Stakeholder Engagement Committee. The invitation stated, “The Administration for Children and Families (ACF) requires that states demonstrate broad and meaningful stakeholder engagement throughout the CFSR process from beginning to end by including our child welfare system partners as well as persons with lived experience. Your experience as a child welfare stakeholder is crucial in helping the Department engage those individuals with a vested interest in the child welfare system to obtain and examine data to inform how well the systems are functioning, according to criteria established by the Children’s Bureau, and identify any areas for improvement.”

External stakeholders represent:

- Children and Families Law Division, Committee for Public Counsel Services
- Children’s League of Massachusetts
- Commonwealth Care Alliance
- Court Improvement Project
- MA Joint Youth Advisory Committee
- MA Family Advisory Committee
- MA Department of Early Education and Care
- MA Juvenile Court Administrative Office
- MA Office of the Child Advocate
- Massachusetts Alliance for Foster Families (MAFF)
- Massachusetts Nonprofit Network
- Mashpee Wampanoag Tribe

The CFSR4 Stakeholder Engagement Committee members were instrumental in gathering, reviewing, and synthesizing quantitative and qualitative information to inform the Massachusetts CFSR Round 4 Statewide Assessment.

Systemic Factor: Agency Responsiveness to the Community/State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR (Item 31) – The Department received an overall rating of Strength for Item 31 in its 2023 CFSR4 based on information from the Statewide Assessment and stakeholder interviews.

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

CFSR Round 4 PIP Development – The Stakeholder Engagement Committee has also been essential to drafting our CFSR Round 4 PIP. On February 1 and 2, 2024, approximately 100 key internal and external stakeholders, including agency leaders, members of the judiciary, parent and child attorneys, the CIP Taskforce, the Office of the Child Advocate, foster parents, group care providers, Tribal representative, and individuals with lived experience, were invited and participated in a CFSR Final Report and PIP Discussion Meeting. During this meeting, the Children’s Bureau regional office presented the Massachusetts CFSR Final Report and MA DCF provided a response to the report and presented context data. Breakout sessions provided an opportunity to elicit feedback on PIP proposed goals. Maximizing the expertise within the room, a set of brainstorming sessions followed which were designed to identify strategies for accomplishing the draft goals. PIP development continued with the Department’s internal and external stakeholders (i.e., Stakeholder Engagement Committee, CIP Taskforce) in the weeks following the February meeting and the PIP submission date.

The proposed PIP represents the results of the collective work of the DCF PIP Workgroup, Stakeholder Engagement Committee, CIP Taskforce, and the data/information—including root cause analyses—gathered for the Statewide Assessment and during the Stakeholder Interviews conducted in partnership with the Children’s Bureau.

The Department submitted the PIP to the Children’s Bureau on April 17, 2024. On June 5, 2024, the Children's Bureau met with the Department's agency leadership team, PIP development team, and leaders/developers of the PIP's goals, including MA CIP leaders, to discuss their feedback. Following those discussions, the Department will revise the PIP and resubmit it in August 2024.

C2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

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

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

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

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

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

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

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

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

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

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

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

Agency Improvement Leadership Framework

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

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

SAFETY OUTCOMES:

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

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

The Department utilizes screening to gather sufficient information to determine whether a department response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency, and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family.

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

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

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

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

Initiating Investigations of Reports of Child Maltreatment

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

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

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

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

Table 1 summarizes the response activity time frames.

Table 1. Response Activity Time Frames		
Required Activity	Emergency Response	Non-Emergency Response*
Visit the Reported Child(ren)	As soon as possible within 2 to 4 hours of	As soon as possible and not longer than

	receiving a report	within 3 working days
Visit and Interview All Child(ren) and Initiate Safety and Custody Determinations	Within 24 hours of receiving a report the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety	As soon as possible and not longer than within 3 working days the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety
Visit Home	Within 24 hours	Within 3 working days
Complete Other Response Activities and 51B Report	Within 5 working days	Within 15 working days

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

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

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

Protective Intakes (51As) by Race/Ethnicity

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

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

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

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

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

*Less than 0.1% after rounding.

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

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

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

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

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



Protective Response (51B) Determinations by Race/Ethnicity

Chart/Figure 2 displays the proportion of response (51B) determinations of children subject to a

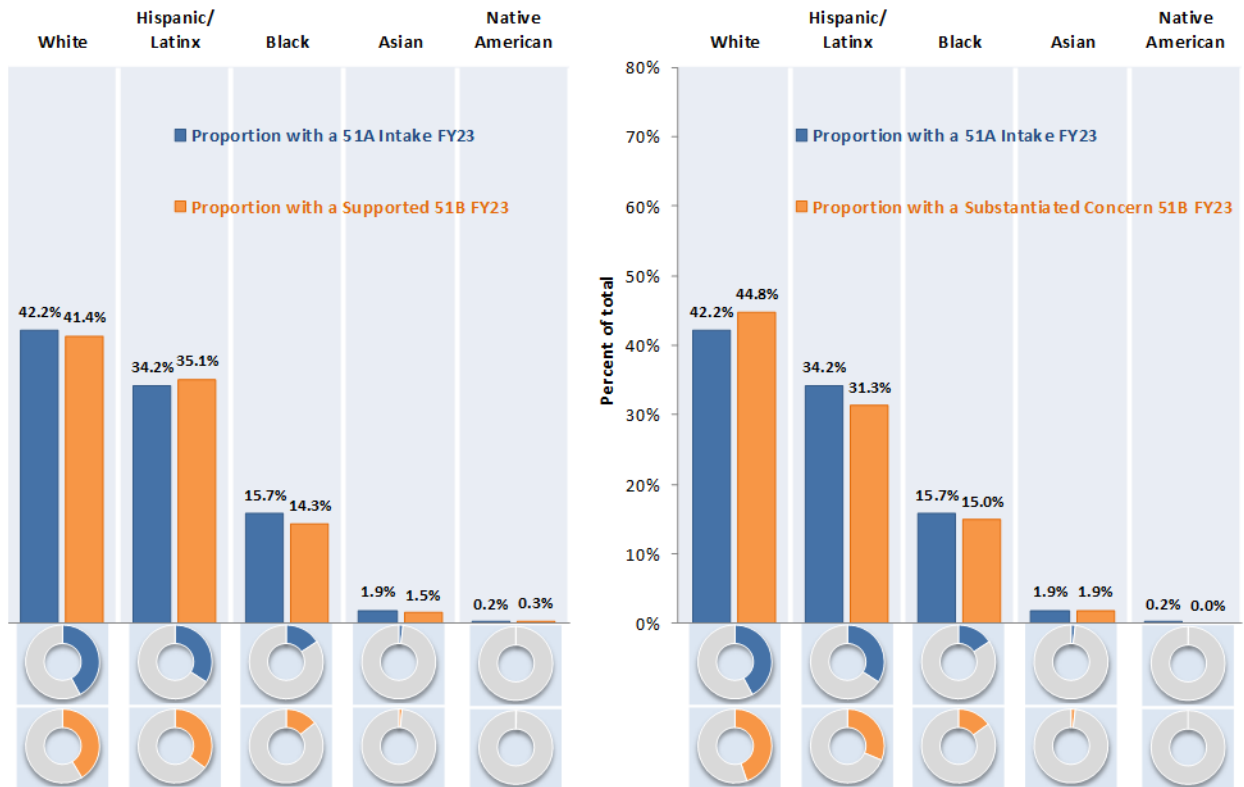
protective response by race and ethnicity compared to the proportion of children with a protective intake (51A). While Hispanic/Latinx and Black children are 2.4x to 2.5x more likely to be referred to the Department through a 51A report (see Chart/Figure 1), support and substantiated concern rates are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

Chart 2. Response Determinations by Race/Ethnicity – Unduplicated by Child FY2023 ⁽¹⁾

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

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

FIGURE 2. Response Determinations by Race/Ethnicity – FY2023



SAFETY OUTCOME 1:

Children are First and Foremost, Protected from Abuse and Neglect

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

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

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

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

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

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

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

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

Practice Description

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

Addressing Challenges

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

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

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

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

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

Chart S2.

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

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

Maltreatment in Foster Care

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

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

Recurrence of Maltreatment

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

SAFETY OUTCOME 2:

Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

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

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

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

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

*Source: MA DCF case management system

Referral Rates

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

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

*Source: MA DCF case management system

Victimization Rates

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

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

*Source: MA DCF case management system

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

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

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

Practice Description

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

Addressing Challenges

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

Safety Outcome 2 – Item 3: Safety Assessment and Management

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.

- The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

Foster Care Review (FCR) – Determination of Safety

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

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

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

Chart S6.

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

DATA SOURCE: i-FamilyNet

PERMANENCY OUTCOMES:

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

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

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

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

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

PERMANENCY OUTCOME 1:

Children Have Permanency and Stability in Their Living Situations

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

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

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

though trending downward relative to historical performance. The Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	RSP Interval	Data Period Used for Performance
Perm in 12 months (entries)	35.2%	Higher	37.2%	35.7% – 38.6%	21A – 23A
Perm in 12 months (12-23 months)	43.8%	Higher	31.1%	29.1% – 33.2%	22B – 23A
Perm in 12 months (24+ months)	37.3%	Higher	28.4%	27.1% – 29.8%	22B – 23A
Re-entry to foster care in 12 months	5.6%	Lower	9.0%	8.0% – 10.2%	21B – 23A
Placement Stability (moves/1K days)	4.48	Lower	7.31	7.10 – 7.52	22B – 23A

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

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

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

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

Placement Stability

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

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

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

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

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

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

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

National Standard: 4.48 (lower score is preferable)

- Placement moves per 1,000 placement days for children who entered care during SFY2023 by Age Group shows that children 5-and-under evidence greater placement stability.
 - Children 5-and-under: 5.42 Placement Moves per 1,000 Placement Days
 - Children 6-11: 8.57 Placement Moves per 1,000 Placement Days
 - Children 12-17: 8.34 Placement Moves per 1,000 Placement Days
- Placement moves per 1,000 placement days for children who entered care during SFY2023 by Birth sex shows that males (6.89) evidence greater placement stability than females (7.46).

Placement with Kin

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

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

Data Source: MA DSSRP210 – Children in Placement

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

Placement with Kin by Race/Ethnicity

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

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

Data Source: MA DSSRP210 – Children in Placement

Placement with Kin for Children in Departmental Foster Care

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

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

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

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

Permanency Outcome 1 – Item 5: Permanency Goal for Child

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

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

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

- DCF created a Permanency Planning Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making. DCF anticipates that

the Permanency Planning Unit will have a positive impact on timely and appropriate establishment of goals.

- In FY2022, the legal division received authorization to add 14 staff attorneys, 11 paralegals and 5 clerks. This addition of staff is expected to streamline production of discovery and assist attorneys with trial preparation as well as increase capacity related to the filing of Adoption and Guardianship Petitions.
- DCF is piloting a permanency tool used by managers to assist in ensuring that social workers and supervisors are collecting and considering all relevant information needed to inform timely and effective permanency planning for every child in care at the key decision points in a case: response, IPR, FCR and PPC. In part, the development of the questions used in the permanency tool were informed by common barriers identified in the quarterly adoption reviews. By prompting staff to take action that eliminates commonly identified barriers to permanency earlier in the process, permanency can be achieved more quickly. The tool was piloted in 10 offices between the last quarter of CY2022 and first quarter of CY2023. Additional offices will receive training on the tool during CY2024.
- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The Department is currently revising the array of permanency services that can be offered to children/families by DCF contracted community providers. Services will be paid for by DCF with a focus on meeting permanency goals and timeframes. Under the new contract, services including permanency mediation, specialized adoption recruitment, and clinical consultation will be expanded to assist area offices reach goals for children (Specifically Adoption and Guardianship) in a timelier manner. These contracts are projected to go out to bid in 2024.
- Additionally, the Department created the "Manager of Adoption Contracts and Search" position to provide consultation for contracted adoption providers and to collaborate systemwide to promote timely permanency outcomes for children.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

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

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

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

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

Chart P10. Determinations

	FY2020	FY2021	FY2022	FY2023
The extent of progress made toward achievement of the permanency plan.				
○ Were necessary actions and essential changes for achieving the child/youth/young adult's Permanency Plan demonstrated?				
MAINTAIN PERMANENCY PLAN	92.0%	92.8%	92.1%	91.9%
Permanency Plan Achieved	0.2%	0.1%	0.1%	0.2%
Sufficient/Maintain Permanency Plan	42.7%	42.7%	39.8%	38.9%
Insufficient/Maintain Permanency Plan	45.8%	46.7%	48.9%	49.0%
Permanency Plan Changed within the last 45 days	3.3%	3.3%	3.3%	3.9%
CHANGE PERMANENCY PLAN	8.0%	7.2%	7.9%	8.1%
Insufficient/Change Permanency Plan	6.7%	5.9%	6.6%	6.8%
Permanency Plan does not reflect casework direction	0.5%	0.5%	0.6%	0.6%
Circumstances Changed and Permanency Plan is no longer relevant	0.9%	0.8%	0.7%	0.6%

DATA SOURCE: i-FamilyNet

DETERMINATION – Maintain Permanency Plan (91.9%)

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

DETERMINATION – Change Permanency Plan (8.1%)

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

Foster Care Review – Assessment of Placement Activities

DCF is required to complete all tasks and activities recommended at the Initial Placement Review—also known as the 6-Week Placement Review—for achieving child safety, permanency, and well-being. As summarized in Chart P11, “follow-up-activities” from the Initial Placement Review were completed by DCF prior to the Foster Care Review (i.e., periodic reviews) meeting in 76.2% of applicable reviews in SFY2023. The Department reformed its

Initial Placement Review process during SFY2021 and focused on developing a collaborative process for assessing the immediate needs of the child in placement and creating a plan to return the child safely to their home. This process includes clear directives to identify follow-up activities and develop recommendations. In 94.4% of applicable reviews, FCR panels found that relatives were notified within 30 days of a child’s placement.

Chart P11. Placement Activities

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

DATA SOURCE: i-FamilyNet

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

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

Permanency Outcome 2 – Item 7: Placement with Siblings

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

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

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial

Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child’s placement, identify and plan for the child’s needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child’s best interests.

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

Foster Care Review – Assessment of Parent-Child Visitation

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

Chart P12. Parent-Child Visitation	FY2020	FY2021	FY2022	FY2023
<p>Were visits maintained between parents/caregivers and their placed children/youth?</p> <ul style="list-style-type: none"> ○ Per DCF Permanency Planning Policy (#2013-01), regular and ongoing visitation between the parent/caregiver and child/youth is to be arranged throughout the child’s placement—as long as there are no clinical or safety contraindications. ○ In general, parent and child/youth visitation should take place at minimum once-per-week unless a different schedule is indicated by the child/youth’s age, the needs of the child/youth, the safety of the child/youth, or if parental rights have been terminated by the court. 	81.0%	77.8%	78.6%	83.0%

DATA SOURCE: i-FamilyNet

Permanency Outcome 2 – Item 9: Preserving Connections

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

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

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

Permanency Outcome 2 – Item 10: Relative Placement

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

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

Practice Description

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

Addressing Challenges

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with tracking implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- DCF implemented a new Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system. As part of the new policy, specific kinship workers will be assigned for all kinship resources to offer relative placements education and support through the foster care process.

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

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

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

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

Practice Description

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

OSRI Observations

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

Addressing Challenges

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

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

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

- Revising DCF’s foster care policy and practice;
- Continuing to increase and retain the number of quality foster homes;
- Increasing support for and communication with foster parents;
- Expanding short term childcare for children and youth;
- Modernizing DCF Information Technology systems to ensure social workers have real time

- information; and
- Strengthening behavioral health access and in-home supports.

WELL-BEING OUTCOMES:

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

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

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

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

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

WELL-BEING OUTCOME 1:

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

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

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

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

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

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

Practice Description

- Sub-Item 12A – Needs Assessment and Services to Children: 73% (73 of 100). [78% of 50 foster care cases; 68% of 50 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the children's needs: 86% (86 of 100). [88% of 50 foster care cases; 84% of 50 in-home services cases]
 - Appropriate services were provided to meet the children's needs: 71% (66 of 93). [77% of 47 foster care cases; 65% of 46 in-home services cases]
- Sub-Item 12B – Needs Assessment and Services to Parents: 49% (45 of 92). [52% of 42 foster care cases; 46% of 50 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs: 76% (67 of 88). [69% of 39 foster care cases; 82% of 49 in-home services cases]
 - Appropriate services were provided to meet the mother's needs: 61% (51 of 84). [61% of 38 foster care cases; 61% of 46 in-home services cases]
 - Concerted efforts were made to assess and address the needs of mothers: 61% (54 of 88). [62% of 39 foster care cases; 61% of 49 in-home services cases]
 - The Department conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs: 56% (34 of 61). [65% of 23 foster care cases; 50% of 38 in-home services cases]
 - Appropriate services were provided to meet the father’s needs: 36% (20 of 55). [48% of 21 foster care cases; 29% of 34 in-home services cases]
 - Concerted efforts were made to assess and address the needs of fathers: 39% (24 of 61). [48% of 23 foster care cases; 34% of 38 in-home services cases]

- Sub-Item 12C – Needs Assessment and Services to Foster Parents: 83% (39 of 47).
 - The Department adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis: 87% (41 of 47).
 - The Department provided appropriate services to foster and pre-adoptive parents related to caring for children in their care: 83% (34 of 41).

OSRI Observations

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

Addressing Challenges

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

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

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

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

Performance Description

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

Addressing Challenges

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

Foster Care Review – Assessment of Engagement in Action Planning

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

Chart W1. Determinations

	FY2020	FY2021	FY2022	FY2023
19b1. Did the parent/caregiver participate/engage in the activities outlined in the Action Plan? <ul style="list-style-type: none"> ○ For every child/youth (0-18) whose parent/caregiver maintains parental rights—based on available information at the review—the FCR Panel determines whether the parent participated in the actions, tasks, services, and supports, identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate. 	72.5%	69.6%	67.5%	68.1%
19b2. Did the parent/caregiver demonstrate observable changes that reduce or alleviate danger, or the need for placement, or achieve the desired outcomes to improve the child/youth’s safety and well-being? <ul style="list-style-type: none"> ○ A “yes” is selected if the parent/caregiver demonstrated behavioral changes which support the outcomes that promote the safety, permanency, and well-being of the child/youth. ○ A “yes” answer indicates that progress was made to increase parental capacities but does not necessarily indicate that all areas of focus have been resolved. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate. 	59.1%	55.7%	54.3%	54.9%

DATA SOURCE: i-FamilyNet

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

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

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

Performance Description

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

OSRI Observations

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

Addressing Challenges

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

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

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

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

Performance Description

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

- The quality of visits between the caseworker and the father was sufficient: 60% (28 of 47). [72% of 18 foster care cases; 52% of 29 in-home services cases]
- Both the frequency and quality of caseworker visitation with the father were sufficient: 45% (26 of 58). [62% of 21 foster care cases; 35% of 37 in-home services cases]

OSRI Observations

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

Addressing Challenges

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

Foster Care Review – Assessment of Social Worker Contact

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

Chart W2. Social Worker Contact

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

Did the child/youth’s social worker maintain required contact with foster parents/group care providers?

- o DCF social worker contact with foster parents or group care providers is required at a minimum of once-per-month.
- o Per policy, the DCF social worker in discussion with the family, foster parent or group care provider, and in consultation with the supervisor, determines the frequency, location, and method of the contacts.

96.8%	98.4%	96.8%	96.2%
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DATA SOURCE: i-FamilyNet

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

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 16 because 76% of the 59 applicable cases were rated as a Strength. This represents a decrease in performance compared to the 90% Strength rating observed in the 2015 CFSR3. Item 16 was rated as a Strength in 83% of the 42 foster care cases and 59% of the 17 in-home services cases.

Performance Description

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

Addressing Challenges

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

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

The Department tracks a number of education-related indicators:

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

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

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

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

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

Chart W3.	DCF Target	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
4-Year Graduation Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%	57.3%	58.4%
5-Year Graduation Rate		53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	62.3%	67.4%	<i>aging</i>

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

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

Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates

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

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

- Report on the performance of individual students, schools, and districts.

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

Chart W4.	DCF Target	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019³	2019-2020	2020-2021	2021-2022	2023-2023
¹ MCAS Competency Determination Rate	≥ 40.0%	37.7%	37.1%	45.1%	41.2%	33.0%		n/a	25.4%	23.2%
ELA – proficient or higher		67.2%	66.8%	68.1%	64.3%	57.5%	MCAS not administered due to COVID-19 pandemic	62.3%	70.3% ⁴	60.8%
Mathematics – proficient or higher		40.3%	35.0%	42.7%	40.0%	34.3%		25.2%	32.0%	28.3%
² Science/Tech./Eng. – proficient or higher		74.7%	76.2%	81.5%	77.6%	71.2%		n/a	49.9%	46.9%

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

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

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

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

Data Source: MA data exchange between DCF and ESE

Breaking a multiyear trend of underperformance, Chart W4 shows that MCAS Competency Determination rates for children in the custody of DCF in school years 2017 and 2018 were above DCF’s established target. Performance on the Mathematics and the Science/Technology /Engineering tests were impacted by the COVID-19 pandemic. Of note, MCAS Competency Determination Rates were challenged in school years 2021-2022 and 2022-2023 by the significantly lower performance on these subtests.

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

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

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

Students with High Needs

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

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

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

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

School Attendance Rates

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

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

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

Foster Care Review – Education Needs

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

Chart W8. Health, Education and Well-Being Needs

SFY2020 SFY2021 SFY2022 SFY2023

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

DATA SOURCE: i-FamilyNet

**WELL-BEING OUTCOME 3:
Children Receive Adequate Services to Meet Their Physical and Mental Health Needs**

While there is no singular measure that reflects a child or family’s well-being, there are a number of indicators that provide insight into how effectively the Department promotes the wellness of children and families. One such indicator is access to medical and dental care. DCF has identified access to quality medical and dental care for children as opportunities for improvement. Efforts to increase the Department’s performance on medical/dental care are directed to both improve the data collection to document children’s medical/dental appointments and collaboration with community partners to improve access to medical and dental care for children in our care or custody.

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

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

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

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

of the 9 in-home services cases.

Performance Description

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

Addressing Challenges

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

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

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

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

Performance Description

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

Addressing Challenges

- The Department has established specialty units which partner with social workers to address the mental/behavioral health needs of children and families: e.g., Domestic Violence, Mental Health, Substance Abuse, Disability.

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

Foster Care Review – Health Needs

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

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

Chart W9. Health, Education and Well-Being Needs

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

DATA SOURCE: i-FamilyNet

SYSTEMIC FACTORS (SF):

Systemic Factor Item 19: Statewide Information System

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

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

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

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

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

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

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

In addition to i-FamilyNet, the Department developed and implemented a *Salesforce* database in Oct-2020 as a supplemental information system for specific units. As of FFY2023, the Ombudsman's Office, Foster Parent Recruitment, Kinship Navigator, and Subsidy Unit utilize *Salesforce* in conjunction with i-FamilyNet. The strength of *Salesforce* as a supplemental system lies in its customer relationship management services. The Department was initially drawn to this cloud-based system because of its capacity to track external inquiries related to becoming a foster parent, and then turning those inquiries into active foster homes as appropriate through “customer” engagement. Additionally, *Salesforce* allows the Department to track the success of its foster parent recruitment campaigns and adjust strategies as necessary.

Access to the specific features and data elements within each tab is controlled through security and permission sets which are tied to user role and functional need. In addition, access is also dependent on the user’s assigned region/area/unit. Role/functional need also limits user “write access” permission for entering or modifying the data. Intakes and Cases are more widely available to field staff, while tabs associated with specific units such as Resources, Legal, Fair Hearing, ICPC, BRC, Finance, and FCR are limited to staff from those units. Group care providers enter treatment plans and progress reviews in the Children and Families tab and document incident reports in the Facilities tab.

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

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

Non-protective intakes and concluded responses that open for case services are assigned to an Ongoing Social Worker. The Ongoing Social Worker updates consumer demographics,

adds/removes case members as appropriate, documents home removals, and updates placement locations. For intakes and/or responses on an open case, the Ongoing Social Worker maintains the primary assignment on the case and the Screener and/or the Response Worker assumes secondary assignment on the case—permitting “write access” for both workers as needed.

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

Technology

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

In FFY2022-FFY2023, the Department began implementing Natural Language Processing (NLP) technology within i-FamilyNet. Natural Language Processing is a branch of artificial intelligence technology that systematically analyzes and recognizes patterns within written text, similar to how people understand and interpret connections within conversations. The Department hopes that NLP will support critical thinking and informed decision-making throughout the life of a case. In i-FamilyNet, Natural Language Processing assists staff in quickly identifying patterns and key areas of focus throughout a case’s dictation (i.e., notes). As an example, a caseworker’s search for the term “school” will return related terminology such as “IEP,” “attendance,” “teacher,” and “grades.” Beginning in FFY2023, the Department launched the initial phase of implementation through a pilot program with supplemental training to promote engagement and effectiveness within area offices.

Data and Information on Children in Foster Care

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

Previously entered data is typically accessed through a staff person’s case assignments or

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

Data Validation

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

Data regarding paid placements is generally highly reliable as payment is predicated upon the placement being accurately recorded. Completion of Intakes, Responses, and Family Assessment and Action Plans are closely monitored. Data regarding unpaid placements is somewhat less accurate. Nonetheless, Mental Health Specialists are closely monitoring the entry of psychiatric hospitalizations.

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

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

Reporting

The Executive Office of Health and Human Services' (EHS) Information Technology Reporting Unit (ITRU) and the Department's OMPA jointly develop and distribute reports using information from i-FamilyNet to ensure consistency and compliance with data collection. Of these reports, the comprehensive Quarterly Profile provides information on each of the primary

data elements related to a child's status, demographic characteristics, location, and permanency goal(s). Further, these data elements are presented at multiple levels: statewide, regional, and area office. The report is published on the Department's website on a quarterly basis. Internally, reports containing the above data elements are distributed on a more frequent basis (i.e., daily, weekly, and monthly) for both quality assurance and management purposes.

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

DCF has a data warehouse of purpose-built tables storing summary data of child placements, financial transactions, AFCARS, NCANDS and NYTD data, title IV-E determination data and more. Data from the warehouse is currently accessed through ad hoc queries and using a Jasper server. Reports available in the Jasper server are referred to as Jasper reports and include the AuthoCosts report, CFSR child welfare outcome reports, reports for tracking trends in reports of child abuse/neglect and responses, case openings and closings, and to support IV-E eligibility determinations. The AuthoCosts report tracks all payments for DCF-licensed and unlicensed foster homes, contracted foster homes, family-based services, and most congregate care placements. All warehouse tables are designed to hold multiple years of data and are updated on a schedule tied to business reporting needs, generally, weekly, monthly, and quarterly. All Jasper reports include aggregated data summaries and support drill-down to detail data in the warehouse tables.

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

Dashboard Reports

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

The project resulted in the development of a public facing DCF Dashboard which summarizes child welfare administrative data (e.g., intake, response, case, and consumer counts). The web-

based dashboard is end-user filterable along multiple attributes (e.g., date range, region/area, case type, permanency goals, placement location, time in placement, age and SOGI). The DCF Dashboard was rolled-out in CY2023. Additional internal dashboards were rolled-out in the spring of 2024. Development continues on both internal and public facing dashboards.

Systemic Factor: Case Review System – Items 20-24

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *The data presented in the Statewide Assessment showed that although Massachusetts has policies in place requiring the participation of the parents in case planning, it is not routinely happening. Massachusetts acknowledged in writing at the beginning of the stakeholder interviews that parent engagement in case planning was an Area Needing Improvement. As a result, none of the stakeholder interviews included this item.*
 - Systemic Factor Item 20 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

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

The policy emphasizes that written case plans are developed in collaboration with children, youth, young adults, parents, caregivers, and collaterals and focuses on engaging family

members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

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

Family Assessment and Action Plan Scope

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

- *Family Profile and Functioning*: Focuses on understanding how caregiver/family history and current functioning is related to the reason(s) for the current involvement with the Department. Consideration is given to the family's personal history, any past involvement with the Department or another state's child welfare agency, if known, and supports (both formal and informal) that may be in place to address the child's needs for safety, permanency, and well-being.
- *Parental Capacities*: Focuses on understanding the caregiver's capacity to provide for each child's safety, permanency, and well-being and is used to identify the focus areas for interventions and supports. The protective factors that will be addressed include:
 - knowledge of parenting and child development;
 - building social and emotional competence of children (nurturing and attachment);
 - parental resilience;
 - social connections; and
 - access to/utilization of concrete support in times of need.
- *Child Safety, Permanency, and Well-being*: Focuses on a brief profile of each child, their role in the family, their unique strength and needs, and a summary of their permanency plan. The factors to be assessed include:
 - safety;
 - health and development;
 - cognitive and academic functioning; and
 - social and emotional functioning.
- *Clinical Formulation*: succinctly summarizes the Family Profile and Functioning, the Parental Capacities and the Safety, Permanency, and Well-being of each child. In the clinical formulation, the Social Worker states whether continued Department involvement is being recommended or not and the reason(s) for this recommendation; and identifies the priority areas of focus for the Action Plan to enable the family to provide for the safety, permanency and well-being of each child.

Statewide Case Review System Functioning for Written Case Plans

The Department's case review system includes utilizing quantitative data at the state, regional, and area office level to inform the Department's understanding of policy and practice fidelity

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

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

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

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

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

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

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

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

role of the judiciary in individual cases.

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

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

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

The Foster Care Review is conducted by a three-person panel whose members must not carry responsibility for case management, oversight, or service delivery for the case under review. The panel consists of:

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

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

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

In March 2019, DCF updated the Department's Foster Care Review Policy to emphasize that permanency planning must occur at every review, clarify the roles of DCF social workers and

attorneys in preparing parents for Foster Care Review, and establish a process for attorneys to transmit documents to DCF ten days before the review.

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

Information Technology Enhancements

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

With the implementation of the revised FCR policy in January of 2019, case reviewers began utilizing the new FCRU module. This module provides structured process and outcome data for tracking FCR Determinations, as well as other key FCR measures (e.g., invitee/attendee rates, panel member attendance rates). Fidelity metrics were developed to assess fidelity to the revised FCR policy. These reports are utilized to identify strengths and areas needing improvement in case practice, as well as the FCRU process and practice. The revised FCR policy includes clear and collaborative responsibility to ensure key participants are invited to case reviews. The new automated scheduling system provides more timely notification to prospective invitees and supports greater attendance and participation by key participants.

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

(1) Unduplicated count of children/youth/young adults in placement for at minimum one day during the fiscal year. While FCRs are scheduled every six months of placement, children/youth/young adults may exit placement prior to the triggering of their first or subsequent FCRs.
 (2) While a child/youth/young adult may be reviewed two or more times during a twelve-month period, Table 4 presents an unduplicated count of reviewed children/youth/young adults.

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

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

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

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

The Massachusetts General Laws requires the Court to schedule a permanency hearing within 12 months of the original grant of custody and every 12 months thereafter to review the permanency plan for the child. *MGL c. 119, § 29B(a)*. If the Court determines that reasonable efforts to preserve and reunify the family are not required, the permanency hearing is held within 30 days of that determination. The Massachusetts Trial Court has also established uniform rules to provide a consistent procedure for these hearings. *Trial Court Rule VI: Uniform Rules for Permanency Hearings*. Juvenile Court Standing Order 1-18 requires the Court to send a list of the scheduled hearings to the Department 90 days prior to the scheduled hearing date. Within 30 days of receiving the list of scheduled hearings, DCF reviews the list and notifies the court of children who are no longer in the care or custody of the Department or have returned home for more than 6 months. No less than 45 days prior to the scheduled date for the permanency hearing, the court notifies all parties of the permanency hearing date and within 30 days of the scheduled date DCF is required to file a permanency hearing report.

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

The Department's Permanency Planning Policy also specifies when Permanency Hearings are to be conducted. These include (1) within and no later than 12 months after the court grants the Department custody, the child enters placement or a Voluntary Placement Agreement (VPA) is signed—whichever occurs first (or within 60 calendar days after court extends a VPA); (2) every 12 months thereafter as long as child remains: (a) in placement, including young adults

over 18; or (b) in Department custody even if at home for less than 6 months; or (c) within 30 calendar days after a judicial determination that reasonable efforts to reunify the family are not required. The Court's and Department's processes provide a 60-day buffer from the date a child has entered foster care as that is defined under Title IV-E of the Social Security Act.

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

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

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

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

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

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

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

- Family's situation and status

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

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

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

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in Service Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best interests, i.e.:
 - parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
 - for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;
 - child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family;
 - any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

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

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

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

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

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

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

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

The notice generated in i-FamilyNet:

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

Systemic Factor Item 25: Quality Assurance System

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

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

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

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

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 26 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *Massachusetts' new worker training consists of 6 weeks of classroom training, formalized on-the-job learning (OJL) activities, and a graduated process for being assigned new cases. Data showed that almost all staff complete the training within the required 6 weeks. DCF described in the Statewide Assessment how the agency used the Round 3 PIP to address a revision of their new worker training which emphasized social work practice skills and application over theory. DCF also included a formalized OJL strategy and the development of a self-assessment evaluation of the initial training. All new social workers must complete this 6-week training series plus OJL activities before being assigned cases. Supervisors monitor the progress of their workers' training in real time on the state's learning management system, MassAchieve. Supervisors can also look at the training calendar for trainings that would support specific skill enhancement for workers and assign the training to workers.*
 - Systemic Factor Item 26 was rated as an Area Needing Improvement in the 2015 CFSR3.

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

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

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

Though initially created in response to pandemic restrictions, the redesign's blend of real-time instructor led virtual sessions, peer learning virtual sessions and self-paced learning assignments has allowed for greater flexibility to meet different learning styles. An added benefit is that this new model readily supports concurrent cohorts of new social worker training. This has proven instrumental in that it has allowed CWI to meet increased training capacity needs brought on by

the agency's ramped-up hiring rate. Nine NSWPT cohorts were run in SFY2022 (note: multiple cohorts were run concurrently). To support ramped-up onboarding of social workers, twelve (12) cohorts are planned for CY2023.

NSWPT Components

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

Learning modules include:

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

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

and also distribute knowledge check documents where trainees answer questions or complete activities. They are encouraged to do this collaboratively with either their small group learning community or their supervisor in the office.

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

On-the-Job Learning

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

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

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

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

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

Case Assignment

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

Case assignment ramps-up according to the following schedule:

- 1/3 caseload (5 cases) – post NSWPT and OJL completion to 74-days post onboarding
- 2/3 caseload (10 cases) – 75 to 104-days post onboarding
- Full caseload (15 cases) – 105-days or greater post onboarding

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

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

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

Ongoing Training Overview

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

- New Supervisor Training
- New Area Program Manager Training
- Data Fellows

- In-Service Training
- Certificate Programs
- Social Worker Licensing
- Tuition Reimbursement and Professional Development Funding

New Supervisor Training

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

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

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

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

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

New Area Program Manager (APM) Training

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

- Day 1: Program Orientation and Leadership Welcome and Vision
- Day 2: Management Fundamentals Part I and II
- Day 3: Trauma Informed Leadership
- Day 4: Labor Relations
- Day 5: Managing with Data and Management Fundamentals Part III
- Day 6: Policy & Clinical Practice and Peer-to-Peer Learning Community
- Day 7: Moving Forward with Equity Minded Practice & Cultural Responsiveness
- Day 8: Statewide Legal Team
- Day 9: COIN Reporting, Human Trafficking, Office of Child Advocate, and Medical Services Team
- Day 10: Peer-to-Peer Meeting
- Day 11: Panel on Collaborating with Specialty Units and Peer-to-Peer
- Day 12: Peer-to-Peer Meeting/Mentoring
- Day 13: Permanency
- Day 14: Topics and Topic Follow-Up Requested by Participants and Peer-to-Peer
- Day 15: Senior Leadership Presentations

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

Data Fellows

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

In-Service Training

CWI provides DCF staff with in-service training opportunities on various topics. These include advanced practice workshops, held either virtually or in-person at CWI's Training and

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

Certificate Programs

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

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

Social Worker Licensing

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

For unlicensed social workers, the Department works to provide:

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

Tuition Reimbursement and Professional Development Funding

The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities. Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to \$1,000 per year to assist with the costs of their graduate level education when they attend a private college or university. The CWI

also provides funding—typically up to \$200—for staff to attend training or conferences outside the agency. The CWI director and training coordinator are exploring ways to survey staff about how they have used these funds and the benefit of having this funding available.

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 28 based on information from the Statewide Assessment and stakeholder interviews.
 - As documented in the 2023 CFSR4 Final Report: *DCF recently began implementing a new policy regarding ongoing training for foster and adoptive parents. Stakeholder interviews identified significant training gaps that affect a foster parent’s ability to care for children placed with them, e.g., race and cultural issues for Black and Brown children who are placed in White homes and a lack of information about how to work with children with significant trauma histories, and LGBTQI children and youth. Stakeholders reported the Massachusetts Approach to Partnerships in Parenting (MAPP) course contents are not standardized as it is up to the instructor to determine what is covered in each course. The consensus among stakeholders was that licensed childcare facilities consistently provide required training and this training is closely monitored by the state.*
 - Systemic Factor Item 28 was rated as an Area Needing Improvement in the 2015 CFSR3.
 - The Department anticipates that this ANI will be addressed through implementation of updated policy and a new MAPP curriculum.

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

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

Child Care Institution Staff Training

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

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

- The program's mission, values, and policies, including where staff may access the policy manual;
- Staff members' responsibilities for contributing to the achievement of safety, permanency, and well-being for each youth served and how the program's CQI process informs those responsibilities;
- Staff members' responsibilities as mandated reporters of when to report suspected abuse or neglect to the Department (DCF), or to the Massachusetts Disabled Persons Protection Commission (DPPC), and the option to contact the Office of the Child Advocate
- The principles of trauma-informed care and the skills required to deliver trauma-informed care, including self-care, and addressing one's own trauma;
- Their responsibilities for and skills needed to:
 - Use personal and program technology and social media in responsible and safety-affirming ways;
 - Maintain a therapeutic milieu;
 - Understand and respond to aggressive behaviors as symptoms of trauma or of behavioral health disorders, such as neurodevelopmental, neurocognitive, trauma- and stressor related, and impulse control and conduct disorders;
 - Prevent and respond to behavioral health crises, including outreach to the local ESP/MCI team;
 - Serve as role models for prosocial behaviors, emotional regulation, and healthy habits;
 - Identify personal internal biases and develop cultural humility when working with youth, families, and colleagues from cultural backgrounds different from their own;
 - Work respectfully with family members, regardless of their histories or current functioning status;
 - Identify family members with suspected behavioral health challenges, including substance use, and the process to escalate the suspicion internally so the needed collaboration between the program and DCF in connecting family members to needed services can occur;
 - Identify youth with suspected alcohol, tobacco, or other substance use and the process to escalate the suspicion internally so the youth receives intervention or treatment, as needed;
 - Identify and work effectively with:
 - gay, lesbian, bisexual, transgender, and gender diverse, questioning, and non-binary youth;
 - youth who have experienced sexual exploitation or human trafficking; and
 - youth with different levels of neurodevelopmental disorders (e.g., language

- and communication disorders, learning disabilities, attention-deficit hyperactivity disorders, intellectual disability, developmental disability, and sensory impairments).
- Coach youth and family members during Family Time, and during individual work with a youth or family member, on functional communication and relationship skills, conflict resolution, and other strategies that will enhance families’ capacities to care for and maintain positive relationships with their own children; and
- Supervise Family Time, when protective concerns require supervision, in a manner that builds youths’ and family members’ skills for safe interactions and emotional regulation.

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

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

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

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

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

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

anticipated to improve performance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Department relies on a public-private partnership, called Area Lead Agencies, to assist social workers, supervisors, and families with identifying supportive services to match a family's unique pattern of strengths, needs, and preferences. Through this partnership, contracted Area

Lead Agency staff are co-located in the Department's 29 Area Offices. To prepare for re-procurement of Area Lead Agency services, the Department is currently conducting listening sessions with Area Lead Agency staff and with Departmental staff at the Regional and Area Office level. This process of starting with information gathering ensures that the perspectives of the Area Lead Agency staff, Regional and Area Office leaders, and the union will inform the re-procurement of these services that support the Department's ability to identify appropriate, individualized services for families.

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

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

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

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

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

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

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

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

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

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

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

Family Advisory Committee (FAC)

We are actively maintaining the DCF Family Advisory Council (FAC), which includes biological parents, kinship care providers, foster and adoptive parents, and young adult alumni who meet regularly to provide input. Representatives of the FAC are an active part of the agency's statewide managers' group, which convenes monthly to review performance and

provide input on agency improvement. The FAC continues to recruit representatives that are diverse and represent a cross sector of families that are served by DCF.

Joint Youth Advisory Committee (JYAC)

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

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youth and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

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

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

Fatherhood Engagement

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

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

Indian Child Welfare Act (ICWA) Program

The Massachusetts Department of Children and Families engages in ongoing consultation with Tribal representatives from Massachusetts' two federally recognized Tribes, the Mashpee Wampanoag Tribe, and the Wampanoag Tribe of Gay Head Aquinnah. Tribal partnership

feedback guides DCF's work around the Indian Child Welfare Act (ICWA) and goals for the CFSP and APSR.

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

Adoption Call to Action Committee

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

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

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

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

Administrative Office of the Juvenile and Family Court

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

The initial Pathways programming was launched in the winter of 2018-2019 with technical assistance provided by the National Center for State Courts. Pathways is designed to provide a forum for collaboration around permanency planning for children and youth in DCF custody. County-based teams led by judges and including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, and others were established and are working on implementing Pathways. Progress varies depending on the court. However, with COVID-19 and the public health need to limit the activity in the Court, the Pathways model is needed more than ever. Initiated in October 2020, the Department continues to participate in countywide virtual trainings that includes judges, DCF attorneys, CPCS attorneys and clinical staff. Training will continue in additional counties in FFY2023. This training will be tailored to the needs of each county, with a focus on elevating the level of practice in court and trial readiness.

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

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

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

Court of Improvement (CIP) Child Welfare Task Force

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

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

Children’s Justice Act (CJA) Task force

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

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

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

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

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

The Department continues to work collaboratively with a number of the state’s federally assisted programs and sister state agencies serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), Department of Transitional

Assistance (DTA), MassHealth (Medicaid), Children's Trust (CT), Department of Elementary and Secondary Education (DESE), and the Department of Early Education and Care (EEC).

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

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

In FFY 2022, DCF and DESE worked on two joint guidance documents to further the safety and well-being of children both systems serve. The first is an update to a prior collaboration between the two agencies. Guidance for mandated reporter responsibilities first drafted in 2010 was reviewed by both agencies and jointly supplemented to provide the educator community with current best practice in reporting child abuse or neglect. The collaboration culminated in a webinar panel discussion with representatives from both DCF and DESE in December 2021 to allow the educator community to ask questions about the newly updated guidance. The second is a newly created document designed to set forth the parameters that allow DCF social workers access to the education records of students in DCF custody via the various web-based portals utilized by school districts throughout the Commonwealth in a manner consistent with applicable laws and regulations. In addition, DCF also created six new positions to support collaboration efforts with local school districts to promote educational success and support timely decision making regarding best interest determinations with the schools.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Department regards foster parents as valued partners. Foster parents keep children

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

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

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

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

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

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

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

and building on prospective foster parents' understanding and use of the protective factors that strengthen families by integrating clinical assessment and training. These factors are: Knowledge of Parenting and Child Development, Building Social and Emotional Competence of Children, Parental Resilience, Social Connections, and Concrete Supports in Times of Need.

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

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

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Strength for Item 34 based on information from the Statewide Assessment.
 - As documented in the 2023 CFSR4 Final Report: *Information provided showed that it takes an average of 1.7 days for background checks to come back to the state after foster parents had been fingerprinted. There are 34 locations across the state that conduct fingerprinting. The state has ticklers in its data system that support the process of ensuring that new household members in foster homes are routinely included in obtaining the necessary criminal background checks. The state has a case planning process that includes provision for addressing the safety of foster care and adoptive placements. The state also indicated that the i-FamilyNet requirements do not allow for licensure and placement of children in*

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

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

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

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

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

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 35 based on information from the Statewide Assessment and

stakeholder interviews.

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

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

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

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

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

- **Status 2023 CFSR4:** The Department received an overall rating of Area Needing Improvement for Item 36 based on information from the Statewide Assessment. The state agreed that was an area needing improvement and no stakeholder interviews were completed

for this item.

- As documented in the 2023 CFSR4 Final Report: *Massachusetts provided data that showed that 30.8% of ICPCs are completed timely.*
 - Systemic Factor Item 36 was rated as an Area Needing Improvement in the 2015 CFSR3.
- The MA CFSR4 proposed PIP includes targeted strategies and activities, which are anticipated to improve performance.

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

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

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

C2. PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

The Department of Children and Families' 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 constantly challenged to make the right decisions regarding the needs of children and families: assessing whether or not a family needs assistance, whether a family can care for children, whether children can remain in the home safely, whether it is necessary to remove children from their home to protect them from child abuse and neglect, and finding appropriate out-of-home care for children who cannot remain at home safely. A common debate about the child welfare system is whether 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 we must always do both. DCF recognizes that to accomplish both, we must acknowledge and honor the rights of children, engage families and the community in our work, have supports and services that meet the needs of children and families, and 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 (EOHHS). In the ten years since its release, the Report's findings and recommendations have influenced the Department's work, setting the groundwork for projects and initiatives, including planting the seed for development of MA DCF's Principles of Practice, based on CLWA's National Blueprint for Excellence in Child Welfare¹.

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...*"²

The concept that all individuals, communities, and organizations must work together to protect children was driven home in Massachusetts during the past four years by the untimely and heartbreaking death of a teenager with disabilities, and the disappearance of a young girl after transfer of custody to her father. The cases, which were reviewed by the Massachusetts Office of the Child Advocate (OCA) and were the subject of hearings by the legislature's Joint Committee on Children, Families, and Persons with Disabilities point to the need to further deepen collaboration among service providers, state agencies, courts, and school systems. DCF

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

² CWLA Quality Improvement Review, Child Welfare League of America, May 22, 2014

responded to the OCA's findings³⁴, consistent with many of the issues already in process via our Strategic Plan.

In 2016, DCF committed to developing Principles of Practice, based on CWLA's National Blueprint. Those findings and recommendations drove the Department's last Strategic Plan. 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 would be safer, would experience improvements in permanency and their well-being would be improved as a result of implementation of Principles of Practice.

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. Though complex in its application, this ensures the balancing of interests to maintain children in their homes and uphold one of their most basic rights, the freedom from abuse and neglect. MA DCF continues to work with Massachusetts courts to increase focus on informed decision-making that considers children's best interests.

The end goal of all of DCF's efforts to improve (internal Continuous Quality Improvement program, CFSR Program Improvement Plan, APSR annual reports, and Agency Improvement Leadership Team projects), is to achieve significant, lasting, and positive change in the Department. The Commonwealth's children and families deserve no less. Of course, change does not happen quickly. It takes time, a lot of hard work, and the support of communities, and stakeholders. The Department has been intentional in its efforts to achieve change, and is eager to build upon these successes, integrate findings and recommendations from the OCA's Reports, and advance our reform efforts in the coming years.

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

³ Investigative Report, Office of the Child Advocate, March 2021, <https://www.mass.gov/doc/office-of-the-child-advocateinvestigative-reportmarch-2021/download>

⁴ <https://www.mass.gov/doc/office-of-the-child-advocate-investigative-reportharmony-montgomerymay-2022/download>

Consistent with our CFSR PIP, (completed March 2020) we centered 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 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 the 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 included five of the eight Principles in our Strategic Plan because they reflected our agency’s highest priorities and we believed that these five Principles were 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 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.

RACE, ETHNICITY, AND CULTURE – The Department works with individuals, families, communities, organizations, and systems to understand and promote equality, cultural humility, and strong racial, ethnic, and cultural identities of service recipients, staff, and providers, while showing consideration for individual differences, and respecting the sovereign rights of tribes.

In 2021, MA DCF convened a Racial Equity Work Group tasked with developing a Diversity, Equity, and Inclusion (DEI) plan for the agency. The Group continues to work toward ensuring that DCF’s policy, practice, and work environment honor, respect, and treat equitably all individuals, regardless of their racial, ethnic and/or cultural backgrounds. The Work Group publishes a periodic newsletter, highlighting DCF’s racial equity activities, as well as trainings and resources available to staff to promote learning.

This group has identified strategies to ensure that the children and families we serve, as well as our staff, feel safe, respected, and included in how DCF fulfills its mission to support and protect the children of the Commonwealth.

Some of this work includes, but is not limited to:

- Collaborative work with a diversity consultant
- Staff engagement and listening sessions
- Targeted focus groups with DCF staff and providers
- Assessing the department's service capacity and areas for improvement
- Developing strategies to ensure that this work is woven into our policy and practice and how our staff engages with one another
- Continuing to offer training, resources and tools to support DCF's capacity in the area of Diversity, Equity, and Inclusion
- Continued work with DCF's Diversity Officer and existing affinity groups (Diversity Leadership Teams located in local offices, Racial Ethnic and Linguistic Minorities and Allies statewide working group, LGBTQ+ Liaisons, etc.)

In May 2023, the MA DCF Principles of Practice were reviewed at a Statewide Managers' Meeting to reinforce the concepts and encourage use in daily practice. The Principles of Practice are being used to frame policy development, guide the work of Agency Improvement Leadership Teams, and contribute to training curricula development. The Principles of Practice were included in the 2024 CFSR PIP and are a focal point of the strategic plans developed for the MA Executive Office of Human Services. In 2024, we are expanding to add the three remaining Principles to the five Principles addressed in our 2025 – 2029 CFSP.

MA DCF is using 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 the 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. The Department is using the planning and decision-making process regarding the Federal Family First Prevention Services Act (FFPSA) not only to achieve a set of prevention goals, but also to advance the Department’s broader initiatives to address diversity, inclusion, and equity and to eliminate discrimination in the practice of child welfare, the goals that guided this Prevention Plan are:

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

Where applicable, we have indicated cross-references to the CFSR Round 3 (2015-2016) PIP and Family First requirements with a notation (* = CFSR3 PIP cross-reference (2023 CFSR4 PIP still in development at time of this APSR submission); ^ = Family First cross-reference):

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
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. 	<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. • Protective Intake Metrics: <ul style="list-style-type: none"> ○ By end of sFY24, 90% of non-emergency intakes will be timely. 	<ul style="list-style-type: none"> • Protective Intake Policy: <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ✓ Training/implementation completed. ✓ Fidelity outcome metrics completed. • Protective Intake Metrics: <ul style="list-style-type: none"> ✓ Mar-2024 (sFY24), 90% of non-emergency intakes were screened in timely (includes authorized extensions).

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • In-Home Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. 	<ul style="list-style-type: none"> ○ By end of sFY24, 90% of emergency and non-emergency responses will be timely. ○ By end of sFY24, 90% of responses will include an SDM risk assessment. ○ By end of sFY24, 95% of reported children in a response will have a recorded in-person contact. • Foster Care 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 APSR. 	<ul style="list-style-type: none"> ○ Mar-2024 (sFY24), 69% of emergency responses and 60% of non-emergency responses were completed timely. ○ New target to be set for 2023 CFSR4 PIP. ✓ Mar-2024 (sFY24), 90% of responses included an SDM risk assessment. ✓ Mar-2024 (sFY24), 97% of reported children in a response had a recorded in-person contact. • Foster Care Policy <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ✓ Training/implementation underway. ✓ Fidelity outcome metrics in development. ○ Baseline and targets to be developed during first quarter of sFY2025.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> • Permanency 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 APSR. • In-Home 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 APSR. 	<ul style="list-style-type: none"> • Permanency Policy <ul style="list-style-type: none"> ○ Comprehensive review underway— informed by the AILT Permanency workgroup and implementation of the newly revised Foster Care policy. ○ Policy development workplan in development. • In-Home Policy <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Decision made to incorporate “in-home” casework within the Ongoing Case Practice Policy targeted for development and implementation within the first quarter of sFY2025.
	<p>2. By end of FFY21, 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"> ○ Developed; and ○ Implemented. • Medical Social Workers and Substance Abuse Specialists 	<ul style="list-style-type: none"> • Safe Sleep e-learning module: <ul style="list-style-type: none"> ○ Developed; ○ Rolled-out; and ○ 100% of workers trained. 	<p>✓ Working with DCF, the MA DPH stood-up Infant Safe Sleep website: https://www.mass.gov/infant-safe-sleep.</p>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>will be integrated into Safe Sleep campaign.</p> <ul style="list-style-type: none"> • Convene meetings with sister agencies (e.g., DPH, EOHLC) focused on Safe Sleep. 	<ul style="list-style-type: none"> • Safe Sleep transformed from a “specialty” topic to a basic skillset for social workers. <ul style="list-style-type: none"> ○ Intakes, investigations, COINS, and FAAPs will reflect this skillset. • Safe Sleep practices will have been rolled-out within the Executive Office of Housing and Livable Communities (EOHLC) shelters. 	<ul style="list-style-type: none"> ✓ Kinship Orientation course curriculum includes information on Safe Sleep. These courses are available to all kinship families. The Safe Sleep videos are posted on FosterMA Connect. <ul style="list-style-type: none"> ✓ Safe Sleep information for parents and caregivers ✓ Safe Sleep information for childcare providers ✓ Safe Sleep information for healthcare providers ✓ Safe Sleep resources ✓ Info about the DPH Infant Safe Sleep Policy ✓ Data about Safe Sleep ✓ Safe Sleep is embedded in the Department’s worker training curriculum (pre-service and post). ✓ Safe Sleep assessment and communication with parents/ caregivers is documented in intakes, investigations, COINS, and FAAPs. ✓ Shelters enforce Safe Sleep practices. ✓ Safe Sleep practices approved by EOHHS and included in new EA contracts.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<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 % of 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. 	<ul style="list-style-type: none"> • Kin Metrics tracked: <ul style="list-style-type: none"> ○ By end of sFY20, 24% of entries into care were first placed with Kin. ✓ SFY23 = 30% ○ By end of sFY20, 32% of entries into DFC were first placed with Kin. ✓ sFY23 = 35% ○ By end of sFY20, 38% of all children in care were placed with Kin. ✓ sFY23 = 39% ○ By end of sFY20, 57% of children in DFC were placed with Kin. ✓ sFY23 = 58% ✓ Baselines recalibrated early sFY21—standard range: 22%-27% of entries into care will be first placed with Kin. • Placement Stability while overall placement stability did not improve in sFY23, the most recent 12-month period ending Feb-2024/sFY24 showed

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> • 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 Reviews (i.e., Periodic Reviews). ○ Lifelong Connections rate targets to be established in early FFY20 and reflected in APSR. 	<p>improvement (6.89 moves per 1K care days)— improvement is noted for children whose first placement is with kin— strategies/key activities to be included in CFSR4 PIP.</p> <ul style="list-style-type: none"> • Timeliness to Permanency like Placement Stability (other than most recent quarter) have not improved in the most recent FY – see Sec. C.2. —strategies/key activities to be included in CFSR4 PIP. • Sibling Connections –see Strategic Objective I.5. • Lifelong Connections – By Feb 2024/sFY24, 96% of children/youth/young adults in care had one or more documented Lifelong Connections <ul style="list-style-type: none"> ✓ While DCF continues to ensure that each child/ youth/young adult in care has a Lifelong Connection, this is a demonstrable area of strength.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<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 (IPR; 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"> ○ 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 FFY20, and targets will be reflected in the FFY20 APSR for the following metrics: 	<ul style="list-style-type: none"> ✓ Reviewed 60 IPR meetings —findings summarized. ✓ IPR findings compared with previously collected 6-week review baseline data. ✓ Revised IPR implemented in all 29 Area Offices. • Permanency Planning Conference review has been completed by AILT Permanency Team. • Managers’ Tool has been developed. <ul style="list-style-type: none"> ✓ Training scheduled for May-2022 for managers in 5 Area Offices. ✓ Permanency Team will refine tool based on feedback from 5 Area Offices, with goal of rolling out statewide in sFY23. ✓ Initial Permanency Review/Permanency Planning Conference Aging report developed and rolled-out statewide – tracks completion of PPCs. ✓ Permanency Tool for Managers training completed May-2024. ✓ Permanency Tool for Managers implemented statewide, May-2024.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Placement Stability rate expected to improve. 	<ul style="list-style-type: none"> ✓ Virtual follow-up sessions to be facilitated, Jun-2024. • Permanency Roundtables (PRT) refresher training conducted in sFY22. <ul style="list-style-type: none"> ✓ PRT implementation and oversight will be the responsibility of the new Permanency Specialists and Permanency Manager. ✓ Refresher training repeated to accommodate for staff turnover in 10 previously-trained Area Offices, and 5 additional Area Offices trained Jan – Apr-2024. Regional Clinical Directors were also invited. • Placement Stability while overall placement stability did not improve in sFY23, the most recent 12-month period ending Feb-2024/sFY24 showed improvement (6.89 moves per 1K care days)—improvement is noted for children whose first placement is with kin—strategies/key activities to be included in CFSR4 PIP.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Timeliness to Permanency expected to increase/improve. 	<ul style="list-style-type: none"> ● Timeliness to Permanency has not improved in FY23 – see Sec. C.2. — strategies/key activities to be included in CFSR4 PIP.
	<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 & targets will be developed /tracked with goal of strengthening Sibling Connections through ongoing QA & QI: <ul style="list-style-type: none"> ○ Cases with 2-or-more Sibling Placement Rate. ○ ALL Sibling Placement Rate. 	<ul style="list-style-type: none"> ● Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. <ul style="list-style-type: none"> ○ Cases with 2-or more Sibling Placement Rate: By end of sFY23, 79% of cases with 2 or more siblings in DFC had at least 2 or more siblings placed together. <ul style="list-style-type: none"> ▪ Target = 85% (10% increase over baseline) ○ ALL Sibling Placement Rate: By end of syFY22, 66% of ALL DFC placed siblings, were placed together. <ul style="list-style-type: none"> ▪ Target = 67% (10% increase over baseline)

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<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 disproportionality/disparity in screening, response, and service delivery. <ul style="list-style-type: none"> ○ Baselines/targets tbd in early FFY20 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 ○ Out-of-Home Care by Race/Ethnicity (RoD & RRI) 	<ul style="list-style-type: none"> ✓ New Social Worker Pre-Service Training curriculum which includes cultural humility and systemic implicit/explicit bias was completed in early sFY21. • At end of SFY23, disproportionality was evidenced for children of color on two indicators: <ul style="list-style-type: none"> ○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI). ○ Open with DCF (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 0.6 / n/a ▪ His/Lat = 1.7 / 3.0x ▪ Black = 1.5 / 2.5x ▪ NatAm = 0.8 / 1.3x ▪ Asian = 0.1 / 0.2x ○ Out-of-Home Care (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 0.6 / n/a ▪ His/Lat = 1.6 / 2.6x ▪ Black = 1.6 / 2.6x ▪ NatAm = 2.2 / 3.5x ▪ Asian = 0.1 / 0.2x ○ Exits from Care (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 1.0 / n/a ▪ His/Lat = 1.0 / 1.0x

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Exits from Care by Race/Ethnicity (RoD & RRI) ○ Reunification by Race/Ethnicity (RoD & RRI) ○ Exits to Adoption by Race/Ethnicity (RoD & RRI) ○ Exits to Guardianship by Race/Ethnicity (RoD & RRI) ○ Exits to Aging Out by Race/Ethnicity (RoD & RRI) 	<ul style="list-style-type: none"> ▪ Black = 0.8 / 0.8x ▪ NatAm = 1.1 / 1.1x ▪ Asian = 1.2 / 1.1x ○ Reunification (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 0.9 / n/a ▪ His/Lat = 1.0 / 1.2x ▪ Black = 1.1 / 1.3x ▪ NatAm = 0.3 / 0.4x ▪ Asian = 1.4 / 1.6x ○ Exits to Adoption (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 1.2 / n/a ▪ His/Lat = 0.9 / 0.8x ▪ Black = 0.6 / 0.5x ▪ NatAm = 3.0 / 2.5x ▪ Asian = 0.2 / 0.1x ○ Exits to Guardianship (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 1.2 / n/a ▪ His/Lat = 0.9 / 0.7x ▪ Black = 0.8 / 0.7x ▪ NatAm = 1.1 / 0.9x ▪ Asian = 0.8 / 0.7x ○ Exits to Aging Out (RoD / RRI) sFY23: <ul style="list-style-type: none"> ▪ White = 0.9 / n/a ▪ His/Lat = 1.1 / 1.2x ▪ Black = 1.2 / 1.3x ▪ NatAm = - / - ▪ Asian = 0.8 / 0.8x

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<p>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.</p>	<p>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. ^ *</p>	<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"> ○ Successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i> 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 tbd in early FFY2020 and reflected in the APSR. • Survey results on family engagement indicate improvements in engagement and participation. 	<ul style="list-style-type: none"> • <i>Child Trauma Mitigation Through Clinical Practice RFR</i> drafted and submitted for internal review. • Next step: <ul style="list-style-type: none"> ○ RFR to be released and awarded to successful bidder. ○ Postponed due to COVID-19 pandemic.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>2. By end of 2020-2024 CFSP, DCF will utilize the lessons learned from the pilot conducted by the successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i>, retrain staff regarding the traumatic effects of home removal episodes, and strategies for mitigating negative impact.</p>	<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 FFY20 and reflected in the APSR. 	<ul style="list-style-type: none"> • Dependent on II.1.
	<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: <ul style="list-style-type: none"> ○ Citizen Review Panels report an increase in youth/family participation. ○ Increase in the number of meetings where youth /family participates. 	<ul style="list-style-type: none"> • Baselines delayed due to COVID-19 pandemic. <ul style="list-style-type: none"> ✓ DCF’s Family Advisory Council (FAC) which includes biological parents, kinship care providers, and foster and adoptive parents meet regularly to provide valuable 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. ✓ DCF Area Boards include parents, foster parents, youth, community service providers and other community leaders.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<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: IPR or 6-week review) process reviewed/ revised to achieve a greater focus on kin placements, placement supports, and permanency. <ul style="list-style-type: none"> ○ 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"> ○ 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 	<ul style="list-style-type: none"> • Baselines will be established in early FFY20, and targets will be reflected in the FFY20 APSR for the following metrics: • Increased rate of families participating in the Initial Placement Review process. • Increased rate of family participation in development of Action Plans as measured by signed FAAPs. 	<p>Together they provide critical community input in the Department’s planning and casework practice.</p> <ul style="list-style-type: none"> ✓ Revised Initial Placement Review – see Strategic Objective I.4. <ul style="list-style-type: none"> ✓ Initial Permanency Review/Permanency Planning Conference Aging report developed and rolled-out statewide – tracks completion of IPR and PPCs. ✓ Initial Permanency Review Cohort report developed and rolled-out statewide – tracks completion of IPRs. • Permanency Planning Conference – see Strategic Objective I.4. ✓ FAAP retraining and strategy for increasing family participation in the development of the Action Plan is under development. <ul style="list-style-type: none"> ○ Increased family participation in the development of Action Plans is warranted. ○ In sFY23, 68% of parents/ caregivers participated/engaged in

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>Reviews (aka: periodic reviews).</p> <ul style="list-style-type: none"> • Strategy to increase family and youth participation in Foster Care Reviews is developed and implemented. 	<ul style="list-style-type: none"> • Increased rate of family and youth participation in Foster Care Reviews (FCRs). 	<p>the activities outlined in the Action Plan (sFY20 = 72%).</p> <ul style="list-style-type: none"> • DCF has partnered with the Capacity Building Center for States to apply the “Change and Implementation in Practice” framework to improve performance in parent engagement in case planning. Practice Profiles have been developed. • By end of sFY20, 99.7% of youth/young adults in out-of-home care were invited to FCRs. Of these, 38.9% attended. <ul style="list-style-type: none"> ○ By end of sFY23 = 99.8% were invited; 26.0% attended. • By end of sFY20, 96.3% of their non-placed siblings were invited to FCRs. Of these 8.1% attended. <ul style="list-style-type: none"> ○ By end of sFY23 = 97.9% were invited; 8.8% attended. • By end of sFY20, 98.6% of their parents/legal guardians were invited to FCRs. Of these, 55.7% attended.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<ul style="list-style-type: none"> ○ By end of sFY23 = 98.8% were invited; 62.7% attended. ● Increased rate of family participation in FCRs is directly attributed to moving from an in-person to a virtual modality.
	<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 (RVRS) 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 	<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"> ○ APSR (ffy2020-24) will document progress/implementation. ● Number of joint paternity trainings conducted each 	<ul style="list-style-type: none"> ✓ In sFY23 DCF engaged DPH/RVRS directly and signed a Memorandum of Agreement where DCF has become a designee of RVRS, which allows DCF to issue birth certificates for children who are the subject of a Care and Protection Petition. <ul style="list-style-type: none"> ✓ Training of DCF staff by RVRS is in the process of being scheduled with a pilot to begin in sFY24. ✓ During sFY24, staff in 2 Regions (Boston and Springfield) have been trained and birth certificates for children who are the subject of a Care and Protection Petition are issued by DCF upon filing of the petition. ✓ DCF conducted paternity training for DCF legal staff in collaboration with DOR

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>judges, and DCF staff to further roll-out the Department’s revised Initial Placement Review Process (formerly 6-week review)– December 2019.</p> <ul style="list-style-type: none"> • Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings. 	<p>year as documented in the ffy2020-24 APSRs.</p> <ul style="list-style-type: none"> • DCF participation in the May 2020 Pathways follow-up conference as documented in the fFY2020 APSR. 	<p>Child Support Enforcement Division, who assists DCF with identifying fathers and filing Complaints for Paternity in Probate and Family Court. Developed an email address that allows CPCS attorneys representing fathers to communicate directly with DOR when seeking/scheduling GMT testing in conjunction with establishing paternity.</p> <ul style="list-style-type: none"> ✓ DCF continues to participate in Pathways initiatives including the Family Treatment Court Sessions which began its rollout in sFY23, in conjunction with the Upstream Service Mapping. ✓ In Dec-2024 the first Family Treatment Court session in the Juvenile Court began taking cases and it is anticipated that a 2nd session will begin taking cases during sFY25, Q1. The Juvenile Court sponsored a day-long training of over 100 DCF staff regarding the family treatment court process, during sFY24, Q3, as well as a “working lunch” for stakeholders in the child

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> • 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>welfare system, to acclimate stakeholders to the Family Treatment Court process.</p> <ul style="list-style-type: none"> • Permanency Planning Conference – see Strategic Objective I.4. ✓ DCF, CPCS and CIP hold regular training meetings to determine the training needs for the state. <ul style="list-style-type: none"> ✓ In Dec-2022, a training was held regarding Child Welfare through the MA Continuing Legal Education program. This training continues to be held virtually and both DCF staff and CPCS attorneys participate. ✓ CIP supported this training including sending 55 attorneys to the training. ✓ In Nov-2023 the annual Child Welfare Practice training was held through the MA Continuing Legal Education program. The training was offered both in person and virtually; attorneys from DCF and CPCS participated. CIP supported this training by

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<p>registering 63 DCF attorneys/staff to attend.</p> <ul style="list-style-type: none"> ✓ The Training subcommittee continues to work on developing joint training opportunities. <ul style="list-style-type: none"> ✓ This year the training opportunities were focused on engaging families, with a three-part series sponsored in part by CIP, DCF and CPCS. ✓ sFY24 training opportunities will occur as the need is identified. <ul style="list-style-type: none"> ✓ On May 7, 2024, a virtual training seminar featuring Hasan Davis was offered to child welfare system stakeholders, including DCF and CPCS. Focus: Fostering hope in the child welfare system.
<p>III. Supports and Services - The Department and its partners will work to protect children from abuse and neglect, and to provide an</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. 	<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"> ○ Hotline vendor meets or exceeds contract performance specifications. 	<ul style="list-style-type: none"> ✓ Hotline After-Hours Coverage re-procured and operational. ✓ Vender/DCF meetings convened. ✓ Fidelity metrics aligned to contract performance specifications and quality of

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<p>array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.</p>		<ul style="list-style-type: none"> • Increased clinical capacity of Hotline vendor to assist DCF in making informed and timely decisions about removal and placement. 		<p>service delivery and case review module developed and tracked.</p> <ul style="list-style-type: none"> ✓ Quarterly QI reviews of after-hours screening activities are underway. Three quarterly reviews completed—most recent quarter ending Mar-2021. ✓ Continuous improvement evidenced.
	<p>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 under-served communities. ^</p>	<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 under-served 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>— 	<ul style="list-style-type: none"> ✓ Working with UMass Medical Center, a quality review was conducted and benchmarks were established in sFY19. ✓ Pilot program was launched to establish baseline life domains. ✓ In sFY21 benchmarks were further defined in the following domains: <ul style="list-style-type: none"> ○ Families Served ○ Child Requiring Assistance (CRA) with Completed CANS Evaluations ○ Adult Screening Forms ○ Satisfaction Surveys Completed ✓ In sFY19, four (4) micro FRCs were converted to full FRCs.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<p>underserved communities are identified and expansion/realignment recommendations are made as needed. Accordingly:</p> <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 be onboarded. 	<p>✓ In sFY20, one (1) full FRC site and two (2) micro FRCs were procured.</p> <p>✓ By sFY21, MA has a total of 27 FRCs.</p> <p>✓ By sFY23, MA has a total of 33 FRCs.</p>
	<p>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. *</p>	<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. 	<ul style="list-style-type: none"> • Demographic data on the children/youth served is actively utilized to identify foster home recruitment efforts. • Foster Care staffing allocation adjusted-up based on assessed need. • Increased Foster Care Recruiter allocation to one (1) per area office. • Implemented targeted resource recruitment for under-represented populations: teens, medical needs, LGTBQ, and sibling groups <ul style="list-style-type: none"> ○ Foster Home Recruitment – 2,316 (3,501 with ADLU) non-kin resources recruited /approved between Jan-2017 and May-2024.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Increased rate of Kin-First placements. ○ Increased Placement Stability. 	<ul style="list-style-type: none"> ○ As of May-2023, there are 1,442 (1,927 including ADLU) approved non-kin resources. ○ Kin-First – see Strategic Objective I.3. ○ Placement Stability while overall placement stability did not improve in sFY2023, the most recent 12-month period ending Feb-2024/sFY24 showed improvement (6.89 moves per 1K care days)—improvement is noted for children whose first placement is with kin.
	<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 	<ul style="list-style-type: none"> ● Metrics and CQI activities will be developed in ffy2021. ● Baselines will be established in early ffy2021, and targets will be reflected in the ffy2022 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. 	<ul style="list-style-type: none"> ● MAPP training review was completed. The new MAPP curriculum staff training and implementation began in Feb-2024 and will be completed by Dec-2024. ✓ Kinship Orientation is completed and launched on DCF’s new Learning Management System in sFY2024. ✓ <i>FosterMA Connect</i> (foster parent interactive website) is live. Accounts are created when a foster parent is licensed.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>Connect) and e-mail distribution list.</p> <ul style="list-style-type: none"> • 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"> ○ Assess Family Resource satisfaction and ongoing needs. 	<ul style="list-style-type: none"> ✓ <i>Foster Parent Portal</i> is available to all foster parents. Additional features were added to the portal, including child specific information and payment information. Ongoing support is in place to increase utilization. ✓ Foster families completed surveys to assess needs and resources. ○ MSPCC has developed an exit survey for foster parents who have closed their home and is in final review and approval process—go-live targeted within sFY2025. ✓ DCF Area Office budgets include funds earmarked for foster parent support services—funds are utilized based on identified 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 (S&S) services. <ul style="list-style-type: none"> ✓ Evidence-based services incorporated into support and stabilization procurement. • Trauma-informed approaches and cultural humility concepts are 	<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 FFY2022 APSR. 	<ul style="list-style-type: none"> ✓ RFI for S&S procurement was posted in Oct-2021. • Posting of the S&S procurement is expected in sFY24, Q4 or sFY205, Q1. • Metrics and CQI activities to be developed to support procurement/contracting. • Baseline to be established.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		integrated and incorporated into casework practice.		✓ Newly established <i>Trauma Coaches</i> program through UMASS Medical Center is available to foster parents in the North Central Area Office.
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. 	✓ Key metrics continue to be refined/developed/distributed to all appropriate stakeholders and presented at weekly AILT meetings. Metrics include the following broad areas: <ul style="list-style-type: none"> ○ Safety ○ Permanency ○ Well-being ○ Caseload/workload ○ Policy fidelity ○ Compliance with timeframes ○ Provider/Family Resource capacity
	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. 	✓ DCF CQI Unit continues to conduct comprehensive case record reviews utilizing the OSRI– see Sec. C.2. <ul style="list-style-type: none"> • OJL case review process in development.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>3. By end of 2020-2024 CFSP, the Department will solidify mechanisms for soliciting and considering feedback from youth, families, collaborators, and other stakeholders. *</p>	<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 	<p>✓ CQI efforts informed by stakeholder/partner groups: Stakeholder Engagement Committee, Family Advisory Committee, Joint Youth Advisory Committee, CIP Taskforce.</p>
	<p>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. * ^</p>	<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. 	<p>✓ Harvard's Kennedy School of Government wrote a case study on DCF's agency improvement process and its use of agile/scrum. This case study is intended for mid- and senior-level city and state government managers enrolled in the Kennedy School of Government. The case study was presented at Kennedy School of Government and adapted for presentation at Harvard Chan School of Public Health.</p> <ul style="list-style-type: none"> • CWLA 2024 Conference <ul style="list-style-type: none"> ✓ DCF and the Capacity Building Center for States presented: <i>An Innovative Approach to Combining Agile and Implementation Science to Increase Parent Engagement.</i>

* CFSR3 PIP cross-reference ^ Family First cross

IMPLEMENTATION & PROGRAM SUPPORTS

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

- Budgetary Supports – At a minimum, the Department needed 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 could have had a detrimental impact on the Department's ability to implement the goals and objectives highlighted in the 2020–2024 CFSP.
- Procurement Supports – Several of the goals and objectives required the Department to procure services through the Commonwealth's public procurement system. These procurements took 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 was critical to ensure successful implementation of our goals and objectives.
- Policy Supports – A continued focus on refreshing and drafting new policies was 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 was also key.

Staff Training, Technical Assistance, and Evaluation

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

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

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

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

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

Desired Outcomes

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

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

- Participants will embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency.

Framework for Professional Development

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

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

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

- CWI provides a variety of training, professional development, and technical assistance at every level of DCF. CWI will provide the following training opportunities for newly on-boarded staff or those new to their positions:
 - New Social Worker Pre-service Training (NSWPT) for all new DCF social workers. NSWPT provides foundational policy and practice content required before a social worker can be assigned a case and continues to provide training throughout a new social worker’s first nine months on the job. CWI is continually working to enhance training for DCF new social workers; examples include piloting an initiative where new workers can spend two weeks in their area office shadowing and building

relationships with colleagues before beginning their initial training. Another is adding five regionally based On the Job Learning Coordinators, who will provide coaching and support to new DCF social workers throughout their nine-month probationary period.

- New Supervisor Training (NST) for all new DCF social worker supervisors. NST content gives a new supervisor the necessary administrative, educational, supportive, and clinical practice skills to direct the case management of social workers.
- New Area Program Manager Training (NAPMT) is a series that supports new APMs as they assume their roles as leaders and managers of case practice. The content included in this series walks through administrative, educational, supportive, and clinical expectations at a middle management level with broader oversight and decision-making responsibilities.
- Leadership Academy (LA) supports new and emergent agency leaders in developing the skills to sustain an equitable and positive organizational climate and implement change. Utilizing a coaching approach, the LA initially rolled out in June 2022 in partnership with the National Child Welfare Workforce Institute (NCWWI) and the Children’s Bureau. Area Directors, Area Clinical Managers, Central Office Directors and Specialists were trained through the LA and served as coaches to new Area Program Managers, the primary LA participants. Area Clinical Managers and Area Program Managers served in a mentorship capacity. The LA modules included:
 - **Fundamentals of Leadership** – capacity to address persistent complex and adaptive challenges and acquire skills for the implementation of sustainable systems change.
 - **Leading Change** – knowledge of implementation science, including stages of change, and the importance of using a racial equity lens, transformational leadership, and effective communication to facilitate sustainable organizational change.
 - **Leading in Context** – engagement strategies for developing partnerships internally and externally for effective and equitable family-centered practice and transformational systems changes.
 - **Leading for Results** - capacity to work with others to make thoughtful, informed data-driven decisions that improve the well-being of staff and families.
 - **Leading People** – leadership strategies to engage staff, families, and community partners in transforming practice to better support families.

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

- Master of Social Work (MSW) Fellowship and Professional Certificate Programs offer professional education opportunities and professional growth for qualified staff.
 - The MSW Fellowship will be offered to staff through several university and college partnerships around the state. Each year the Fellowship accepts a limited number of qualified staff from every DCF region.

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

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

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

Evaluation and Research Activities

- CWI will continue to utilize and refine a structured process to evaluate the effectiveness of initial training and results will be utilized to refine curriculum and training strategies. This formal feedback process will include field operations (i.e., area office supervisors/managers) and the CWI (i.e., training staff). This feedback process will assess the transfer of learning around key practice elements. In partnership with the CQI Unit, CWI will target training priorities based on agency needs assessments and trends in practice and fidelity to policy.
- CWI will continue to develop and utilize consistent tools for evaluating the effectiveness of ongoing training. CWI will refine and operationalize metrics and processes for evaluating and improving staff training. Evaluation results will be shared with trainers so they can continue to improve their content and practice. In partnership with the CQI Unit, CWI will gather data to better understand the transfer of knowledge from training programs into direct action and practice in the field.

- CWI will continue to utilize MassAchieve, the Department's learning management system for tracking the 30-hour ongoing training requirement for social workers and their supervisors. MassAchieve provides the structure for assigning mandatory and ongoing in-person and virtual training, course registration, hosting asynchronous training opportunities, maintaining transcripts and staff level and agencywide reporting.
- CWI will continue to construct tracking and reporting tools for all training activities using MassAchieve. The MassAchieve LMS allows CWI to gather data, create training completion reports, and analyze trends to inform upgrades to future training and share information to support training attendance and participation.

Training and Technical Assistance

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

Children’s Bureau Technical Assistance

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

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

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

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

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

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

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

CFSR Round 4 Preparation and Training

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

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

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

- An overview of the review and quality assurance (QA) process,
- Conflict-of-interest guidelines,
- Conducting case-related interviews,
- An overview of the process for addressing safety concerns identified in a case under review,
- Expectations regarding writing high quality rating Rationale Statements,
- In-depth instructions on the use of the OSRI and all related CB-issued guidance,
- An overview of the written processes for (1) ensuring consistency of ratings, both on specific cases and across cases and sites, and (2) tracking questions and issues on application of the OSRI, and
- A written onboarding plan for training and oversight when new staff are hired or recruited to conduct case reviews and/or third-party QA.

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

C3. QUALITY ASSURANCE SYSTEM

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

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

In January 2014, the Massachusetts Executive Office of Health and Human Services (EOHHS) enlisted the CWLA, a leading standard setter and one of the nation’s premier coalitions of public and private welfare organizations, to conduct an external audit of the Department of Children and Families (i.e., Department or DCF). The final report identified immediate, fundamental changes needed to align the Department with nationally recognized child welfare standards and best practices. These recommendations served as the blueprint for the first phase of the reform.

DCF took an inventive approach, unique to child welfare, employing a results-driven project management methodology called “AGILE Scrum,” which is designed to address complex challenges efficiently. DCF senior leadership, Regional Directors, and managers from across the state formed an Agency Improve Leadership Team (AILT) that assigned members to specific tasks and met weekly as a group to discuss progress and challenges. Area Directors, Area Program Managers, DCF attorneys, and social workers participated as subject matter experts.

The first phase of work prioritized child safety by lowering social worker caseloads, strengthening the Department’s organizational structure, and creating a set of core policies rooted in the fundamentals of child protection. These changes emphasized case history reviews, assessing parental capacity, uniform application of a research-based risk assessment tool, and team decision making. The concurrent establishment of a Continuous Quality Improvement

(CQI) process, a cornerstone of child welfare practice, helped embed these changes in the agency's daily work.

DCF previously lacked a formalized, agency-wide quality improvement process. The CQI unit, overseen by the Department's Assistant Commissioner for Continuous Quality Improvement, included a CQI Director and five experienced social workers whose dedicated task was to review cases and produce quantitative and qualitative information about work processes, practice, and case outcomes.

The AGILE Scrum focuses on rapid-cycle, data-driven change has enabled DCF to implement significant reforms quickly and, with CQI, assure fidelity of the new policies and practice. Using the AGILE scrum method, the Department successfully implemented the recommendations of the CWLA report by end of SFY2019 including:

- Hiring 300 frontline social workers to reduce caseloads to historic low levels in a commitment to meet the negotiated caseload standard; and achieving nearly 100% licensure
- Revising and implementing core policies, including Protective Intake, Supervision, Family Assessment and Action Planning, and Foster Care Review
- Strengthening training and professional development
- Increasing staffing to include more than 200 supervisors and managers to increase oversight and support for case decision-making; 29 positions dedicated to foster parent recruitment and reinstating 107 social worker technicians statewide to assist with transportation and supervising parent/child visits
- Increasing specialty staff with expertise on substance use disorders, domestic violence, and mental health
- Decoupling the Area Office "pairings," the management structure which had one Area Director manage two DCF Area Offices
- Increasing the number of DCF Regional Offices from four to five
- Hiring a full-time medical director, part-time child psychiatrist, and 29 medical social workers to form a Medical Services Unit that also includes a medical social work manager and six nurses

The Department continues to advance the work through the AGILE Scrum framework. DCF is committed to advancing child welfare practice in the Commonwealth. Addressing longstanding issues systematically through the AILT process has enabled the Department to make the necessary systems and cultural changes in a sustainable way. Importantly, the Department continues to evolve as a data-driven agency, working in lockstep with Information Technology to collect informative data. The Department has modernized key data and metrics so that agency improvement and CQI efforts are more strategic and effective.

Building a CQI Infrastructure

Based on the information memorandum issued by the Administration for Children and Families (ACF) dated August 27, 2012, the Department of Children and Families has enhanced its quality assurance processes to incorporate a continuous quality improvement approach. Continuous Quality Improvement (CQI) is:

“...the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.”⁵

The Department recognizes the components and definitions within the Administration for Children and Families’ information memorandum (ACYF-CB-IM-12-07) on *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* as a basis for implementation of its CQI system. “The Children’s Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare:

1. An administrative structure to oversee effective CQI system functioning,
2. Quality data collection,
3. A method for conducting ongoing case reviews,
4. A process for the analysis and dissemination of quality data on all performance measures, and,
5. A process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.”⁶

Highlighted by the CWLA external audit conducted just prior to the onset of the 2015 CFR3, the Department of Children and Families recognized the need for strong quality assurance/improvement oversight and has subsequently dedicated a unit and staff to that activity. The Department’s CQI Unit is dedicated to Quality Assurance/Improvement (QA/QI) across the entirety of DCF statewide.

Now under the leadership of the Deputy Commissioner for Quality Improvement, the CQI Unit is one of five (5) Central Office units within the Department’s Quality Improvement Division consisting of:

- Case Investigations Unit (CIU) – reviews child fatalities through a quality assurance/improvement lens
- DCF Child Welfare Institute (CWI) – initial/ongoing staff training and professional development informed by quantitative and qualitative data through a quality improvement lens
- Continuous Quality Improvement Unit (CQI Unit) – primary collection and distribution of agencywide quantitative and qualitative data
- Foster Care Review Unit (FCRU) – periodic review of children in DCF care/custody
- Office of Management, Planning and Analysis (OMPA) – serves as the primary liaison between EHS IT developers and DCF management and staff. As a general rule, most of the Department’s administrative data is processed by OMPA staff prior to internal/external distribution.

Following an expansion in SFY2022, the CQI Unit now consists of the following thirteen (13) fulltime staff:

⁵ <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf>

⁶ <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf>

- CQI Director
- CQI Quality Manager (2)
- CQI Specialist (10) – social work supervisor-level position

The CQI Unit Director, two managers and ten specialists are DCF Central Office positions. While CQI Specialists assume primary responsibility for their assigned region (two specialists per each of the five DCF regions), they engage in cross-regional QA/QI activities with their fellow CQI Specialists as needed. CQI Specialists report to the CQI Quality Managers, who in turn report to the CQI Director. The CQI Director is a direct report to the Deputy Commissioner for Quality Improvement.

The Department’s Quality Assurance/Improvement system meets the five key components of a sound QA/CQI system as laid out in the ACF Information Memorandum:

1. Foundational Administrative Structure

- The Agency Improvement Leadership Team (AILT) is comprised of DCF executive and senior leadership, Regional Directors, and managers from across the state. The AILT serves as a primary foundational administrative structure for addressing complex challenges.
- Massachusetts has dedicated QA/CQI staff housed in each of the five (5) DCF regions and supervised centrally.
- CQI Specialists and Quality Managers have years of experience as direct care social workers across various roles within the Department (e.g., intake, response, ongoing, adoption and family resource). The CQI Specialist position is a promotional opportunity for case carrying social workers, and a lateral move for field supervisors. CQI specialists/managers are trained in the Massachusetts child welfare system, they know policy, and can easily navigate the DCF i-FamilyNet (electronic case management system). All CQI Unit hires must be licensed social workers.
- CQI Unit meets minimally monthly and maintains routine communication via MS Teams (including its chat function). These meetings are used to maintain consistency of case review practice, plan for focused reviews/CQI projects, and problem solve challenges faced by the team.
- The CQI Unit has clearly established job descriptions and a procedures manual which includes a detailed description of the CQI onboarding/training process and quality assurance strategies.
- All CQI Unit staff receive Children’s Bureau (CB) developed training on the CFSR Onsite Review Instrument (OSRI) and Online Management System (OMS) through completion of the OSRI item specific training modules to ensure that they are meeting the requirements for maintaining the integrity of the tool during case review. The CQI Director ensures that this training/certification is completed. Newly onboarded CQI staff are paired with more experienced CQI peers who mentor them as they complete their required training (e.g., OSRI item specific training modules, Data Fellows). CQI Quality Managers and the Director ensure that they receive the support needed to get them to a minimal level of proficiency.
- The Children’s Bureau regional staff provides routine and ongoing technical assistance and secondary oversight. Inter-rater reliability is maintained through first-level (by

experienced CQI Specialists) and second-level quality assurance (by experienced Quality Managers), and secondary oversight is provided by the CB.

2. *Quality Data Collection*

- Massachusetts' i-FamilyNet is an ACF certified SACWIS.
- Massachusetts has dedicated staff in each region and supervised centrally.
- The DCF CQI Unit utilizes the OSRI as a review tool which provides clear instruction and guidelines on its use. The online training ensures consistent use. Children's Bureau regional staff provide routine and ongoing technical assistance and secondary oversight. CB staff provide regular feedback and answer questions presented by the DCF CQI Unit which promotes reliable use of the OSRI across the CQI Unit staff. Feedback from CB indicates that the Department's CQI Unit is utilizing the OSRI with integrity.
- The Deputy Commissioner for Quality Improvement provides overarching leadership to the CQI Unit and OMPA. This structure allows for close cooperation and coordination across these two data (qualitative/quantitative) collection and reporting units. The Deputy Commissioner is a member of the Department's Information Technology Governance committee which allows for active voice in quality data collection and reporting.
- DCF utilizes an executive-level Agency Improvement Leadership Team (AILT) approach that employs an Agile Scrum methodology for agency problem identification and resolution. The AILT is organized into numerous sub-teams assigned to focus on specific agency challenges. The Deputy Commissioner for Quality Improvement captained the data and reporting team from the inception of AILT and continues to be an active member of the AILT. One of the core tenants of AILT is the availability and use of quality data to drive change/improvement.
- The CQI Unit and OMPA utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit (i.e., QA report validation).
- Massachusetts has established systems and resources to utilize and monitor AFCARS data, NCANDS data, CFSR (including Statewide Data Indicators), and NYTD data.

3. *Method for Conducting Ongoing Case Reviews*

- CQI Unit routinely conducts comprehensive case reviews using the OSRI. Along with this, the CQI Unit conducts focused case reviews (e.g., fidelity to policy) and area office/regional/statewide CQI projects.
- The CQI Unit is the team conducting the CFSR-style care review process which was developed as the means for Massachusetts to measure progress in its PIP following the 2015 Round 3 CFSR. This process has continued as a means for conducting quality case reviews following Massachusetts' completion of the CFSR Round 3 PIP. Specific activities have included routine case reviews (i.e., originally 70 per 6-months now extended to 100 per 6-months as of Jul-2022) as well as focused case reviews, and area/regional/statewide CQI projects. These activities provide valuable quantitative and qualitative data for quality assurance/improvement efforts. These data inform senior management, policy development, pre-service and ongoing staff training refinement on a multitude of child welfare practice points.
- In preparation for the CFSR Round 4 State-led CFSR, the Department's sampling methodology was strengthened to better align with the federal CFSR methodology. The

CB Measurement and Sampling Committee (MASC) has approved the sampling strategy now employed by the Department.

- The Department utilizes multiple levels of quality assurance on CFSR-style case reviews:
 - First-level conducted by an experienced CQI Specialist peer,
 - Second-level conducted by a CQI Quality Manager, and
 - Secondary oversight conducted by the CB regional office.
- Supporting detail is available in the “CASE REVIEW SYSTEM, SAMPLING PLAN, AND PROCESS” section of Item 25’s response.

4. *Process for the Analysis and Dissemination of Quality Data on all Performance Measures*

- The Department utilizes weekly/monthly/quarterly management reports to track process, policy fidelity and outcome performance measures. The i-FamilyNet system includes Jaspersoft reports which provide management reports on caseload, key process measures, local and federal outcome measures. Jaspersoft reports imbedded in i-FamilyNet include:
 - Adoption and Guardianship Dashboard
 - CFSR (Rounds 1-4) Outcome Measures
 - Foster Care Review Fidelity Matrix
 - Legal Dashboard
 - Medical Visits
- The Department is in the process of standing up a set of public- and agency-facing dashboards utilizing industry standard data visualization technology.
- OMPA Management Analysts are qualified data professionals who aggregate and analyze data. These data are distributed as aggregated and/or disaggregated data at area/regional/statewide levels. Data can be viewed at varying degrees of detail (i.e., consumer, worker, unit, office, etc.).
- Quality management and outcome data reports are distributed by OMPA to area/regional/state supervisors and managers on a weekly/monthly basis.
- The Department’s Data Fellows institute trains field staff to use data as a management tool.
- AILT Weekly Metrics are produced and presented at weekly AILT Scrum-of-Scrum (SOS) meetings which include agency leaders and regional and area office managers.
- The Department posts DCF Annual Reports and Quarterly Profiles, which include outcomes on its public facing website.
- The Department utilizes multiple internal and external stakeholder groups to provide feedback on data reporting (e.g., MA EOHHS, Office of the Child Advocate, Data Work Group, provider trade groups, etc.).

5. *Process for Providing Feedback to Stakeholders and Decision Makers and as Needed, Adjusting State Programs and Process*

- Case practice debriefings (OSRI findings) are conducted with the AILT and at Statewide Managers (SWM) Meeting. These are natural opportunities for providing systematic feedback and facilitating a continuous learning process throughout the agency.
- Decision makers and key external stakeholders are formally apprised of agency performance through the CFSP/APSAR and/or through the existing meeting structure.
- The CQI Director and Quality Managers provide region/area office specific feedback during routine meetings with the field.

- Leveraging the Department’s robust data reporting infrastructure and the OMS reporting tools, reports detailing performance on the seven (7) outcomes and eighteen (18) items (and 84 sub-items) are readily available for distribution/presentation.
- Findings are utilized by Department leadership to advocate for and promote statewide program improvements, new initiatives, evaluate training needs, and drive change in policy and practice in partnership with community partners—with the ultimate goal of improving outcomes for children and families.
- Data informed policy updates have included:
 - Children Who Are Missing or Absent (2018)
 - Foster Care Review (2019)
 - Supplemental Security Income/Retirement, Survivors, and Disability Insurance (SSI/RSDI) (2018)
 - Protective Intake (2016; 2020; 2021)
 - Supervision (2021)
 - Family Assessment and Action Planning (FAAP) (2021)
 - Gender Affirming Medication Consent (2021)
 - Disability (2022)
 - Education (2022)
 - LGBTQIA+ (2022)
 - Licensing of Foster, Kinship, and Pre-adoptive Families (2023)
 - Safe and Supported Placements (2023)
 - Reunification (2023)
- Data informed policy updates slated for 2024
 - Protective Case Practice
 - Institutional Abuse
- The Department’s planned public and agency-facing dashboards will be leveraged to gain efficiency for providing feedback to decision makers and key internal/external stakeholders.

1. The Department’s quality assurance system operates in jurisdictions (statewide) where the services included in the CFSP are provided.

As detailed above and throughout section C4, the Department’s quality assurance/improvement system is operating statewide – where the services included in the CFSP are provided.

2. The Department 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).

As detailed above and throughout section C4, Massachusetts developed and implemented standards to ensure that children in foster care are provided quality services that protect the health and safety of children. These standards are grounded in the CFSR OSRI and supplemented through Department specific metrics. The 2020-2024 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.

3. The Department’s quality assurance system identifies strengths and needs of the service delivery system.

As detailed above and throughout this APSR, the Department’s quality assurance/improvement

system and OMPA utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit and/or report validation process. CQI Unit staff conduct comprehensive case reviews utilizing the CB OSRI/OMS on a routine schedule (100 per 6-months) and focused case reviews to support agency need for data (e.g., fidelity to policy).

4. The Department’s quality assurance system provides relevant reports.

As detailed above and throughout this APSR, the Department’s CQI Unit and OMPA provide relevant reports throughout the state at multiple levels (e.g., area office/regional/statewide). These reports provide actionable summaries and details on service utilization, processes, practice, and outcomes.

5. The Department’s quality assurance system evaluates implemented program improvement measures.

As detailed above and throughout this APSR, the Department’s quality assurance/improvement system has a process for the analysis and dissemination of quality data on all performance measures. Further the Department has a process for providing feedback to stakeholders and decision makers and as needed, adjusting state programs and process (i.e., implement program improvement).

DCF CONTINUOUS QUALITY IMPROVEMENT DESCRIPTION

Recognizing that the Department’s *quality assurance system* was an *area needing improvement*, the Department established a robust CQI program just prior to the round three CFSR PIP period. This CQI program now supports DCF’s capacity to measure the quality of child welfare services provided throughout the Commonwealth. Further, the CQI program ascertains the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

DCF CQI Program Vision

- *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.*
- *Innovation is valued and encouraged.*

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. The CQI program was instrumental to the successful closeout of the Department’s CFSR R3 PIP.

DCF CQI Process

- *Identifies, describes, and analyzes strengths and challenges.*
- *Tests, implements, and revises solutions.*
- *Relies on a culture that is proactive and supports continuous learning.*
- *Is firmly grounded in the agency's mission, vision, and values.*

The CQI program is dependent upon the active inclusion and participation of:

- Staff at all levels of the agency
- Children, youth, and families
- Community partners
- Sister agencies and organizations
- Other stakeholders and community members

DCF works to establish outcome measures that reflect achievable positive impact on supports, services, policies, and practices for children, youth, and families. The ultimate intent of supports, services, policies, and practices is to improve children's safety, and permanence and well-being. Clearly articulated, measurable outcomes are shared among the Department's staff and its partners who support and provide services to children, youth, and families. Outcome measures provide clear markers of success and of the need for alternative approaches when positive outcomes are not achieved.

Core Components of DCF Continuous Quality Improvement

The Department's CQI program incorporates the following components:

- Alignment with DCF's mission, vision, and values
- Structure and mechanisms for gathering quantitative and qualitative information about work processes, practice quality, and case outcomes
- Ongoing processes for examining, evaluating, and sharing information with those who need it, and for driving decision-making
- Mechanisms for making change based on findings of ongoing processes
- Processes for evaluating the effects of change
- Multiple opportunities and mechanisms for reporting results, including regular reporting on key measures, and special reporting on emerging or urgent issues

Open Continuous Quality Improvement Process

DCF leaders cultivate a positive culture and climate in which accountability, responsiveness, communication, continuous learning, and commitment to improvement are valued and rewarded. Quality improvement is clearly articulated and integrated into DCF's policies and procedures, staff evaluation processes, and customer/consumer satisfaction surveys.

As part of this process, DCF makes its quality improvement process available to its partners:

- Families, children, youth, and young adults receiving services
- Providers
- Stakeholders

- Legislators
- The Office of the Child Advocate
- Judicial/Legal CIP
- The general public

Quality Improvement vs. Quality Assurance

Historically in child welfare, quality improvement approaches are built upon quality assurance programs. While quality assurance systems have traditionally served as an audit function—monitoring and reporting on the extent of compliance with Federal and State regulations and requirements; quality improvement approaches are broader in scope—assessing child welfare practices and service outcomes as well as compliance. Moreover, quality improvement efforts are more utilization-oriented (i.e., data is used to improve and affect changes in service delivery). Finally, CQI programs engage a broader range of internal and external stake holders in the review and improvement process.

Quality improvement has benefits beyond an audit function:

- Provides feedback on the performance of the system of care and whether the services provided are of sufficient intensity, scope, and quality to meet the individual needs of children and their families.
- Identifies needs and recommends corrective actions necessary to improve services, capacity, and outcomes.
- Confirms strength, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved.

DCF CQI Core Principles

Five core principles underpinning a comprehensive quality improvement system underlie the Department’s CQI system:

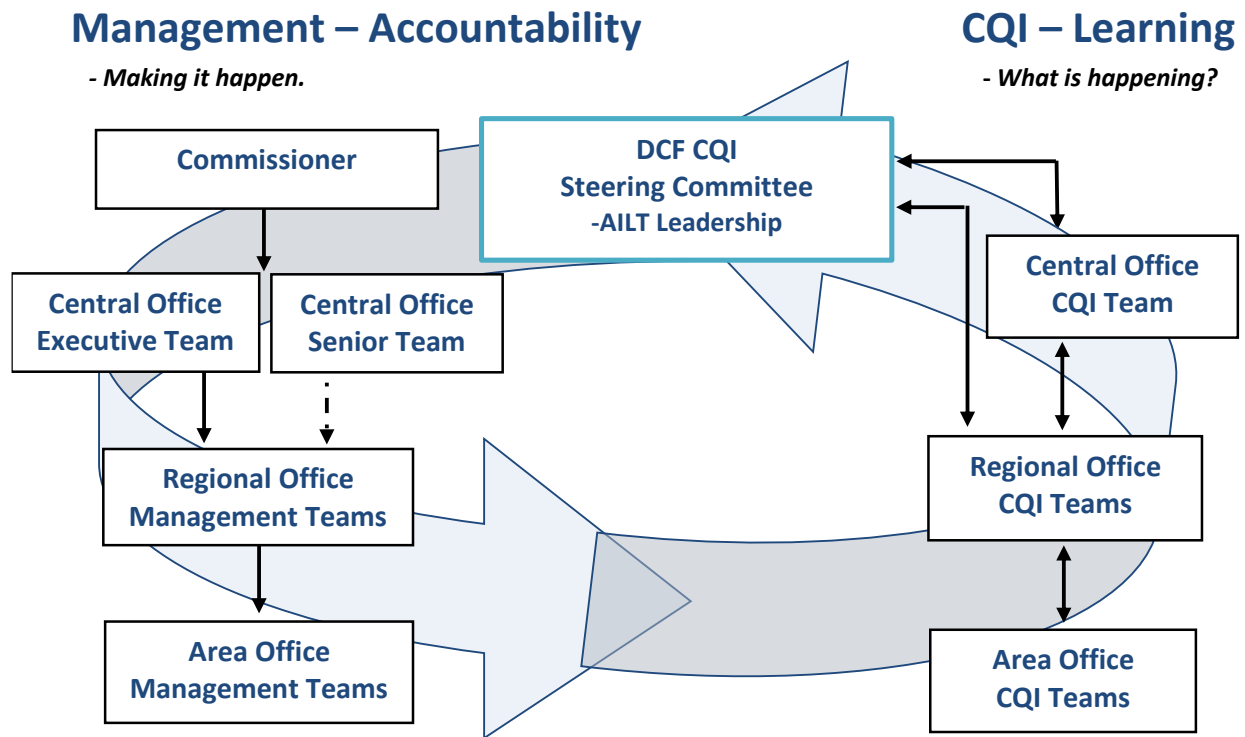
1. Provides for continuous learning at all levels of the Department and does not serve as either a compliance tool, or as an individual evaluation or accountability system.
2. Addresses the child welfare system as a whole, including DCF’s formal partners, such as its providers and foster parents, and informal family, judicial/legal CIP, and community partners.
3. Identifies best or promising practices and promotes them for learning and appropriate spread across the Department.
4. Provides early warning of operational problems or challenges in any local office or in the larger system of care, promoting a proactive rather than a reactive response system.
5. Serves as the primary means by which DCF identifies needed programmatic or professional development to ensure the highest quality child welfare across the state.

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 these interrelationships.

Figure 1.



Note: The arrows on the management side are unidirectional reflecting accountability within the system. The arrows on the CQI side of the cycle are bi-directional to reflect the importance of shared information and learning. The chart reflects the circular and continuous integration of these two critical activities and the foundational commitment to shared accountability and learning at each level of the agency.

Accountability and Learning

There is an ongoing cyclical relationship and communication flow between the accountability of management and the learning promoted by CQI. Figure 1 reflects the functional integration of management and CQI structures 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 Team Functions and Composition

CQI Team functions include a wide range of activities that focus on a review of agency practices and outcomes, development of improvement plans, and promotion of a continuous learning environment. While not prescribed, CQI teams should consist of broad-based membership—with an intentionality to advance and enhance *diversity, equity, and inclusion*. This ensures a diverse array of perspectives and expertise across all facets of agency practice.

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. As described in Figure 1, local Area Office CQI Teams receive guidance and focus from regional management and Regional Office CQI Teams—*learning* flowing in both directions. The CQI Steering Committee (AILT Leadership) guides and focuses the work of the Central Office, Regional and Area Office CQI teams—*learning* flowing in multiple directions.

CQI teams should consist of broad-based membership—with an intentionality to advance and enhance:

- Diversity,
- Equity, and
- Inclusion

Tables 1-3 provide potential team functions and composition for Area/Regional/Central Office CQI teams. These team functions and composition should not be considered prescriptive or comprehensive.

Table 1. AREA OFFICE CQI TEAM	
<i>Team Composition</i>	<i>Team Functions</i>
<ul style="list-style-type: none"> • Area Office Managers • Supervisors and Direct Service Staff • Support Staff • CQI Specialist(s) • Family Member(s) • Youth • Provider and Community Representatives • Area Board Member(s) 	<ul style="list-style-type: none"> • Review data related to caseload, practice, systems performance, and child/family outcomes on a regular/systematic basis (e.g., weekly). • 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 regular/systematic (e.g., quarterly) regional office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

Table 2. 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 • CQI Manager • CQI Specialist(s) 	<ul style="list-style-type: none"> • Review data related to caseload, practice, systems performance, and child/family outcomes on a regular/systematic basis (e.g., weekly). • Organize and provide staff support for area office CQI reviews as indicated. • Conduct regular/systematic (e.g., quarterly) 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 regular/systematic (e.g., quarterly) Central Office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

Table 3. CENTRAL OFFICE CQI STEERING COMMITTEE	
<i>Team Composition</i>	<i>Team Functions</i>
<ul style="list-style-type: none"> • Executive Team • Senior Staff • AILT Captain's Team • CQI Director • Central Office Directors 	<ul style="list-style-type: none"> • Conduct regular/systematic (e.g., quarterly) reviews of regional/area performance and action plan status. • Determine priorities for Area/Regional CQI Team Review as indicated. • Conduct regular/systematic (e.g., quarterly) 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.

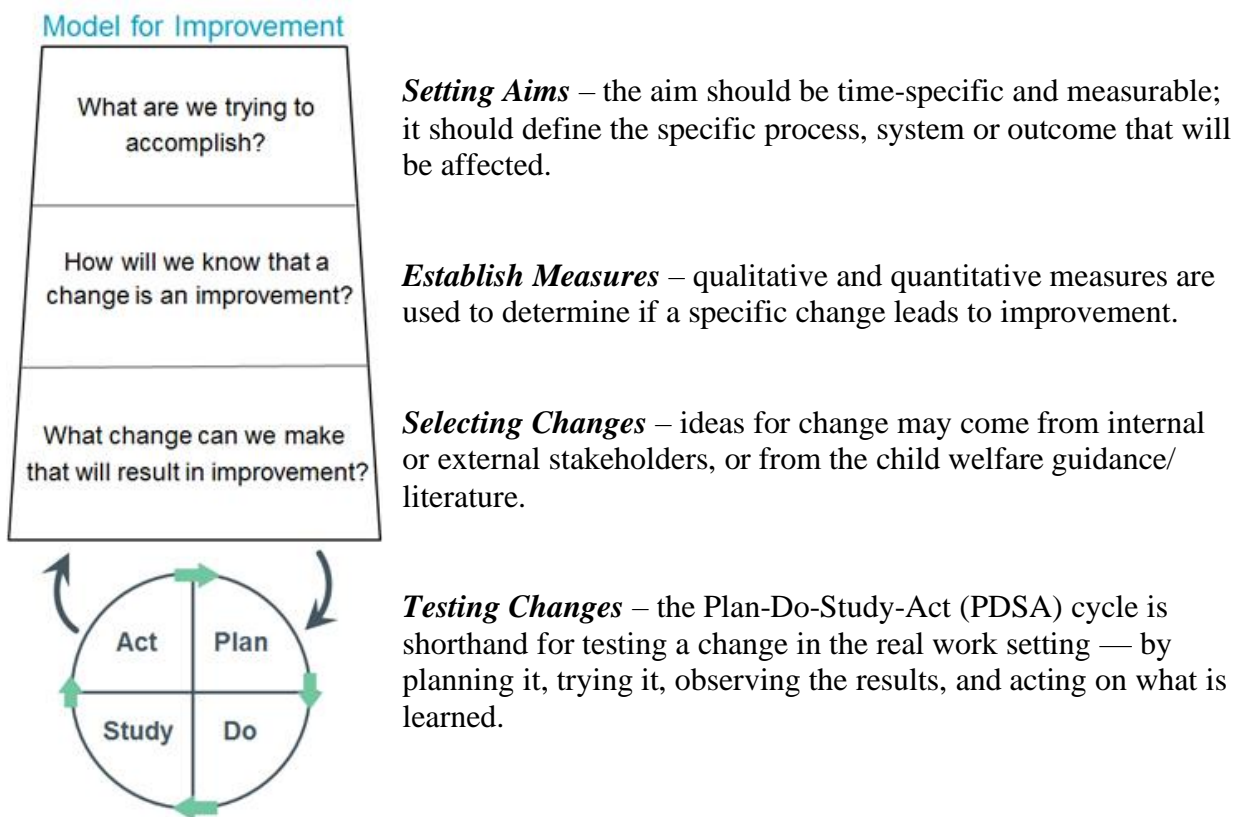
NOTE: Team Composition and Team Functions are not intended to be prescriptive nor are they comprehensive.

PDSA – Process and Content of CQI

CQI has at its central core the examination of process in relation to outcomes. The basic model of CQI is the “Plan-Do-Study-Act” (PDSA) method which was developed by W. Edwards Deming; an offshoot of Walter A. Shewhart’s original, “Plan-Do-Check-Act” (PDCA) cycle. The PDSA cycle guides the *test of a change* to determine if the change is an improvement.

Associates in Process Improvement developed a **Model for Improvement**⁷ which accelerates the standard PDSA model. As depicted in Figure 2, this model employs two main components: Three fundamental questions, which can be approached in any order; and the PDSA cycle which guides the test of change to determine if the change is an improvement.

- Figure 2.



Implementing Changes – after testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the CQI team may implement the change on a broader scale—through consultation with the area/regional/central office management team.

Spreading Changes – after successful implementation of a change or set of changes within a unit or an area office, successful change is spread throughout the region or statewide—utilizing the management/CQI structure within the agency.

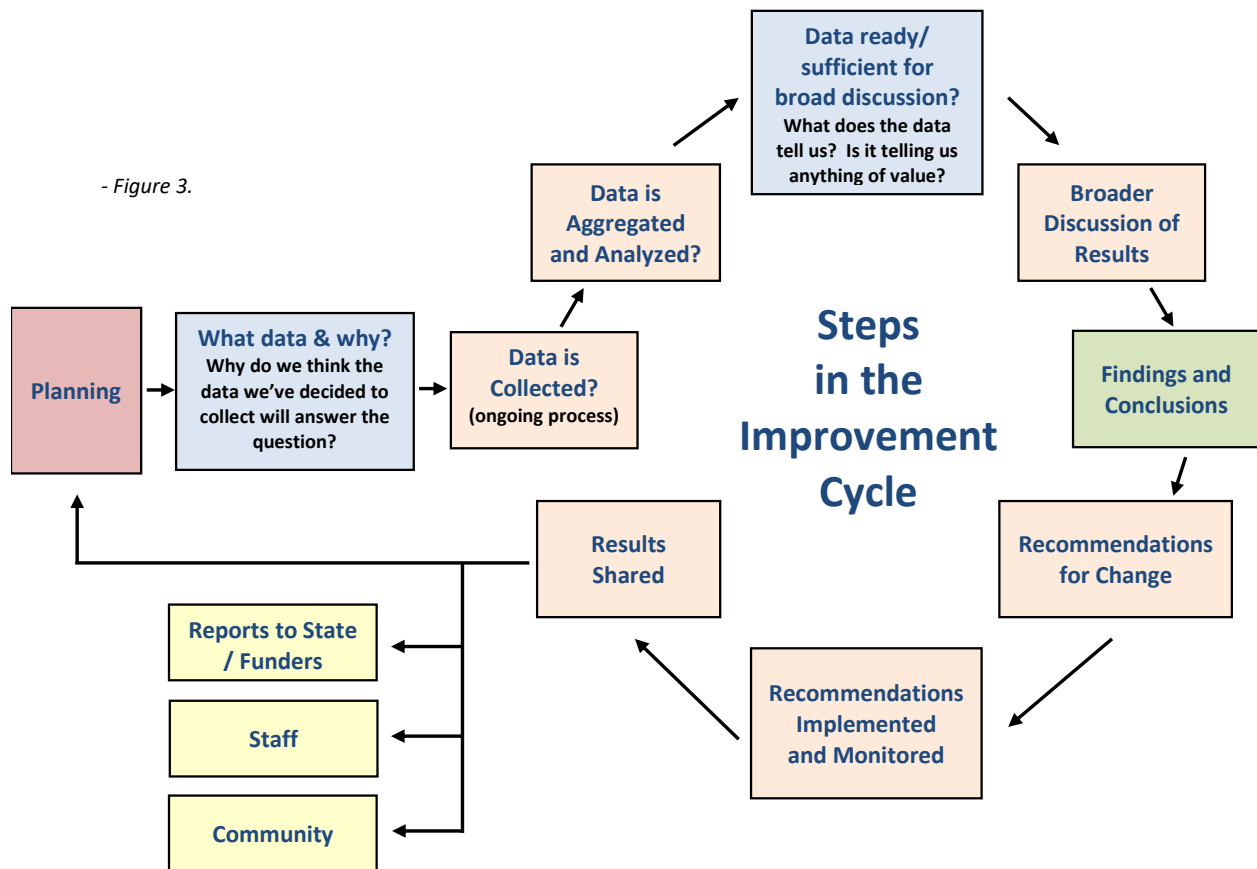
⁷ Langley, G. L., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition)*. Jossey-Bass Publishers.

Starting the CQI Process

While the **Model for Improvement** serves as the guiding template for the DCF CQI process, the *setting aims* starting point may be directed by the CQI Steering Committee and/or by the DCF Central Office or Regional/Area Office management structure. Driven by the Department’s strategic priorities, mandates, and outcome goals, the CQI Steering Committee (aka: AILT Leadership) will identify and establish areas of inquiry/improvement for the Department (e.g., outcomes to be addressed, or work processes/practices to be improved).

Data Informed CQI

The Department’s CQI program is dependent on reliable and valid qualitative and quantitative data to inform its focus, activities, progress, and refinement. The *Council on Accreditation* (COA) provides a comprehensive framework for effective utilization of data within the PDSA cycle. COA’s framework is described in Figure 3 below:



Managing With Data

Data are facts on which decisions are to be based. Without facts, the Department would have nothing solid to base decisions upon. Managing data consists of strategies which utilize facts to enhance the agency’s work with children and families, as well as internal processes and practice.

Within a child welfare CQI structure, data is utilized to explore root causes for variations in clinical, managerial, and systemic practice. The Department’s CQI program uses data to gain insight into the root causes for variation and performance on specific process and outcome measures related to safety, permanency, and well-being.

Data Fellows

Adapted from the *New Jersey Department of Children and Families (NJ DCF) Manage by Data Fellows* program, the Department’s Data Fellows Institute (DFI) develops and expands staff capacity to better understand and utilize data to improve practice and outcomes for the children and families served by the agency.

The Department’s DFI curriculum was developed and is continuously refined by DCF’s Office of Management, Planning and Analysis (OMPA). The DFI faculty include the Deputy Commissioner for Quality Improvement, Data Analytics and Reporting, and Professional Development (aka: Deputy for Quality Improvement), the OMPA Director, and the CQI Unit Director. OMPA and CQI Unit managers and staff serve in a facilitative capacity and support the Data Fellows, especially as they develop, refine, and work through their data projects.

As of Jun-2024, DCF cycled through five DFI classes—graduating more than 210 Data Fellows.

Data Fellows Objectives

- Understand and demystify data.
- Learn quantitative and qualitative analysis techniques.
- Utilize data to identify strengths and opportunities for improvement.
- Utilize data to track and assess improvement.
- Champion “Managing with Data” tools and techniques at the local level.

Data Fellow Expectations and Anticipated Outcomes

- Participants commit to attending nine full day sessions (7-month duration).
- Participants serve as data champions and/or experts in their offices:
 - Demystifying data for their colleagues,
 - Encouraging its proper utilization, and
 - Supporting the efforts of others to identify and use data in their own work.
- Participants are better equipped to utilize existing data to:
 - Develop reports and/or reporting strategies at the regional/area level to improve processes/performance,
 - Identify strengths/opportunities for improvement/gaps in current reporting, and to request additional data from Central Office.

Data Fellow Candidates

Candidates are nominated from each level of the agency: Area, Regional, and Central Office. Data Fellow member selection rests with the OMPA Director who endeavors to establish a cohort of Data Fellows who represent a diverse range of agency functions (i.e., clinical, legal, and administrative managers and supervisors). With the exception of the Kickoff Session, DFI

cohorts are split into two groups of 20-25 Data Fellows in order to facilitate an ideal instructor to Data Fellow ratio.

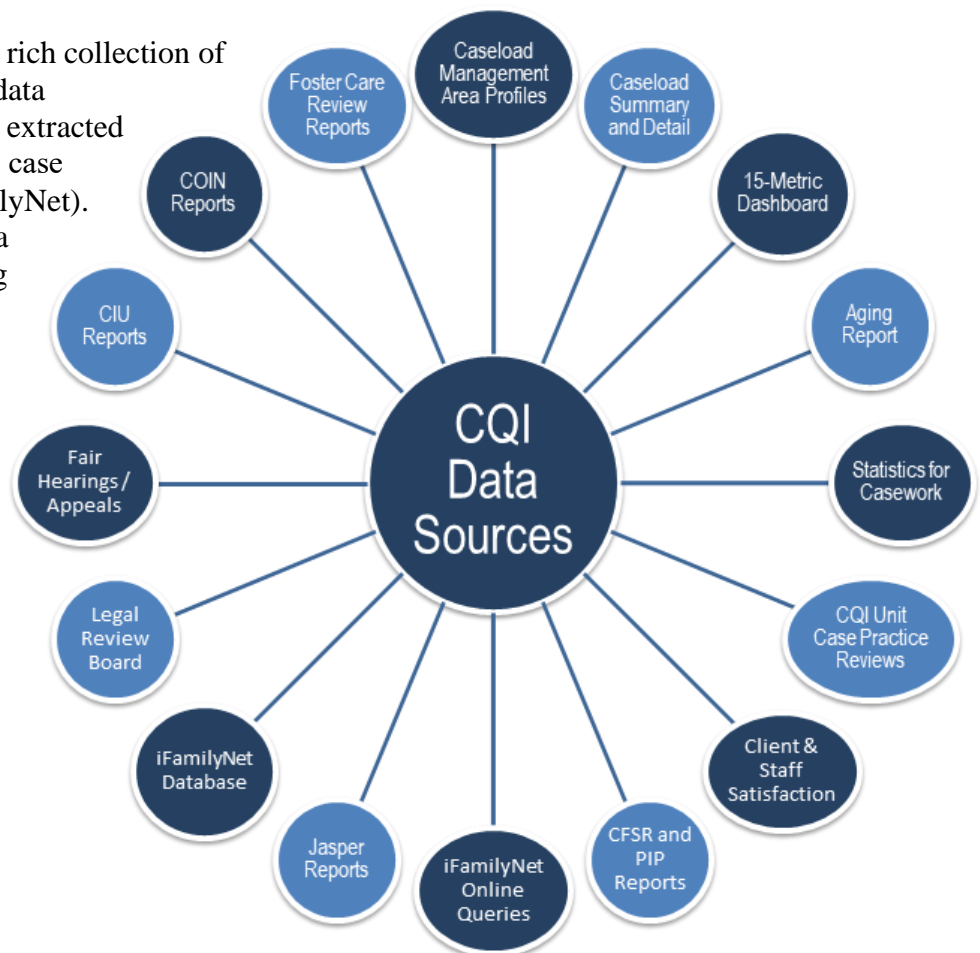
Data Fellows Session Overview

- **Kickoff Session:** defining data, 6-step basic analytic process, STATS 101, reliability and validity, CQI overview, PDSA walkthrough
- **CQI Tools, Methods, and Hands-on Exercises:** defining CQI, brainstorming, multi-voting, six-step effective problem solving, cause-and-effect (fishbone) diagrams, flowcharts, control charts, histograms, Pareto charts, run (trend) charts, case review modules use and development
- **Data Basics and Reports:** Excel walkthrough, writing formulas, pivot tables, graphs, understanding the story revealed in the data
- **Fidelity to Policy:** quantitative and qualitative approaches to assessing fidelity to policy
- **Managing with Data:** using and understanding reports
- **Project Work I:** data analysis and planning
- **Project Work II:** data analysis and planning
- **Project Work III:** summarizing and presentation development
- **Graduation:** project presentations to DCF leadership

Data Sources for CQI Activities

The Department maintains a rich collection of qualitative and quantitative data sources—some of which are extracted from the agency’s electronic case management system (i-FamilyNet). These data sources serve as a primary means for informing the Department’s CQI program.

While incomplete, Figure 4 to the right provides a high-level summary of these data sources.



CQI UNIT POLICY AND PROCEDURES

Working with the Deputy Commissioner for Quality Improvement, the DCF CQI Unit developed and operates within the parameters established in the *Department of Children and Families Continuous Quality Improvement Policy and Procedures Manual*. The manual includes the following:

- Federal Requirements for Quality Improvement
- DCF Continuous Quality Improvement Description
- CQI Unit Structure, Expectations, and Training
- Case Review System, Sampling Plan, and Training
- Feedback and Continuous Learning/Improvement Process
 - CQI Staff Qualifications
 - DCF CWI Unit Care Review Guide
 - Case Review Sampling Plan – OSRI Case Reviews
 - Case Elimination and Eligibility
 - DCF Policy Links

CQI UNIT STRUCTURE, EXPECTATIONS, AND TRAINING

Working with the Deputy Commissioner for Quality Improvement, the DCF CQI Unit developed and operates within the parameters established in the Department's *Continuous Quality Improvement Policy and Procedures Manual*.

The DCF CQI Unit consists of 13 full-time staff wholly dedicated to the CQI Unit and to its core functions:

- CQI Unit Director (1)
- CQI Quality Managers (2)
- CQI Specialists (10)

Each CQI Specialist—classified as a supervisor level position—reports to a designated CQI Quality Manager. The Quality Managers report to the CQI Unit Director, who reports to the Deputy Commissioner for Quality Improvement. While CQI Specialists are assigned to a primary region, they are Central Office personnel whose workload may cross any of the Department's five regions. The CQI Unit Director is a direct report of the Deputy Commissioner for Quality Improvement.

Basic Expectations – CQI Specialists

- Possesses comprehensive knowledge of DCF policy and practice guidance.
 - Expected to review and incorporate new/updated policy and practice guidance and seek consultation from the CQI Quality Manager or CQI Director as needed.
- Functions independently/professionally to produce quality work products.
- Responsible for the timely:
 - Gathering of large amounts of information through case review and interviews,
 - Synthesizing findings within the context of policy and practice guidance,
 - Identifying root causes, and
 - Making appropriate recommendations for improvement.

- Employs effective oral, written communication and organizational skills to schedule reviews, gather information, conduct interviews, compile reports, and de-brief cases in a professional manner.
- Leads, facilitates, or participates in local/regional CQI teams with direction from the CQI Quality Manger or CQI Director.

Basic Expectations – CQI Quality Manager

- Meets and/or exceeds all expectations of a CQI Specialist.
- Demonstrates solid leadership and decision-making skills.
- Possesses supervisory experience and sound clinical skills.

Training/Onboarding – CQI Specialists and Quality Managers

CQI Specialists and Quality Managers are internal advancement opportunities. As such, these staff are well grounded in DCF policies, procedures, and casework practice prior to onboarding within the CQI Unit.

Upon transfer to the CQI Unit, the CQI Specialist—or Quality Manager onboarded directly from a DCF area/regional/central office rather than advanced from within the CQI Unit—is oriented to the unit and paired with an experienced peer mentor who provides direction and feedback throughout the onboarding process. The CQI Unit Director/Quality Manager or designee facilitates access to the CFSR E-Learning Academy on the CFSR Information Portal.

The CFSR E-Learning Academy is:

“The CFSR E-Learning Academy (ELA) is an online training resource designed to provide federal and state review team members with the information and skills needed to successfully participate in the Child and Family Services Reviews (CFSRs) as well as in state reviews related to a Program Improvement Plan (PIP) or Continuous Quality Improvement (CQI) efforts that use the federal Onsite Review Instrument and Instructions (OSRI) and the Online Monitoring System (OMS).”⁸

Newly onboarded Specialists/Quality Managers complete the CFSR E-Learning Academy within the first 1-2 weeks of orientation. Obtaining direction and guidance from the assigned mentor, the following online coursework is mastered:

- The OSRI
- In-Home Services Mock Case I
- Foster Care Mock Case II & III

Upon completion of this CFSR E-Learning Academy coursework, Specialists/Quality Managers shadow their experienced peer mentors for 1-2 months as they conduct case practice reviews and interviews using the federal OSRI and the OMS. During this onboarding period, Specialists/Quality Managers review completed OSRIs to gain familiarity with the instrument and process.

⁸ <https://www.cfsrportal.acf.hhs.gov/e-learning>

By months 2-3, recently onboarded Specialists/Quality Managers start to conduct case practice reviews and interviews on their own—with continued support, consultation, and first-level QA (i.e., third-party quality assurance by someone who has not reviewed the case) provided by their experienced peer mentor. Upon assurance of OSRI mastery and inter-rater reliability, these Specialists/Quality Managers are phased into full workloads.

In addition to ongoing support from the assigned mentor, newly onboarded Specialists receive additional support and guidance through ongoing supervision and peer support. Each newly onboarded Specialist meets with their Quality Manager for weekly individual supervision during their onboarding process. Ongoing group supervision which includes the assigned mentor and manager is also provided. Additionally, there are monthly CQI Unit meetings that feature peer support and trainings on the OSRI, OMS and inter-rater reliability.

New Specialists/Quality Managers also have access and are encouraged to participate in the CQI Unit online message board/forum dedicated to OSRI/OMS discussion. The forum provides peer support, guidance, and dialogue to support and strengthen OSRI and case review process and inter-rater reliability. The forum also acts as a clearinghouse for documents which support inter-rater reliability, such as CFSR Technical Bulletins, OSRI FAQ's, and Children's Bureau Item specific guidance. Operating in real time, CQI Unit staff are notified immediately (or at next logon) when a document or comment is uploaded into the forum. Additionally, themes and common issues are reviewed at monthly CQI Unit meetings and/or submitted to the Children's Bureau (CB) for clarification.

Upon completion of the CFSR E-Learning Academy coursework for OSRI Quality Assurance, the recently onboarded Specialists/Quality Managers start to conduct first-level QA—with oversight provided by their experienced peer mentor. Once fully trained/onboarded, Quality Managers take-on second-level QA—with oversight provided by their experienced peer mentor. Utilizing a collaborative approach, the reviewer, first-level QA, and second-level QA over-communicate in an effort to support the learning process and to ensure that ratings are accurate (inter-rater reliability) through a comprehensive review of cases.

To further support inter-rater reliability, a randomized QA assignment strategy is employed for first and second-level QA. This approach promotes/ensures consistency across the state, regions, and teams.

Newly onboarded CQI Specialists/Quality Managers are enrolled in the earliest available Data Fellows cohort. This ensures that these staff are fully versed in the tools and methods of CQI, data analysis and reporting, and managing with data (see **Data Fellows** section earlier in this section).

Ongoing Training for CQI Unit

Ongoing training/professional development are agencywide expectations, and fully supported within the CQI Unit. Agencywide mandatory trainings include:

- Conflict of Interest Law
- Disability Policy / ADA and Child Welfare

- Diversity, Equity, and Inclusion / Understanding Bias
- Human Service Worker Safety
- Information Security / Cybersecurity Awareness / Acceptable Use Policy
- Preventing Workplace Harassment and Violence

Children’s Bureau Technical Assistance

The Department recognizes the Children’s Bureau’s role as a valuable resource and partner in the ongoing training and professional development of CQI Unit staff. As such, the CQI Unit requests and hosts the Children’s Bureau for regular ongoing training and technical assistance on the CFSR, OSRI and OMS.

Specific to the OSRI, the CQI Unit requests/hosts annual “refresher” trainings on the OSRI and QA process, as well as general “Q&A” sessions. The frequency of these training sessions and technical assistance may increase as needed. Additional technical assistance can/will be requested to address OSRI changes/updates or Technical Bulletins.

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

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

CASE REVIEW SYSTEM, SAMPLING PLAN, AND PROCESS

A case review system is foundational to the DCF CQI process. The agency’s case 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 key individuals involved in the cases. The Department’s electronic case management system (i-FamilyNet) serves as the primary source for gathering quantitative data on both process and outcomes, as well as to identify representative cases for qualitative case review. The Department utilizes the Children’s Bureau’s CFSR Onsite Review Instrument (OSRI) to conduct its comprehensive case reviews. Sample cases are drawn from the universe of in-home and out-of-home cases/children. Reviews are completed by the DCF CQI Unit and entered into the Children’s Bureau’s Online Management System (OMS).

Along with an ongoing/annual comprehensive case review system which utilizes the OSRI and adheres to its protocols and instructions, additional focused case reviews are periodically conducted by the DCF CQI Unit. These ad hoc case reviews utilize purpose-built case review modules developed by the DCF CQI Unit. These focused case reviews primarily target updated or new policies and/or practice guidance and serve to:

- Assess fidelity to policy/practice guidance.
- Shape policy/practice guidance refinement.

- Inform implementation and initial/ongoing training needs.

The Department’s purpose-built case review modules include embedded instructions for systematic quantitative and qualitative review of new agency (e.g., Protective Intake, Case Closing, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). These ad hoc reviews function as a primary feedback mechanism for informing the Department’s Policy and Practice Unit. Most recently, the CQI Unit completed a focused review on the DCF Reunification Guidance and provided data and analysis to inform the development of a new Reunification Policy. Outcomes of CQI Unit focused reviews are also shared with the Child Welfare Institute (CWI) to inform initial and ongoing training needs of DCF staff. The CQI Unit and CWI have formed a workgroup that meets on a regular basis to share and discuss case review and focused review findings to understand trends, identify practice challenges and develop general and targeted staff training strategies.

CQI Unit Review Process – OSRI Case Reviews

Routine OSRI Case Review Schedule

The Department’s CQI Unit reviews eighty (80) cases every 4-months using the OSRI. Thirty-two (32, 40%) are In-Home cases and forty-eight (48, 60%) are Out-Of-Home cases.⁹ Massachusetts DCF consists of five (5) regional offices. Boston Region accounts for 13% of the statewide caseload and includes Suffolk County—the largest metropolitan subdivision. As such, cases are stratified for the Boston Region (12.5% - 10 cases), and the remainder (87.5% - 70 cases) are drawn from the non-Boston Region statewide caseload. Using rolling quarterly sampling periods, the Department maintains a 7- to 9-month period under review (PUR).

Quality of Reviews and Quality Assurance

All cases have an initial review by a member of the CQI Unit—generally a CQI Specialist. CQI Unit members have experience and specialized training in conducting case reviews. The case review includes a review of the i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants (e.g., family members, stakeholders, etc.). Cases are evaluated based on eighteen (18) items within seven (7) outcomes related to safety, permanency, and wellbeing. The OSRI is completed in its entirety for all reviewed cases.

The *Child and Family Services Reviews OSRI Quality Assurance Guide* is used by CQI Unit staff to ensure that OSRI data are accurate, complete, and consistent. This guide contains helpful information regarding general and item-specific issues to consider when conducting quality assurance that “encourages discussions with reviewers prior to completion of the OSRI instrument in addition to a final quality assurance review of the instrument once it is completed.”¹⁰

⁹ While the ratio of foster care to in-home services cases in Massachusetts is 20% (OOH) and 80% (IH), case review distribution is set at 60/40 because DCF places value on supplementary oversight of its foster care cases.

¹⁰ <https://www.cfsrportal.acf.hhs.gov/document/download/xojejl>

A first-level quality assurance review is conducted by an experienced CQI Specialist, and a second-level quality assurance review is conducted by a CQI Quality Manager. Secondary oversight is provided by the Children’s Bureau—who have full access to the OMS state site.

These processes ensure that the OSRI is being completed according to CB guidelines. Additionally, this process promotes inter-rater reliability across case reviewers and quality assurance staff. In preparation for CFSR R4 and the accompanying PIP, the DCF CQI Unit has been holding regularly scheduled trainings and feedback sessions with the Children’s Bureau Regional Team. Starting in July 2022, the DCF CQI Unit requested and received second-level oversight of ongoing comprehensive case reviews for added inter-rater reliability and technical assistance.

Conflict of Interest/Bias Reduction

In order to eliminate/reduce bias, the following guidelines are followed for conflicts-of-interest:

- CQI Specialists/Quality Managers will not review cases in which they were directly or indirectly (e.g., supervisor/manager) involved.
- CQI Specialists/Quality Managers will not review cases in which they have a personal interest.
- Any individuals having a conflict-of-interest will not participate in any team or reviewer debriefing of cases that affects ratings of cases.

The CQI Specialist or Quality Manager notify their reporting manager of any conflict with any case. The reporting manager ensures that cases with identified conflicts are assigned/reassigned to another CQI Unit Specialist/Manager with no such conflict.

Interview of Key Individuals

Concerted efforts are made to interview the following people as part of a 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 (including pre-adoptive or other caregivers) who cared for the child during the PUR, and
- 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 is required. Interview of a parent whose rights have been terminated would only occur in cases where parental rights were terminated during the PUR, or the parent remains involved in the child’s life. In these cases, the DCF Social Worker will provide input about whether the parent should be interviewed.

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 contact 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.¹¹ Videoconferencing, telephonic, or email communication may be sought if in-person interviews cannot be conducted due to refusal on the part of school aged children/youth, parents/legal guardians, or former foster parents.

FEEDBACK AND CONTINUOUS LEARNING/IMPROVEMENT PROCESS

At the end of each 6-month case review period, case practice debriefings (OSRI findings) are conducted with the Agency Improvement Leadership Team (AILT) and at Statewide Managers (SWM) Meeting. These are natural opportunities for providing systematic feedback and facilitating a continuous learning process throughout the agency. Summaries/presentations are offered to the Administration, Legislature, and members of the Judiciary. Key external stakeholders are formally apprised of agency performance through the CFSP/APSR and/or through the existing meeting structure. The CQI Director and Quality Managers provide Region/Area Office specific feedback during their routine meetings with the field.

Leveraging the Department's robust data reporting infrastructure and the OMS reporting tools, reports detailing performance on the seven (7) outcomes and eighteen (18) items are readily available for distribution/presentation. Achievement is based on the national standard of 95% substantially achieved in each of the seven (7) outcomes and 90% in each of the eighteen (18) performance indicators. The outcomes can be readily stratified and/or disaggregated across various population characteristics including age, race/ethnicity, permanency plan, and geographic area. Findings are utilized by Department Leadership to promote statewide program improvements, new initiatives, evaluate training needs, and drive change in policy and practice in partnership with community partners—with the ultimate goal of improving outcomes for children and families.

The DCF Commissioner and the OCA (Office of Child Advocate) Director 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 included representation from: Executive Office of Health and Human Services (EHS), DCF, OCA, MA Legislative staff, child welfare/legal advocates, and faculty from higher education. To date, three reports were placed into ongoing production:

- DCF Annual Report
- DCF Quarterly Data Profile
- DCF Foster Care Review Report

¹¹ A declaration of a state of emergency may prohibit in-person interviewing.

CQI Processes

Central Office Incident Notification Review Team. The Central Office Incident Notification (COIN) Review Team (CRT) was first convened in 2008 (formerly known as Critical Incident Review and Risk Management Committee). The CRT meets weekly to review COINs (i.e., critical incidents) that have been submitted by the area offices in accordance with the Department's COIN reporting protocol. These critical incidents may involve fatalities, near fatalities, serious bodily or emotional injuries, or other incidents that receive media attention and involve families currently open with the Department, families previously known to the Department, as well as families on which the Department has a newly filed 51A. COINs are used individually/collectively to drive policy, practice, and training improvement.

Central Office Fatality Review Panel. All fatalities, regardless of whether the result of abuse or neglect, on any family currently opened or closed within the past six months are reviewed. The Department uses fatality reviews as a continuous quality improvement activity to review casework practice over the course of DCF involvement with the family. These reviews include analysis of all relevant documentation including the case record and interviews with DCF staff and collaterals involved with the family. The review results in a written report that contains a series of observations on effective case practice and opportunities for improvement related to engagement, progressive understanding, capacity building, and consolidating and sustaining gains. The report is reviewed by the Central Office Fatality Review Panel, the Deputy Commissioner for Quality Improvement, the Deputy Commissioner of Field Operations, the DCF Commissioner, and the Office of the Child Advocate (OCA). Area/regional leadership review the Child Fatality Review report and provide responsive feedback which includes:

- Identification of best case practices for shared learning and replication statewide; and
- Identification of practice and operational implement opportunities, and training needs.

Statewide Manager's Meeting. Each Statewide Manager's Meeting generally includes a quality improvement topic that is grounded in a review of data relevant to the topic for that month. Participants in the Statewide Manager's meeting include Commissioner, Executive and Senior Staff, Regional Directors, Regional Counsels, Regional Clinical Directors, and Area Directors. These meetings occur monthly. The Commissioner determines the topic for the month and members of the Executive and Senior Team prepare the presentation points/analysis of the data for that topic. Participants engage in a dialogue about the presentation points/performance level indicated by the data and explore strategies for improvement. These discussions may include a panel presentation from area/regional offices that are performing well and achieving positive outcomes.

Area Clinical Review Teams. Each area office regularly convenes Clinical Review Teams that include the Area Clinical Manager, Area Program Manager, Supervisor and Social Worker involved with a particularly complex case. The Clinical Review Teams are either requested by a manager in response to a critical incident or may be requested by a social worker or supervisor seeking assistance in working with a particularly challenging family. Clinical Review Teams may be requested by the Foster Care Review Unit, the Deputy Commissioner of Field Operations, or the Commissioner. Clinical Review Teams review the clinical formulation, the family's strengths and needs, and the course of casework practice. The outcome of these reviews

is a shared consensus on modifications to interventions or services to support more positive outcomes for the family.

Review of Three (3) or More 51As in 3 Months/12 Months. Regional Clinical Reviews are conducted when three or more 51A reports involving separate incidents have been filed on any child in a family within a three-month time period, regardless of whether the reports were screened in or out. Area Clinical Reviews are conducted when three or more 51A reports involving separate incidents have been filed on any child(ren) in a family within a 12-month period, regardless of whether the reports were screened in or out. These clinical and administrative reviews provide an important quality assurance activity as well as an opportunity to make modifications to the services or course of casework to improve outcomes for the family.

Foster Care Reviews. The Department's Foster Care Review Unit (FCRU) also performs a critical quality improvement function. The FCRU's semi-annual reviews of each child in placement focus on whether there is a need for continued placement, whether the child is in the appropriate placement, and whether sufficient progress is being made toward the child and family's goal. Among others, results of the Foster Care Review are shared with the social worker, supervisor, and managers to ensure that they are apprised of the outcome and can make any needed changes in the interventions or service plan for the child and family. The FCR Annual Report is a source of valuable systemwide data on case practice.

IV-E Audits. These audits provide essential information on the Department's compliance with IV-E requirements and on the quality of casework practices and services.

Area Boards. All twenty-nine (29) area offices have an Area Board comprised of local community and family representatives. The composition and roles/functions of the Area Boards were set forth in the Massachusetts Acts of 2008 Chapter 176 legislation. Area Boards have access to data on current performance on a wide variety of indicators and outcome measures, including CFSR outcomes, and are encouraged to engage in a dialogue about how the area office might improve performance.

CQI Projects

The following is a summary list of CQI projects completed from CFSR R3 through completion of the CFSR R4 Statewide Assessment.

Statewide CQI Unit Projects

- Child and Family Services Review Comprehensive Case Review and Interviews Utilizing the OSRI
- Children and Parents with an Identified Disability—Safety/Risk Management and Service Provision
- Complex Case Review—High Risk Cases with Young Children
- DCF-EOHLC MOU—Program Effectiveness
- DCF-DYS Involved Youth
- Family Find Pilot Offices—Analysis of Documentation in Case Records by FF Workers
- Fidelity: After Hours Emergency Line Intakes

- Fidelity: Case Closing Policy
- Fidelity: Case Closing Policy during COVID
- Fidelity: Foster Care Review—PPC Determination
- Fidelity: Protective Intake Policy
- Fidelity: Protective Intake Policy Fidelity Review during COVID
- Fidelity: Reunification Policy Guidance (Interim)
- Fidelity: Reunification Policy Guidance (Interim) – 6-month Follow-up
- Fidelity: Supervision Policy
- Foster Care Review – Evaluation of Virtual Reviews Post-COVID-19 Pandemic
- Intakes with Commercial Sexual Exploitation (CSEC) Allegations
- Intakes with Substance Exposed Newborn/NAS Allegations

Regional/Area Office CQI Projects Facilitated/Led by CQI Specialists

- 51As filed on Open Cases—Level of Collaboration with Ongoing Staff – Western Region
- Blind Intake Screening—Analysis of Racial/Ethnic Bias – Lawrence Area Office
- Care and Protection Checklist – Berkshire Area Office
- Care and Protection Comparison – Berkshire Area Office
- Case Closing Project I & II – Greenfield Area Office
- Children in Placement Focused Review – Robert Van Wart Area Office
- CSEC Intakes/Responses and MOA Policy – Western Region
- Diversity, Equity, and Inclusion in Supervision – Boston Region
- Family Find Engagement Module—Children in Congregate Care – Western Region
- Family Resource – Harbor Area Office
- Family Search and Engagement – Robert Van Wart Area Office; Springfield Area Office
- Fatherhood Engagement – Framingham Area Office
- Fidelity: CSEC Policy Fidelity at Intake/Response – Northern Region
- Fidelity: Supervision Policy – Lawrence Area Office
- Foster Home/Children—Initial HRE Comparisons for Recruitment Efforts – Northern Region
- Identifying All Parents/Caregivers during Screening – Haverhill Area Office
- Intake Project – Greenfield Area Office
- Intake Screening CQI – Cambridge Area Office
- Intake Screening/Response – Boston Region; Metro North Area Office
- Intake Screening/Response Documentation I & II – Lawrence Area Office
- Intake Strength Project I & II – Springfield Area Office
- Managing with Data – Burlington Area Office; Cambridge Area Office
- Missing/Absent Children Focused Review – Boston Region
- Placement Stability – Central MA Region
- Placement Visit CQI – Framingham Area Office
- Protective Intake/Response—Ages 0-3 – Western Region
- Resource Guide for Foster Parents – Western Region
- Quality of Collateral Contacts and Dictation – Central Region
- Quality of Contacts – Central MA Region; Southern Region; Brockton Area Office
- Quality of Visits and Dictation I & II – Cape and Islands Area Office

- Substantiated Concern Project – Cape Ann Area Office; Framingham Area Office
- SW/Response Worker Collaboration—Conducting Visits during Response – Haverhill Area Office
- Supervision—Using Data to Inform Supervision – Harbor Area Office

Data Fellows Projects Facilitated by OMPA/CQI Unit

- Analysis of Cases that Re-open within 6-Months of Closing
- Area Office Practice/Use of Substantiated Concern
- Budget Forecasting Area Office Template
- Case Closing by Race/Ethnicity
- Case Transfers: Fidelity to Policy
- Dually Involved Youth
- FAAP Timeliness and Recidivism
- Factors Contributing to Social Worker I and II Turnover
- Family Resource Tool Utilization—Survey/Findings
- Father Engagement during the Initial FAAP
- Impact of Quality and Consistent Supervision on Case Closing
- Initial Placement with Kin and Placement Stability and Time to Permanency
- Kinship Exploration/Engagement Activities
- Missing/Absent Practice—Pre/Post Policy Implementation
- Multiple Intake Review—Policy and Practice
- Permanency Hearing—Scheduling/Hearing/Results Documentation Compliance
- Placement Stability and Permanency by Race/Ethnicity
- Post-Adoption Reinvolvement
- Qualitative Review of Unrestricted Foster Home Closing Reasons
- Qualitative Review of Substantiated Concern Decision
- Reunifications and Subsequent Maltreatment
- Review of Supervision Policy Implementation
- Risk Assessments—Impact on Trajectory and Life of a Case
- STARR Utilization—Entries/Exits/Churn/Length-of-Stay

C4. FINAL UPDATE / REPORT ON THE SERVICE DESCRIPTIONS

STEPHANIE TUBBS JONES CHILD WELFARE PROGRAM (Title IV-B, subpart 1)

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) provides critical funding for a variety of child welfare services. During FFY 2020 - FFY 2024, the Department used grant funding to achieve the following key outcomes. This funding allocation was consistent throughout FFY 2020 - FFY 2024:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*– The Department used IV-B subpart 1 funds to support social worker travel in the performance of their duties serving children and families.
- *Supporting at-risk families* – The Department used IV-B subpart 1 funds to fund two programs that provide services that allow children to remain with their families or return to their families in a timely manner.
 - 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. The Department believes that having a private agency provide post-adoption services provides adoptive families with direct access to a broader array of services that can be less threatening than requiring families to work directly with the state’s child protection agency.

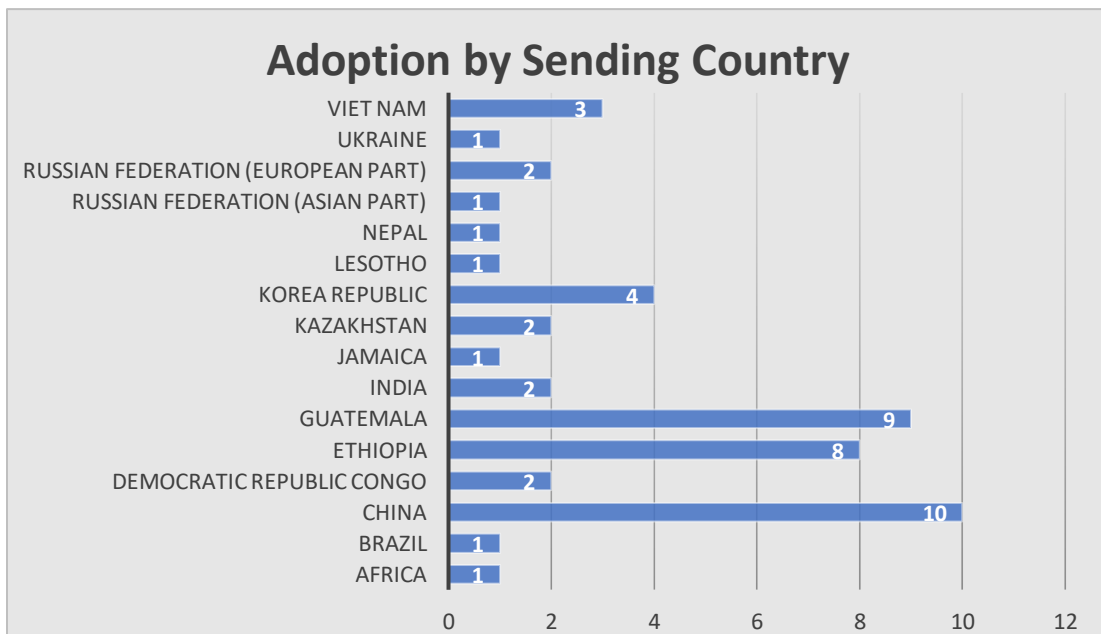
Adoption Journeys provides information and referral services to adoptive families. An “800” number is answered live 24 hours/day, 7 days/week. There is also a component of the contract designed to educate therapists, attorneys, judges, and others who may work with adoptive families. Adoption Journeys 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 homes. These services are matched as closely as possible to the needs and ages of the child(ren), geographic area, family characteristics, and dynamics. Ongoing support is offered to families participating in respite. Group respite activities, as well as family social activities, are also available statewide throughout this component.

Any family who resides in Massachusetts that has legalized an adoption or permanent guardianship can access the post-adoption services. Approximately 9% of the families (49 children) working with Adoption Journeys in 2023 were inter-country adoptions. This represents adoptions from 16 sending countries.



According to State Department data from the last five Annual Reports (FFY 2018-2022), inter-country adoptions in Massachusetts have ranged from a high of 60 in FFY 2018 to the current low of 31 in FFY 2022. This change has not decreased the demand for post-adoption support services for new inter-country adoptive families. The primary demand is from families with teenagers who were adopted from other countries anywhere from one to ten 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. However, the Department does intend to further enhance the clinical support services to this demographic in an upcoming RFR with plans of implementation in FFY 2025. The Department had planned to procure these additional services in 2024, but due to some unforeseen circumstances the procurement will occur in FFY 2025.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Children under the age of five are a vulnerable population, therefore it is imperative that we see and understand how they are being cared for as well as provide any services and/or referrals to mitigate risk. DCF encourages and supports parents by providing services and guidance to minimize the need for children to enter care, and to help strengthen the family's situation to reunify the children in a timely manner. The Permanency Planning Policy provides guidance for safely maintaining a child at home. If placement becomes necessary, the child's first goal is reunification with their family.

The Permanency Planning Policy includes a mix of child-centered, family-empowering casework and legal strategies that ensure children have caring, stable, lifetime families and that safety remains the paramount concern throughout the family's involvement with the Department. The policy provides guidance in support of each goal, as appropriate, and supports activities and services that reduce the length of time that children under age five are in foster care without a permanent family, as well as those being served at home or in a community-based setting.

Placement Process

When children cannot remain in the home, placement decisions are based on the child's best interests, including those related to safety, permanence, well-being, and continuity of significant relationships, and reflect efforts made to identify the least restrictive setting available to meet the child's individual needs. The Department explores kinship placements first given that children experience more stability when kin is the first or second placement. Also, by using data to examine Diversity, Equity, and Inclusion (DEI), and disproportionality, the Department looks to continuously reduce trauma, take away stranger anxiety, reinforce cultural identity and feelings of security, and assess if children under the age of five can be placed with kin as a first or second placement.

The Chart below highlights all children placed with kin over the FFY 2023-FFY 2024 period by region. The Department is further evaluating data to assess whether more children can be safely placed with kin.

12-Month Rolling Percentage of All Placements that were Kinship												
Region	FY23			FY24								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Boston	42.84%	41.36%	43.87%	43.40%	43.64%	44.61%	43.90%	43.63%	43.59%	43.16%	43.87%	43.87%
Central	44.88%	45.49%	46.32%	45.92%	46.02%	45.21%	46.05%	46.37%	45.11%	45.23%	44.63%	44.26%
Northern	38.07%	38.21%	38.64%	38.36%	38.96%	38.90%	39.10%	38.35%	37.69%	38.07%	39.27%	39.11%
Southern	41.19%	41.80%	41.46%	42.85%	43.42%	42.11%	43.00%	42.93%	43.22%	42.92%	43.16%	43.49%
Western	38.88%	39.73%	40.48%	39.72%	40.30%	40.01%	39.51%	39.68%	40.29%	40.41%	39.80%	40.29%
Grand Total	40.93%	41.24%	41.87%	41.86%	42.34%	41.87%	42.10%	42.00%	41.84%	41.85%	41.95%	42.05%

Initial Placement Review

An Initial Placement Review occurs at approximately six weeks after a child enters placement from home or hospital or returns to placement after an at-home stay of six months or longer. The Area Director/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement providers, and social work staff familiar with the child and family. The Team’s role is to support the child’s placement while addressing her/his needs for safety, permanency, and well-being.

The child-specific information gathered during the first six weeks of placement encompasses the child’s medical, educational, emotional, psychological, and social history and current functioning.

If the child’s initial placement has not been with kin, efforts are made with the parents during the first six weeks to identify someone known to the child and family with whom an approved placement can be made. If placement beyond six weeks is needed and the child is not placed with kin, these efforts continue. In addition, if siblings have not been placed together, efforts to reunite the siblings continue throughout the placement. Our new Kinship Social Worker position focuses on this activity.

The Initial Placement Review Meeting is an opportunity for the parents, family, and foster/pre-adoptive parents or other placement providers to participate in open discussion. At this meeting, the strengths and needs of the family and the child are reviewed, particularly focusing on the child's requirements for health, safety, well-being, permanence, and continuity of significant relationships. A tentative reasoned assessment of the probability of the child returning home and the family’s capacity to benefit from reunification services is made. The frequency and quality of parent-child contacts and visits during the first six weeks of placement and the parent’s participation in services and completion of tasks identified in the Action Plan also are reviewed.

Team Tasks include:

- Review the reasons for the child’s placement;
- Discuss decisions that have been made and what we have learned since the child’s placement;
- Assess the quality of care provided to date, and identify any unmet needs;

- Determine whether out-of-home placement continues to be necessary, and whether the current placement is in the best interests of the child;
- Establish a goal that is in the child’s best interests;
- Identify any accommodations needed; and
- Determine next steps.

Foster Care Review

Foster Care Review (FCR) has continued the virtual format established during the COVID-19 pandemic to maintain and increase participation and keep FCRs on schedule. Review of the Permanency goal for children in placement continues through Foster Care Reviews conducted for each six-month cycle during which children remain in care. FCRs for children under five are prioritized for rescheduling. The FCR panel makes recommendations consistently based on the safety, permanence, well-being, and growth and development of the child (ren). When applicable, the FCR panel makes recommendations regarding family time and/or services to ensure opportunities to increase parental capacity and bonding. If the dangers that led to placement are mitigated, the FCR panel can determine that placement is no longer necessary. If parents have not made sufficient observable changes to reduce the risk, the FCR panel may decide that an alternative permanent goal is more appropriate and recommend a Permanency Planning Conference (PPC). In addition to recommendations, if there is an area of need or concern, a notification can be sent to alert the Area Director in the area office.

Permanency Planning Conference

Permanency Planning Conferences (PPC) are conducted according to policy. A PPC is required in the following circumstances:

- as soon as it is determined that the prognosis for reunification is poor;
- within the first 9 months following the date of placement;
- if the outcome of a 9-month PPC was a decision not to initiate Termination of Parental Rights and the child has remained in placement for 15 of the previous 22 months;
- to change a child’s permanency plan;
- within 20 working days after a Foster Care Review determination that includes the
- recommendation that the child’s identified permanency plan needs to be changed; or
- within 5 working days after a court determines that reasonable efforts to reunify are not required.

Improvement

Between 2020 and 2024, with challenges in court availability during the pandemic, there was an increase in the average length of a child’s home removal episode for children under the age of five who obtained permanency either through returning home or through Adoption, Guardianship or Custody to another Individual (see Table 2). The length of the home removal episode is measured in days and encompasses the child’s entire time in placement; this may or may not include multiple placements.

Table 2: Average number of days in placement for children under age 5 existing by HRE end reason by fiscal year.

Home Removal Event (HRE) End Reason	Average of Number of Days in HRE								
	2016	2017	2018	2019	2020	2021	2022	2023	2024 YTD*
Child Returned Home	285.2	289.0	299.3	321.4	301.4	329.2	387.1	393.8	410.9
Guardianship	756.0	774.7	824.8	806.0	807.0	887.1	889.1	816.5	837.4

*FY2024 YTD (July 2023-March 2024)

Reunification

The Reunification Policy outlines the framework for long-term reunification success when a child enters care. There are concrete things DCF can do to ensure future reunification success, such as facilitating placement stability and meaningful parent-child interactions. These are two key indicators for reunification success. Communicating clearly with parents promptly about what conditions need to change and how they can work towards this provides parents with a roadmap for success. It also provides us with an understanding early on about what services will be necessary to support a successful reunification.

We ensure children and parents have an opportunity to interact or talk to each other within 24-48 hours of a child entering care. Virtual contact is a good way for children and parents to connect shortly after removal and should occur frequently while the child remains in care.

Family Time Visits

With family time visits, foster parents and kinship caregivers can facilitate contact, but the Department must prepare and support caregivers in advance. By policy, Parents and children have their first Family Time visit within five working days of removal. Family Time is meaningful, and frequent contact and connection between children and youth in placement and their families is encouraged. It means thinking differently about the frequency of visits, the location, and who supervises them.

Family Time can occur when the parent and/or family participates in normal parenting activities, such as sharing meals, medical appointments, and school/daycare events. Ideally, it should occur in the parent’s home, the kinship or foster family home, or in the community. The frequency, duration, and intensity of “family time” takes into account the needs of children, depending upon their age and stage of development, and the capacities of parents.

Not all Family Time needs to be supervised by the Department. There are times when supervision and observations of Family Time can further our understanding of the parent-child relationship and a family’s progress toward reunification. The Kinship Social Workers (KSW)

and Ongoing Social Workers work together to prepare and support kinship and foster parents when hosting Family Time visits. With the Safe and Supported Placement policy, the KSW should help kinship and foster parents with planning and preparation and answer any of their questions.

Additional Efforts Towards Reunification

Completing or updating the Family Assessment and Action Plan at and after family separation includes meeting with the parents to communicate clearly about the reasons for removal and developing a shared understanding of the conditions that need to change and the capacities that need to be developed before reunification could occur. It is part of the Department's obligation to make reasonable efforts toward reunification.

Following an Interim Action Plan, the plan must be updated and shared with parents within 30 working days. It includes:

- the Family Time plan for both parents
- an explanation of why the child came into placement
- if siblings are placed together and the reason if they were not
- the sibling visitation schedule when not placed together
- whether the placement is with kin or not
- efforts made to locate kin, including to whom the written notification was sent to
- if both parents are not known, efforts to locate the second parent;
- and the plan for visitation with grandparent(s) and/or other kin (when relevant)

The Department encourages and assists parents to support reunification and reduce the length of time their child is in care by utilizing the parents' strengths and resources as well as the community. Below we provide some examples of the resources and supports in place for families.

Family and Community Resources

The Department continues to offer resources to families, including organizations such as Rise Above, Wonderfund, YMCA memberships (to youth in foster care), Family Stabilization and Support Services (FSS), and Family Resource Centers. DCF works closely with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) in protecting and promoting the rights and well-being of children and families. MSPCC offers ongoing services to foster families and children in the form of pregnancy and parenting support, counseling, foster/adoptive training, and advocacy. DCF will work with any service that supports the safety, permanence, and well-being of children and families.

Departmental Resources

DCF is also responsible for providing information and referrals to children and families that will connect the family with the previously mentioned resources. We also have statewide specialists

that provide support, consultation, and case direction to staff. The following are our specialists, and the Disability and Permanency have been recently added:

- Mental Health
- Disability
- Education
- Substance Use
- Permanency
- Health and Medical Services

Foster Care

In February 2023, the Department implemented two new foster care policies:

- Licensing of Foster, Pre-Adoptive and Kinship Families
- Safe and Supported Placements

These new policies unbundled the former family resource role previously responsible for all aspects of foster homes, from licensing to placements. There are now three separate roles, a Licensing and Training Social Worker (LTSW), a Foster Family Social Worker (FFSW), and a Kinship Social Worker (KSW).

The Department, foster parents, biological families, and communities collaborate to support children in the Department's care and custody. They work together to shorten the length of time a child is in foster care and the time it takes to achieve permanency. A safe, nurturing, and permanent family is the goal for every child in Department care. Children living outside their homes often do better when they live with extended family members or with people in their community circle. The Department works closely with the child's family and community to identify kin to care for the child if needed. When placement with a kinship family is not possible, the Department recruits foster families from diverse communities.

The Family Find positions, which originally were piloted 11 DCF offices, have been established in all 29 offices as well as has been rolled into the Kinship Social Workers (KSW) role. The KSW is responsible for:

- discussing with the child's family other potential kinship placement resources;
- rapidly conducting and documenting the caregiver assessment activities to permit immediate placement of a child with kin;
- supporting the kin placement by:
 - developing a support plan, if needed;
 - providing information about child needs and activities needed within the first week;
 - providing information on the caregiver training and assessment process;
- participating in the review of the caregiver assessment for kinship homes to the licensing review team;

Some of the highlighted changes of this policy include:

- Updated Parenting and training opportunities for foster parents will be made available through an updated MAPP (Massachusetts Approach to Partnerships in Parenting) curriculum for prospective foster parents
- Foster Parent College began providing Massachusetts licensed foster families with free access to interactive online courses in January 2024
- Foster families now have a dedicated KSW or Foster Family Support Worker (FFSW) that is separate from the Licensing and Training worker (LTSW) to provide more support to the foster homes (for both kin and unrelated)
- Quarterly joint visits are now required to provide an opportunity for the child's worker and the FFSW or KSW to work together to ensure a more supportive and stable environment for the child(ren)
 - Support workers have also increased their visits to the foster home from every other month to every month
- Updated requirements for kinship homes to allow for better clinical decision making on whether a child can live with kin.
 - For example, siblings of the opposite gender can share a room, regardless of age, if it is clinically appropriate for those children
- Foster parents cannot smoke around youth in foster care, which aligns with federal guidelines

Childcare Vouchers

As of March 1, 2024, there were a total of 12,911 DCF-involved children in childcare statewide of which an approximate 29% (3546) are in foster care. This has increased from the year 2023. Children access childcare both through contracted slots and vouchers. According to EEC data, we had a slight increase in the number of children served in supportive childcare under the age of five, from 7,652 in March 2023 to 8,398 in March 2024.

Childcare options for DCF involved families have increased within FFY 2024. The comprehensive list of childcare options available to families include:

- Department-Related Childcare: Childcare through DCF and the Department of Early Education and Care (EEC) partnership, which is available to any child involved in with the Department who have not yet obtained the age of 13; Children over the age of 13 qualify if they have a documented special need/disability.
- Temporary Childcare Program (TCCP): DCF has directly contracted with licensed childcare providers across the Commonwealth to provide emergency childcare for children who are in the custody of DCF in order to support placement and eliminate the need for a child to spend time in an area office. This program is funded through an Interagency Service Agreement (ISA) with EEC.
- Foster Parents as Informal Childcare (FPICC) Providers program: Emergency childcare services provider by approved DCF foster parents. The child does need to be in the custody of the Department. This program is funded through an Interagency Service Agreement (ISA) with EEC and is a partnership between the Early Childhood Unit and Foster Care Unit.

- Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Kid’s Net Short-term Child Care: Planned, short-term, day and evening care provided in licensed childcare homes or reimbursement of a DCF-approved caretaker is available to allow foster, pre-adoptive and kinship families to attend to foster care-related or personal business; provide a break from parenting; and to meet other needs that impact the overall stability of the family.
- MSPCC Kid’s Net babysitting: Babysitting reimbursement for DCF-approved caregivers is available for up to 10 hours per month. Foster parents should work with their Foster Care Worker to ensure their desired caregiver is approved in the DCF system. The foster parent is responsible for communicating with the caregiver and ensuring they are available on the date/times care is needed.
- Out-of-pocket: If all other options have been considered and will not work, the foster parent may be able to enroll the child at a private childcare and be reimbursed
- DCF Babysitting Reimbursement: DCF reimbursement for babysitting when a foster parent needs an occasional babysitter for a child. Foster parents may utilize any babysitter they deem appropriate.

The chart below shows the number of childcare vouchers and contracts over the last 5 years showing an increase in children under 5 being served.

Year	Total Vouchers	Total Contracts	Total Children	Children Under 5 (Vouchers)	Children Under 5 (Contracts)	Total Children Under 5
2020	4741	7406	12147	2671	5126	7797
2021	3938	5719	9657	2343	4072	6415
2022	4748	5880	10628	2960	4357	7317
2023	5852	5576	11428	3378	4168	7546
2024	6190	5962	12152	3828	4258	8086

The Department’s Childcare Work

DCF has an Early Childhood Unit (ECU) which is composed of the Early Childhood Director, Childcare Manager and Regional Childcare Coordinators for each DCF region. We also work closely with each DCF Area Office and the 29 Area Office Childcare Coordinator. In addition to overseeing the placement of children into care, the ECU has been expanding the work and relationships with Early Intervention, Head Start, and internal DCF units such as the Domestic Violence, Disability, and the Homelessness Units.

ECU works very closely with EEC to increase childcare access for DCF-involved children from birth to age five. DCF meets regularly with EEC to highlight ongoing barriers to childcare

placement such as availability, especially for infants and toddlers, as well as the ongoing staffing challenges in early education. DCF provided input on EEC’s newly released procurement of contracted childcare providers. The procurement aims to increase communication between childcare staff and DCF staff and increase support services for families and children including early childhood mental health services.

Permanency Division

The Department’s Permanency Division consists of Adoption, Foster Care (including Comprehensive Foster Care and Recruitment), ICPC, the Kinship Navigator Program and the Adolescent and Young Adult Services units. Adoption and Foster Care collaborate with contracted agencies to continue this work on a larger scale. There is currently a team of Permanency Specialists, who provide support to each region. The work of this division includes working with area offices and other agencies to ensure children ages 0 – 5 are getting to permanency sooner.

The Charts below provide the permanency data for the years 2020-2024.

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2020	2020
Child Returned Home	1036	64.5%
Child Adopted	476	29.6%
Guardianship	71	4.4%
Custody to Other Individual	23	1.4%
Grand Total	1606	100.0%

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2021	2021
Child Returned Home	954	70.8%
Child Adopted	319	23.7%
Guardianship	38	2.8%
Custody to Other Individual	37	2.7%
Grand Total	1348	100.0%

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2022	2022
Child Returned Home	943	60.1%
Child Adopted	529	33.7%
Guardianship	64	4.1%
Custody to Other Individual	32	2.0%
Grand Total	1568	100.0%

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2023	2023
Child Returned Home	580	62.0%
Child Adopted	303	32.4%
Guardianship	45	4.8%
Custody to Other Individual	7	0.7%
Grand Total	935	100.0%

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2024 YTD*	2024 YTD*
Child Returned Home	500	60.2%
Child Adopted	275	32.9%
Guardianship	26	3.1%
Custody to Other Individual	32	3.9%
Grand Total	833	100.0%

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES

Throughout this year, the Massachusetts Department of Children and Families (DCF) has used the funds in the Promoting Safe and Stable Families (PSSF) grant to refine its mission; focusing on service integration and coordination, developing partnerships to meet specific community needs, and addressing primary prevention services and outcomes in community-based child welfare work.

Since the Child and Family Services Plan (CFSP) process began in 1994, there have been five completed cycles; on June 30, 2024, Massachusetts will submit its 5th CFSP covering Federal Fiscal Years 2025-2029. In the next five-year cycle, using PSSF dollars, The Department of Children and Families will identify challenges to improve performance in the safety, permanency and well-being of families. DCF in collaboration with community-based organizations, will focus on enhancing the following areas:

- Safety - Provide services to families and protect children in the home, prevent removal or re-entry into child protective services,
- Permanency - Preserving community connections by referring families to programs that offer parental skill building activities. This will increase family preservation.
- Well-Being - Social workers will continue to take advantage of opportunities to engage in meaningful parent engagement, especially with fathers.

In the 2020-2024 Final Report, the Department provides the final update to the Annual Progress and Services Report (APSR) for the current five-year cycle. The report will summarize the goals for the past five years while emphasizing the strengthening of families' philosophies.

The emphasis on the intersection between data and practice development, rather than solely focusing on prioritizing one over the other, will help streamline practice models that can influence the prevention of child abuse and maltreatment in the future. The overarching goal is to ensure that child safety and the well-being of families are the building blocks to prevent unnecessary engagement of families in child protective services. The Department remains committed to following the plan submitted in the 2020-2024 CFSP. The road map outlined in the plan focuses on strengthening family-centered philosophies and community engagement. The Department of Children and Families (DCF), through the Community and Family Engagement team (CFET), at the beginning of the CFSP reporting cycle, established an interdepartmental service agreement (ISA) with UMass Chan Medical School ForHealth Consulting Division to launch a Consumer Report Management (CRM) database platform.

The University of Massachusetts Chan Medical School (UMass Chan) developed data management, training, and aggregated data. The team then collaborated with DCF to provide technical assistance to the statewide Community Connections Coalitions (CCCs). Implementing the CRM platform will allow for a better understanding of the network development and recommend future practice changes rooted in data. The following are some of the points that this collaboration has brought about:

- Development of CCC Dynamics CRM Database for users to submit Quarterly Reports, Action Plans and Year End Reports
- Backend database work connecting CRM database with reports on submitted quarterly reports, action plans, and year-end reports
- Consultation and design of tableau reports for reporting on quarterly reports, action plans and year end reports.
- Design, set up and rolled out of access controls and site layout for tableau reports for the various sites

- Code developed for report cloning capabilities for quarterly and year-end reports
- Access Cutover of reports and CRM database to Community-Family.org user accounts for single-sign-on.
- Migration of CCC Dynamics CRM to a shared tenant for single sign-on.
- Ongoing support for producing quarterly, year-end, and action plan reports

In the quest to build effective partnership structures that support a comprehensive continuum of family support services, the Department has maximized opportunities for engagement with key community stakeholders, governmental agencies, and parent organizations, enhancing the resources available for parents. DCF has a common goal: to create opportunities for residents' voices to be heard regarding the community's resource needs and to bring possible solutions to the table. The following are partnerships with various entities in both the community-based organizations and state agencies:

- Family Nurturing Center (FNC) – In FFY 2021 in partnership with DCF launched “Birth, Foster & Kin” facilitator training done in Spanish for the first time
- Charter Oak Group (COG) was retained for MA fatherhood collaborative (MFC) strategic planning
- FFY 2022 Better Together and Welcome Baby & Babysitter project was funded with supplement funding (COVID-19 Division X – PSSF funds)
- Federation for Children with Special Needs partnered with DCF to provide Question Persuade & Refer (QPR)
- UMass Chan partners with DCF to initiate data transition to the CRM platform.
- DCF hosted a CCCs focus group to elicit feedback for community partners on matters impacting families in the community they served.
- Revamping of Community Connections orientation in partnership with coalition leadership and community stakeholders
- FFY 2024 UMass creates CCCs report in Tableau (a visual data platform)
- Children's Trust – partnering in providing parent education and fatherhood programming, and is the MA Community-Based Child Abuse Prevention (CBCAP) grant recipient
- Federation for Children with Special Needs- provides educational information and support to families with special needs children
- Police Departments- provide car seat safety education. Parents received a free car seat.
- YOU Inc-provides resources to families and hosted a family day resource fair
- Parent Professional Advocacy League (PPAL)- provides support for families with children who have behavioral health needs.
- Women's Money Matters- empowers women to improve their financial health to create a more secure future for their families and communities.
- Rainbow Connections- provides groups for LGBTQ youth ages 10-13.
- Family Resource Centers- provide resources and information to community families with children 0-18.

Community Based Family Support

The Department uses a community-centered approach to integrate child-protective internal practices and community-based work. DCF agrees that families are best served in communities where effective child welfare practices occur. Community Connections Coalitions organizations and other key partners provide a range of family support activities that are neighborhood-based and implemented by multiple service systems to prevent child abuse and maltreatment.

Strengthening the link between the organizations that provide skill-building programs for families has allowed the Department to facilitate coordination of efforts across communities and provides a bridge to communicate information about the collective needs of families and communities back to DCF.

PHP provides parental support services through our Parent Stress Line and Support Groups. We rely on volunteers to answer calls and facilitate our groups. Our services address protective factors linked to a lower occurrence of child abuse and neglect. All services are free, anonymous, confidential, and accessible. We welcome any person seeking support in caring for a child but focus our outreach efforts on parents who are isolated or afraid to seek help from traditional social service organizations. In FFY 2023, we served 6,534 parents and impacted over 12,678 children.

The Parent Support Group (PSG) program connects parents to other parents, helps them practice new parenting skills, and helps them understand how their feelings impact parenting choices. PHP provides support groups virtually in community settings, including prisons in the Greater Boston area.

The Parent Stress Line (PSL), which CAPTA funding supports, is a confidential helpline for parents 24 hours a day, 365 days a year. It is the only 24-hour helpline in Massachusetts available specifically for parenting issues. Volunteer Counselors use a multifaceted approach to assist callers by providing strengths-based, trauma-informed emotional support, relevant and meaningful resources, and information and referrals. We received 19,647 calls from FFY 2020 and FFY 2023 and anticipate an additional 5000 calls by the end of FFY 2024.

Calls to our Parental Stress Line increased by 40% between 2020 and 2024. During the pandemic, the Line fielded calls from parents affected by the pandemic, including the following: risky behavior of a child, household members not taking social distancing seriously, isolation and lack of support, increased anxiety, homeschooling issues, and exhaustion.

Post-pandemic, we hear from parents and caregivers that they have increased stress, anxiety, and depression with fewer options for immediate, affordable mental health support. Parenting is more challenging in the age of social media with increased online bullying and America's gun violence and addiction epidemic. We anticipate that in 2024-2029, the increasing waitlist for mental health services will put more demand on our stress line and support groups since people can't access these other types of support. Calls to our stress line are increasing in length and severity.

According to Mental Health America, between 2019 and 2020, parent and youth populations were among those who scored the highest declines in mental health disparities. In December 2021, Surgeon General Vivek Murthy issued a rare warning: mental health challenges were leading to “devastating effects” among young people. The suicide rate for young Americans ages 10 to 19 jumped by 40 percent from 2001 to 2019, while emergency room visits for self-harm rose by 88 percent. In February 2022, an Association for Behavioral Health brief reported that the average wait time for ongoing therapy for children and youth in the Commonwealth of Massachusetts was 15.3 weeks. (<https://www.nytimes.com/2023/03/21/health/surgeon-general-adolescents-mental-health.html>)

While parents wait for their children to receive the behavioral health support they deserve, PHP provides free and accessible support to improve the mental health needs of their parents, thereby improving the mental health of their children. PHP staff and volunteers are specifically trained to provide high-quality, trauma-informed services to caregivers from very diverse backgrounds, experiences, and skill sets and are adept at working across differences.

Our challenge continues to be identifying funding sources to maintain staffing levels, implement necessary training, and maintain essential technological support. The additional challenge in implementing our model is training and retaining high-quality volunteers. We attract volunteers who are either entering helping professions or retiring from those professions. They are people who appreciate a volunteer experience that offers continuous learning and meaningful direct service to parents. We anticipate higher turnover with volunteers due to burnout, which is a similar trend in many mental health/helping professions. We need to increase our numbers since we may need two volunteers on the call line at exceptionally high traffic times. It will be important to secure funding to introduce chat/text support to reach a younger demographic of parents resistant to talking on the phone.

Family Preservation

Through a network of partnerships with community programs, The Department of Children and Families continues to use contractual agreements to expand services designed to improve parenting skills. Programs such as Grandparents Raising Grandchildren, Pathways, Infant Safe Haven, Community Connections Coalitions improve child safety and enhance parenting skills.

In FFY 2024, the Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers in Massachusetts. The Commission focused on bringing programming to grandparents and relative caregivers that improved access to services and resources, improved understanding of critical issues impacting their families, and on the health and wellness of the caregiver. Over 300 grandparents participated in twenty different workshops and groups, including discussions with panelists with lived experience, that covered topics such as "How Kinship Care Impacts Family Dynamics" and "The Impact of Trauma on Children and Caregivers." In FFY 2024, the Commission trained over sixty service providers to launch a community-based support group locally for grandparents raising grandchildren. The Commission continued to host monthly meetings with support group facilitators across the Commonwealth. An estimated 100 grandparents participated in virtual support groups facilitated by the Commission in FFY 2024,

therefore maintaining connections and support for caregivers unable to attend a community-based group. Additionally, the Commission offered several opportunities in FFY 2024 for caregivers to engage in health and wellness workshops, both virtually and in-person, to encourage caregivers to practice self-care. The Commission also sponsored 23 supports groups in FFY 2024 to host an intergenerational activity for grandparents and grandchildren to have a day together for fun, respite, and wellness. Over 250 grandparents and grandchildren participated in these intergenerational opportunities.

In June 2024, the Commission will host its 11th Conference for Grandparents Raising Grandchildren. It is anticipated that over 200 grandparents and service providers will attend this event. Workshops will be offered and will cover topics such as “How to Talk with Children about Parental Substance Use” as well as “Connecting with Local Mental Health Services.” There will be 20 resource tables at this event, as well as a Kinship Navigator consultation. The theme for the conference is "Health and Wellness," and attendees will participate in a journaling activity, chair yoga, and guided meditation to practice what they have learned.

The Commission launched its “Grandparents Raising Grandchildren Regional Roundtables” to bring together service providers from across the human services perspective to learn about and share information and resources for grandfamilies regionally. The Commission identified eight regions of need in Massachusetts and has five regions currently engaged in this model: Central, Southeast, West, Boston, and Northeast Regions, with the next two regions scheduled to launch in Fall 2024. These meetings are both in-person and virtual. Each region has had over 40 providers at each meeting. At each roundtable meeting, a few services providers are present, such as Aging Service Access Points and Family Resource Centers. These roundtables have yielded excellent results and opportunities for service providers to learn about new resources to bring to their practice of supporting grandparents and relative caregivers.

The Pathways program has developed a series of workshops to help address the inequities that foster, and kinship families face with special education and successfully reach high school graduation. Children in the foster care system are much more likely to have an (IEP) and are also less likely to graduate from high school in four years. In a foster care placement, the foster parent is expected to handle all educational decision-making but may not be prepared to do this for a foster child with complex needs and trauma.

Pathways has developed a series of five training courses on Special Education. Training Series for Foster, Pre-Adoptive, Adoptive, and Kinship Caregivers and for School Liaisons are located at each Family Resource Center throughout Massachusetts. Each training is available on alternating evenings and daytimes to accommodate family members and FRC staff.

Each workshop lasts for approximately 2 hours. Participants can ask questions, receive resource sheets on each topic, and contact the Pathways Manager for ongoing support needs. Topics include Basic Rights: Evaluation and Eligibility, Understanding the IEP, Transition for Students ages 14-22, Discipline, Suspension and Alternatives to Suspension, and Childhood Trauma and the Impact on Education. However, with the implementation of the New IEP in all Massachusetts schools starting in the Fall 2024, training on the New IEP and associated forms will be a top

priority. In the previous year's training series, the workshops below received very positive reviews from foster and adoptive parents and from the professionals who attended:

(1) Reunifying Parent Training in Special Education

The same presentations in part 1 are e again available for Parents and Parents with open DCF cases who want to learn more about Special Education. The goals are to assist parents in understanding their child's special needs and how to advocate for their child.

The DCF Educational Policy (January 2022) prioritizes involvement of a child's family in their educational decision making as much as possible. However, some parents with an open case with DCF may need help in understanding the special education process and engaging with the school. Therefore, the same series of workshops described in (2) for fostering and kinship is available. All presentations are prepared, including modifications for the audience of reunifying parents.

(2) Question, Persuade, Refer (QPR) Suicide Prevention Training

The Family Advisory Committee to DCF (FAC) chose to administer the grant application and the QPR training internally, without assistance from the Federation, in 2022-23. When it became clear that the funding needed to be administered through a fiscal partner, the FAC declined to pursue the project, and no QPR training was done in 2022-23.

The Federation remains committed to QPR training and we can resume them in the future should there be interest, either in conjunction with the FAC or independently. The Federation is a training-focused organization with available QPR trainers, and experience in recruiting, administering, and delivering QPR workshops.

Family Reunification

Family reunification services are geared to support community activities that facilitate the reunification of a child placed outside of the primary care home. The services described below align with DCF's ongoing efforts to reunify children with their parents when it is safe and appropriate. Nurturing programs allow fathers to engage in curriculum-driven groups and peer-to-peer support groups for parents and primary caregivers. Other programs such as Parenting While Black, Parenting in America and Parenting LGBTQ Children explore ways families develop skills to help children grow in a supportive and safe environment. DCF used money from PSSF to purchase programs offered through the Nurturing Center.

The Family Nurturing Center continues to be the leading program in providing nurturing programs and supporting ongoing Nurturing Parenting® Programs for Fathers and Families throughout the state. Several DCF Area Offices have praised the Nurturing Parenting® Program for Families, remarking that the inclusion of children in placement participating with their birth families has been very impactful in planning for reunification. Additionally, other state agencies and providers have continued to inquire about and discuss the implementation of new Nurturing Parenting® Programs or expanding existing programs. Based on that interest, FNC has updated and redesigned several of our flagship 3-Day trainings (i.e., Nurturing Families Facilitator (in

English and Spanish), 3-Day Nurturing Fathers' Facilitator (in English and Spanish), 3-Day Nurturing Parenting® Programs with African American Families™ Supplement, etc.).

Sue Parker, Maxine Hall, Heather Bialecki-Canning, Hailey MacDonald, and Paul Melville (all recognized by Family Development Resources as National Trainer/Consultants in Nurturing Parenting® Programs) continue to support Family Resource Centers in implementing the Adult Adolescent Parenting Inventory (AAPI 2.5) across the state and to address issues of program fidelity. John O'Neil, Paul Melville and LaWaun Curry (all Master Trainer/Consultants recognized by Mark Perlman's Center for Growth and Development) have continued to work with Mark Perlman and the Nurturing Father Program national staff in the ongoing rollout of Edition 2 (newly available in Spanish).

In FFY 2024, FNC:

- Delivered five (5) trainings for Family Resource Center staff on Implementation and interpretation of the AAPI 2.5 for Family Resource Center staff
- Continued to work with Boston Region Area Directors to build interest and capacity in the Nurturing Parenting® Programs for fathers and families; provided eleven (11) Nurturing Parenting® Programs for the Boston Regional Office (seven in-person and four virtual). Nurturing Families Programs were offered in English, Spanish, and Cape Verde Creole, and Nurturing Fathers' Programs were offered in Spanish, English, and Haitian Creole
- Redoubled efforts and programming related to Diversity, Equity, and Inclusion (DEI); to help providers better support BIPOC, LGBTQ+, and Special Education connected families, including a more trauma-informed redesign of our three-day facilitator training in Bettie Edwards Murchison's Nurturing Parenting® Programs with African American Families™ curriculum supplement which we provided in-person.
- Planned and convened two statewide Family Engagement Leadership Team (FELT) meetings for area office FELTs and others from across the state.
- Delivered an additional twenty-four (24) training workshops to non-DCF clients throughout the state (i.e., Boston Public Schools, Department of Youth Services, Jamaica Plain Neighborhood Development Corporation, etc.)

FNC is the only approved Training and Technical Assistance Center for Nurturing Parenting® Programs in the Commonwealth of Massachusetts. Throughout this fiscal year, FNC has continued to build capacity by working closely with the Central Office and Regional Community Support Managers to identify the program needs of area offices throughout the state.

FNC made a deliberate effort to increase our language capacity to meet the needs of families in Boston neighborhoods. FNC offered twenty-one Nurturing Parenting® Programs and other Parent Education Programs: thirteen Nurturing Fathers' Programs (offered in English, Spanish, and Haitian Creole), seven Nurturing Parenting® Programs for Families (offered in English, Spanish and Cape Verdean Creole), and three Breakthrough Parenting Programs, in the Boston Area. Eleven of these programs were offered in collaboration with DCF Area Offices and four

were offered to parents who are incarcerated in collaboration with the Suffolk County Sheriff's Department. Two of the in-person Spanish-language programs for families were offered in conjunction with local neighborhood development corporations. FNC continues to work closely with DCF, UMass, Community Connections Coalitions, Family Resource Center leadership, and Boston Public Schools to strengthen existing Nurturing Parenting® Programs and to develop new programs throughout the Commonwealth.

FNC has supported numerous Regional and Area Offices in myriad ways. Demand for Nurturing Parenting® Programs for Families and for Fathers in the Boston Region and throughout the state has remained high. FNC has helped FRCs, Community Connections Coalitions, and DCF Area offices implement programs, return virtual programs to in-person, and has accepted referrals into its programs from nearly every county in the Commonwealth. Some of the Area Offices for which it has been most supportive include Worcester, Springfield, Haverhill, Framingham, Plymouth, Coastal, Salem, Harbor (Chelsea) and Cape Cod and Islands.

Throughout FFY 2024, FNC has worked to strengthen and support existing Fatherhood Engagement Leadership Teams (FELTs) and helped to expand them throughout the Commonwealth. To facilitate this goal, FNC has reinvigorated its quarterly statewide FELT meetings (average meeting attendance this fiscal year has been forty-six professionals).

By agreement, FNC offered ten training courses for DCF social workers, Community Connections Coalition staff and those partnering with them. FNC expanded language capacity to strengthen our focus on DEI (Diversity, Equity, and Inclusion) in training and we maintained last year's training ratio of twenty percent (20%) in-person / eighty percent (80%) virtual. FNC provided five three-day Nurturing Family Program Facilitator Trainings (three in English and two in Spanish), three Nurturing Fathers' Program Facilitator Trainings (two in English and one in Spanish), one Birth/Foster/Kinship Program Facilitator Training, and one Nurturing Parenting® Programs with African American Families™ Facilitator Training.

FNC's Fathering Ambassadors Program ramped up this year. For the first time post-pandemic, half of this year's fourteen Ambassador presentations were in-person. Every Region of the state received at least one Ambassador presentation, and many received several. Four of the Ambassadors presented to a plenary session of 400+ people at the New England Fathering Conference in Newport, Rhode Island. Ambassadors continue to participate in FNC's *Fathers Helping Fathers* after-care program and to weigh in on the *Fathers Helping Fathers* virtual support community (an email list that regularly provides resources and connections to a growing group of Nurturing Fathers' Program graduates).

FNC continues to develop data analysis and outcome measurement strategies to support program implementation. In addition to FNC's training in the implementation and Interpretation of the Adult Adolescent Parenting Inventory (AAPI 2.5), FNC of Mass is also the first of twenty nationwide sites to begin piloting the AAPI 3.0. This year-long endeavor will utilize anonymous

administrations with families, staff, and trainees from around the state to update the instrument and help ensure meaningful outcomes for the foreseeable future.

FNC has provided technical assistance and consultation, related to fidelity of Nurturing Programs, to numerous entities throughout the Commonwealth. Individual and group consultation has been provided. FNC offered six monthly “Technical Support” hours this fiscal year, which numerous FRCs participated in.

FNC expanded training for the Birth/Foster/Kinship Program, the Parent and Teen Program, the Nurturing Skills model, the Facilitation of Adult Groups, and the Facilitation of Children’s Groups. FNC now provides consultation in the delivery of all these programs as requested.

FNC has continued to work with the Family Resource Centers throughout the state as part of our contract with DCF to assist them in obtaining curriculum materials for all versions of the Nurturing Parenting® Programs. FNC provided consultation to each FRC to help determine which version of the program best met the needs of their families. FNC submitted the request to DCF and, with funding approval, placed an order for appropriate curriculum material. FNC then invoiced DCF the cost of the materials minus a 10% discount.

In FFY 2024, the Department placed eighteen orders for 12 different FRCs. These included 18 degrees in Pittsfield, New Bedford, and North Adams, The Bridge in Amherst, Valuing Our Children in Athol and Plymouth, Elliot CHS in Everett, Cape Cod, Nantucket and Brockton, and the Home in Boston, and Salem.

Our five National Trainer/ Consultants have worked closely with Family Development Resources and the National Family Nurturing Center in virtual meetings throughout the year, including presenting a nationwide workshop on working with Latinx Families. Three members of FNC’s training team (two of them bilingual) have recently been recognized as Organizational Trainers (a required step towards National T/C recognition).

As in recent years, FNC has maintained and strengthened the Statewide Nurturing Network by planning, hosting, sponsoring, and collaborating on various local, statewide, and regional events for Nurturers and other family support professionals. This year’s events included an in-person Nurturing Fathers’ Institute in Boston (with a focus on Diversity, Equity, and Inclusion as well as highlighting the science behind fathering and neuroplasticity), the New England Fathering Conference in Newport, Rhode Island (FNC delivered four very popular and positively reviewed workshops to over 200 people, provided four Dad Story/Ambassador presentations to 400+ attendees, and had a significant presence in the entirety of the conference), and several Regional Fathers and Family Network events, many with a focus on gender and/or DEI work.

Adoption Promotion

Recognizing that DCF and community partners share a common interest in reducing the rates of child maltreatment and in the promotion of family support principles to further the health and

well-being of families. Community Connections, PATCH, and other community programs funding is used to develop appropriate community services and resources that support families who have adopted children through DCF and probate court.

Planning and Service Coordination

The Department of Children and Families and community partners hope to build on the lessons learned this fiscal year and broaden community outreach to highlight parental strengths. It is critical that families clearly understand where resources are to safely provide support to their children in a landscape that is continuously shifting, at times, seemingly daily. Community child welfare services through the efforts of the DCF, Community Support Managers remain a critical resource in the delivery of meaningful support to communities. The partnership that developed with the Department of Public Health increased the capacity of substance abuse programs to provide access for community families, grandparents and foster parents who otherwise would have been unknown to them.

Massachusetts, like the rest of the country, continues to address an increase in the demand for services for families who have recently arrived in the country. In FFY 2024, DCF, through collaborative efforts with local communities, promoted a comprehensive continuum of family support that strengthened families by:

- Identifying evidence-based and evidence-informed parent education curricula
- Identify resource materials that can be made accessible in multiple languages
- Developed constructive and collaborative working relations with nontraditional programs that support family engagement
- Effectively linked families to programs that specialized in services for families who experience trauma

Final Spending Report for FFY 2022 Funds

In FFY 2022, PSSF dollars were projected to be used for supporting culturally competent, family-centered, and community-focused practices that increased and promoted prevention. The Community Connections strategic approach relies on opportunities where child welfare and community interests intersect and provides DCF with an opportunity to participate in community-wide involvement and action-driven dialogue. Aligning the strategic priorities of the Department with its network of contracted services enhances and improves community-based child welfare practices.

The deliberate partnership between child welfare practices and community-based organizations (Community Connections Coalitions) has evolved over time to address societal priorities that impact the lives of children involved with the Department. The over-arching goal is to create a social network support system that has its basis in protective factors research outcomes.

Massachusetts, along with the rest of the country, continues to deal with the ongoing impact of the opioid crisis, social unrest, and a health pandemic. Coalitions remain a key ally in providing resources, information, and referrals to organizations that provide needed resources to families. It is anticipated that families will continue to struggle with housing, food, and other basic needs.

The final percentage breakdown of spending PSSF dollars is family support 38%, family preservation 22%, adoption promotion 15%, family reunification 9%, and planning/other services 16%. The rationale for not arriving at 20% in each of the categories is a derivative of prioritizing dollars to address shifting community needs.

DCF's rationale for not achieving 20% in each category is that 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*. In addition, DCF spends significant state funds in support of the program. In SFY20, the State had annual expenditures of more than \$74 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel costs in these programmatic areas. This total includes over \$1.9 million in State funds targeted for time-limited reunification services, \$3.5 million in adoption services, and over \$24 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

Title IV-B, Rationale for FFY2025 Request

As described in the 2024-2029 Child and Family Services Plan (CFSP), Massachusetts invests a significant portion of these grant funds to support community programs in high-risk neighborhoods across the Commonwealth. These programs will continue to address an array of needs presented by families identified as potential for involvement with child welfare services.

DCF project spending PSSF dollars in the following way: approximately 38% on family support, 22% on family preservation, 15% on adoption promotion, 9% on family reunification, 8% on administration, and 8% on planning/other services based on actual FFY22 program reporting.

DCF's rationale for not achieving 20% in each category is that the vast majority of the PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more services categories. In addition, DCF spends significant state funds in support of the program. In SFY22, the state had annual expenditures of more than 96 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel cost in these programmatic areas. This total includes over 1.6 million in State funds targeted for time – limited services and over 33.7 million of State Funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time – limited reunification services with the level of Title IV-B funds proposed.

POPULATIONS 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. Families Who Are Unhoused
5. Children/Parents with Disabilities
6. Youth Transitioning from Foster Care

Each of these populations is a focus of the Department's quality improvement efforts during Initial Placement Reviews (improved process rolled out in all 29 Area Offices between 2019 and 2021), permanency planning conferences, Area Clinical Reviews, and Central Office Incident Notification (COIN) Review Team, an interdisciplinary team that meets weekly to review critical incidents. COIN Team and Quality Improvement Leadership are examining trends among COIN cases, which will lead to increased understanding of the cases resulting in critical incidents. In addition, the Department has developed a Permanency Tool for Managers, which has been rolled out statewide. This tool helps to focus attention on critical thinking and high-quality case practice as a foundation for permanency decision-making and planning.

Youth Who Are Vulnerable to Human Trafficking

The Department continues to partner with My Life My Choice (MLMC) and the Suffolk County Support to End Exploitation Now (SEEN) after the conclusion of a federal five-year grant (concluding on 9/30/19) to address human trafficking in our child welfare system. This grant also focused on the vulnerabilities of the LGBTQIA+ and transgender populations within DCF through training and support to DCF staff, placement providers and the community. County-based multidisciplinary teams across the state are increasing their understanding of human trafficking and the unique risks that our LGBTQIA+ and transgender youth experience. Additional funding from the state legislature has allowed DCF to offer additional training to ensure that staff identify these youths and respond appropriately. The COIN Team pays particular attention to any incidents in which there are allegations of human trafficking and those in which youth are at risk of being trafficked.

In 2018, Multidisciplinary teams (MDTs) were established within each Children's Advocacy Center (CAC). These MDTs continue to address issues of Human Trafficking with a core partnership consisting of the CAC MDT Coordinator, DCF and the county District Attorney. The CAC Coordinator manages the state's mandatory MDT response to allegations of human trafficking received by DCF.

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective, and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs, and the community at large to raise awareness of this aspect of human trafficking. A training video, [A Foster Parent's Guide](#)

to Human Trafficking with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall 2017. The training video and Support Guide link are available on FosterMA Connect, the Department's web portal for foster parents. It is also posted for staff on the Department's Intranet page on Human Trafficking. Additional training has been provided to DCF staff and providers: Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, and training that incorporated the video production entitled Body and Sold with a panel discussion conducted for DCF staff and the community. The partnership between DCF management and their respective CACs has established a core group of dedicated specialists throughout the state to sustain attention and support the work related to human trafficking.

In FFY 2024, CWI hosted two 6-hour trainings concerning human trafficking, which were originally offered in 2022. The Informed Conversation: "Improving Skills to Engage Kin/Foster Parents in Supporting Youth Impacted by Human Trafficking," and "The Commercial Sexual Exploitation of Children: Understanding Victims and the Role of Child Protection Services." In addition, a module concerning human trafficking and sexual exploitation has been added to the curriculum for new social workers, attended during the first month of employment. In addition, in April 2024, CWI presented a five-hour training, "Family Controlled Commercial Sexual Exploitation of Children," as well as a capsule version of the training at the Statewide Managers' Meeting.

This training will help DCF staff identify and assess concerns in the area of Family Controlled Commercial Sexual Exploitation of Children. Assessing this area of child abuse requires a greater understanding of CSEC so that professionals are mindful of how their good intentions may ultimately create greater risks for the youth. Participation in this training will strengthen the team approach that has been established to respond to all allegations of CSEC

Infants and Children of Substance Involved Parents

Parental substance misuse continues to be a significant risk factor resulting in the maltreatment of children. Nationally and within Massachusetts, the opioid crisis continues to challenge communities and families due to parental overdoses, the birth of substance-exposed newborns/neonatal abstinence syndrome, and abuse and neglect. During weekly COIN (Central Office Incident Notification) Review Team meetings, as many as a third of the cases for review may involve fatal overdoses or drug-related incidents of parents or other caregivers. Overdoses and fatalities increased during the pandemic by one-third. In response, the COIN Team recommends Area Clinical Review Team meetings that include substance abuse specialists, as appropriate.

An AILT Practice Team subgroup is focusing on children 0-5 whose parents misuse substances. The group has reviewed COIN cases and trends, is exploring national models and tools, and has developed a tool to assist social workers in focusing on observable change to improve DCF's practice with this vulnerable population. The Tool has been rolled-out and enthusiastically received by staff.

DCF has continued to collaborate with statewide task forces, and initiatives focused on parental substance misuse and the impact it has on children. DCF primarily partners with the Institute of

Health and Recovery in the Worcester County Family Recovery Project. There also continues to be strong collaboration between DCF and the Massachusetts Department of Public Health (DPH) to address the needs of families impacted by opioids. It includes the expansion of home-based services to address parental substance misuse and trauma, partnering on federal grants, improving access to resources and communication between systems, operating a statewide system for Plans of Safe Care for substance-exposed newborns, identifying the needs of substance-exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF is also committed to providing specialized support for frontline social work practice by increasing the capacity of its statewide Substance Use Unit. In 2017, staff increased from five to ten regional Substance Use Coordinators plus a central office Director. These regional coordinators provide case consultation to DCF social workers and work with community resources to improve access and communication. DCF Child Welfare Institute and the Substance Abuse Coordinators also provide a robust training calendar related to drug and alcohol issues along with other training that address how these issues co-occur with domestic violence, mental health and trauma. The following e-learning topics are available to all staff on the Intranet: “The Brain Science of Addiction,” “Recovery and Relapse,” and “Addiction as a Family Disease.” Regularly scheduled in-person trainings include: “Addressing Parental Substance Use in Child Welfare,” and “Collateral Contacts with Substance Use Providers: How to get the most from these collaterals.”

During the COVID-19 pandemic, the Department provided staff with current information about telehealth resources available for Substance Use treatment and intervention, including individual and group options. The Department is acutely aware of the increased stress that the pandemic and consequential job losses, school closures, reduction in the availability of childcare, and increased food insecurity have placed on children and families served by DCF.

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

DCF utilizes specialty units focused on all three areas in various ways. The Mental Health Specialists Unit includes one specialist for the five DCF statewide regions and a Director of Mental Health at the Central Office. They provide overall coordination of the regional mental health services utilized by DCF families with a focus on assisting staff in accessing the appropriate and timely treatment and disposition planning needs of the children placed in acute care settings. They additionally provide consultation to DCF staff in ongoing and emergent cases involving trauma and/or mental health concerns advancing trauma-informed practice and understanding the impact trauma can have on children who have experienced abuse/neglect as well as on adult caregivers’ ability to care for their children safely.

Domestic violence continues to be a significant risk factor for children and their non-offending parents, both within child welfare and in communities. The DCF Statewide Domestic Violence Unit includes a director, two supervisors, and nine Domestic Violence Specialists placed regionally. This team provides consultation on dangerous and complicated cases involving domestic violence and trauma to assist staff in identifying risk and safety factors, assessing

parental capacities, making recommendations, and assisting in developing action plans to increase the safety, permanency, and well-being of children. They also participate as members of regional clinical teams and provide training in the DCF area offices they cover. They work directly with the area and regional offices to think strategically about capacity building for staff. These activities inform a statewide perspective for developing practice enhancements and training needs of DCF social workers in this area.

In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Offices and local domestic violence programs.

In 2018, DCF was selected as one of three sites across the country to participate in a groundbreaking project funded by the U.S. Children’s Bureau. The project is testing an approach to improving outcomes for children and families involved in the child welfare system who are experiencing domestic violence. Through the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), is working with the Haverhill, Lawrence, Lowell, and Malden/Metro North Area DCF Offices and their community partners. MA DCF and these offices were selected due to a long-standing commitment to addressing this complex area of practice and community partners’ strong commitment and existing capacity. The capacity building and research project, which continued through 2021, addressed the following questions:

1. Does a collaborative Adult & Child Survivor-Centered Approach—that includes safely engaging and establishing accountability of the domestic violence offender—improve adult and child survivor safety, child permanency, and child and family well-being for child welfare involved families experiencing domestic violence?
2. For which families, and in which social contexts, does an Adult & Child Survivor-Centered Approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an Adult & Child Survivor-Centered Approach?
4. What are the costs associated with the implementation and maintenance of an Adult & Child Survivor-Centered Approach, and how do these compare to the costs of “practice as usual”?

The Research and Capacity Building Project worked with the QIC-DVCW through September 2021 to test collaborative interventions that included two inter-connected components of an Adult & Child Survivor-Centered Approach:

- Practitioners use an evidence-informed domestic violence risk and protective factors framework to deepen their understanding of the varied experiences and needs of adult and child survivors, and to co-create individualized plans for helping them.
- More consistent and effective engagement of domestic violence offenders to establish accountability and create pathways for positive change to reduce or eliminate their use of violence and coercion with their partners and harm to their families.

In all policy development, DCF clinical specialty units (domestic violence, substance use, and mental/behavioral health) have helped frontline social workers and supervisors incorporate clinical thinking and practice guidance related to these vulnerable populations. DCF's revised policies on Protective Intake and Family Assessment and Action Planning (FAAP) include guidance related to parental and adolescent substance misuse. Staff from all three clinical specialty units also develop and deliver integrated trainings that addresses these topic areas through a trauma-informed practice lens.

The Directors of Mental Health, Substance Misuse Unit, and Domestic Violence are key members of the Department's Central Office Incident Notification (COIN) Review Team, which meets weekly to review critical incident reports, advise Area Offices concerning COIN report content and critical thinking, and make recommendations for practice improvement and policy/procedure enhancement, and ensure that consultations with Specialists occur as recommended.

In addition, each of the Directors consulted with the team that revised the Massachusetts Approach to Partnerships in Parenting (MAPP) curriculum to ensure prospective foster and adoptive parents have the information they need about these specialties and services during their introductory training.

In 2019, the DCF After-hours Hotline Contract was re-procured, with three separately staffed service areas including intake/investigation, missing or absent children, and other after-hours support for staff. With new after-hours support for staff and for missing or absent children, the contract program offers improved services to our most vulnerable populations and is staffed appropriately to offer urgent responses to critical situations.

Over the last several years, the Department and the Hotline have seen an increase in the proportion of calls coming in after hours. To address this and ensure timely responses to all calls, the Department has worked successfully with the Hotline providing additional staff and financial support to address caseload growth and post-pandemic workforce challenges.

Families Who Are Unhoused

DCF continues to expand our portfolio of services offered to families with issues of child maltreatment who are experiencing housing insecurity and episodic homelessness. The three-primary means of supporting families with housing insecurity are:

- Housing Stabilization Unit case consultation services
- Strong interagency collaboration with the Executive Office of Housing and Livable Communities (formerly Department of Housing and Community Development, DHCD)
- Collecting and evaluating housing specific data

Massachusetts is experiencing an influx of immigrant and refugee families dealing with housing instability/homelessness in addition to the enormous challenges that come with their immigrant or refugee status. DCF is working collaboratively with the Executive Office of Health and

Human Services, the Office of Refugees and Immigrants, EOHLC, DCF's Family Resource Centers, MassHealth, the Department of Public Health, Department of Education, local housing authorities, hospitals and other community organizations to meet these emergent needs including shelter, health and mental health supports.

Each DCF region has an assigned Housing Stabilization Unit specialist. To raise awareness and increase the social workers' capacity to respond to families struggling with housing-related needs, the Unit collaborated with state partners and the Child Welfare Institute to develop housing specific curricula for the Department's field staff. Housing and economic self-sufficiency information is also available to staff through DCF's Housing Services Unit Intranet page. These ongoing efforts include training related to financial self-sufficiency, approaches to servicing unaccompanied homeless youth, and supporting families placed in state-funded shelters.

Additionally, a Memorandum of Understanding between the Department and EOHLC was re-established in January 2015 to support the transition of children from foster care to reunification with parents in the state's shelter system. An expanded data collection effort assessed the number of children reunified through the collaboration EOHLC and the success of families housed through the expanded Family Unification Program. This data allows the Department to better assess the service delivery needs of families facing poverty and housing insecurity.

During the pandemic, the Housing Stabilization Unit increased its focus on providing access to safe housing that minimized exposure to COVID-19.

Children/Parents with Disabilities

The Department has continued strengthening its efforts to serve children and parents with disabilities. A key goal of the Department's Diversity Plan is to increase DCF's capacity to provide culturally responsive care and services to the Deaf and Hard of Hearing, persons with limited English proficiency, and persons with disabilities. The Department's Statewide Disabilities Coordinator leads the implementation work, with support from the Department's Director of Disabilities Services and many staff members. The strategies used to achieve this goal are:

- Implemented the Memorandum of Understanding (MOU) between DCF and the MA Commission for the Deaf and Hard of Hearing (MCDHH) that creates a system for:
 - working collaboratively to serve children, youth, and families involved with both agencies;
 - providing reasonable accommodations as appropriate for families involved with DCF;
 - sharing information needed to implement reasonable accommodations; and
 - providing on-going training for DCF and MCDHH staff on each agency's practices and policies and the needs of families served by each agency.
- The Department updated our Protective Intake, Family Assessment and Action Planning, Permanency Planning, and Family Resource policies to reflect improvements to our work with children, parents, and caregivers with disabilities. The updated policies are posted on the Intranet [here](#) and on our public-facing [Mass.gov/DCF](#) page. The Department developed new guidelines for considerations when planning reunification of children with disabilities.

- The Department hired a new Director of Disability Services and a team of disability specialists to provide specialized case consultation for DCF staff.
- New DCF Disability Policy and required training for all staff.
- Completed review of all trainings available for DCF staff regarding children with disabilities; added new topics related to children with autism and autistic spectrum disorders.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Implementing newly reprocured interpretation and language access line services, effective July 2022.
- The Child Welfare Institute, DCF's training unit, provides numerous onboarding, ongoing, and professional development opportunities. Additionally, the Diversity Officer provides diversity, anti-discrimination, sexual harassment, and ADA training, both on a voluntary and remedial basis, to Area Offices and staff throughout the state and throughout the year. Partnerships with other agencies including Department of Mental Health, Commission for the Deaf and Hard of Hearing, Commission for the Blind, MA Office on Disability, and Office of the Child Advocate.

Youth Transitioning from Foster Care (See the Chafee Section for detailed information about services provided to this at-risk population.

DCF understands the challenges and risks facing transition-age youth/young adults and has developed an array of services to help prepare them with the skills and supports to successfully manage the struggles of adulthood. The challenges were exacerbated by the pandemic, resulting in an increased need for financial assistance and clinical support for youth and young adults leaving care. Using stakeholders' input, the agency has focused state and federal-funded programming on assisting youth and young adults to build strong foundations for success to help youth achieve legal and relational permanency, safety, and the many facets of well-being. Key goals for DCF youth include educational achievement and life skill attainment with permanent connections to family and/or other caring enduring relationships. DCF services for youth transitioning from care include foster care, congregate care, and aftercare.

The Adolescent Outreach Program's strength-based approach provides intensive, individualized life skill assessment and training to transition-age youth/young adults from across the state to assist them in developing necessary skills and support them in achieving their potential. Youth and young adults are encouraged to practice newly acquired skills and use problem-solving techniques within a safety net of adult supervision and support. Using these skills and techniques allows youth to make decisions, achieve goals, and sometimes make mistakes and experience failure. Supporting youth through these good and bad times is the key to building resilience and realizing successful transitions.

DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition-age youth to support their success. Pre-service and ongoing training for DCF staff, foster parents and providers re-reinforce these principles. Technical assistance is provided to area office staff and contracted providers to strengthen understanding and practice of the policy. DCF continues to serve children through its outreach and aftercare programs. DCF is conducting a data review project to examine the permanency goals of an identified transition-age

youth cohort in out-of-home placement. The goal of this review is to assess the impact of services and programming on the well-being and permanency of these youth.

With the onset of the COVID-19 pandemic, the Department increased its outreach to this vulnerable population to ensure that youth and young adults are aware of the services available to them, that they have access to emotional supports and connections, and that they are in safe living situations if possible. Youth who left care were contacted to offer them services, support, and financial assistance during this very challenging time. Youth and young adults in their care were offered additional financial assistance.

The AILT Permanency Team has prioritized serving adolescents at risk of leaving the Department's care without permanent resources and/or lifelong connections. The recent addition of a Manager of Permanency Services and a team of Permanency Specialists has enabled the Department to increase the availability of Permanency Roundtables, with the goal of decreasing the number of youths with APPLA goals and increasing the permanency resources for this population. To date, 15 Area Offices have been trained to conduct Permanency Roundtables and have active PRT Teams.

In addition, an AILT Practice Subgroup is addressing the needs of non-688 youth (youth who are not identified as eligible for continued educational services due to special needs), as they approach young adulthood, with the goals of:

- Increasing graduation rates for children in DCF custody
- Developing guidance for developing Family Assessment and Action Plans geared toward drop-out prevention and re-engagement; and
- Identifying young adults within 90 days of discharge and timely provision of enhanced support to keep them engaged with the Department, as appropriate.

In addition, Education Specialists work closely with the Department of Elementary and Secondary Education (DESE) to identify youth in the care of DCF who are at risk of not graduating from high school. This new initiative assists workers in intervening appropriately.

KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)

The Massachusetts Kinship Navigator Program (MA KNP) has actively utilized Title IV-B, subpart 2 federal grant funding since 2019. During FFY 2020-2024, DCF developed and implemented MA KNP throughout the Commonwealth. The goal of the program is to increase stability and permanency for kinship families through advocacy and coordination of support services for kinship caregivers. The program proactively assists kinship caregivers in learning about and accessing services to meet their individual needs and that of the children they are raising. We strive to strengthen partnerships among public and private agencies to ensure kinship caregivers and their families receive support and achieve stability.

Target Population

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

- Kinship foster and guardianship parents caring for children involved with DCF, and 3rd party Kinship Caregivers via Juvenile Court.
- Kinship caregivers involved with probate and family court (e.g., caregivers aiming to get guardianship or caregivers who have temporary or permanent custody of their relative's children).
- Kinship caregivers with informal caregiver arrangements, and caregiver affidavit Kinship arrangements mostly comprise grandparents, aunts and uncles, and other family members caring for relative children.

Mission and Program Structure

As the recipient of Title IV-B, Subpart 2 Kinship Navigator Funding, The Department of Children and Families (DCF) continues to be committed to the development, enhancement, and sustainability of the MA KNP. In April of 2019, DCF situated The MA KNP within DCF's Central Office Permanency Division alongside the Foster Care Support, Adoption, Adolescent Support Services, and Interstate Compact on the Placement of Children (ICPC). The Assistant Commissioner of Permanency oversees all the Permanency Division units and is managed by the Director of Foster Care Support Services. The Permanency Division is positioned under the DCF Central Office which also supports five regional offices and 29 areas offices across Massachusetts.

Budget and Staffing

The MA KNP will continue to use Kinship Navigator Title IV-B, subpart 2 funds for 2 full time employees (FTEs) for FFY 2024. DCF will be allocating state funding to support the addition of 2 FTEs. The KNP team FFY 21 consists of the following positions:

- Program Manager (1.0 FTE):
- Program Coordinator (1.0 FTE):
- Program Liaison (2.0 FTE)

The MA KNP manager was hired in April 2019 as the first employee. In September 2019 the second employee was added in the role of program coordinator. As the program developed our capacity expanded to a third employee in the role of program liaison.in May 2022. In October 2022, the program coordinator's title changed to program liaison which left the program coordinator position open. MA KNP was able to fill the program coordinator position in May2023. From May of 2023 to this present date the MA KNP has been fully staffed. Available Spoken Languages: Haitian Creole, Spanish, Portuguese, and English

FFY 2023 Final Budget Expenditures

**MA Department of Children and Families
FFY23 Kinship Navigator Program**

Obj Class	Description	Final Expenditures
AA	Program Manager (1.0 FTE) Federal Funding	\$ 111,420.00
AA	Program Coordinator (1.0 FTE) Federal Funding	\$ 45,580.06
AA	Program Liaison (2.0 FTE) State Funding	\$ 138,000.00
AA	Total	\$ 295,000
BB	Employee Rimbursement (Travel/ Conferences/Other Reimb.)	\$ 654
BB	Total	\$ 654
CC	Contracted Employee	\$ 2,100
CC	Total	\$ 2,100
DD	DD Fringe Benefits @ 41.35%	\$ 49,557
DD	DD Fringe Benefits @ 1.85% (Kinship AA Costs - State)	\$ 2,553
DD	Total	\$ 52,110
EE	Indirect Cost	\$ 21,645
EE	Total	\$ 21,645
KINSHIP PROGRAM COST		\$ 371,510
Total Federal Available		\$ 230,957
Total State Funds Available		\$ 140,553

Promotional and Marketing Materials

The MA KNP has developed materials made specifically to inform and assist caregivers in accessing services. The MA KNP distribute our promotional and marketing materials to our community and state partners such by:

- February 2023: Massachusetts Kinship Navigator Program Introduction and Training Video for Kinship Caregivers (English and Spanish Subtitles)
- February 2023: Massachusetts Kinship Navigator Program Introduction and Training Video for DCF Staff
- September of 2019-2020: Massachusetts Kinship Navigator Program brochure (English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, and Traditional Chinese) <https://www.mass.gov/lists/kinship-navigator-brochures-6-languages>
- January 2020-Present: Probate and Family Court Collaboration Project: Barnstable, Bristol, Essex, Worcester, Norfolk, and Suffolk Counties

- 2023-present: Court Service Centers Collaboration Project: Boston, Springfield, Worcester, Lawrence, Brockton, Lowell and, 1 virtual location
 - Caregiver Custody Guide (Developed in Partnership with CIP) <https://www.mass.gov/custody-guide-for-child-caregivers>
 - Introduction Letter (English, Spanish, Portuguese)
 - Guardianship of Minor reminder slip (attached to each Guardianship of Minor application)
 - Permission to Contact Form (English, Spanish, Portuguese)
 - Guardianship VS Adoption (Developed in Partnership with CIP, English, Chinese and Haitian <https://www.mass.gov/guides/guardianship-and-adoption-what-are-the-differences>)
 - One page comparison of available resources depending on the type of caregiver (English, Spanish, and Portuguese)
- 2020-present: MA KNP Website www.mass.gov/kinship-navigator
- September 2019: A toll-free number 1-884-924-4KIN (4546)
- January 2024-present: MA KNP Live Zoom Link: <https://www.mass.gov/kinship-navigator>

Collaboration with Stakeholders

Since the inception of the MA KNP in 2019, the program has been dedicated to building structured collaborative relationships that will increase kinship caregivers' engagement and opportunities to receive inclusive access to services, as well as enhance awareness and broaden our reach to kinship caregivers across Massachusetts. As part of our collaboration, the MA KNP provides individualized training to the agency/organization leadership and staff in-person and virtually. Our training sessions offer an overview of the program, how we assess a caregiver's needs, our referral process and how MA KNP can partner with the stakeholder to expand the network of services. Training is followed up with essential materials for providers and for kinship caregivers' distribution and information purposes. Our Program Manager and Coordinator maintain relationships with our stakeholders through quarterly meetings and roundtables.

The MA KNP has built the following collaborative relationships:

- 2019-present: Commission on the Status of Grandparents Raising Grandchildren (Regional Roundtables with Community and State Agencies)
- 2020-present: Community Organizations (example: Age Strong Commission)
- 2020-present: Court Improvement Program (CIP)
- 2023-present: Court Service Centers (7 locations, 1 virtual) (Boston, Greenfield, Lawrence, Brockton, Lowell, Springfield, and Worcester Counties)
- 2019-present: Department of Children and Families (DCF) (29 Area Offices)
- 2019-present: Department of Public Health, Women, Infants and Children (WIC)
- 2019-present: Department of Transitional Assistance (DTA)
- 2020-present: Elder Affairs: Aging Services Access Point (ASAP) Statewide
- 2019-present: Family Resource Centers (33 locations)
- 2020-present: Medical Providers

- 2020-present Probate and Family Court Administration Office (Barnstable, Bristol, Essex, Norfolk, Suffolk, Worcester Counties) (Statewide engagement May of 2024)
- 2020-present: MA Public Schools

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

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

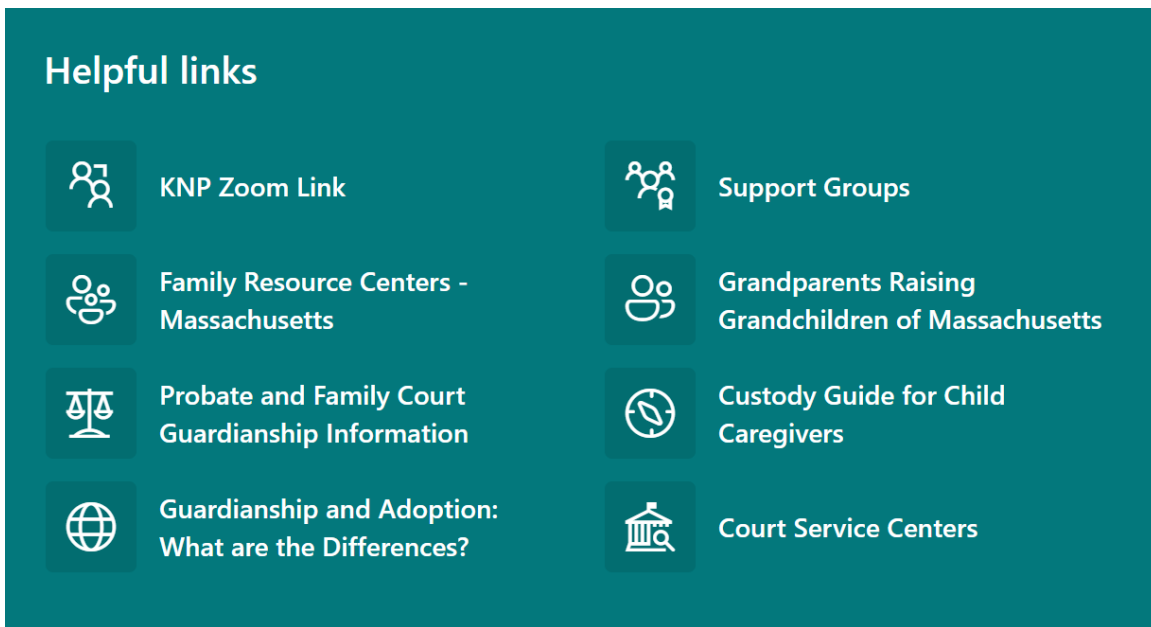
Multi-Pronged Collaborative Networking and Service Referral Process

The MA KNP approaches our service as an individual experience for each caregiver, giving us the foundation for inclusive and cultural responsiveness for all. MA KNP provides kinship caregivers with a safe and judgment-free space and encourages respectful engagement and active listening. Once the specific needs are identified, staff look to partners within the caregiver’s community, taking into consideration the diverse geographical landscape of Massachusetts. To strengthen our ability to provide comprehensive support, we work with our partners using a cyclical approach. Over the past four years (February 2020-Present), the Probate and Family Court Administrative Office, (6) Massachusetts County Probate and Family Courts, DCF (29 area offices), the Court Improvement Program (CIP), Court Service Centers, Family Resource Centers (33 locations), and the Grandparents Commission have built a network to increase awareness of kinship caregiver needs and direct access to services at the start of their custodial journey. Kinship caregivers in Massachusetts seeking support for guardianship of a minor via the Probate and Family Court, 3rd party custodians via Juvenile Court, Kinship Foster Parenting, and Informal arrangements now have access to this multi-pronged network. MA KNP connects kinship caregivers to as many resources as possible, utilizing our partnerships with stakeholders to ensure a smooth service response.

The future goal for this multi-pronged approach will be to continue our statewide network to identify kinship caregivers at any stage of the journey. Two highlighted partnerships will be DCF and the Probate and Family Courts.

The DCF area office staff have been trained by the MA KNP to identify kinship caregivers who qualify for services and to make referrals. Each of the 29 DCF area offices has access to an internal intranet system with an MA KNP page. On this page, DCF staff will have access to our training video, a direct link to our online referral application, the MA KNP website, our brochure

in six languages, caregiver, and guardianship vs. adoption guides and helpful links. Our goal will be to close the gaps between unknown and missed service needs of the identified kinship caregivers. (see figure #1 for helpful link listing)



Two key areas have been identified within DCF where MA KNP can assist both the kinship caregiver and DCF staff.

- Kinship Caregivers who received temporary third-party custody via the Probate and Family Court (Guardianship of Minor Petition) or the Juvenile Court (Care and Protection Case)
 - Assistance in applying for TAFDC (Cash Benefits) and WIC benefits
 - Obtaining MassHealth Insurance or Filing an Authorized Rep Designee form
 - Assistance with the school enrollment process
 - Connect the Kinship Caregiver to support groups, peer supports and workshops
 - Assistance with childcare
 - Provide consultations to DCF staff regarding kinship caregiver services
- Kinship Caregivers who have obtained permanent custody via Guardianship and are referred to the MA KNP as a resource to address future needs as the children grow such as:
 - Childcare
 - Special education / School enrollment
 - Mental health service and counseling
 - Support groups, peer supports and workshops
 - Financial Inquiries
 - Young adult support

The Probate and Family Court Administrative Office has developed Smart Sheet technology to identify kinship caregivers at the start of the Guardianship of Minor application process. This Smart Sheet project is a result of the collaboration of the Court Improvement Program (CIP) and the Probate and Family Court Administrative Office. CIP provided the necessary funding to the

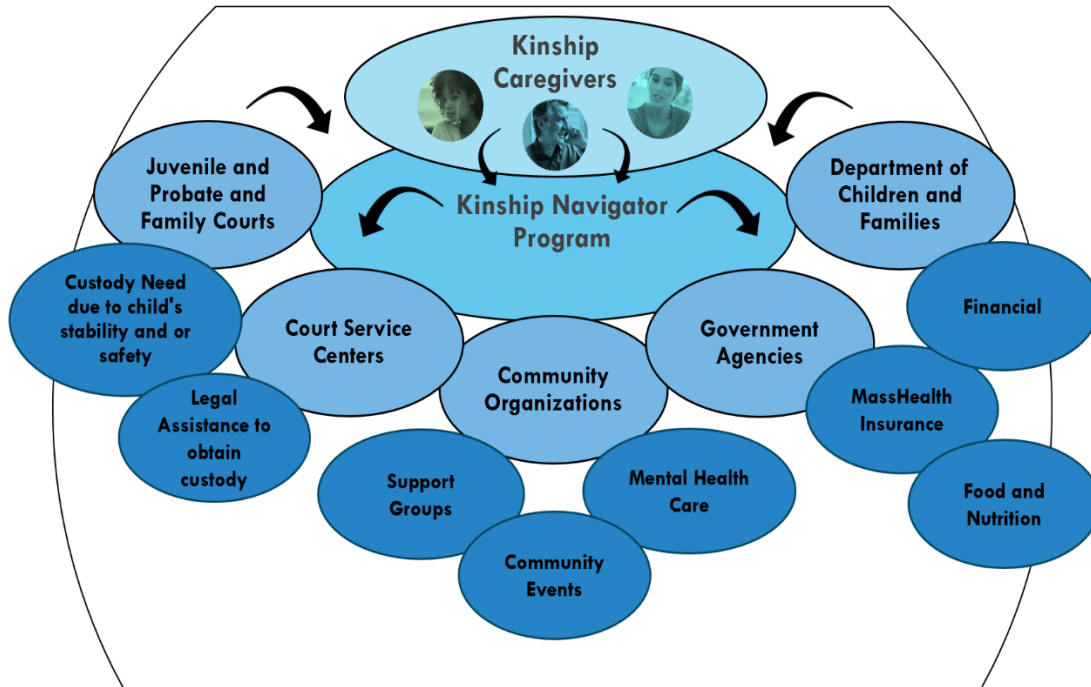
Probate and Family Court Administrative Office to train staff how to utilize this technology and seamlessly incorporate the MA KNP into their data analytics. The courts will collect data on individuals who opt into the program and decline the service. Data will be entered into the Smart Sheet Portal and updated every 24 hours. The MA KNP will be given portal access to review and begin the engagement process with the petitioners. Our goal will be to close the gaps between unknown and missed service needs of potential kinship caregivers. The data regarding declining individuals will capture which courthouse they are filing in. We will assess the data to better understand why individuals are declining services and if our messaging needs to be changed or enhanced.

This new process will be tested at the Barnstable County Probate and Family Court to create best practice for rollout to the current participating counties and future statewide rollout. The Probate and Family Court registry staff will provide Guardianship of Minor Applicants with an electronic MA KNP Permission to Contact form which states: The Kinship Navigator is a voluntary program which supports kinship caregivers. Contact from the program staff will be made when the Kinship Caregiver gives permission to contact. By signing this form, you are giving your permission for the Kinship Navigator program to contact you and offer information, support, and other services available to you.

If the petitioner opts for MA KNP services, the program will assess their individual service needs. For example, should the petitioner need legal assistance with filing the application, the MA KNP will make a referral to the Court Service Center, to ensure the application is filled out properly and eliminate any delays in filing. Should the petitioner be in contact with the Court Service Center first and the filing has been made, the petitioner will then be referred to the MA KNP to make all necessary referrals for financial, medical insurance, childcare, mental health, and community services.

Our wraparound approach is designed to ensure that there are multiple contact points for the kinship caregiver population to gather and access information that will help them obtain legal custody, financial, food and nutrient, and community support.

Figure #2 Multi-Pronged Collaborative
Networking and Service Referral Process



Service Referral Process

The MA KNP has created a needs assessment process to make the necessary referrals based on the individual kinship caregiver’s needs. We focused on four outcomes (legal, Community Connection, Caregiver Support, Data Collection) modeling after the state of Nevada’s Kinship Navigator Program. To identify the kinship caregiver’s needs the MA KNP staff use the following steps:

Legal Capacity Outcomes: Positive Change in Legal Relationship

Step 1:

- Identification of Guardianship of Minor Petitioners at the time of filing
- Assessment of eligibility
- Make service referrals (court service center for proper filing of Guardianship of Minor Petition)
- Explain process/steps for filing with the court.

Step 2:

- Make Financial, Health Care, and Community Referrals

Step 3:

- Confirm service was received
- Placement Stability Achieved (Temporary, Permanent Custody, or Placement Stable with Caregiver, Court Hearing Pending)

Goal: Legal protective status has been obtained

Financial Stability Outcomes: Increase in Financial Resources

Step 1:

- Assessment of eligibility
- Assessment of Financial Needs

Step 2:

- Provide summary of TAFDC application process
- Other services provided as a result of TAFDC application approval
- MassHealth
- Childcare
- SNAP
- Assist the caregiver with TAFDC application
- Assist with WIC application process (if TAFDC is granted, WIC becomes an automatic benefit for eligible children in the household)
- Provide summary of Social Security Benefits (Survivors Benefits and Disability)
- Assist in connecting with a local Social Security Office
- Miscellaneous financial support (Clothing, Fuel Assistance, and Beds)
- Referral to Local Family Resource Center and other non-profit organizations

Step 3:

- Confirm financial resource was received

Goal: Improved financial support has been obtained

Community Connection Outcomes: Number of Community Resources Utilized

Step 1:

- Assessment of eligibility
- Assessment of Parenting/Peer and Community Connection Needs
- Complete Stressors and Support questionnaire

Step 2:

- Provide summary of Community Resources
- Make referral to Local Family Resource Center
- Make referral to Aging Service Access Points (ASAP)
- Caregiver Support Program
- Make referral to the Grandparents Commission for Support Groups and Workshops
- Register the caregiver to receive the Grandparents Commission newsletter
- Provides workshop schedule
- Support group information
- Upcoming Kinship Family events
- Updates on Federal and State Legislation

Step 3:

- Confirm service was received

Goal: Utilization of community resources to help support the kinship caregiver and the child(ren) they are raising

Caregiver Support Outcomes: Expansion of Network of Support Through Participation in Family Events, Support Groups and or Educational Classes/Workshops

Step 1:

- Assessment of eligibility
- Assessment of needs (Legal, Financial, Community and other Government Agency Services)

Step 2:

- Provide summary of all available resources
- Make all necessary referrals

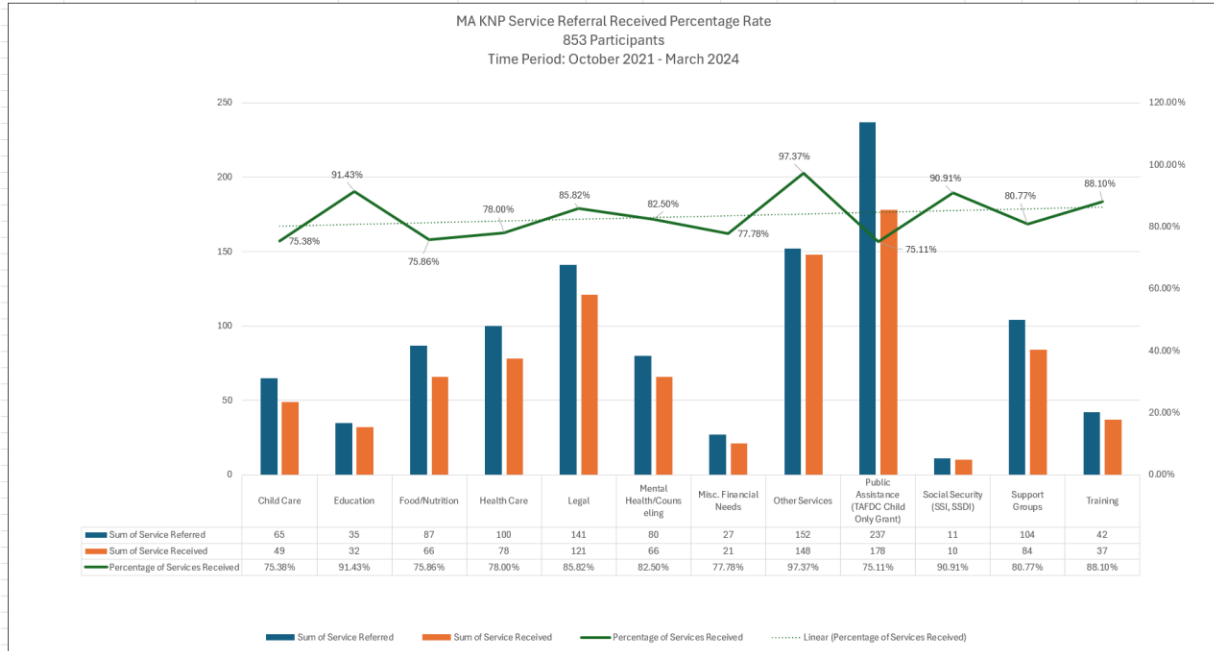
Step 3:

- Confirm service was received

Goal: Expansion of the kinship caregivers support network through participation in family events, support groups and or educational classes/workshops

MA KNP is assessing the fidelity of our data collection relating to our four program outcomes. We are collecting data for each need the kinship caregiver identifies. The next steps would be to make the necessary referrals and determine the date the referral was made and the date the service was received. Since our October 2021 Salesforce launch, MA KNP have had 1301 inquiries, 853 were active participants, the remainder where provider consultations, non-eligible individuals and those who declined MA KNP services. Our preliminary data shows that the need for financial, legal, and supportive community services are at the forefront of kinship caregiver needs. The figure below will show the needs categories, how many times a specific need was requested and the rate the service need was received. Currently MA KNP has an 82.33% rate of services received. We are working to increase the success rate with a goal of reaching 85% as a whole and in each needs category.

Figure #3 MA Kinship Navigator Service Referral Received Percentage Rate



While our goal is to connect our caregivers to service providers specific to their needs, we also understand that our partners may also need MA KNP to assist in finding services beyond their scope of work. We encourage our partners to make referrals and use the MA KNP for consultation. Our ability to work together in reciprocation requires continuous discussion and assessment of the partnership, ensuring that we provide consistent messaging and proper referral protocol. We also collect data regarding our referral sources, for example, a referral source can be the Probate and Family Courts or DCF. By collecting this data, we can assess how individuals learn about the program and which partners/locations in the Commonwealth the referrals are coming from. With this data collection, we can also track our partners who are not making referrals. We can then act quickly to meet and discuss how we can improve communications, assess our distribution of materials and the type of presentations to find out which areas need enhancement or a different approach due to the geographical location.

As of October 2021, our primary referral sources are the Probate and Family Courts (412) referrals and DCF (146) referrals. It should also be noted that the Probate and Family Courts, DCF, Family Resource Centers, Court Service Centers and the Grandparents Commission have assisted in distributing our website and telephone information, which accounts for (385) referrals via our website and (173) referrals via our toll-free number.

Figure #4 Total MA Kinship Navigator Items (inquiries) by Referral Source

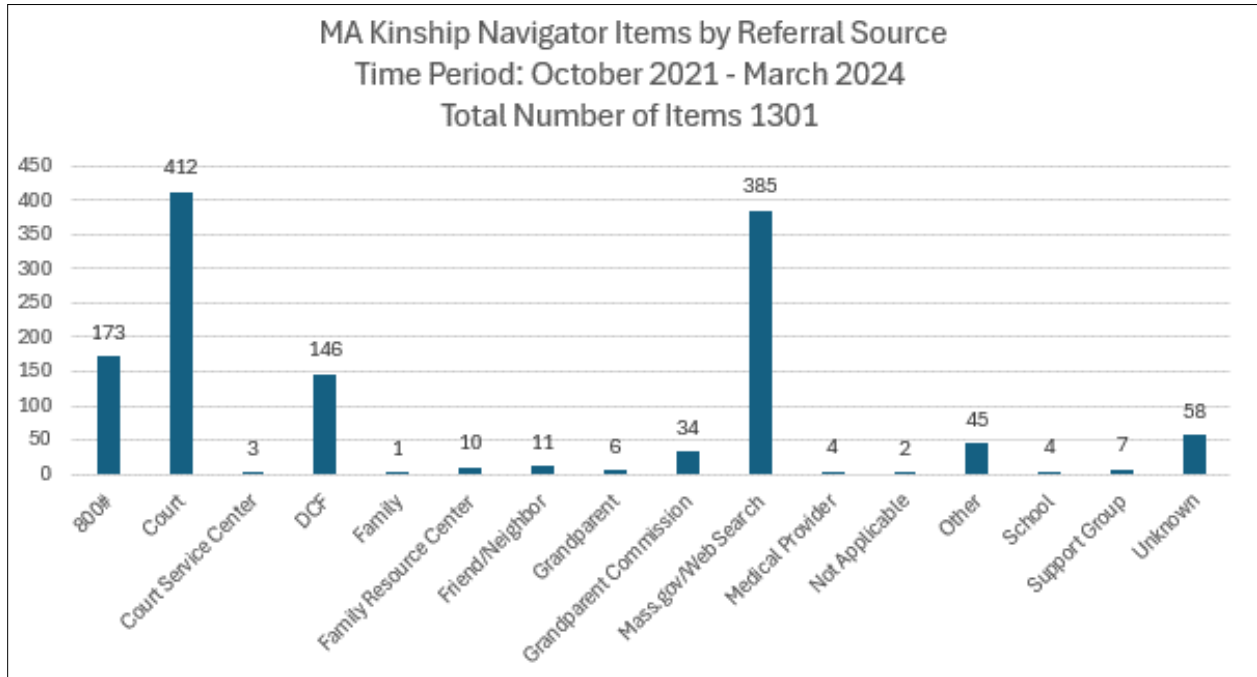


Figure #5 Live Zoom Office card with Telephone Number, Hyperlink, and QR Code
QR Code for the MA KNP Caregiver Video

EVERYONE HAS QUESTIONS

→ WE Listen

→ WE Connect

→ WE Support

WE CAN HELP

→ Application assistance

→ Call to providers

→ Provide information

→ Caregiver advocacy

Scan QR Code to connect with a Kinship Navigator Staff Member directly via Zoom
9:00AM-12:00PM
Monday-Friday

Join Zoom Meeting
<https://zoom.us/j/98782564090?pwd=RS9LY2x3bXNlb3NQanI6QnJrQXNXQT09>

Join Zoom by Phone
1-309-205-3325
Meeting ID: 987 8256 4090
Passcode: 099219

Scan QR Code to watch the Kinship Caregiver Introduction Video

As stated above, we are aware that assessments of our referral system must be continuously assessed. The MA KNP learned that providing in-person services at each participating court, DCF office and family resource center statewide was not possible due to staff capacity. Through our partnerships with the courts and DCF, we determined that a Zoom virtual experience would give us more reach across the Commonwealth and provide immediate access to staff daily, thus eliminating geographical challenges with limited staff. We mirrored the Massachusetts Virtual Court Registry and the Court Service Center Virtual Office, utilizing the Zoom platform for its easy accessibility to the public. The Zoom meeting will allow our staff to triage calls to assess eligibility and needs. The kinship caregiver will receive verbal information and a follow-up email detailing the discussion. Once the kinship caregiver is logged into the Salesforce system, they will be assigned to a Program Liaison for service referrals and progress updates. Our live Zoom experience can be accessed Monday through Friday from 9:00am to 12:00pm. The live Zoom interaction was launched in January 2024 and is accessible via our website, DCF intranet, Mass.gov Probate and Family website and physical distribution of materials by our partners across the Commonwealth.

Data Collection

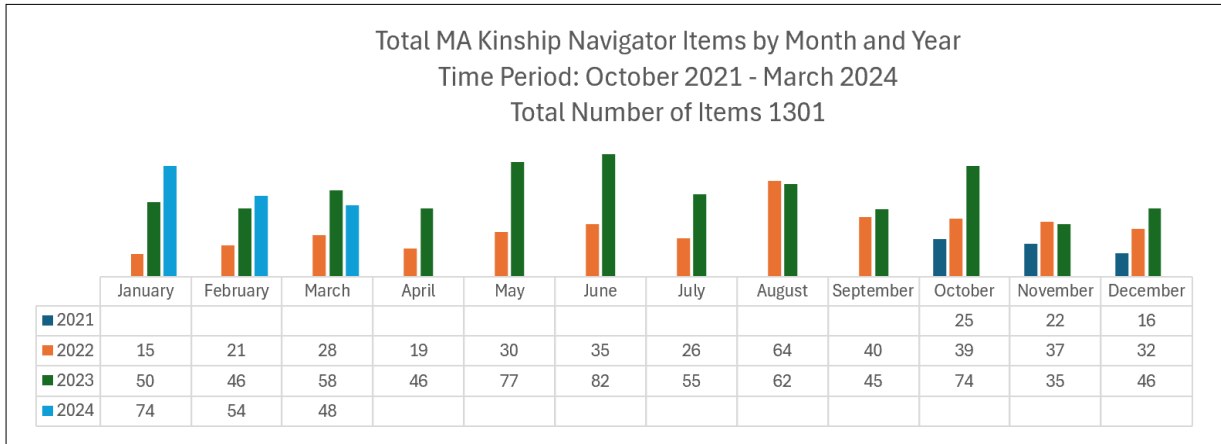
Our data collection process has significantly changed since the program's inception in April 2019. During the development stages, we collected data regarding the needs of kinship caregiver needs and which agencies could provide the service. We did not have a formal data collection system and used Excel worksheets to capture the data. The data was then used as our framework to customize our Customer Relations Management (CRM) system (Salesforce). The following outlines the steps taken to secure and utilize the CRM tool.

- August of 2021: the MA KNP worked with DCF IT and Deloitte to develop a comprehensive CRM system. The team customized our data system using the Salesforce platform.
- October 2021: Beta testing
- January 2022: One staff member (Program Liaison) entering intake/assessment data
 - Improvement was identified, need comparison data to further evaluate the efficacy of the program
- May 2022: Additional staff member (Program Liaison) hired
 - 2nd set of comparative data collection begins
- January 2023: Initial assessment of comparative data
- May 2023: Additional staff member (Program Coordinator) was hired
 - 3rd set of comparative data collection begins
- December 2023: Review of Clearinghouse approved states (Nevada, Arizona, and Ohio)
- January 2024: Engagement with DCF's Office of Management, Planning and Analysis (OMPA) and Continuous Quality Improvement (CQI)
- February 2024: Comparison of MA KNP with Clearinghouse approved state of Nevada
- March of 2024: Engagement with State/Territory Liaison, Tailored Services, Capacity Building Center for States strategic planning for clearinghouse evaluation of our program.

Since the launch of Salesforce we have assessed our data entering processes, making changes when needed and building in enhancements for our future clearinghouse evaluation. We started our data reporting with the number of inquiries which are called "Items". This data set was

important to assess our ability to provide stable, consistent, and sustainable program services. Since October of 2021, the MA KNP has received 1301 inquiries with an average of 58 inquiries per month.

Figure #6 Total MA Kinship Navigator Items (inquiries) by Month and Year



Our next step was to ensure continuous quality and improvement of the program. We have identified the following data collection and procedural improvements:

- Ensuring all fields are entered
- Consistency in data entries
- Accuracy of data entries
- Timely data entry

We have created a training guide for staff to utilize, which contains a virtual training video on Customer Relations Management (CRM) (Salesforce) (October 2021) and a digital chart outlining Person Details, Demographic Information, Legal Details, iFamilyNet Details, Associated Persons Details, Stressors/Supports Assessment, Needs Assessment, Assignment, and Status. Salesforce allows for a prepopulated dropdown list, yes and no check boxes, and open comment sections (June 2022). By providing the training guide staff we are building best practice, consistency, and accuracy. The use of Salesforce will also facilitate quality control of reporting.

We also developed a screening and closing check list to improve the quality of our data entry for the initial and closing contact. The information we have collected will be used to guide our new Continuous Quality Improvement (CQI) team at DCF and with assistance from the Capacity Building Center for States to assess our readiness for Prevention Clearinghouse evaluation approval.

Evaluation Activities

During the FFY 2021-2022 we worked with Mathematica Inc. and Child Trends consulting teams to develop this evaluation plan¹² to help the MA KNP plan for next steps. The consultation consisted of three stages:

Stage 1:

Can the MA KNP produce sufficient evidence to be deemed an evidence-based program pursuant to the Health and Human Services (HHS) guidelines, if evidence-based programming is possible or request to use an evidence informed model. Including details on other states' submissions that have not received ratings; assessment of data elements essential for meeting HHS requirements to receive Title IV-E reimbursement; necessary enhancements and changes to capture the proper data elements during the intake and assessment process to reach targeted outcomes; necessary enhancements and changes to the data collection tool to best review and analyze said collected data.

Stage 2:

Produce a narrative describing the target population, service area, and how the IV-E agency plans to implement the MA KNP. In addition to how the program is coordinated with other state or local agencies that promote service coordination or provide information and referral services

Stage 3: Evaluation Readiness

Determine data collection enhancements and develop an evaluation plan. Including developing a logic model, selecting priority outcomes, data collection processes and satisfaction, stress, and social support survey questions. In addition to drafting an evaluation plan.

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

The Center's team will also assist in building a capacity sustainability plan. During this work period, DCF will be taking steps to scale up their Kinship Navigator Program throughout the state and formalize the program's manual and data collection system. Both efforts are aimed at

¹² This evaluation plan incorporates the study design elements recommended by the Children's Bureau (CB) in its Evaluation Plan Development Tip Sheet, included in Information Memorandum [ACYF-CB-IM-19-04](#). The plan is informed by CB guidance for evaluations of kinship navigator programs ([HHS-2021-ACF-ACYF-CF-1903](#)).

monitoring fidelity and maintaining sustainability. This work plan aims to position the state so that they would be ready to submit an application to the prevention clearinghouse, which would require long-term investment and implementation. The next step will be to submit this plan to the Children's Bureau for approval. If granted approval the MA KNP will be prepared to work with the designated team with the continuation of our growth of the program with the goal of receiving the Prevention Services Clearinghouse approval rating. An approval rating will result in IV-E funding for the program and will allow for future grow and capacity building.

MONTHLY CASEWORKER VISIT FORMULA GRANT

FFY 2020-2024 Final Update

During the past five years, the Department's performance has been affected by the COVID-19 pandemic and the resulting implementation of significant changes to practice and the mode of client contact by social workers. The staffing shortages, turnover, and training needs have had a great impact on the implementation of new ideas. While continuous quality improvement efforts are ongoing, the pandemic challenged the management of the workforce while following health recommendations and standards. The Department continues to adjust to these challenges. The Department plans to continue its initiative to improve monthly contact performance standards through continuous quality improvement exercises. It will continue to utilize the Monthly Caseworker Visitation Grant to support the quality of caseworker contacts with children in placement.

In FFY 2024, the Department utilized the Caseworker Visit Grant to support the following activities:

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. Revisions continue and emphasize purposeful interactions with children, families and family resources.

The following two policies have been updated:

- *Family Assessment and Action Planning Policy*, updated in August 2021
- *Supervision Policy*, updated in August 2021

The following three policies are currently being revised in the summer of 2024:

- *Protective Intake Policy*- the draft is in progress and updated in April 2024, currently under review
- *Ongoing Casework and Documentation Policy* – the draft is currently in progress (new name: Protective Case Practice policy), updated version in April 2024, currently under review
- *Placement Support Policy* – in process and obtaining feedback from Foster Care team (new/final policy name: Safe and Supported Placements Policy), currently under review

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 the fall of FFY 2024, the Department hired two additional policy implementation specialists and a policy implementation manager. The unit's positions are continuing to be filled. The grant supports the use of policy implementation specialists for change management, training and implementation support of new and existing policies. This is a multi-year initiative that has involved creating distinct job functions, retraining social workers, and significant updates to the Department's information management system, iFamilyNet.

Enhanced Training

- The Department seeks to update existing training courses and to develop a new training curriculum to support quality casework and decision-making. The Department is engaging with approved training specialists to create and implement a curriculum with the goal of improving the quality of caseworker and client visits. In FFY 2020-FFY 2024, Racial Equity training was implemented and offered to all field staff. A consultant created and presented instructional child welfare practice in an integrated in-person classroom and online forum.

Technology Improvements

- The Department has identified the need for a structured narrative guide for documentation of monthly contacts as a barrier to achieving quality contact measures. To address this, the Department continues to plan and 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. In terms of measuring purposeful interactions or the quality of the contact caseworkers during their visits with children in placement, that information is not captured in any existing reports. Efforts are underway and are continuing to be developed to measure purposeful interactions. The in-person contact data reports of children in placement and in open cases, could be extracted from i-FamilyNet and reviewed, however there is not a report that measures the quality of contact between caseworkers and children at this time. In FFY 2023, 90.6% of children in placement were seen, and 86% of these visits occurred in placement locations. Partnerships will continue with the IT Department in the following grant proposal.

FFY 2023 Proposed Plan Amendment

The Department requests the use of the remaining MCV grant funds expiring on 9/30/2024 for the following activities and purchases to improve and enhance quality caseworker visits:

- 1) Purchase of Polaroid cameras (Polaroid Go Generation 2 Everything Box), film for social workers to use during home/placement visits. (approximate cost\$55,000).

- 2) To perform a needs analysis with a consultation group on planning and implementation of training for clinical aspects of youth contact (approximate cost \$10,000).
- 3) Training development and implementation of quality contact with youth during home/placement visits (approximate cost \$10,000).
- 4) Purchase of “Geno Pro 2020” genogram licenses for field staff (approximate cost \$1795).

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received notices of awards for the following amounts:

Federal Fiscal Year	Obligation Date	Federal Award
2019	9/30/2022	\$1,746,500
2020	9/30/2023	\$3,391,500
2021	9/30/2024	\$35,000
2022	9/30/2025	\$865,000
2023	9/30/2026	\$607,000
		Total: \$6,645,000

In FFY 2020-2024, DCF’s Adoption program and Budget staff met regularly to discuss the planned activities for these funds and to ensure they were obligated and expended to the best of our abilities by the deadline specified in the grant award letters. Of the \$5,138,000 awarded for FFY 2019 and FFY 2020, the Department reverted \$785,096 (\$242,000 in FFY 2019; \$543,096 in FFY 2020). These award amounts were the largest ever awarded to Massachusetts in the past ten years, and although a strategic plan for spending the funds was implemented, the Covid 19 Pandemic created unexpected and insurmountable challenges and resulted in several vendors being unable to deliver their services as contracted.

The Department has spent the total award of \$35,000 for FFY 2021, and all \$865,000 for FFY 2022 will be expended by 9/30/24. The Department has spent \$751,339 and plans to spend the remaining \$148,661 of the FFY 2022 awarded funds. The Department is also projected to spend the FFY 2023 award of \$607,000.

- The Department has continued to work with our contracted vendor MJ Henry and Associates to redesign our MAPP (Massachusetts Approach to Partnership in Parenting) curriculum for Adoptive and Foster Parents. Roll out began in February 2024 training our staff facilitators and will continue through November 2024. Included in the training plan are coaching sessions and drop-in Question and Answer sessions. The projected cost from 10/1/2023 through 9/30/2024 is \$500,000.
- The Department purchased items related to National Adoption Day and MAPP training. The total cost was \$5,802.
- The Department engaged the Training Associates Corporation of Marlboro, MA to produce an Adoption Day Video to simulcast on National Adoption Day. The total cost was \$7,140.
- From October 2023 through March 2024, the Department assisted several families with expenses related to extraordinary circumstances by hiring an attorney in Puerto Rico to resolve legal issues with amended birth certificates for children adopted in Massachusetts but

born in Puerto Rico. These costs totaled \$2,789. It is anticipated that another \$3,000 will be expended through September 2024 for a total of \$5,789.

- The Department is spending \$400,000 over FFY 2024 with a contracted vendor, the Massachusetts Society for the Prevention of Cruelty to Children, for a Behavioral Health Family Resource Liaison. It provides intensive family-driven support on a time-limited basis to foster families. It includes peer-to-peer support, training and education, 24-hour on-call support, and clinical supervision.
- The Department has engaged Motion Recruitment Partners, LLC to provide temporary employees to assist in the archiving and digitization of Subsidy, ICPC, Foster Care, Adoption, Kinship Navigator, and Adolescent and Young Adult Services records and documentation. The current projected cost is \$74,000.
- The Department paid AAICAMA dues of \$8,500.
- The Department entered into an MOU with the Department of Public Health to enable departmental staff to print birth certificates. The Department purchased special paper for \$600. The Department is offering staff and foster/adoptive parents the opportunity to attend the four-day virtual conference presented by the Families Rising (formerly the North American Council on Adoptable Children) scheduled for July 2024. This virtual conference will provide invaluable learning and support. The Department has allotted \$20,000 which will allow for 120 attendees.

The Department continued its engagement with Zelus Consulting Group LLC of Medford, MA, to assist with implementing the Department's new Foster Care policies. Services include policy training and support as well as training coordination and delivery. The activities include creating and presenting instructional materials covering the relevant facets of child welfare practice at each service delivery level and integrating classroom learning and online platforms and content, e.g., e-learning, simulations, etc., as well as training trainers. Adoption Incentive funds utilized through March 2024 are \$223,258, with an additional \$229,869 budgeted for \$453,127.

Over the past five years of this review period, these funds have allowed the Department to:

- Provide trauma-informed trainings and other training to support resource families, including a subscription to FosterParentCollege.com for all resource families
- Increase MAPP accessibility, relevance, currency, and cultural humility with a focus on appealing to diverse families consistent with our children in care
- Provide opportunities for permanency-related learning to DCF staff, foster/adoptive/kinship families, contracted agency staff, and court personnel, including scholarships to the North American Council for Adoptable Children (NACAC) virtual four-day annual conferences
- Continue fostering community and stakeholder awareness and engagement regarding the need for permanency through marketing items, videos, media campaigns, and other events
- Provide Behavioral Health Family Resource Liaisons through a contracted agency. This program provides family-driven support to foster families on a time limited basis. It includes peer-to-peer support, training and education, 24-hour on-call support, and clinical supervision
- Provide better service and support to foster and adoptive families through comprehensive technological enhancement that advanced our business practices for our Adoption & Guardianship Subsidy programs, Interstate Compact for the Placement of Children (ICPC),

Foster Care, Family Resource, Adoption, Recruitment of Foster/Adoptive/Kinship families and Kinship Navigator Programs

- Engage a vendor for the expansion of the use of Structured Decision-Making Tools
- Engage an Attorney in Puerto Rico to assist families in resolving legal issues in acquiring amended birth certificates for children adopted in Massachusetts but born in Puerto Rico
- Engage a vendor and complete the translation of our Kinship Caregiver Orientation Guide, an interactive video course, from English to Spanish
- Sponsor the first annual statewide virtual special event of the Racial Ethnic Linguistic Multicultural Affairs (RELMA) that featured Dr. Marva Lewis, Ph.D. This was the launch of RELMA's newest statewide engagement and work to support the agency with positive outcomes for children, families, and staff.

Over the past five years, these activities have addressed our Strategic Plan (section C2): Goal I. Rights of Children, Objectives #3, #4, #5, and #6; Goal II. Engagement and Participation, Objectives #1, #2, #4, and #5; Goal III. Supports and Services, Objectives #3, #4, #5.

DCF recognizes the incredible opportunities these funds have afforded our staff, families, providers and partners across the service delivery system. The significant increases in the awarded funds allow us to consider ways in which we can make an impact on a larger scale than what our previous plans addressed. We will continue to offer a robust array of trainings and provide staff with opportunities to attend national conferences. We will continue to assist families who have already attained permanency with extraordinary expenses such as those related to immigration and naturalization services for children not previously resolved.

The Department acknowledges changes to the Adoption and Legal Guardianship Incentive Payment program brought about by the enactment of PL113-183. The law extended the length of time states have to spend incentive payments earned under the program from 24 months to 36 months. Also, the law restricts 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 on the Department's plans for the use of 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 FFY 2023 are approximately \$26.2M.

There is no timetable for states to spend the savings. The Department deferred developing a spending plan until FFY 2020 – 2024, when the amount of savings each year became more consistent. The planning process included discussing needs with both our Central Office Adoption staff as well as the leadership of our regional and area offices. The planning process

also included outreach to key stakeholders in the community, providers, and children and families who will benefit from these additional services.

During FFY 2020 – 2024, the Department’s plan to spend adoption savings was as follows:

- *Personnel* – The Department added new roles to its permanency division including a director of clinical practice for permanency, a manager of permanency practice, permanency practice staff, and manager of adoption contracts and search. In addition, the Department expanded the number of existing staff for adoption subsidy, kinship navigator, and interstate compact. During FFY 2025 – 2029, the Department plans to further expand roles by hiring adoption recruitment staff to use the Wendy’s Wonderful Kids evidence-based child-focused recruitment model to find adoptive parents for children in long-term foster care placements who have been freed for adoption.
- *Training* – The Department considered using adoption savings to support the training of our foster parents but ultimately ended up using other funding sources. This included purchasing a new learning management system, Absorb, to facilitate new foster parent (kinship and departmental) training and a portal, FosterParentCollege.com, that foster parents can access to do self-training to meet annual training requirements. During FFY 2025 – 2029, the Department plans to use adoption savings to contract for CPR training for foster parents and other training opportunities for foster parents.
- *Services* – The Department continued to explore new services it can design/purchase for the children and families we serve. During FFY 2025 – 2029, the Department will continue this exploration. Ideas being considered include expansion of visitation centers, before school/early morning care, an enhancement to vital records access for out-of-state birth certificates, and new adoption management services models.

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 needs 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.

As of FFY 2023, the Department’s cumulative expenditures of adoption savings reported on the CB-496 totaled \$1.2M. Work on implementing our spending plan continues, and we anticipate a growth in adoption savings spending with our next expenditure submission at the end of FFY 2024.

FAMILY FIRST PREVENTION SERVICE ACT TRANSITION GRANT

The Department’s plan for investing the Family First Prevention Service Act Transition Grant funds focuses on three purposes aligned with implementing the Family First Prevention Services Act of 2018 (FFPSA):

1. Developing and managing procurements that will allow purchase of services,
2. Providing startup funding for selected evidence-based prevention services, and
3. Evaluating two of the FFPSA initiatives in the Commonwealth.

Developing and managing procurements aligned with FFPSA

Given the Department's reliance on new procurements as vehicles for implementing Family First initiatives, a portion (20%) of the Transition Grant is being used for consulting services to assist with the strategic planning, project management, writing, and graphic design work required to post and launch two, large procurements, including the internal and external communications work associated with both procurements.

The procurements are:

- Congregate care network (CCNET), and
- Support & Stabilization (S&S).

CCNET

The Department's new congregate care network (CCNET) launched on January 1, 2022, and represents Massachusetts' staged approach to the QRTP concept described in FFPSA. To differentiate this staged approach from the multi-faceted concept of QRTP in FFPSA, the Department used the term "Enhanced Residential Treatment Program" (ERTP) in the congregate care network Request for Responses (RFR). Achieving ERTTP status requires a residential program to implement all five of the residential program characteristics of a QRTP.¹³ Providers had the option, but were not required, to achieve ERTTP status, which the Department is paying at a slightly higher rate than payments to residential programs that do not meet all five of the requirements.

The Department's new congregate care network is a hybrid network that includes ERTTP and non-ERTTP versions of the same program model types (e.g., Community Treatment Residence with ERTTP status and Community Treatment Residence without ERTTP status.) During April and May 2024, the Department will be meeting with congregate care providers that opted to deliver ERTTP to discuss both successes and challenges in meeting all five of the ERTTP standards.

S&S

The Department will use a redesign and re-procurement of S&S services as the method for adding more evidence-based practices into the service array for children and families. As described in the Department's title IV-E Five-Year Prevention Services Plan, which was approved December 1, 2022, the Department is approaching the addition of evidence-based practices in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,

¹³ The five standards are: accreditation, family engagement, 24/7 availability of nursing and behavioral health staff, aftercare, and trauma-informed service delivery.

- Provider community has capacity for implementing evidence-based practices, and
- The Department has the capacity to manage the new evidence-based practices consistent with the expectations of the Family First legislation.

Due to a variety of factors, including State and Departmental administration transitions, the Department’s plans for implementation of FFPSA and the accompanying FFPSA Transition Grant have been delayed. The administrative transitions included a freeze on promulgation of new rate regulations, staff changes in the centralized rate setting unit, and leadership changes at the Department. Massachusetts’ implementation of the prevention services section of the FFPSA is contingent on the re-procurement of a large array of supportive services, including the evidence-based practices identified and approved in Massachusetts’ Title IV-E Five Year Prevention Plan. This large array of supportive services is called “Support & Stabilization” services. The Department succeeded in posting the Support & Stabilization RFR in May 2024 and will use the procurement process to select contracted providers to deliver evidence-based practices. In addition, the Department developed a partnership with the Massachusetts’ Children’s Trust to assist with bringing more evidence-based practices from the Title IV-E Prevention Services Clearinghouse to the Commonwealth

Providing Startup Funding for Selected Evidence-Based Prevention Services

Delivering an evidence-based practice requires significant investments of time and funding. An initial step is self-assessment for an organization to determine whether it has the capacity to provide evidence-based treatments. Should an organization have the capacity, there are time and funding requirements for training, and then resource commitments for ongoing assurance of fidelity and reporting to the Department.

Many community organizations that deliver the Department’s support and stabilization services lack the capital to invest in the self-assessments, trainings, and responsibilities for ongoing assurances of fidelity that delivering evidence-based practices requires. Several providers that responded to the Department’s support and stabilization RFI communicated that without startup funding, they could not deliver evidence-based services in the manner described in the RFI (e.g., training on manual-based practice, on-going fidelity assessments). Therefore, a portion of the Transition Act Grant funds will be awarded to community organizations selected to deliver evidence-based practices. The funds will support the organizations’ preparations for competent delivery of evidence-based practices. The selection of the community-based organizations for delivery of evidence-based practices will be accomplished through two processes: 1) the Department’s re-procurement for support and stabilization services, and 2) a grant application process. The grant application process was added, and approved by the Administration for Children and Families, as a strategy for promoting development of more evidence-based practices in the service array. This addition was needed due to time delays that prevented completion of previous plans for the Transition Grant funds. The Department is currently in discussions with the Massachusetts Children’s Trust about the design and administration of the grant program, which will focus on bringing more evidence-based programs specifically for families of color to the Commonwealth.

Evaluating Family First Initiatives

The Department will use a portion of the Transition Act Grant funds for an evaluation initiative, including changes to the information system, which is called iFamiyNet. The results from the evaluation will inform improvements in the Department’s implementation of two Family First initiatives – Qualified Residential Treatment Program (QRTP), referred to as ERTP, and evidence-based prevention services.

Given the delays in posting the S&S RFR, there will not be adequate time prior to the end of the FFPSA Transition Grant timeframe to conduct the range of evaluation work that the Department had originally envisioned. Therefore, the evaluation work will focus on assessing the implementation and sustainability of ERTP standards. After the award of the new S&S contracts, the evaluation process will begin by assessing the availability of these services across the Commonwealth. Given the reduced time for evaluation, the funding that was targeted for more extensive evaluation work will be used to fund the previously mentioned grant program on which the Department is collaborating with the Children’s Trust to support the preparation and training work needed to bring more evidence-based practices to Massachusetts.

Massachusetts Family First Prevention Services Act (FFPSA) Transition Grant Plan Change

Due to a variety of factors stated above, the Massachusetts Department of Children and Families (the Department) encountered time delays in implementing plans for the FFPSA Transition Grant.

To maximize use of the funds for the intended purposes of the FFPSA legislation, the Department is in discussions with the Massachusetts Children’s Trust to develop a grant application process that will bring more evidence-based practices to the Commonwealth. Consistent with the Department’s focus on leveraging FFPSA implementation to advance improvements in services and outcomes for children and families of color, the selected evidence-based practices that will be included in the grant program are 1) Familias Unidas, developed for families that identify as Hispanic/Latinx, and 2) Strong African American Families, developed for families that identify as African American/Black. Both Familias Unidas and Strong African American Families received a “well-supported” rating on the Title IV-E Prevention Services Clearinghouse.

In the original plan for use of the FFPSA Transition Grant, the Department intended to use a large portion of the funding to build capacity in the contracted provider community for delivering selected evidence practices in Massachusetts, specifically Brief Strategic Family Therapy (BSFT) and Motivational Interviewing (MI). The Department planned to support selected community providers in receiving readiness assessments and the three years of training required to deliver BSFT as well as training and support to deliver MI with fidelity to the practice documented in *Motivational Interviewing: Helping People Change (3rd Edition)* by William R. Miller and Stephen Rollnick, Guilford Press, 2012.

To be selected to receive this support, community providers must be awarded a contract through the Department's upcoming Support & Stabilization Request for Responses (RFR). Delays in posting the Support & Stabilization RFR require a change in plans for use of the Transition Grant funds. As time allows, based on when the Support & Stabilization RFR is posted, the Department will use Transition Grant funds to support readiness assessment and training for selected community providers for BSFT and MI. However, the Transition Grant funds will end prior to completion of these training and support initiatives. When Transition Grant funds end, the Department will rely on state funding to support community providers in completing the training and initiatives required to deliver BSFT and MI with fidelity.

Given this change in plan, the Department is working with the Massachusetts Children's Trust to develop a grant application program to support selected community providers in bringing two additional evidence-based practices to Massachusetts – Familias Unidas and Strong African American Families. This grant program would be short-term, ending 9/30/25, consistent with the end of the Transition Grant.

Based on the results of the grant application program and the success of community providers in delivering Familia Unidas and Strong African American Families, the Department may submit an amendment to Massachusetts Title IV-E requesting federal reimbursement for these evidence-based practices. This change in use of Transition Grant funding does not alter the Title IV-E Five-Year Prevention Plan but does advance the intention of that Plan for bringing more evidence-based practices to Massachusetts, especially interventions that will improve services and outcomes for children and families of color.

To summarize, the Department is adapting original plans for use of the Transition Grant in a manner that will:

- Match the end date of the Transition Grant funding,
- Bring more evidence-based practices to Massachusetts, especially interventions that will improve services and outcomes for children and families of color, and
- Rely on state funding when the Transition Grant ends to support the implementation of the evidence-based practices (BSFT, MI) that were targeted for support in the original plan for Transition Grant funding.

Proposed Budget:

- \$1.2 Million to be allocated to the Massachusetts Children's Trust from the time of approved amendment by the ACF through the grant obligation date of 9/30/2025.

FFPSA Transition Grant Update - end date 9/30/2025

GRANT AMOUNT 6,454,645

FFPSA Total Budget 1/1/2021 - 9/30/2025	Expended	Projected	Total
Start Up Funding for FFPSA Evidence-Based Practices			
Motivational Interviewing		1,400,000	
Brief Strategic Family Therapy		100,000	
Partnership with Children’s Trust for Familias Unidas and Strong African American Families		1,400,000	1,400,000
Total for Evidence-Based Practices	0	2,900,000	2,900,000
Developing Procurements aligned w/FFPSA			
Consulting services	873,203	580,475	1,453,678
Total Developing Procurements aligned w/FFPSA	873,203	580,475	1,453,678
Evaluation of FFPSA Initiatives			
External Evaluator		1,600,000	1,600,000
IT Contracted Staff to Update iFamilyNet	300,467	200,500	500,967
Total Evaluation of FFPSA Initiatives	300,467	1,800,500	2,100,967
TOTALS	1,173,670	4,700,500	6,454,645

CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

DCF administers the Chafee Foster Program for Successful Transitions to Adulthood (Chafee) to support an array of services with the objectives of preparing youth and young adults ages 14-23 for successful transitions to adulthood, including developing permanent connections to caring and committed adults. The components of the Chafee-funded services focus on safety and the many facets of well-being. Educational achievement, life skill development, and successful community integration with permanent connections to family and/or other caring, enduring relationships with adults are the goals for our youth and young adults.

The Chafee-funded programs are based on the principles of positive youth development and serve Commonwealth youth and young adults, including Tribal youth and young adults, through 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 with transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and persistence, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention)
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 family's experience
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 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 above 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, ongoing opportunities to engage in age or developmentally appropriate activities (as those terms are defined in section 475(11) of the Act

The programming has been developed and refined with input from a variety of stakeholders, including foster youth, foster care alumni, DCF staff, provider staff, foster parents, other Massachusetts state agencies, and post-secondary institutions serving transition-age youth and young adults. Detailed information on current resource utilization for young adult housing is noted in later sections of the report.

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 Statement of Rights (2020) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment.

The DCF Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition-age youth to support optimal goal achievement. Over the past five years, with the assistance of two CPCS offices, the Department has improved its practice of sharing the Foster Child Statement of Rights with clients aged 14 or older. This practice has been highly regarded by the youth, attorneys, and social workers.

Adolescent Outreach Program

The Adolescent Outreach Program delivers intensive, individualized life skill assessment and training to current foster youth and young adults ages 14-23 from across the state to assist them in developing the necessary relationships, skills, and support to achieve their potential. Per grant guidelines, program services are also available to youth who were guardianed or adopted from DCF after age 16 and to former foster youth who were discharged from DCF between ages 18-23. The Commonwealth now funds all area office Outreach Workers, allowing more Chafee funding to be available as a direct service to youth and young adults.

The Outreach Workers serve as Chafee benefit specialists and ensure these benefits are provided in their offices efficiently and equitably manner. 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 LGBTQIA2S+ 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 and young adults.

The Outreach staff also assists youth with planning for and succeeding in post-secondary educational settings and vocational training programs. These efforts are supported by Education and Training Voucher (ETV) program staff who are dedicated to facilitating the transition to post-secondary education and supporting students through the duration of their academic programs until they receive their degree.

Strength-Based Approach

The Outreach Program employs a strength-based approach to assist youth and young adults in defining and pursuing both short and long-term goals. Staff successfully involve youth in shaping their life skills training objectives by prioritizing youth engagement and positive youth development. This approach informs program development across various domains including

cultural identity, housing, employment, and post-secondary education. DCF emphasizes the importance of youth partnership in goal setting and service planning, facilitating their transition into the community. Youth are encouraged to practice newly acquired skills within a supportive environment, focusing on holistic development markers such as identity formation, resilience, community engagement, academic achievement, and career exploration. Through assessments and targeted activities, youth acquire coping mechanisms and decision-making skills for successful adulthood. Collaboration between Adolescent Outreach staff and various stakeholders ensures comprehensive support, including access to the Chafee-funded Life Skills Support Program for addressing essential needs and promoting community integration.

Chafee Services Across the State

The services funded by the Chafee Foster Care Program for Successful Transitions to Adulthood are available to eligible youth and young adults across the state. The Chafee-funded services are the same in each of the five regions of the state. The particular focus of the services is based on the individual youth/young adult's needs. Young adults from foster care ages 18-23 are offered the same Chafee services as those under the age of 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, and educational funding and support services.

Youth Served

The following is a breakdown of youth served by Adolescent Outreach by year:

- FFY 2020: over 1,000 youth and young adults served. Of these, 440 youth and young adults received weekly intensive service
- FFY 2021: over 1,400 youth and young adults served. Of these, 526 youth and young adults received weekly intensive service
- FFY 2022: 1,316 youth and young adults served. Of these, 566 youth and young adults received weekly intensive service
- FY 2023: 1,504 youth and young adults served. Of these, 491 youth and young adults received weekly intensive service
- FY 2024: 1,174 youth and young adults. Of these, 517 youth and young adults received weekly intensive services

All services support the youth in developing life skills and developing capacity for a healthy transition into young adulthood after agency care. Outreach staff assists with job search, education, financial aid/college applications, housing support, SNAP applications, and referral/resource information.

The Outreach Program focuses its work on youth/young adults in Departmental foster care, kinship care, those in Supervised Independent Living care models, and youth eligible for guardianship/adoption. Contracts require that youth/young adults in Comprehensive Foster Care or congregate care be provided assessment for transition readiness and receive life skills training and transition support. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements but may provide as needed support either directly or through care providers. Also, per Chafee Program guidelines,

youth/young adults who received Outreach services may stop and resume intensive or short-term focused services at any time prior to age 23.

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 weekly intensive model focuses primarily on the needs of youth/young adults ages 16 and older and the PAYA life skills curriculum and incentive program are available to all youth in DCF placements ages 14 and older.

The average age of youth receiving Outreach weekly service is 18 years old. The vast majority of the youth on the active caseload are open to case management and placement services with DCF. Other young adults may self-refer or be referred to the program by community service agencies, former foster parents, DCF social workers, etc. Less than 10% of the active Outreach cases are closed with DCF and no longer living in DCF placement.

Staffing and Service Overview

The Outreach Workers are assigned to an area office. The Outreach Supervisors cover an assigned region. The Outreach staff provides weekly service to the youth and young adults on their Active Caseload. When appropriate, youth and young adults move from Active status and are put on Tracking status for six months, where contact moves from weekly to monthly to provide any needed support. With the increase in state-supported staff there are 44 full-time equivalent positions in the Adolescent and Young Adult Services Unit. Chafee funding provides for the salary of the Director of Adolescent and Young Adult Services who oversees ETV and Outreach Workers Units. Chafee funding also supports the Manager of the Adolescent and Young Adult Services Unit, Housing Coordinator, and Employment and Fiscal Literacy Coordinator.

Determining Eligibility for Benefits and Services (Section 477 (b) (2) (E) of the Act)

Massachusetts DCF uses the Chafee Program guidelines and criteria for program participation to determine which youth and young adults are eligible for services. DCF also provides Chafee services for eligible youth and young adults from other states who are living in Massachusetts, youth ages 14 and older in out-of-home placement and young adults ages 18-23 who are in DCF care or have discharged from care have access to Chafee benefits and services.

Outcomes

The achievements over the last five years have been consistent. The youth/young adults who engage in Outreach services are generally successful in reaching their educational and employment goals and attaining permanent connections with family and community. DCF plans to continue the Outreach service model and obtain ongoing feedback from the youth/young adults and other stakeholders for recommendations for improvement.

Education

Adolescent Outreach Workers have provided direct support to youth engaged in educational programs.

- FFY 2020: Of these, 37% were enrolled in high school or working towards their HiSET/GED, while another 35 % pursued college degree or vocational training
- FFY 2021: Of these, 5% were enrolled in high school or working towards their HiSET/GED, while another 45 % pursued a college degree or vocational training. The COVID-19 pandemic had an evident impact on school enrollment and the students pursuing a GED
- FFY 2022: Of these, 38% were enrolled in high school or working towards their HiSET/GED, while another 36 % pursued college degree or vocational training
- FFY 2023: Of these, 38,5.25% were enrolled in high school or working towards their HiSET/GED, while another 36.25 % pursued college degree or vocational training
- FFY 2024: Of these, 34% were enrolled in high school or working towards their HiSET/GED, while another 45 % pursued college degree or vocational training

Permanency

- FFY 2020: 84% of the youth and young adults on the Outreach caseload reported having a permanent connection to the biological family including parents, siblings, and extended family
- FFY 2021: 94% of the youth and young adults on the Outreach caseload reported having a permanent connection to the biological family including parents, siblings, and extended family
- FFY 2022: 90% of the youth and young adults on the Outreach caseload reported having a permanent connection to the biological family including parents, siblings, and extended family
- FFY 2023: 90% of the youth and young adults on the Outreach caseload reported having a permanent connection to the biological family including parents, siblings, and extended family
- FFY 2024: 75% of the youth and young adults on the Outreach caseload report having a permanent connection to the biological family including parents, siblings, and extended family

Efforts to Provide Developmentally Appropriate Services/Activities for Foster Youth

The Department understands the importance of providing services and support to foster youth that are developmentally appropriate and allows the youth to engage in similar activities as their non-foster care peers. The following services/programs were provided to address this goal.

Life Skill Curriculum- PAYA 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 four (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 Department's Permanency Planning Policy (effective July 1, 2013) requires all Comprehensive Foster Care (CFC) contracted providers and congregate care providers to complete the Youth Readiness Assessment Tool for the same population of youth and young adults specified above. These providers must also tie their use of the PAYA curriculum to the assessment tool. Regular training in curriculum implementation is provided by DCF to anyone offering the PAYA curriculum and using the Youth Readiness Assessment Tool. Training participants include staff from contracted and state agencies, community partners, social workers, and foster parents.

Since the implementation of the PAYA Program, the Department has utilized incentives to reward youth 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 the achievement of these goals – as well as the tangible reward of the incentive. To qualify for an incentive, a youth must demonstrate competency in the skills addressed in the individual life skill module. Youth may request \$75 for each module completed.

- FFY 2020: DCF processed 291 PAYA incentives, totaling \$104,000
- FFY 2021: DCF processed 223 PAYA incentives, totaling \$117,000
- FFY 2022: DCF processed 108 PAYA incentives, totaling \$31,000
- FFY 2023: DCF processed 218 PAYA incentives, totaling \$27,970
- FFY 2024: DCF processed 160 PAYA incentives, totaling \$22,227

In March 2023, DCF initiated a partnership with LYFT Learning, which presented a specialized online independent living skills training program. This program is a vital tool for granting youth across the state access to essential education about independent living skills, thereby promoting equity and equality. The program includes about 60 hours (10-15 min modules) of content. All modules are primarily delivered through engaging animated videos that cater to various learning styles. Topics covered include communication skills, job acquisition and retention, personal finance, healthy relationships, independent living, and resilience. Each module is designed to be completed on mobile devices, ensuring accessibility for users and allowing learners to progress at their own pace, even offline. This flexibility is critical for youth in transition who may have varying schedules and access to technology.

Additionally, the program includes:

- Pre and post-tests.

- Workbooks.
- Action plans.
- Additional resources that help reinforce the learning and provide practical applications of the skills taught enhance learners' ability to navigate adulthood successfully

After careful consideration, DCF has chosen to adopt the Life Skills Reimagined curriculum. DCF will formally launch it in July 2024.

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: mental health and wellness opportunities, driver's education, athletic and academic participation fees; SAT prep courses, transportation costs, and technology.

- FFY 2020: DCF provided 860 foster youth and young adults with Life Skills Support payments. Total spending during this timeframe in this program was \$520,819
- FFY 2021: DCF provided 738 foster youth and young adults with Life Skills Support payments. Total spending during this timeframe in this program was \$776,000
- FFY 2022: DCF provided 1,100 foster youth and young adults with Life Skills Support payments. Total spending during this timeframe in this program was \$ 1,105,600
- FFY 2023: DCF provided 1,423 foster youth and young adults with Life Skills Support payments. Total spending during this timeframe in this program was \$1,266,903
- FFY 2024: DCF provided 1,174 foster youth and young adults with Life Skills Support payments. Total spending during this timeframe in this program was \$1,311,915

Life Skills Support Program, Outreach Workers and Mental Health

Outreach Workers continue to focus much of their effort on connecting youth and young adults to mental health intervention and support. They found two key resources that provided such support both directly and indirectly for youth and young adults. First, the Life Skills Support Program provided a direct resource for payment of alternative mental health and wellness interventions not covered by insurance. Over the past five years, youth and young adults accessed the program for funding for music therapy, pet therapy, and trauma-informed yoga classes. Life Skills Support also supplemented the cost of activities supervised by a traditional insurance-funded mental health professional, such as art supplies and musical instruments. In addition, Outreach Workers reported the connection opportunities provided by the Massachusetts Network of Foster Care Alumni (MassNFCA) also had a large impact on mental health support, which is addressed further below.

Chafee and LGBTQIA2S+ Support

Outreach Workers are trained and supported to consider the diverse needs of LGBTQIA2S+ youth and young adults living in out-of-home placements and transitioning to adulthood. Like

the support provided toward mental health needs, the Life Skills Support funds are a key resource for supporting the needs of LGBTQIA2S+ youth and young adults. The Life Skills Support Program has funded gender-affirming clothing and other personal needs. The program is also frequently accessed for self-care items post-surgical or other medical intervention. In January 2023, the Outreach program began collecting data on the number of LGBTQIA2S+ youth being served.

- FFY 2023: Adolescent Outreach has served 23 LGBTQIA2S+ identifying youth
- FFY 2024: Adolescent Outreach has served 15 LGBTQIA2S+ identifying youth

Employment

Adolescent Outreach staff has collaborated with local Workforce Investment Boards (WIA) in the Southern, Northern, and Greater Boston Regions of Massachusetts. Outreach Workers can connect youth with WIA-funded employment services, which have resulted in DCF youth gaining both seasonal and yearlong part-time and full-time employment.

- FFY 2020: 64% of the Outreach caseload was employed full-time or part-time
- FFY 2021: 42% of the Outreach caseload was employed between July 2020-April 2021. Of these youth and young adults, 29% were employed full-time, and 71% were employed part-time. These figures represent a significant increase in employment in the Outreach caseload compared to prior years. This increase may be related to a drop in school enrollment, and/or availability of public-facing jobs to the population during the pandemic
- FFY 2022: 70% of the Outreach caseload was employed full or part-time
- FFY 2023: 81% of the Outreach caseload was employed full or part-time
- FFY 2024: 67% of the current Outreach caseload is employed either full-time or part-time

DCF youth are paid a stipend of \$16 an hour, funded through Chafee for their participation in this program. This has increased by \$10 since July 2019, when the stipend rate was \$10 an hour. They can determine the number of work hours and location that meets their individual needs. The internship program has been a great way to introduce youth to a vocational or professional work setting and to motivate them to continue with educational goals.

- FFY 2020: 34 youths were matched with internship placements. Total spending in the internship program was \$13,460.
- FFY 2021: 17 youths were matched with internship placements. Total spending in the internship program was \$5,000.
- FFY 2022: 9 youths were matched with internship placements. Total spending in the internship program was \$5,000.
- FFY 2023: 8 youths were matched with internship placements. Total spending in the internship program was \$6,564.
- FFY 2024: 8 youths were matched with internship placements. Total spending in the internship program was \$9,855.

Financial Literacy and Credit

DCF emphasizes fiscal education as essential for young adults in extended foster care. Enhanced fiscal literacy enables youth to manage personal finances prudently, make informed financial decisions, and establish a robust foundation for long-term economic stability as they transition to independent living.

DCF is committed to monitoring consumer credit reports for each youth aged 14+ in foster care on a quarterly basis and addressing any inaccuracies found.

The Adolescent Outreach Fiscal Literacy Specialist reviews consumer credit reports from three major credit reporting agencies for two age groups, 14-16+ and 18–22-year-old. The review must be conducted within 60 days of the youth's 14th birthday or entry into foster care. Upon receiving the credit report, whether it shows an absence of a credit file or identifies potential issues, the coordinator, with the assistance of the Outreach Worker (if assigned) and ongoing Social Worker, will provide financial and educational consultation and will guide the youth through the process of disputing inaccuracies with credit bureaus. Staff continue individual follow-up with young people to ensure their records are correct and their credit scores are improved before they leave foster care. All actions, from the request for credit reports to any interventions made, will be thoroughly documented in young adults' case records. Adolescent Outreach plans to add another Fiscal Literacy Specialist position to provide individual financial consultations and promptly complete reports and reviews.

- In FFY 2020: the Fiscal Literacy Specialist reviewed 3,239 credit reports
- In FFY 2021: the Fiscal Literacy Specialist reviewed 5,393 credit reports
- In FFY 2022: the Fiscal Literacy Specialist reviewed 6083 credit reports
- In FFY 2023: the Fiscal Literacy Specialist reviewed 7,493 credit reports
- In FFY 2024: the Fiscal Literacy Specialist reviewed 2,902 credit reports

Results and Corrections

- For young adults under age 18 from FFY 2020, 186 youths were identified with fraudulent activities. The Fiscal Literacy Specialist was able to advocate and remove an illegal act from 186 young adults' credit reports
- For young adults under age 18 from FFY 2021 and FFY 2022, 242 youths were identified with fraudulent activities. The Fiscal Literacy Specialist was able to advocate and remove an illegal act from 242 young adults' credit reports
- For young adults under age 18 from FFY 2023 and FFY 2024, 91 youths were identified with fraudulent activities. The Fiscal Literacy Specialist was able to advocate and remove an illegal act from 71 young adults' credit reports
- Beginning in FFY 2023, DCF started to pull credit reports for young adults aged 18+. For young adults aged 18 + from FFY 2023 and FFY 2024, 1,882 youths were identified with

information that needed to be investigated (late payments, loans, and fraudulent activities). The Fiscal Literacy Specialist was able to advocate and improve credit reports for 1,100

Housing Support, Room and Board Assistance, Homelessness Prevention

Many young adults reaching age the 18-years-old in DCF custody/care choose to sign a Voluntary Placement Agreement with the agency to continue in care. The state provides the funding for placements for youth/young adults ages 18 and older – either in foster care or Comprehensive Foster Care (contracted), or Independent Living programs. In addition, DCF utilizes Young Adult Support Payments (Supervised Independent Living) to directly provide room and board funding to young adults who DCF determines to be appropriate for that level of care.

- FFY 2020: 2,050 young adults aged 18 and older received agency voluntary care. As of April 2020, there were 724 young adults statewide who were receiving Young Adult Support Payments
- FFY 2021: 2,208 young adults aged 18 and older received agency voluntary care. Of these, 844 young adults were receiving Young Adult Support Payments
- FFY 2022: 2,271 young adults aged 18 and older received agency voluntary care. Of these, 871 young adults were receiving Young Adult Support Payments
- FFY 2023: 1,492 young adults aged 18 and older received agency voluntary care. Of these, 852 young adults were receiving Young Adult Support Payments
- FFY 2024: 1,457 young adults aged 18 and older received agency voluntary care. Of these, 794 young adults were receiving Young Adult Support Payments

The Discharge Support Program, managed by the Adolescent and Young Adult 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 need such support.

- FFY 2020: 115 young adults received discharge payments for housing and related expenses totaling \$133,820
- FFY 2021: 220 young adults received discharge payments for housing and related expenses totaling \$659,882
- FFY 2022: 563 young adults received discharge payments for housing and related expenses totaling \$2,011,500
- FFY 2023: 272 young adults received discharge payments for housing and related expenses totaling \$741,143
- FFY 2024: 333 young adults received discharge payments for housing and related expenses totaling \$726,485

Below is a summary of the housing support offered through state and federal housing funds, DCF, and donated support.

- Voluntary Placement Agreement and Options - The Department's Permanency Planning Policy mirrors the Fostering Connections guidelines for continuation in voluntary care. The

Voluntary Placement Agreement (VPA) that both the young adult and the agency staff must sign has been modified to allow for agreements between the young adult and DCF and to specify the expectations of continued care. This VPA also includes a reference to the Health Care Proxy and the annual credit reviews

- In addition to foster care and congregate care placements for youth ages 18 and older, the Department provides Young Adult Support Payments directly to young adults that DCF staff believe are responsible and able to live in an approved placement (i.e., college dormitory, apartment with or without roommates). Young adults receive a stipend to fund their living costs and daily expenses. In addition to the assigned DCF Social Worker, the area office Adolescent Outreach Worker may assist with supervision and support
- Paige Street Apartments - The Lowell Area office of DCF partners with private community development stakeholders to offer, Paige Street Apartments. The program includes nine single occupancy apartments for young men in DCF care and one room is for a paid Resident Advisor (RA)
- Family Unification Program - Since 2009, DCF and the MA Executive Office of Housing and Livable Communities (formerly 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. At this time, there are 27 available vouchers that are fully utilized by qualified DCF young adults.
- FYI Program- In 2021, HUD expanded and enhanced Family Unification Program (FUP) and launched a new housing initiative -FYI program. This program is a collaborative effort between the Department of Children and Families (DCF), community-based providers, and local Public Housing Agencies (PHA) to provide housing support to young adults who have experienced foster care and are at risk of homelessness. FYI partners with DCF, community-based providers, and PHAs to apply for housing vouchers from HUD on a per-participant basis. Currently, DCF collaborates with eight local Housing Authorities and 11 community service providers. All of these communities have accessed the FYI Program

As of now, a total of 182 young adults have met child welfare eligibility criteria and were referred and are currently on a waitlist for FYI vouchers. 131 total youths who have been issued vouchers from 8 local housing Authorities

- In 2021, DCF referred 36 young adults to the program
- In 2022, DCF referred 45 young adults to the program
- In 2023, DCF referred 77 young adults to the program
- In 2024, DCF referred 135 young adults to the program
- Youth Transition to Success Program (YTTSP)- The Executive Office of Housing and Livable Communities and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP). Through this Move to Work funded program, young adults receive a voucher that provides rental assistance based on the fair market value of the area where they will be residing, with escalating portions of their rent share through their years in the program. Participants are required to be enrolled in a post-secondary education program and to engage with an Adolescent Outreach Worker for transition services.
 - In 2020, the program served 26 young adult participants

- In 2021, the program served 30 young adult participants
 - In 2022, the program served 36 young adult participants
 - In 2023, the program served 49 young adult participants
 - In 2024, the program served 34 young adult participants
- The Department began a collaborative effort with the Massachusetts Office of the Child Advocate and the MA Unaccompanied Homeless Youth Commission in 2022 to increase the stability of youth and young adults transitioning out of DCF custody or care at or beyond age 18. The Housing Stabilization and Support Program is provided to youth and young adults to obtain housing and maintain stability upon being housed. This program works with youth and young adults previously in the custody of DCF or transitioning out of DCF care. This program includes services focused on housing but also overall case management for closed DCF youth which may include employment, educational, and economic resources.
 - In 2022, 100 youth and young adults have accessed the program
 - In 2023, 285 youth and young adults have accessed the program
 - In 2024, 471 youth and young adults have accessed the program

National Youth in Transition Database (NYTD)

Massachusetts has met the compliance standards of NYTD since the implementation of the program. The staff that participated with the NYTD effort, the Youth Advisory Boards, agency management team and other stakeholders have been apprised of the review schedule as well as reported outcomes.

- NYTD data has been shared with various stakeholders in the area of housing and community development and has been critical to the discussions with local public housing authorities to engage them in the FYI Program
- DCF has shared the NYTD survey outcomes and information with the Massachusetts Network of Foster Care Alumni and the Joint Youth Advisory Committee. 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 data has been made available to agency partners. In FFY 2022, NYTD data was utilized to assist the Massachusetts Office of the Child Advocate in the development of The Housing Stabilization Support Program
- Due to increased staffing of Outreach Workers and the NYTD stipend, NYTD survey participation rates exceed 90% in each year's cohort

Collaboration with Youth and Other Programs

On an ongoing basis, the Department seeks input in planning and refining Chafee services from the members of the Regional Youth Advisory Boards and Joint Youth Advisory Committee, youth-serving providers, and the Massachusetts Network of Foster Care Alumni.

The Joint Youth Advisory Committee

Presently, there are 75 youth/young adult members of the DCF Joint Youth Advisory Committee. The Joint Youth Advisory Committee is comprised of local boards, and joint meetings with the Massachusetts Network of Foster Care Alumni Board of Directors. The mission of this group is to promote positive outcomes for future foster youth through their voice, advocacy, and action. Members provide feedback on a number of issues relevant to the Department. Committee Members continue to provide recommendations to the Department on services, policy, and practice. Achievements and goals from the past five years are detailed below:

FFY 2020:

- Members provided feedback on a number of issues relevant to the Department. Committee Members have continued the work of informing new initiatives related to training and foster care review this year
- Committee members provided support to area office Youth Panels – at times meeting with foster youth turning age 18 who are considering signing on with DCF under voluntary care. The Board members discussed the value of continuing in care after age 18, setting goals and working to achieve them. The Panel also met with youth who have discharged from care and are requesting to return
- Members assisted in the planning efforts of the 2020 Youth Leadership Academy. The academy was postponed due to COVID-19
- The Central and West Regional Board members again participated in Foster Parent Support events by partnering with younger foster children for activities during the events, allowing foster parents to fully engage in the adult activities of the day and allowing foster children the benefit of mentorship
- Members of all the regional boards continued to participate in MAPP trainings and regional recruitment events, sharing their experiences in helping train and recruit Foster and Adoptive families
- Members continued to participate in trainings, including Pre-Service training for social workers and supervisors to talk about the needs of youth in DCF care/custody. Members have joined the Child Welfare Institute in the preparation stages of leadership forum series focused on permanency attainment
- Members have provided feedback to the state Executive Office of Housing and Livable Communities the current subsidized and supportive housing programs developed in partnership with DCF. Members who had participated in these housing programs were part of the preparation and referral process for new consumers. When a new young adult was referred to the program, they were connected to a member who would discuss the strengths and challenges of the program. Some Members also invited new youth and their Outreach Workers to see their apartment setting to help them visualize the care model and decide if they want to move forward in the program

FFY 2021:

- The DCF Joint Youth Advisory Committee was critical to the agency's planning on caring for youth and young adults during the pandemic. Young adult members participated in Roundtables hosted by the Children's Bureau and joined their national colleagues in

highlighting the need for direct payments that are provided on a timely basis, stable housing, and increased support for transportation needs.

- Members of the Committee served as a focus group in the development of a pilot program in the Commonwealth to serve young adults who decline to continue care beyond age 18. A subgroup of the Committee of members declined care at age 18 and later re-entered care and provided feedback on how to best engage and serve young adults within and outside the DCF system.
- Members participated in a panel presentation through a Court Improvement Program to support preserving cultural identity in out-of-home placement.
- Members of all the regional boards continued to participate in MAPP trainings and regional recruitment events, sharing their experiences in helping train and recruit Foster and adoptive families.
- Members continued to participate in trainings, including pre-service training for social workers and supervisors to talk about the needs of youth in DCF care/custody.
- Members continued to provide feedback to the state Executive Office of Housing and Livable Communities on the current subsidized and supportive housing programs developed in partnership with DCF.

FFY 2022:

- Members of the Committee formed a subgroup to inform the Department about how they experienced diversity, equity, and inclusion while living in various care models. The results of the provided feedback directly informed the procurement process and subsequent contract language for the agency's Support and Stabilization Program which provides in-home and community-based care for children, youth, and families.
- Members of all the regional boards continue to participate in MAPP trainings and regional recruitment events this year sharing their experiences in helping train and recruit Foster and adoptive families.
- Members served as trainers in the DCF Permanency Training Series, speaking to the need for cultural competence and positive identity formation when making placement and permanency decisions.
- The Committee continued to advocate for and plan a Youth and Young Adult Wellness Conference, in preparation for when large scale in person activities would return post pandemic.
- Members of each regional board served as keynote speakers in the five DCF regional graduation celebrations and the statewide Youth Achievement Celebration.

FFY 2023:

- Members of all the regional boards continue to participate in MAPP trainings and regional recruitment events this year sharing their experiences in helping train and recruit foster and adoptive families.
- The Committee continued to advocate for and plan a Youth and Young Adult Wellness Conference, which took place in August 2023 and will happen again in August 2024.
- Youth Advisory Board members attended an Art Show in February 2023 to support other artists in foster care who were displaying their works.
- Members of each regional board served as keynote speakers in the five DCF regional graduation celebrations and the statewide Youth Achievement Celebration.

FFY 2024:

- Youth Advisory Boards are involved in upgrading informational materials about Adolescent Outreach services and The Answer Book: Making the most of foster care.
- Another important initiative and long-term project are to create focus Advisory group from YAB members and MassNFCA representatives to provide DCF with recommendations on modernization of current Adolescent Outreach website, creating centralized foster care online platform for resources hub for young adults, and creating of personalized online profiles for each DCF consumer.

Collaboration with Other Private and Public Agencies*The Massachusetts Network of Foster Care Alumni*

Within the past five years, the Department of Children & Families (DCF) has established a significant alliance with the Baker Center for Children and Families. This entity serves as the headquarters for the Massachusetts Network of Foster Care Alumni, as well as the New England Association of Child Welfare Commissioners and Directors (NEACWCD), a partnership of public child welfare leaders from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, initiated in 1984 with the objective to refine policy and practice to better serve youth and families.

In FFY 2021, DCF, the Baker Center, and MassNFCA jointly initiated the 'Project Youth Voice,' which is a targeted initiative to foster engagement and create a network of current and former foster care youth and individuals with lived experiences through a variety of activities designed to nurture community ties, impart knowledge, and provide emotional support. MassNFCA staff and volunteers together with YABs and Outreach Workers identify relevant topics and coordinate activities/events. They alternate between physical meetups and digital platforms, with a view to reaching participants across the state. These activities, strategically scheduled monthly or bi-monthly, are influenced and directed by the youths with lived experiences. While some events are targeted at fostering social bonds in a laid-back setting, allowing alumni to bond over shared experiences, others are structured with an educational or professional development focus, demonstrating the initiative's multifaceted approach to community building. For instance, in 2024, Project Youth Voice organized eight regional activities such as MassNFCA Thanksgiving, Boda Borg Escape Room and Thai dinner, Taxes Basics, Paying for College, Lean In, Let Go and Level Up -Motivational webinar, Games and Gather an intergenerational event to recognize and celebrate foster care awareness month, and other.

DCF will continue to collaborate with MassNFCA. Adolescent Outreach representatives attend the board's monthly meetings and provide updates on initiatives and ongoing programs and seek feedback on policies and programs.

Coordination of Services with other Federal and State programs

- Adolescent Outreach took the proactive step of initiating an outreach of Court Improvement Program and offering to revise and update the Answer Book: Making the most out of Foster Care resource guide for current and former foster youth. This collaborative project will

involve Outreach Workers, Judges, current youth from YABs and MassNFCA members, DCF Policy Department and other community and State partners. The collective goal is to ensure that the revised guide captures the latest legal standards, incorporates new programs and resources, and addresses the evolving needs of transitioning youth.

- DCF and MassHealth have worked 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 employs medical social workers to assist with care coordination.
- Executive Office of Housing and Livable Communities - Since 2009, the collaboration between DCF and the MA Executive Office of Housing and Livable Communities has resulted in joint applications to HUD for Family Unification Program (FUP) vouchers. Notably, a dedicated portion of these vouchers has been allocated to support "transition age" youth. Furthermore, EOHLC and DCF have joined forces to establish the Youth Transitioning to Success Program (YTTSP). This innovative initiative, funded through Move to Work dollars, provides young adults with a stipend for rental assistance tailored to the fair market value of their area of residence.
- Office of the Child Advocate (Transition Age Youth Initiatives) - Statewide Housing Stabilization Support Program: The program is an expansion of a successful pilot initiative aimed at supporting young adults transitioning out of care at age 18 or those leaving the Department post-18. This initiative offers young adults the opportunity for continued support through a collaborative effort among various agencies serving young adults. It ensures access to crucial supportive services beyond their involvement with the Department, empowering them as they navigate the transition to independent living.
- City of Boston Youth Aging Out of Care Working Group - Established in November 2022, this collaborative effort brings together fourteen diverse organizations and agencies serving youth in foster care across Boston and neighboring regions. The working group has been instrumental in providing the Mayor of Boston with comprehensive recommendations aimed at enhancing housing options for transition-age youth, boosting graduation rates, fortifying support networks, and implementing trauma-informed resources. The City of Boston (COB) has allocated \$4.7 million over five years to construct 157 new housing units for unaccompanied youth and young adults experiencing homelessness. Additionally, the Mayor’s Office of Housing has issued a Request for Proposals (RFP) to provide supportive services to FYI voucher holders through the Boston Housing Authority (BHA) in collaboration with the Department of Children and Families (DCF).

The group is actively preparing for a Hiring Day scheduled for June 2024. This event will offer foster youth invaluable opportunities to apply for positions within the City of Boston, fostering their path toward independence and professional growth.

- The goal of the Youth Homelessness Demonstration Program (YHDP) is to support selected communities, including rural, suburban, and urban areas across the United States, in the development and implementation of a coordinated community approach to preventing and

ending youth homelessness. Additionally, HUD is committed to sharing the experience of YHDP communities and mobilizing communities around the country toward the same end. DCF has partnered with Lynn Housing Authority, the City of Springfield, and Worcester Continuum of Care (COC) to aid in the development of Youth Homelessness Demonstration Program (YHDP) initiatives in their respective areas. Additionally, they are actively involved as a member of the Springfield Executive Committee and the Lynn Housing Authority YHDP Team. Furthermore, they serve as the point of contact for child welfare in Worcester and Cape Cod YHDP programming efforts. DCF is continually advancing its collaboration efforts with all Continuums of Care (COCs) across the state.

- EOHHS Unaccompanied Homeless Youth Commission - In a concerted effort, the Department has collaborated with the Massachusetts Office of the Child Advocate and the MA Unaccompanied Homeless Youth Commission to enhance the stability of youth and young adults transitioning out of DCF custody or care, whether at age 18 or beyond. Through the Housing Stabilization and Support Program, comprehensive assistance is provided to facilitate housing acquisition and sustain stability. This program extends its support to youth and young adults who were formerly in DCF custody or in the process of transitioning out of its care. Notably, it offers holistic case management, encompassing essential areas such as employment, education, and economic resources, tailored to the needs of closing or closed DCF youth. This collaborative partnership has fostered improved communication with service providers, enabling former foster youth to access vital services, including re-establishing a sustained connection with the Department.
- Fostering Youth to Independence Vouchers - This initiative is dedicated to supporting closed youth or those nearing closure within 90 days by providing a 36-month housing choice voucher. Participating in local Regional Administrator Agencies (RAAs) offering Family Self-Sufficiency (FSS) Programming extends an additional 24 months of support upon enrollment. Notably, Boston, Somerville, and Mansfield offer FSS Programming. DCF plays a central role in this collaborative effort. Ongoing engagement with service providers and local RAAs has significantly enhanced operational efficiency and fostered cross-agency collaboration. The Department actively recruits local RAAs and service providers to expand FYI voucher accessibility statewide. Presently, FYI services and vouchers are accessible in Boston, Sandwich, Springfield, Stockbridge, Somerville, and Mansfield, with a partnership underway with the Lynn Housing Authority. However, statewide expansion with the Office of Housing and Livable Communities is contingent upon meeting HUD's requirement of 90% FUP utilization before voucher issuance.
- The Youth Homelessness Demonstration Project (YHDP) - Empowers selected communities nationwide, encompassing rural, suburban, and urban areas, to craft and implement a unified approach to combatting youth homelessness. The Department is deeply engaged in this initiative, actively contributing to various Youth Homelessness Demonstration Projects across the state. Presently, DCF collaborates and participates in key groups, including COC BOS YYA YHDP Committee, Community Team works YHDP Leadership Team, Lynn Core Team Member YHDP Workgroup, and Springfield Hampden County YHDP Executive Committee.

- The Department actively engages in various regional youth committees, facilitating enhanced access to comprehensive services for homeless and formerly homeless foster youth across regions. This newfound connection and collaboration have significantly improved the staff's ability to directly engage in accessing crucial services for foster youth, spanning housing, employment, mental health treatment, and beyond. Notable committees include the City of Boston Rising to the Challenge Steering Committee, Worcester County Youth Subcommittee, and South Shore Network to End Homelessness, where the Department plays an integral role.
- Department of Higher Education/Office of Student Financial Assistance- DCF staff has continued to work collaboratively with staff at the Department of Higher Education (DHE), the state universities, the community colleges, as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of students from foster care. DCF has continued its presence on campuses and works in partnership with higher education (in the areas of support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students. In addition to working directly with DHE, DCF has been a member of the Financial Aid Advisory Committee. The committee members are private colleges, public universities, community colleges, and TRIO funded programs like MassEdCO.
- Department of Mental Health Impact Centers- The Impact Center offers services for youth 16-21 experiencing, or at risk of, mental health and/or substance use concerns in a friendly relaxed space. It connects youth to resources for jobs, housing, education, and more.
- WIA/Mass Hire- DCF Outreach Program staff members have continued their efforts to strengthen connections with Workforce Investment Act (WIA) funded agencies and career centers with the goal of accessing services and supports for our foster youth. Targeted outreach to foster youth for summer/seasonal job hiring continues.
- Office of Victim of Crimes Grant Project- The agency has partnered with LIFT (Living in Freedom Together), a provider of care to victims and survivors of human trafficking, to develop videos to train adult supporters, foster parents, and other caregivers with trauma-informed, supportive ways to provide care to young people who have been sexually exploited.
- My Life, My Choice- Outreach staff participated in a two-part CSEC training from My Life My Choice, Commercial Sexual Exploitation of Children, and CSEC Advanced Clinical Training. During the training series, staff were educated on the identification and best responses for children and youth who are at risk for or who have been exploited.
- MassEdCO partnered with DCF to provide training on their resources to the Adolescent and Young Adult Services Unit. On 4/27/2023, MassEdCO provided a training to improve the collaboration between DCF staff and supporting youth with accessing free services through this TRIO grant-funded program to support youth around choosing a career, career readiness, job training, applying for colleges, accessing financial aid, financial literacy, and support available to people of all ages, including adult clients. This has grown to include meetings

with the Harbor Area Office, Park Street Area Office, and Jackson Square Area Office in Boston.

- The MA Department of Youth Services (juvenile justice) and DCF have continued the collaboration to identify transitioning youth connected with both agencies that are eligible for Chafee and/or state-funded resources. In April 2019, DCF partnered with DYS and other youth-serving agencies to present a transition-age resource workshop at a conference provided by MASOC (Massachusetts Society of a World Free of Sexual Harm by Youth). Chafee funds are made available to eligible youth who have experienced care and placement in both systems. DCF plans to ensure child welfare representation at this annual conference in order to reach providers and court personnel.
- The collaboration between DCF and MassHealth has supported Massachusetts' utilization of the federal Chafee Provision which allows states to provide Medicaid coverage for youth who are discharged from placement at or after age 18. This benefit is provided up until their 21st birthday without reapplication. DCF and MassHealth have been working to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from "in placement" Mass Health to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination.
- Each year, DCF holds its Annual College and Career Fair in Central Massachusetts to allow high school-aged students and graduates to meet with admissions staff from up to 40 of the State's public colleges, universities, public vocational schools, select private colleges, private vocational schools, and community support providers. The goal of the conference is to give young people exposure to career and education pathways to inspire future-oriented goals.
- Each year, DCF has partnered with the Massachusetts Education Financing Authority (MEFA) and cofacilitated informational sessions on financing college and vocational schools, which includes DCF aid programs for high schools. These virtual training sessions are made available to high school staff, community service providers, and other interested parties.
- DCF has partnered with some public schools to provide guidance counselors to discuss DCF educational support for post-secondary education, outreach services, and answer their questions. Most recently, meetings were requested by Springfield Public High School and Somerville Public High School.
- DCF also works closely with the state Department of Transitional Assistance to assist transition-age youth access SNAP benefits and Transitional Aid to Families with Dependent Children (TAFDC) for parents whose children are not in the custody/care of DCF and may qualify.

Collaboration with Private and Public Agencies

- Massachusetts Network of Foster Care Alumni Board of Directors- The Massachusetts Network of Foster Care Alumni, a 501c3 organization initiated and funded through Chafee.

Its purpose is to connect Foster Care alumni with YABs, create social networks and educate current foster care youth on advocacy and leadership. They organize community events, educational workshops, and mentorship groups that promote resource sharing, career development, and personal growth.

- Youth Villages- DCF contracts service with Youth Villages LifeSet program, which services youth ages 17.5-22 to assist young adults in crises. LifeSet has partnered with Adolescent Outreach to share resources and engagement techniques. Training and round table discussions are utilized to identify gaps in services and meet the needs of young adults across Massachusetts.
- DCF and its partner, Jordan's Furniture, host the annual Youth Achievement Celebration to honor and recognize the accomplishments of youth who have graduated from high school, college, vocational training programs, or received their GED. At this ongoing event, over 450 graduates and their guests gather to celebrate their educational achievements, enjoy activities, and network with peers and DCF leadership. The graduates are also presented with gifts to commemorate their hard work and success. Jordan's also provides donated furniture store gift cards to support youth moving into their first apartments.
- Rise Above- The Rise Above Foundation continues to work with Adolescent Outreach Workers to identify youth and young adults for their "Launch Box" program, where needed supplies for first apartments and dorm rooms are donated to young adults. Rise Above is also available to supplement Chafee funding for enrichment opportunities, education, technology, and support other goals of youth and young adults.
- New England Youth Collaborative – a regional youth group comprised of youth and adult supporters from the six New England states dedicated to improving the services/resources and outcomes for foster youth.
- The Massachusetts Appleseed Program has been working in collaboration with DCF's Adolescent and Young Adult Services unit since November 2023 to update its Homeless Youth Handbook (HYH). In addition to that Appleseed offered a series of workshops to DCF YAB about youth rights and housing.
- In June 2023, DCF reached out the Bioversity workforce development program, attended their groundbreaking ceremony on 7/25/2023, and is working to develop increased visibility and access for youth in foster care to obtain training in the biotech field and receive support to obtain well-paid jobs through this grant-funded program that is working in collaboration with new biotech initiatives through Boston and the Massachusetts communities.
- DCF has been working with the Possible Zone in Dorchester since 8/2/2023 and began working on a staff meeting with the DCF Jackson Square Area office to discuss services available to youth in the area for workforce development that includes entrepreneurial skill growth in areas of fashion, 3-D modeling, laser cut signs, and other business collaborations for youth in their area through this grant-funded service. In February 2024, they provided a

presentation for their staff meeting and then began coordinating in-person site visits for DCF staff and welcome referrals.

- DCF staff collaborates with Ascentria Care Alliance to host regular staff meetings to discuss needs and provide updates on services and programs offered by DCF. As part of this partnership, Ascentria Youth Leadership Board members were invited to join DCF Youth Advisory Board activities and statewide meetings. In May members of Youth Leadership Board from Ascentria will attend housing workshop together with DCF YAB. DCF also provides ongoing training to staff to assist DCF youth with immigration or refugee status in meeting their post-secondary education needs and developing essential life skills.
- Adolescent Outreach staff collaborates with local Workforce Investment Boards and Job Corp in the Southern, Northern, and Greater Boston Regions of Massachusetts. The goal of the Department is to engage WIA and Job Corp services in all regions of the state.
- Adolescent Outreach continues its partnership with Roca, Inc., focusing on enhancing staff education about both organizations' services and the needs of the youth they serve. This collaboration will involve an overview of Roca's Cognitive Behavioral Therapy (CBT) curriculum, which is integral to their success in reducing recidivism and promoting employment among high-risk young people. DCF goal to continue working on developing joint initiatives to better support at-risk youth and foster positive community change.
- Wonderfund- Wonderfund was founded to exclusively serve children engaged with the Massachusetts Department of Children and Families. Wonderfund is available to fund activities for youth and young adults, such as art and music classes, gym memberships, camps, and fees associated with sports teams. The Adolescent Outreach Unit partners with Wonderfund to ensure youth have access to experiences that will build their confidence and enrich their lives.
- DCF staff has continued to collaborate with staff at the Department of Higher Education, the state universities, the community colleges, and the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of students from foster care. DCF has continued its presence on campuses and works in partnership with higher education (in support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students.
- DCF collaborates with the Department of Transitional Assistance to assist transition-age youth to 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. DTA has provided dedicated staff to coordinate with Outreach and other DCF staff to ensure benefits are maximized for transition age youth and young adults. DTA has offered pathways to consider the needs of young adults living with Young Adult Support Payments to maximize any SNAP benefit.
- DCF's six Regional Education Coordinators and points of contact affiliated with each of our 29 area offices collaborate with all school districts. Their focus includes school

enrollment, transportation, school engagement, and supporting transitions for hospitalized youth or returning from congregate care placements. They play a critical role in fostering educational stability and progress for our youth.

Human Trafficking

- The Department's PAYA Life Skills curriculum addresses the signs of domestic violence, dating violence, victimization, and human trafficking. The focus on self-esteem building, self-care, and safety within the curriculum also aids in this work.
- The agency has partnered with LIFT (Living in Freedom Together), a provider of care to victims and survivors of human trafficking, to develop videos to train adult supporters, foster parents, and other caregivers with trauma-informed, supportive ways to provide care to young people who have been sexually exploited.
- Outreach staff participated in a two-part CSEC training from My Life My Choice, Commercial Sexual Exploitation of Children, and CSEC Advanced Clinical Training. During the training series, staff were educated on the identification and best responses for children and youth who are at risk for or who have been exploited.

Training and Technical Assistance

The Adolescent and Young Adult Services Unit staff have continued to provide focused training to staff, providers, and foster parents to strengthen understanding and practice of transition work. With the assistance of the Child Welfare Institute, staff were able to offer recurring public trainings that was provided over the past five years:

FFY 2020:

- Young Adult Support Payments - Social Workers gained skills to support youth who receive young adult support payments to budget and maximize their housing resources
- Transition Planning for Supervisors with Adolescents in Out of Home Placement –In these training supervisors learned to support social workers to work with youth to create and document effective transition plans in accordance with the DCF Permanency Planning Policy. The Young Adult Readiness Assessment Tool, PAYA services, and accessing youth development services and funds available to youth and young adults were reviewed
- Permanency and the Young Adult - This training helped social workers and supervisors understand permanency goals including APPLA and Permanency with Kin and how to continue to pursue permanency for older adolescents and young adults in care
- PAYA (Preparing Adolescents for Young Adulthood)– In this training, participants learn to use the PAYA curriculum as a key component of transition planning. Agency expectations for congregate care and foster care service providers are reviewed and participants use a positive youth development framework to identify effective life skills training work and engage youth and their caregivers in the practice
- Foster Youth and Post-Secondary Attainment - This training focuses 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.

- Outreach staff provided resource information and technical assistance to all 29 DCF area offices, many congregate care and independent living programs, foster parent support groups and youth advocacy agencies, including a review of all the available adolescent resources and youth development activities such as the expansion of MassHealth coverage for youth discharging from DCF after age 18 to age 26 through the Affordable Care Act, the Life Skills Support Program, Discharge Support Program, Foster Child Tuition Waivers, the ETV Program, transitional living options and subsidized housing through the FUP-AOP, Peer Leadership trainings, statewide and regional graduation celebration, the MA Network of Foster Care Alumni events and other support services.
- Outreach staff issues a newsletter for professionals and supporters of transition-age foster youth. The publication includes training opportunities and dates, resources, and referral information for professionals supporting youth in post-secondary education.
- DCF staff collaborates with Ascentria Care Alliance and provides ongoing training in order for the staff to assist DCF youth who are served by the Office for Refugees and Immigrants with post-secondary education need and life skill development needs.

FFY 2021:

- PAYA (Preparing Adolescents for Young Adulthood)
- Foster Youth and Post-Secondary Attainment
- Outreach staff continued to provide resource information and technical assistance to all 29 DCF area offices, many congregate care and independent living programs, foster parent support groups and youth advocacy agencies
- Publication of the Adolescent Outreach newsletter
- Continued collaboration with Ascentria Care Alliance

FFY 2022:

- PAYA (Preparing Adolescents for Young Adulthood)
- Foster Youth and Post-Secondary Attainment
- Youth Villages, a large provider to in and out-of-home adolescents in the Commonwealth, was provided with training to assist the organization to reach positive outcomes in post-secondary attainment. DCF staff also provided a transition workshop at the Youth Village workforce training summit
- Publication of the Adolescent Outreach newsletter
- Continued collaboration with Ascentria Care Alliance

FFY 2023:

- PAYA (Preparing Adolescents for Young Adulthood)
- Foster Youth and Post-Secondary Attainment
- Rise Above was provided with technical assistance to assist with the development of the Rise Above PAYA Module 4 Workshop. The workshop is offered to youth/young adults to teach and achieve positive outcomes in the areas of housing, transportation, community resources, understanding the law, and recreation

- Outreach staff provide Chafee training for DCF staff at the area office staff meetings. Trainings are offered on an ongoing and as needed basis. Staff also participated in the APM training series to discuss Adolescent and Young Adult services and Chafee benefits.
- Outreach staff provided a Chafee training and Transition-Age Youth training for Committee for Public Counsel Services (CPCS) attorneys and private bar attorneys across the state
- During the Commissioner listening sessions, information on Chafee benefits and youth services is provided to foster parents and providers
- Publication of the Adolescent Outreach newsletter
- Continued collaboration with Ascentria Care Alliance

FFY 2024:

- PAYA (Preparing Adolescents for Young Adulthood)
- Foster Youth and Post-Secondary Attainment
- The Massachusetts Child Welfare Training Institute provides Adolescent Outreach staff with an opportunity to conduct ongoing training for new DCF staff during the New Social Workers monthly orientation. The Adolescent Outreach Unit has launched a series of Housing workshops in regional offices with a focus on HUD Housing initiatives, FUP and FYI, and housing resources available statewide and in different regions. In addition, Outreach Supervisors offer ongoing training about the Chafee program for DCF staff in Area offices.
- Outreach Workers and ETV program staff offer semi-annual Statewide Education Open Houses, focusing on services and resources for young adults in post-secondary education. Detailed information concerning challenges specific to foster care youth and a comprehensive overview of DCF's financial aid programs are presented. These programs encompass Tuition and Fee Waivers, Foster Child Grants, Education and Training Vouchers, and the William Warren Scholarship.
- Adolescent Outreach collaborates with the Massachusetts Education Financing Authority to host annual virtual informational sessions on funding post-secondary education for high school personnel and community service providers. We have also partnered with public schools to provide guidance counselors insights into DCF educational support, particularly for post-secondary pursuits.

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

The Adolescent and Young Adult Services Unit provides support and consultation on issues related to transition-age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe.

- In FFY 2020, the Mashpee Wampanoag Tribe designated staff focused on youth and young adult programming and services to work directly with DCF staff to understand and access Chafee funded benefits and services
- In FFY 2021, MA DCF's Adolescent outreach contacted both MA Tribes several times to schedule time to discuss Chafee services and how DCF can ensure Native youth and young adults have access to them. The Tribes were invited to contact Adolescent outreach to schedule a meeting and were provided with information via email about Chafee benefits
- For FFY 2022, the MA DCF ICWA Coordinator contacted both MA Tribes (on May 13, 2022), shared a brochure of Chafee benefits, and provided contact information for

Adolescent Outreach staff who could further discuss Chafee services. The Tribes were invited to contact Adolescent Outreach at any time

- In FFY 2023, on December 2, 2022, the MA DCF ICWA Coordinator sent both Tribes information on Chafee benefits via email. On December 5, 2022, The DCF Director for the Office of Adolescent & Young Adult Services contacted both MA Tribes, inviting them to reach out when ready to further discuss opportunities available. The Adolescent Outreach staff then scheduled to meet with the Tribes quarterly. The total number of ICWA youth that Adolescent Outreach served that year was 19
- In FFY 2024, and up until most recently, the ICWA Coordinator facilitated contact between both Tribes, the Manager of Adolescent and Young Adult Services and the DCF Director for Office of Adolescent & Young Adult Services on November 15, 2023, to discuss Chafee Benefits. The ICWA Coordinator facilitated contact between both Tribes, the DCF Educational Program Supervisor and the DCF Director for Office of Adolescent & Young Adult Services on March 28, 2024, to discuss opportunities available via a Postsecondary Educational/Vocational grant and Chafee Benefits.

Currently, neither MA tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program for eligible Indian children or to receive an appropriate portion of the state's allotment for such administration or supervision.

Medicaid Enrollment

In Massachusetts, young adults who reach the age of 18 in out-of-home placement are automatically enrolled in Medicaid, and coverage is not disrupted once the case closes. State-level legislation supports the ongoing collaboration between DCF and MassHealth to ensure any barriers to access are removed. The Department's Permanency Planning Policy requires young adults to be educated about their health care coverage and provided with their MassHealth card before discharge from care. The life skills training curriculum includes discussing insurance coverage and continuation of Medicaid into adulthood, and health care proxy information. The agency's 29 Medical Social Workers are versed in the policies and support this education through foster families and social workers. Along with the medical social workers, the Statewide Medical Social Worker Specialist regularly offers statewide transition-age youth and MassHealth training.

The Department has an ongoing relationship with MassHealth, and a data report has been established via our two agencies to assist with getting these youth picked up for continued coverage. The Statewide Medical Social Worker Specialist assists when there is an issue with a youth who meets the criteria is not showing up in their system. DCF helped with this initial data report when the Affordable Care Act (ACA) was rolled out.

Key highlights:

Massachusetts Medicaid, also known as MassHealth, honors the "former foster care youth" coverage outlined in the Affordable Care Act (ACA), covering "former foster care youth" who are permanent residents of MA until the age of 26. The Affordable Care Act (ACA) outlines

what criteria constitute a “former foster care youth” to make them eligible for this coverage. It is important to note that the term “former foster care youth” is outlined in the ACA.

- MA Medicaid (MassHealth) and DCF have partnered together to automatically pick these former foster care youth to prevent lapses in healthcare coverage.
- Our agency sends a data report 1x a week (on Thursday) to MassHealth of all the transition-age youth who meet the criteria, and MassHealth then picks them up for coverage.
- Prior to the Support Act, youth who moved, becoming residents of another state, no longer qualified for MA Medicaid (MassHealth) as they are not residents of MA. The Support Act modified the ACA to establish that individuals are eligible in the FFCC group if they were receiving Medicaid while in foster care under the responsibility of any state (and meet all other eligibility criteria). The Support Act became effective on January 1, 2023.
- All states are required to honor former foster care youth from other states. The Statewide Medical Social Worker Specialist created a template for Massachusetts so that youth can be sent with the letter when they move states.
- Former foster youth can also remain on their guardian/parents’ insurance until age 26 (policy under the ACA) or pick up employer-sponsored insurance through their place of employment.
- Youth attending college out-of-state but continue to be residents of MA will continue to receive MassHealth and can utilize this coverage when they travel back to MA. Adolescent outreach workers, however, encourage and support youth attending out-of-state college to purchase college-sponsored student insurance as it is accepted in that state.
- The Adolescent Outreach Workers routinely connect transition-age youth to our team of medical social workers and statewide medical social work specialists. They also consult with the medical social workers to develop a clear plan for the youth to access insurance when they are out of state.
- For -age youth who are “placed” in foster care via an Interstate Compact (ICPC), if they are Title IV-E eligible, they automatically are picked up for Medicaid coverage in the state they live in up until 18.
- For transition-age youth placed in kinship care via an ICPC, the kinship can apply for Medicaid under a benefit known as “grantee relative benefit” for the transition-age youth as long as they are 18 and under.

Adopted/Guardianship youth:

- It is important to note that adopted youth/guardianship do not meet these criteria as they were not in the custody of DCF at the time they aged out. These are criteria set by the ACA, not our agency.

- Adopted/Guardianship youth get MassHealth coverage through our agency via the SUBSIDY until age 22. At this time, they can go on their guardians' insurance until the age of 26 or apply for Medicaid on their own.

EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

The Education and Training Voucher (ETV) program is a federal initiative designed to assist transitional-aged youth in reaching adulthood by offering financial assistance for post-secondary education and training. ETV aims to provide eligible foster youth with financial aid to offset the expenses associated with attending college, university, vocational, or technical programs, encompassing costs like tuition, textbooks, accommodation fees, and other educational-related expenditures. To qualify for the program, individuals must be in foster care before their 18th birthday and remain in care until reaching adulthood or have reached the age of 16 before being adopted/placed in a guardianship sponsored by the Department. ETV eligibility extends until the youth has either received benefits for five academic years, obtained a bachelor's degree, or until the age of 26 years. They must be enrolled in a post-secondary education program and demonstrate academic progress. Aside from financial aid, ETV program offers support services to help foster youth excel academically and smoothly transition into college life, including connection to educational support services, academic guidance, career counseling, and funding for intersession housing on campus if eligible.

In FFY 2020-2024, ETV programming in Massachusetts supported up to 822 young adults to pursue postsecondary education.

FFY 2020:

- In the 2019-2020 academic year, Massachusetts awarded 498 Education and Training Vouchers
- There were 202 new vouchers, and 296 ongoing vouchers, and 40% of the vouchers awarded were for returning students
- The students who received an ETV award attended 94 different colleges, universities, and vocational training programs in 13 other states
- Of the 498 recipients, 85% of the students were enrolled full-time, and 15% were enrolled part-time

FFY 2021:

- In the academic year 2020-2021, Massachusetts awarded 378 Education and Training Vouchers
- There were 144 new vouchers, and 234 ongoing vouchers, and 62% of the vouchers awarded were for returning students
- The students who received an ETV award attended 109 different colleges, universities, and vocational training programs in 14 other states
- Of the 378 recipients, 88% of the students were enrolled full-time, and 12% were enrolled part-time

FFY 2022:

- In the academic year 2021-2021, Massachusetts awarded 358 Education and Training Vouchers
- There were 138 new vouchers, and 220 ongoing vouchers, and 61% of the vouchers awarded were for returning students
- The students who received an ETV award attended 95 different colleges, universities, and vocational training programs in 6 other states
- Of the 358 recipients, 87% of the students were enrolled full-time, and 13% were enrolled part-time

FFY 2023:

- In the academic year 2022-2023, Massachusetts awarded 361 Education and Training Vouchers
- There were 161 new vouchers, and 200 ongoing vouchers, and 55% of the vouchers awarded were for returning students
- The students who received an ETV award attended 79 different colleges, universities, and vocational training programs in 6 other states
- Of the 361 recipients, 314 of the students were enrolled full-time, and 47 were enrolled part-time

FFY 2024:

- In the academic year 2023-2024, Massachusetts awarded 374 Education and Training Vouchers
- There were 177 new vouchers, and 197 ongoing vouchers, and 53% of the vouchers awarded were for returning students
- The students who received an ETV award attended 8 different colleges, universities, and vocational training programs in 7 other states
- Of the 374 recipients, 312 of the students were enrolled full-time, and 62 were enrolled part-time

ETV Program Process and 2020-2024 Highlights

Two ETV social workers and a supervisor collect and review the ETV application forms along with student's financial aid award letters and educational account statements to assess student needs. Financial information is reviewed along with from the Massachusetts Foster Child Tuition and Fee Waiver and the Massachusetts Foster Child Grant programs to determine ETV awards. Through the combination of the state-supported foster care aid programs and traditional financial aid awards, many ETV recipients are able to allocate some of their eligible funding to cover the cost of needed technology, books, transportation, and intersession campus housing.

In October 2023, the Adolescent and Young Adult Service Unit with the assistance of DCF's Information Technology Department initiated modernization of existing ETV paper-based applications and its interface at Mass.gov. The project includes the development of a universal

online application platform that will integrate the four major financial aid applications such as ETV, Foster Child Tuition and Fee Waiver Program, MA Foster Child Grant Program, and William Warren Scholarship Program along with providing detailed guidance on completing the Free Application for Federal Student Aid (FAFSA) and accessing other educational resources. This will streamline the application process for DCF and MA post-secondary financial aid programs, increase access to academic support resources, and facilitate access to additional services. The initiative will be launched on June 1, 2024. The ETV unit will offer youth, DCF staff, providers, and parents' informational sessions in May 2024 and throughout the summer.

Regarding communication and outreach, quarterly newsletters provide essential information and invite ETV recipient students to connect with their ETV workers or other agency staff for any needed post-secondary support. Through a combination of visits to Massachusetts public college campuses and online meetings, ETV workers strive to meet with students from foster care individually and in supportive group meetings throughout the school year. These meetings focus on assisting young adults with financial planning, housing, academic needs, and social/emotional support.

The ETV team will continue working on developing housing initiatives to assist students in securing stable year-round housing options with a focus on summer housing solutions to prevent homelessness during academic breaks. Housing stability will enable students to focus on their studies, personal growth, and continued academic enrollment. In FFY 2023, the ETV team offered summer housing financial assistance to 34 students. In FFY 2024, the ETV team allocated \$300,000 for summer housing and developed a Summer Housing application, which was distributed among current ETV recipients and discussed during student contacts. Continued assistance will be offered with summer housing for eligible students as available through additional allocated funding.

ETV Workers have developed partnerships with the state-supported Single Point of Contact Network (SPOC) established with six of the state's public universities (Bridgewater State University, Fitchburg State University, Framingham State University, Salem State University, Westfield State University, and Worcester State University). The SPOCs work with both their assigned university and a community college local to their area to connect students with assistance in meeting their Basic Student Needs. This program offers young adults in foster care and others in need a source of guidance, financial assistance, food security, support with educational persistence, access to campus resources, and aid with housing issues ranging from locating stable housing while in school to finding affordable housing following graduation.

ETV Workers developed a webinar for the Massachusetts Education Financing Authority (MEFA) to help high school guidance counselors and others working with youth in the Commonwealth understand the needs of youth with foster care experience and inform them about aid available when transitioning to post-secondary education.

DCF foster care students have access to ETV Workers who gather information from colleges on available student resources. They also have direct access to Chafee direct payment programs to meet noneducational needs or needs not covered by ETV grants. Some direct payments have been used to visit family or access transportation for medical or wellness appointments. Many

youths engaged in the state's regional Youth Advisory Boards are ETV recipients, and their input continues to inform and improve programming.

Educational Collaboration

- DCF has and will continue its membership of the Massachusetts Department of Higher Education's Financial Aid Advisory Board to ensure that foster care youth are represented when financial aid policy and practice is developed at Massachusetts colleges.
- DCF staff will continue to meet with financial aid staff of Massachusetts public colleges for the purposes of programmatic planning as well as a review of current financial aid packaging for enrolled foster youth.

Massachusetts State Financial Aid Programs for Foster Youth

DCF coordinates the ETV Program with other Massachusetts state-funded education and training programs that currently offer financial assistance to eligible foster and adopted youth including the Foster Care and Adoption Tuition and Fee Waiver Programs, the Foster Child Grant Program, and the William Warren Scholarship Program.

The ETV staff works with the MA Board of Higher Education – Office of Student Financial Assistance around the Foster Child Grant. ETV staff review all ETV applications, Foster Child Grant Applications, William Warren Scholarship applications, and financial aid award statements to prevent duplication of benefits and determine that the amount of assistance from any Federal sources combined with ETV funds does not exceed the “cost of attendance” as outlined in the Social Security Act 477 (b) (3) (J).

Foster Child Tuition and Fee Waiver Program

The Foster Child Tuition and Fee Waiver Program provides waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any of Massachusetts' 29 state universities and community colleges. Initially approved by the Board of Higher Education in June 2000 for tuition waivers, this program was expanded to include fees in July 2008. Youths 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 issues William Warren Scholarships each year to youth served by the agency who attend four-year colleges and who demonstrate the need beyond financial support programs available at the state and federal levels. These scholarships were financed with donated funds and nominally by the State Ward account. Many youths who apply for the program are also eligible for the Massachusetts Tuition and Fee Waiver and other higher education support programs such as ETV. DCF workers support applicants who qualify for other forms of student aid to access such aid.

Hope Worldwide Dr. Martin Luther King Essay Contest

DCF has continued its decade-long 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.

2023-2024 ETV Program Information	
Total Recipients for 2023-2024	374
Breakdown of Total Recipients for 2023-2024	
Show New Recipients and Ongoing Recipients	
2024	177
2023, 2024	77
2021, 2022, 2023, 2024	33
2022, 2023, 2024	43
2022, 2024	7
2021, 2024	8
2020, 2021, 2022, 2023, 2024	10
Other combination of attendance	19
Number of Universities/Colleges/Vocational attended	
by 374 ETV Recipients	
Number of colleges and schools	88
Number of States	7
Enrollment Status of 374 ETV Recipients	
Full-Time	312
Part-Time	62
4 Year Public	201
2 Year Public	97
4 Year Private	51
2 Year Private	3
Vocational Training	22

C5 CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

This report is submitted as part of the plan of the Commonwealth of Massachusetts for compliance with title IV-B of the Social Securities Act (the Act) and the Indian Child Welfare Act (ICWA) of 1978. The report includes the Final Report for the 2020-2024 CFSP.

Overview of Efforts Related to the Compliance of the ICWA Act

MA DCF remains as committed as ever to collaborating with its federal and tribal partners to protect the rights of Indigenous families throughout the Commonwealth. MA DCF actively consults with state Tribes, complies with ICWA laws and regulations, and consistently advances the MA DCF ICWA program. The following will detail successes in partnership and ICWA compliance for the 2020-2024 reporting period.

Coordination with Tribes

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

MA DCF has fostered meaningful partnerships with Massachusetts’ two federally recognized Tribes. The current contact for the WTGH(A) is Paul Jeffers-Mayhew, WTGH(A) Client Services Program Specialist. The current contact for the MWT is Maria Turner, ICWA Director. In previous years, the MA Tribal contacts that MA DCF has coordinated with were:

FFY	WTGH(A)	MWT
FFY24	Paul Jeffers-Mayhew, Client Services Program Specialist	Maria Turner, ICWA Director
FFY23	Lee Ann Wander, Direct Service Administrator and Todd Araujo, Chief of Staff	Maria Turner, ICWA Director
FFY22	Lee Ann Wander, Direct Service Administrator	Maria Turner, ICWA Director
FFY21	Lee Ann Wander, Chief of Staff	Catherine Hendricks, ICWA Director
FFY20	Catherine Edwards, Human Services Director	Catherine Hendricks, ICWA Director

A Summary of Goals Formulated in the Previous Five Years at the Annual Meetings

MA DCF meets with ICWA representatives from both Tribes annually, formulating goals around ICWA implementation. Inclusive ICWA compliance and milestones derived from consultation with the Tribes will be described in detail in the section outlining the state's measure to comply with ICWA. The following is a report on goals evolving from Tribal input for the previous five years.

The most recent annual meeting occurred on November 6, 2023, when the MA DCF ICWA team met virtually with ICWA leaders from the MWT and WTGH(A). Attendance included:

- The ICWA Director and CFS Director with the MWT
- The Chief of Staff, Client Services Specialist, and Tribal Attorney for the WTGH(A)
- The ICWA Coordinator and Five ICWA Liaisons for MA DCF

Yearly goals were discussed and endorsed at the meeting. These include:

1. Energetic efforts by DCF to continue statewide training on ICWA
2. Providing the Tribes information on Chafee Benefits
3. Updating DCF's ICWA policy with the inclusion of the Tribes
4. Supporting the Tribes MA Achieve portal access for training

Additional meetings took place with each Tribe, focusing on both long-and-short-range goals. On January 5, 2024, the MA DCF ICWA Coordinator and MA DCF Legal Researcher met with MWT staff from the ICWA Department, the CFS Department, and the Tribal Court at the Mashpee Wampanoag Government Center. The meeting was fruitful, and goals, legal clarification, ongoing collaboration, active efforts, and QEW selection were discussed.

A meeting with the WTGH(A) took place virtually on March 6, 2024, that included the MA DCF ICWA Coordinator, Client Services Program Specialist for the WTGH(A), and the Tribal Attorney for the WTGH(A). This meeting centered on a review of goals centered on general ICWA compliance, QEW selection, observing placement preferences, and emphasizing the role of the Tribe in ICWA cases.

Additionally, the MA DCF ICWA Coordinator scheduled and facilitated meetings with the Tribes on December 2, 2022 (for 2023), April 14, 2022, February 14, 2022, bi-weekly with the MWT staff between January-May 2021, August 24, 2020, September 2, 2020, and September 19, 2019.

The following table will provide the details of those meetings.

Date	Tribe(s)	Topics and Goals Discussed
12/02/2022	MWT and WTGH(A)	Goals included updating training material, statewide ICWA training, providing information about Chafee benefits, and crafting a Qualified Expert Witness training for DCF attorneys and potential QEWs.
04/14/2022	WTGH(A)	Goals focused on ensuring MA DCF had and utilized WTGH (A) staff contacts for inquiries and investigations.
02/14/2022	MWT	Topics included the importance of recruiting and training a pool of QEWs, transferring cases from DCF to the MWT, ICWA training, therapeutic mentors, and the importance of affirming Native cultural identity for children.
01/2021-05/2021	MWT	DCF convened and managed weekly meetings with the MWT's CFS and ICWA Departments to closely plan for the possible transfer of cases from Tribal to state court, and from the MWT CFS Program to DCF.
10/29/2020	MWT	The MWT CFS Program Manager informed DCF that the Tribe may discontinue the CFS Unit due to funding issues and could no longer accept or manage new cases.
08/24/2020	WTGH(A)	A meeting with ICWA leadership took place via phone conferencing, with a follow up September 2, 2020, that included federal partners from the Children's Bureau and leadership from the Court Improvement Project, centered on compliance, coordination, and training initiatives.
09/19/2019	MWT and WTGH(A)	The purpose of the annual meeting was to follow up on the collective goals of training, cross-training, field staff support, qualified expert witness assignment, recruitment and licensing of tribal foster homes, and preventative services. All agreed that continued close work on these matters is imperative.

In addition to annual meetings, MA DCF and the MA Tribes have and will continue consistently communicating via phone, email, and virtual conference. DCF utilizes a direct consultation feedback model for input and welcomes contact from any Tribe to ask questions, provide feedback, or troubleshoot potential areas of concern. The DCF ICWA Coordinator emails monthly to check in on any possible areas of concern with collaborative cases. MA DCF also welcomes the opportunity to implement more formal feedback tools, such as surveys or evaluations in the future.

Another opportunity for goal planning occurred when the ICWA Director for the MWT participated in CFSR4 Stakeholder Engagement Committee, providing feedback in meetings hosted by DCF, and participating in stakeholder interviews to share the Tribe's perspective.

Consistent engagement between MA DCF and the MA Tribes has been integral to successful collaboration. The MA DCF ICWA Coordinator ensures that both MA Tribes and the DCF ICWA Liaisons have the most up-to-date contact information for one another by sending updated contact sheets. The ICWA Coordinator has also facilitated introductions virtually between DCF ICWA Liaisons staff, MA DCF employees, and other professional partners to assist in accomplishing collaborative goals.

State Measures to Comply with ICWA

Supporting Staff in Compliance

MA DCF maintains a dedicated, comprehensive central and regional ICWA team.

The First Deputy General Counsel and Legal Researcher offers leadership, oversight, and research related to ICWA law, regulation, and policy.

The MA DCF ICWA Clinical Consultant provides guidance and management related to observance of promising clinical practices and enhanced methods of Tribal collaboration.

The MA DCF ICWA Coordinator promptly submits ICWA notices to Tribes and responses to courts via Area Office teams, collaborates with Tribes across the country, serves on several committees to promote ICWA, trains MA state employees, and maintains ICWA records.

DCF's five Regional ICWA Liaisons assist in supporting regional Area Office staff in compliance, serve as liaisons to Tribes as clinical case matters arise, and support advisement for updates to the MA DCF ICWA policy. The Boston, Central and Western Regional Liaisons support four offices each. The Northern and Southern Regional Liaisons support eight offices each.



Field staff are supported in a variety of ways. The ICWA Coordinator and regional ICWA Liaisons are available to answer ICWA -related questions. Staff are informed about support and are invited to ask any questions they may have. The email response from the ICWA Coordinator to an ICWA inquiry from MA DCF social work staff includes educational material that links the reader to information about the MA Tribes and educational material that stresses the importance of the ICWA law.

DCF maintains an easy- to- use ICWA Intranet page to further inform and support staff. Topics on the page include, but are not limited to:

- Information about ICWA law and why it was enacted
- The importance of asking all families about affiliation
- The complete ICWA notice preparation process
- Tribal partnership and inclusion
- Required case management practice (active efforts, placement preference)
- Contact information for regional ICWA and Tribal Liaisons
- Cultural considerations and support

This level of support allows staff to submit ICWA inquiries promptly, increases understanding, and offers Supervisor agenda topics for unit meetings that result in improved compliance. Staff is encouraged to visit the page in training and via email during ICWA inquiries.

The DCF ICWA Intranet page has printable guides for field staff that include topics on active efforts, data collection for ICWA notices, and ICWA clinical considerations.

Inquiry about Native American and Alaskan Native (NA/AN) Ancestry

A foundational aspect of ICWA compliance begins with ensuring that DCF asks every involved family about Native American and Alaskan Native ancestry. DCF encourages staff to ask about ancestry throughout the life of the family case, beginning at intake. 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 to ascertain family eligibility for membership.

Social workers are prompted to enter information related to NA/AN ancestry in several sections of the case record in iFamilyNet. Two prominent sections include the demographic section of each individual consumer and within the narrative of the Family Assessment and Action Plan that requests relevant demographics and racial, ethnic, and cultural information that influences the assessment of child safety, permanency, well-being, access to services or needed resources, or service provision.

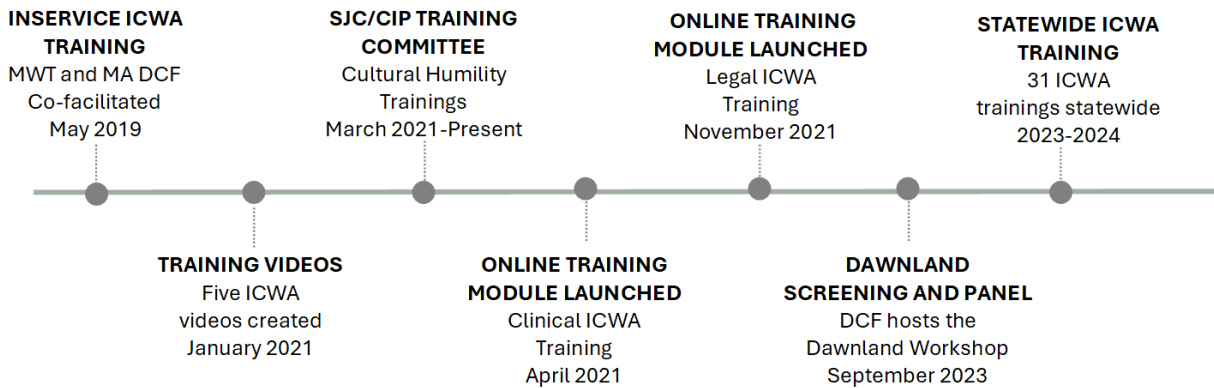
DCF will continue to monitor compliance by using language on administrative forms connected to ICPC, six-week placement meetings (following court custody), and Permanency Planning reports. Six-week placement, foster care reviews, regional reviews, and permanency planning meetings will also allow DCF to ensure compliance.

Staff Training

Training sessions are regularly held throughout the state and will continue. In the previous reporting period, MA DCF has made significant strides in training staff throughout the state in various ways.

MA DCF ICWA TRAINING TIMELINE MILESTONES

2020-2024



In FFY 2020, two area office training sessions occurred, two specialized training sessions with foster care review staff and a member of DCF’s Medical Social Work team. A training open to all staff occurred on May 31, 2019, at the Child Welfare Institute’s training center and was co-facilitated by several members of the Mashpee Wampanoag Tribe and the DCF ICWA Coordinator. Members of MWT shared important cultural and historical experiences and presented and discussed tribal regalia and tribal child-rearing practices. Members of the MWT ICWA and CFS team also discussed their work with Native families and DCF. This in-service event also included a full DCF ICWA training that included all aspects of working with an ICWA case.

Throughout the end of 2020, in response to the COVID-19 pandemic, the ICWA Coordinator created educational videos about ICWA that could be accessed by DCF staff online. The five videos described below were finalized and published on the DCF Intranet in January 2021.

Video	Description
1: Why we have ICWA	This video examines the history of boarding schools, state agency removals, and impact on Tribal communities
2: Tribal Nations	This video discusses the political status of Native Nations and requirements for ICWA to apply to a child welfare case

3: The ICWA Process	This video teaches the process of preparing and sending the ICWA notice
4: When ICWA Applies	This video describes active efforts, placement preference, collaboration with Tribes, and cultural affirmation
5: ICWA Legal Considerations	This video covers qualified expert witnesses, jurisdiction, permanency, burden of proof, and invalidation

Since March 2021, the DCF ICWA Coordinator has partnered with the Supreme Judicial Court/Court Improvement Program (SCJ/CIP) Training Committee to develop, plan, and facilitate two-three workshops annually around cultural affirmation and racial equity promotion. These events are delivered to a wide range of child welfare professionals, including attorneys for DCF and the Committee for Public Council Services, Guardians ad Litem, family resources center staff, and DCF staff. The first training in 2021 included a discussion about active efforts and cultural promotion, including concrete ways to preserve cultural identity. In June 2023, a workshop on the beneficial importance of kinship placement included a presentation from the ICWA Director for the MWT. In April 2024, the committee will begin planning a workshop around collaboration with Tribal communities with the Mashpee Wampanoag Tribe. This workshop is slated to take place in Summer or Autumn 2024.

On May 26, 2021, another in-service for DCF staff occurred. Open to all DCF staff, this focused on all aspects of an ICWA case. Around the same time, the DCF ICWA unit partnered with the Child Welfare Institute to create a web-based training program to orient all social work staff. This training can also be reviewed as a refresher for seasoned staff. The ICWA Department created and directed five modules, produced additional written content, and assisted web developers in creating knowledge checks. This web-based training was launched on April 29, 2021. Later that same year, the ICWA unit partnered with the Child Welfare Institute again to create a web-based ICWA training for DCF attorneys. This training was successfully completed and launched on MA Achieve on November 22, 2021.

In FFY 2023, the MA DCF ICWA Coordinator planned and facilitated 31 ICWA trainings, including area office training, new supervisor training, learning circles, regional DCF office training, and a training that included a screening of the movie Dawnland with a discussion panel afterward. Both MA Wampanoag Tribes were provided updates and invited to co-lead any and all trainings. Three area office trainings sessions were co-facilitated by MA DCF and the MWT ICWA Director. Trainings that occurred at area offices were scheduled during staff meetings to ensure comprehensive attendance, and the topics of the sessions included:

- The purpose of ICWA law and historical context around enactment
- Tribal Nations as sovereign entities

- An introduction to Massachusetts's state and federally recognized Tribes
- A reason to know and requirement for ICWA to apply
- Cases that ICWA encompasses
- Available supports: the DCF ICWA Intranet Page and the MA regional ICWA liaisons
- Asking the question around Native affiliation to all families through the life of a case
- Where and how to document ICWA information in IFamilyNet,
- The process of sending legal notice, from start to finish
- Missteps in the ICWA notice process
- Social work collaboration with Tribes and Nations
- Legal intervention by a Tribal Nation
- Placement preference
- Active efforts with examples
- The importance of cultural connection with examples
- Jurisdiction
- Burden of proof in ICWA cases
- Permanency in ICWA cases
- Invalidation or appeal of ICWA cases

All instructional content created for MA DCF ICWA training was sent to both Tribes for review on December 13, 2022. Neither Tribe responded with edits or content changes. Training schedule updates were sent to both Tribes from the DCF ICWA Coordinator on January 9, 2023, April 4, 2023, May 9, 2023, June 8, 2023, July 5, 2023, and August 25, 2023.

The MWT's ICWA manager expressed interest in co-facilitating two training sessions. On April 21, 2023, The Mashpee Wampanoag Tribes ICWA Manager joined the DCF ICWA Coordinator in co-facilitating training for the Cape and Islands DCF Area Office. The ICWA Director commenced the training with a poignant discussion of the history of Native Americans and acknowledged the great importance of laws like ICWA. In addition, the Director for MWT co-facilitated training for the New Bedford office on May 17, 2023. Co-facilitation will always be warmly welcomed, and DCF will keep the Tribes apprised of the dates of future training.

The MA DCF Legal Training and Staff Development Coordinator and MA DCF ICWA Coordinator developed two training courses to address Qualified Expert Witnesses (QEWs). One training was created for attorneys, and the other was created for potential QEWs. On March 29, 2023, the training content was sent to the Tribes for review and was presented to potential QEWs at the MWT Government Center on January 5, 2024.

The DCF ICWA Coordinator, the Manager of Professional Development from DCF's Child Welfare Institute and the Foster Care and Adoption Recruitment Supervisor, and the MA DCF Permanency team coordinated with the Upstander Project to plan and deliver a virtual workshop for DCF employees which took place on September 29th, 2023. The event included a screening of the film Dawnland, followed by a panel of Tribal leaders and the filmmaker, who answered audience questions about the film's themes. DCF purchased streaming rights to the film and is currently planning a screening and discussion session for DCF employees for June 2024.

Additional training will continue to be scheduled for specialty units and managerial staff. An ICWA for new supervisors training is scheduled for May 9, 2024, and October 2024. Previous supervisor training took place on March 23, 2023, and October 26, 2023. Training took place for DCF Medical Staff on November 9, 2023, and for a new DCF Nurse supporting the southern region of MA on February 21, 2024.

In addition to policy updates, MA DCF is creating a procedural guide and training to guide MA DCF Area Offices in the jurisdictional transfer of cases. This guide will include record transfer and a transfer meeting protocol and is slated to be completed in May 2024. Several training courses will be scheduled after May 2024 to aid in the understanding and implementation of the transfer protocol. Presentation material for these sessions is currently being created and will be sent to both Tribes for their feedback. The training will begin in the Southern region of MA, where most of the jurisdictional transfer cases occur, and training in the remaining regions will follow in the summer and autumn of 2024.

The DCF ICWA team is also dedicated to enhancing compliance through training. Through the sponsorship of the Massachusetts Supreme Judicial Court’s Court Improvement Project, DCF has been represented at the annual National Indian Child Welfare Association’s (NICWA) conference for many years. This conference brings together professionals from a cross-section of fields that serve NA/AN children. Experts share the latest research and best practice in service delivery. The following will detail DCF’s attendance at conferences in recent years.

Year	Attendees
2024	The ICWA Coordinator, the DCF Legal Researcher, DCF ICWA Northern Regional Liaison, a several field legal staff attended the virtual conference general sessions.
2022	The DCF ICWA Coordinator, three ICWA Liaisons, members of DCF’s Legal Manager and Trial Attorney team, and members of DCF’s Assistant General Counsel team attended.
2021	The MA DCF ICWA Coordinator, First Deputy General Counsel, a MA DCF Legal Manager, and the ICWA Liaison from the Northern region attended.
2020	The MA DCF ICWA Coordinator and Deputy General Counsel attended.
2019	The DCF Deputy General Counsel, ICWA Coordinator, and Northern Regional ICWA Liaison attended.

Notification of Indian Parents, Tribes, and Bureau of Indian Affairs (BIA)

MA DCF maintains a practice of investigating each claim of Tribal eligibility in court custody proceedings. Legal notice to Native parents or custodians, Tribes, and the appropriate regional Bureau of Indian Affairs (BIA) includes information regarding court proceedings, necessary familial demographic and family tree information, protective concerns as outlined in the petition, and their right to intervene in court proceedings, and transfer jurisdiction to a Tribal court. Notices to families also include a cover letter with beneficial information regarding the ICWA. In addition to the standard legal notice, DCF will continue to notify Tribes of trials in cases where ICWA applies, in accordance with BIA guidelines.

Preparing ICWA notices includes diligent efforts to uncover the genealogy necessary for Tribes to determine eligibility. Family tree collection begins with immediate and extended family and can include an Accurint search for missing information as needed. Accurint is a database that searches public records for information such as names, dates of birth, addresses, and phone numbers. DCF also enlists attorney's assistance representing the parent, identifying potential NA/AN heritage to impress the need to share genealogical information to comply with federal law. DCF will continue to ensure that family trees in ICWA notices include the most comprehensive and accurate information obtainable.

DCF has and will continue to strive to obtain responses to notices through additional requests via emails, phone, and mail. In addition to notice, DCF diligently works with Tribes to assign or recommend Qualified Expert Witnesses (QEWs) in cases where ICWA applies.

MA DCF responded to an exciting development with the MWT in 2022. On October 20, 2022, The MWT ICWA Director emailed the DCF ICWA Coordinator, announcing the end of an enrollment moratorium that had been in place since 2005. In response to this development, DCF resubmitted a package of notices of families for reconsideration where ICWA hadn't applied previously. This package was sent on October 27, 2022, via certified mail. As of April 4, 2023, none of these families were eligible for enrollment.

ICWA by the Numbers

Between 05/01/2019-05/01/2024, there were 1013 ICWA referrals. In that period, 3012 notices were sent to Tribes between 891 families. 120 cases are currently in process. Between 05/01/2019-05/01/2024, ICWA applied for 67 cases. Of those, 44 cases had children eligible with a Wampanoag Tribe. A breakdown of the cases by year is included:

Reporting Period	May 2023 May 2024	May 2022 May 2023	May 2021 May 2022	May 2020 May 2021	May 2019 May 2020
Total Number of ICWA Referrals	206	157	175	201	274
Cases Where ICWA Applies	11	10	20	11	15

Additional Agency Support

ICWA compliance is a multidisciplinary objective. It's important to acknowledge the contributions of all DCF staff in ensuring wide-ranging success. The following will detail a few examples.

DCF ICWA Liaisons/Quality Improvement: The DCF ICWA Liaisons meet with the ICWA Coordinator formally on an annual or bi-annual basis to discuss best practices, ways to support staff and Tribes, and to share information about national trends. Meetings occurred on November 12, 2019, January 27, 2021, March 14, 2022, and April 3, 2023. The last meeting took place on February 1, 2024, focusing mainly on updates to the ICWA policy. Meetings will continue, with the next being scheduled for August 2024. Communication and learning also occur between Liaisons daily via email and phone contact.

DCF's Child Welfare Institute (CWI): In addition to the assistance in scheduling training, the CWI has supported ICWA in several other ways.

CWI has led an initiative to secure online user accounts for the MA Achieve training platform for approved non-DCF users (such as the ICWA representatives for both Tribes). This will allow Tribal ICWA staff to access MA state training on MA Achieve. On June 23, 2023, MA DCF reached out to both Tribes to ask about an estimate of slots needed and whether there would be one master access from each Tribe or individual slots (at the preference of the Tribe). On January 22, 2024, and February 5, 2024, the MA DCF ICWA Coordinator reached out to the ICWA contacts for both Tribes to request a list of interested users to add to the platform. The Mashpee Wampanoag Tribe has sent information to enroll staff from the Tribe, which has been forwarded to MA DCF's Child Welfare Institute Training Manager.

The CWI at DCF also offers live virtual and in-person training that the Tribes can attend, such as new social worker training. Since June 24, 2022, the MA DCF ICWA Coordinator has facilitated contact between the MWT ICWA Manager and the Manager for Professional Development at the DCF Child Welfare Institute to schedule training for MWT ICWA staff. In January 2023, the MWT's ICWA Department attended online sessions for DCF New Social Worker trainings. In 2024, the MA DCF ICWA Coordinator connected the MWT ICWA Director to the MA DCF's

Substance Use Unit to train the Tribe's Social Work staff on substance use. The ICWA staff from Mashpee Wampanoag Tribe have access to MA DCF online training for substance use and are invited to attend several scheduled live training courses at the CWI's training center.

In addition to the extensive planning and facilitation of the Dawnland Screening event, the Manager of Professional Development from DCF's Child Welfare Institute also maintains the DCF Diversity Intranet Page, which hosts information on Native American history.

MA DCF ICPC Staff: MA DCF ICPC staff work with Area Office teams and the ICWA Coordinator to ensure that ICWA inquiries are resolved in collaborative cases. Further, an example of their support occurred in May 2023, which is described in more detail in the placement preference section below. In this case, ICPC staff worked with another state, the Central Regional ICWA Liaison, and the MWT staff to facilitate the faster placement of children with their families in MA.

The Human Trafficking Unit: MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. Both Tribes have been and will continue to be invited by DCF and the Children's Cove to participate in the Steering Committee and the Advisory Group for the Commercial Sexual Exploitation of Children (CSEC) Multi-Disciplinary Team (CSEC MDT) at the Children's Cove. The MDT is made up of medical and mental health professionals, law enforcement, child protective services, victim advocacy, and others to address human trafficking. All allegations of Human Trafficking-Sexually Exploited Child or Human Trafficking-Labor are brought before the CSEC MDT.

In addition, on December 2, 2021, the MA DCF ICWA Coordinator connected the ICWA staff from both MA Tribes to the Director of Prevention at My Life My Choice, informing them that MLMC has provided resources and training widely to our DCF staff and can help support thriving tribal communities.

The MA Central Office Incident Notification (COIN) Review Team (CRT): the MA DCF CRT convenes weekly to review COINs from across the state. These notifications include Fatalities, Near Fatalities, Serious Bodily Injuries, Emotional Injuries, Baby Safe Haven, Alerts, and other incidents that require timely notification to the Commissioner and other executive staff. Directors of the Specialty Units: Domestic Violence, Substance Use, Mental Health, LGBTQIA+, Disability, medical, legal, Missing or Absent, CQI and senior level staff are participants. The Clinical Manager for Field Support, who holds a specialty in Human Trafficking and is the clinical consultant for ICWA coordinates this meeting. There have been instances where ICWA has been identified and brought to the attention of the DCF staff working on the case and to the MA DCF ICWA Coordinator.

The MA DCF Data and Technology Team: MA DCF has also provided comments in support of the proposed Foster Care Analysis and Reporting System (AFCARS) data elements to capture additional data points in DCF's internal database related to the ICWA in June 2019, writing, "We agree with the need to cast a wide net to determine if a child is an American Indian and if an Indian child comes under ICWA protection and we agree that the revised items are the

important ICWA elements.” The ICWA Unit worked with DCF IT support staff in the addition of ICWA-related AFCARS data elements to the IFamilyNet database in 2023.

MA DCF Adolescent Outreach: MA DCF Adolescent Outreach continually supports connecting Tribal youth to Chafee benefits and services and Tribes and provides Tribes with annual updated referral information. An explanation of the previous five years can be found in the *Consultation with Tribes (section 477(b)(3)(G))* section below.

The MA DCF Permanency Team/DCF Foster Care Recruitment: DCF has offered to work collaboratively with WTGH(A) and MWT to recruit and increase Tribal foster homes. On February 9, 2023, and February 5, 2024, the DCF ICWA Coordinator and DCF Foster Care Recruitment Supervisor contacted both Tribes via email to discuss the goal of recruiting foster homes. DCF will continue to offer to collaborate with the Tribes in recruiting additional foster homes. In addition, the Permanency team sponsored the Dawnland Screening event in September 2023.

Foster Care Reviewers and Foster Care Volunteers: Staff and volunteers reviewing foster care placements support ICWA in many ways. They ask the question about Native American/Alaskan Native ancestry in reviews. As a result, Foster Care Review workers have sent several inquiries to the MA DCF ICWA Coordinator for follow-up.

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

The MA DCF ICWA Coordinator and Legal Researcher met with the MA DCF Policy team on January 16, 2024, and February 6, 2024, to begin discussing the updates for the MA DCF ICWA policy. The collective team is currently collecting data on elements needed for the policy. Both MA Tribes will be invited to join the MA DCF ICWA Liaison in this vital work.

MA DCF Family Find and Family Group Conference Staff: The Family Find and Family Group Conference staff at DCF frequently assist the ICWA unit in locating family tree information needed for Tribal determinations on ICWA notices. As needed staff in each region assist social workers in obtaining this necessary genealogical information via Accurint searches and guidance on how to engage families in conversations about obtaining the information.

Staff have also connected Area Office teams to the ICWA Coordinator if they locate information in their kinship searches that indicates NA/AN ancestry or membership. A recent example occurred on March 28, 2024, when a Family Find Coordinator from the Southern Region connected an Area Office team to the ICWA Coordinator via email to follow up with their family regarding their Native American status.

MA DCF Medical Staff: MA DCF medical staff have been open to all opportunities to support the Tribes. Training for medical staff took place individually or as a group on December 27, 2019, November 23, 2022, November 9, 2023, and February 21, 2024.

An example of the DCF Medical team's valuable assistance occurred in March 2022. At that time, MA DCF transferred jurisdiction care and custody of a child to the MWT. The child's state insurance was discontinued via another state agency, prompting the Tribe to call the MA DCF ICWA Coordinator. The MA DCF Statewide Medical Social Work Specialist swiftly resolved the issue.

MA DCF Area Offices: Area Offices have also taken the lead on learning more about Native American culture and rights, and how to include the Tribes in child welfare cases.

On February 24, 2023, a Social Worker and Diversity Leadership Team (DLT) member for the South-central Area Office emailed the MA DCF ICWA coordinator, writing that her team was "hoping to spend this year highlighting various diversity groups with a focus on trying to lift the voices within those communities about what they would like us to know about working with them." She requested the contact information for the MA Tribes to "reach out or any other ideas of how to get a direct perspective." The ICWA Coordinator facilitated an introduction via email between leaders of the MWT and WTGH (A) and the Area Office DLT team.

On March 23, 2023, Maria Turner, ICWA Director for the MWT, emailed the ICWA Coordinator and Southern ICWA Liaison to ask a question about records and noted, "We get a lot of calls regarding Mashpee Wampanoag Tribal members or possible members from DCF screeners who are reviewing 51A intakes. Screeners are letting us know that these came, in case there is an investigation, and they may want an ICWA representative present."

Placement Preference

Following an assessment for safety, DCF is dedicated to helping children remain with their families, kin, and within their communities, and this mission translates well with ICWA's emphasis on placement preference. As soon as a child enters placement, DCF social workers diligently search for relatives to ensure placement preference is followed. Placement preference is explained at ICWA training sessions, and further information can always be found on the ICWA Intranet page. The ICWA Coordinator and ICWA Liaisons also provide and reinforce placement preference guidance.

DCF's five ICWA Liaisons across the state serve as contacts to address any questions or concerns that arise with placement preferences for the Tribes, and DCF's family-find teams across the state have greatly assisted with kin-related searches in cases where ICWA applies.

A notable example of placement teamwork took place in May 2023. At that time, the MWT CFS Director reached out to the MA DCF ICWA Liaison to request an acceleration to an ICPC for Mashpee Wampanoag children who were coming to live with family in MA from another state. The MA DCF ICWA Coordinator, ICWA Liaison from the Central Region, and MA DCF ICPC staff met with the staff from the sending state and ICWA and CFS staff from the MWT. All worked together diligently to place the children in MA with their families a month later, in June 2023.

DCF has offered to work collaboratively with WTGH(A) and MWT to recruit and increase Tribal foster homes. Throughout the reporting period, DCF has offered to work collaboratively with WTGH (A) and MWT to recruit and train tribal foster parents. Most recently, on February 9, 2023, and February 5, 2024, the DCF ICWA Coordinator and DCF Foster Care Recruitment Supervisor reached out to both Tribes via email to discuss the goal of recruiting foster homes. DCF will continue to offer recruiting opportunities for additional foster homes.

As needed, the ICWA Coordinator and Liaisons will contact the ICWA Director of MWT and covering ICWA leadership at WTGH(A) to inquire about open foster homes for children from other Tribes.

To identify all potential Tribal foster homes, DCF will ask foster parents about tribal affiliation. Foster care applications have recently been updated to include questions about applicants having Native history or being part of a Tribe. For foster homes that don't have tribal members, DCF developed and offered an informative guide regarding ICWA's purpose and requirements.

Active Efforts and Cultural Connection

DCF will continue its dedication to employing Active Efforts to prevent the breakup of NA/AN families, help reunify families, and keep N/A and A/N children connected to their culture. DCF and the Tribes agree that best practice in preventing the breakup of families involves early identification of familial and informal community supports and culturally appropriate preventative services. DCF ICWA training includes specific examples of practices that fulfill the Active Efforts requirement. Examples of Active Efforts can also be accessed via the DCF ICWA Intranet Page, which is available to all DCF staff.

DCF recognizes that active efforts are interconnected and that all DCF employees can provide a family with active efforts within their roles. Specialized training always includes a component that discusses active efforts within respective positions. For example, training for foster care reviewers focuses on identifying and assessing whether active efforts have been provided in a case. Medical social workers can assist by identifying and supporting active efforts in medically complex ICWA cases. Supervisors are encouraged to focus on active efforts in supervision with social workers.

Once ICWA applies in a case, social workers receive information from the ICWA Coordinator that underlines the requirements of active efforts, placement preference, close coordination with the family's Tribe, and incorporation of cultural elements into the action plan. Regional ICWA Liaisons are available to assist Area Office teams in enrolling eligible children in their Tribes and to consult and support field staff at any time.

The MA DCF ICWA Team acknowledges the significance of affirming culture. A discussion of cultural affirmation is included in DCF ICWA training. Supplements created by DCF are available on the DCF ICWA Intranet page, highlighting the studied benefits of cultural affirmation with concrete examples of affirming culture for Native American and Alaskan Native children in foster care. Additionally, the ICWA Coordinator has created and uploaded content on

the DCF Intranet related to ways of learning more about Native American and Alaskan Native culture and rights.

Regarding service delivery, the MWT has partnered with the University of MA, Boston to facilitate a Sacred Parenting Program. The program is co-led by the Tribe and a psychotherapist from the Choctaw Nation. Sessions are open to members of all Tribes. The program uses Native storytelling and traditions to affirm and honor Native familial identity. The MA DCF ICWA Coordinator sends updates to each DCF ICWA Regional Liaison regarding this program, which will be shared with area office leaders in their region. Previous updates have been emailed on December 13, 2021, August 23, 2022, and April 10, 2023. The Tribe also hosts a Nurturing Fatherhood Program. In September 2023, the MA DCF ICWA Coordinator contacted social workers who had active ICWA cases to inform them about these available programs.

On June 15, 2022, a Supervisor for the Lynn, MA Area Office reached out to the MA DCF ICWA Coordinator via email, reporting that her Diversity Leadership Team (DLT) had started planning for Indigenous Peoples Day. She wrote, “We are all eager to learn more and would love to do something in our office to recognize the day and help inform our peers. Wondering if you have any resources you would recommend.” The ICWA Coordinator sent resources, including video and movie recommendations, book lists, information about MA Tribes, and a handout on supporting culture for children in care.

On April 21, 2023, the Northern Region of MA hosted its monthly “Lunch and Learn,” focusing on diversity and inclusion topics. They invited the ICWA Coordinator to speak about the importance of ICWA. The talk also covered the importance of seeking out culturally appropriate services for Native American and Alaskan Native clients, and the importance of recognizing how active efforts work in countering societal barriers.

The ICWA Liaison for the Central Region developed a training for staff in the region that explores the intersection of race and Tribal status and highlights diversity-supporting initiatives in 2023. In addition, the Liaison invited the MWT ICWA Director to speak at the Central Region Diversity Leadership Team (DLT) meeting at DCF to discuss the importance of ICWA on June 23, 2023.

Jurisdiction

The Department and the Tribes understand that when a Tribal child is placed in the custody of the Department, the Department must meet all the requirements for that child under 42 USC § 622(b)(8) and §§ 675(5) and 675A. The Department and MWT have had discussions during the negotiations on the IGA as to who would meet these requirements if a child were placed in the custody of the tribe and if the case is removed to the Tribal court. This subject will also be a focal point in any future IGA negotiations with the WTGH (A). If a Tribal child comes to the attention of the Department because of abuse or neglect, the Department will utilize active efforts and treat the Tribal child as it does any other child in the Commonwealth and provide pre-placement preventative services. In cases where the MWT has transferred legal jurisdiction of Tribal children from state to Tribal court, the MWT ICWA Department would provide the child welfare services and protections for Tribal children delineated in section 422(b)(8) of the Act.

These services include the operation of a case review system (as defined in section 475(5) of the Act) for children in foster care, a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families, a service program for children in foster care to facilitate reunification with their families, and placement of a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

The Mashpee Wampanoag Tribe has the capacity to take jurisdiction of protective cases. In FFY 2020, they reported taking jurisdiction of six cases. In FY 2021, the Tribe temporarily stopped taking jurisdiction over protective cases. In March 2021, they planned to transfer some of the cases from Mashpee Wampanoag Tribal Court jurisdiction to state court. DCF has facilitated weekly meetings with MWT CFS and ICWA staff in March 2021 and coordinated a meeting on April 9, 2021, to include the MWT judge to establish connections that will support the cohesive and efficient jurisdictional transfer of cases. In FFY 2022, the Tribe reported actively working with the MWT Tribal Court to determine which cases will be transferred. DCF communicated that it supports the Tribe in any decisions involving case transfer. As of April 2024, the MWT has not transferred any cases from the Tribal to state court and has resumed taking jurisdiction of protective cases. In FFY 2024, the Tribe reported they were working with a total of six cases that had previously been transferred from state to MWT jurisdiction. To ensure the smooth transition of cases transferring from state to Tribal Courts, MA DCF is creating a transfer protocol with accompanying training to support staff with case transfers.

Sharing the APSR with the Massachusetts Tribes

The DCF ICWA Coordinator provides a digital copy of the APSR with both tribes upon finalization yearly. Most recently, the DCF ICWA Coordinator sent copies of the previous APSR and CFSR Statewide Assessment and Final Report to both Tribes via email on February 5, 2024, and followed up by mailing certified copies of the FFY 2024 to both Tribes on February 6, 2024. Finalized APSRs are also available on the MA.gov website.¹⁴

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

MA DCF Adolescent Outreach has and will continue their work with the MA Tribes regarding services for transition-age youth. Training and consultation on Chafee-funded services are made available to Tribes. Native youth are eligible for all Chafee benefits and services and Tribes are provided with annual updated staffing and referral information.

In FFY 2020, the Mashpee Wampanoag Tribe designated staff focused on youth and young adult programming and services to work directly with DCF staff to understand and access Chafee-funded benefits and services.

In FFY 2021, MA DCF Adolescent outreach contacted both MA Tribes several times to schedule time to discuss Chafee services and how DCF can ensure Native youth and young adults have

¹⁴ [Department of Children and Families Reports & Data | Mass.gov](#)

access to them. The Tribes were invited to contact Adolescent Outreach to schedule a meeting and were provided with information via email about Chafee benefits.

For FFY 2022, the MA DCF ICWA Coordinator contacted both MA Tribes (on May 13, 2022), shared a brochure of Chafee benefits, and provided contact information for Adolescent Outreach staff who could further discuss Chafee services. The Tribes were invited to contact Adolescent Outreach at any time.

In FFY 2023, on December 2, 2022, the MA DCF ICWA Coordinator sent both Tribes information on Chafee benefits via email. On December 5, 2022, The DCF Director for the Office of Adolescent & Young Adult Services contacted both MA Tribes, inviting them to reach out when ready for further opportunities. The Adolescent Outreach staff then scheduled to meet with the Tribes quarterly. The total number of ICWA youth that Adolescent Outreach served that year was 19.

In FFY 2024, and up until most recently the ICWA Coordinator facilitated contact between both Tribes, the Manager of Adolescent and Young Adult Services and DCF Director for Office of Adolescent & Young Adult Services on November 15, 2023, to discuss Chafee Benefits. The ICWA Coordinator facilitated contact between both Tribes, the DCF Educational Program Supervisor and DCF Director for the Office of Adolescent & Young Adult Services on March 28, 2024, to discuss opportunities available via a Postsecondary Educational/Vocational grant and Chafee Benefits.

Currently, neither MA tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program concerning eligible Indian children. Neither tribe have asked to receive an appropriate portion of the state's allotment for such administration or supervision.

C6 CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)

There were no substantive changes to state law or regulation that affected the state's eligibility for the CAPTA State Grant.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

CAPTA Priority Areas

13. supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—

B. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

The Department proposes using \$95,000 of CAPTA funds to fund an autism evaluation pilot at the University of Massachusetts Memorial Children's Medical Center. The Center will hire a Developmental Psychologist and Administrative Coordinator to administer autism evaluations for children between 0-12 who are in DCF's custody and where there is a concern the child may have autism. The project will be implemented as a collaboration between the Developmental and Behavioral Pediatrics division and the Foster Children Evaluation Service (FaCES) program at UMass. DCF and the FaCES program already collaborate frequently, and their specialists have extensive experience with autism, child trauma, and family support.

Recent studies find that the population of youth with intellectual and developmental disabilities in foster care has grown substantially to almost 9% nationally. A study published in 2018 identified that the rates of autism and intellectual disability among youth in foster care were two to five times greater than the rates found in the general U.S. population. Complicating this is the fact that the childhood traumas that lead to child welfare involvement, such as abuse, neglect, and extreme household dysfunction, can alter children's physiological functioning, damaging their neurologic, emotional, and cognitive systems, and causing emotional and developmental challenges.

The impact of neglect has been demonstrated to result in developmental delays, particularly language and social-emotional delays. Thus, neglect and autism have overlapping diagnostic profiles especially in young children. While trauma and autism can co-exist as diagnoses, it is important to distinguish between them from each other, as the therapies for each are distinct.

A significant challenge for children in the care of the DCF is that autism assessments are only available from a small number of providers, and all have very long waitlists – many months to over a year. This means children who are eligible for services can't get them because they don't have the proper diagnosis. Therefore, DCF is requesting CAPTA funds to fund this demonstration project to provide faster autism diagnostic evaluations for youth in child welfare custody through a collaboration with the UMass DBP division and the FaCES Program.

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2019 (section 108(e) of CAPTA).

Leadership Training Program & Professional Development

CAPTA Priority Areas

- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

FFY 2024 Expenditures, Activities and Accomplishments

\$14,000 was spent for staff to attend the “Responding to Sudden Unexpected Infant Death: Strategies for the Professional” Conference. This conference reviews the most-up-to-date data analysis on this challenge and strategies for field staff to educate and support DCF families that DCF.

\$16,500 was spent for staff to attend the Simmons Strategic Leadership for Women Certificate Program at Simmons University this Spring. This Program supports leadership development in the Department's female managers, allowing them to learn facilitation, teaching, and leadership skills needed to motivate staff and ensure sound clinical decision-making. Using peer and supervisory feedback (obtained prior to entering the program), areas of challenge were identified, and plans were designed to enhance skills in this area. The Department has a strong commitment to supporting our diverse managers with this exceptional program. We plan to spend an additional \$16,500 to send a second group to this program in Fall 2024.

Funds were also used to support DCF's Medical Director in attending the Pediatric Academic Societies meeting in Toronto. This is the annual meeting of pediatric researchers in North America. To enhance her and her team's skills providing services to DCF-involved children and families, Dr. Costello attended sessions on topics related to child protection including:

- Substance exposed newborns
- Children ingesting toxic substances in the home

- Cannabis-induced psychosis in adolescents
- Children of incarcerated parents
- Increased risk of injury in children with autism
- Child fatalities
- Adolescent mental health crisis.

Funds were also used to support DCF's Education Director in attending a conference in Bethesda, Maryland, sponsored by the U.S. Department of Education and the American Bar Association Center on Children and the Law. The conference was for State Foster Care Points of Contact in both child welfare and education agencies. The focus of this national convening was to support the educational stability and success of children in foster care. Relevant topics covered included transportation, special education, working across state lines, best interest determinations and data collection. DCF's Education Director brought back key information from the conference to ensure his Regional Education Specialists are up-to-date on best practices to achieve educational success for DCF-involved youth.

Respite Care for Postpartum Mothers Impacted by Substance Use Disorder

CAPTA Priority Areas

- case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families
- developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions

This project also supports the Department's continued efforts to address the needs of infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.

FFY 2023 Expenditures, Activities and Accomplishments

The Department spent approximately \$88,000 to partner with Massachusetts General Hospital's Hope Clinic to support a pilot project that is studying the impact of overnight respite care by a newborn care expert on vulnerable postpartum people impacted by substance use disorder. An overnight night-a newborn care expert; provides eight hours of respite care a night and thirty minutes of newborn care coaching, three nights a week for six weeks to the new family in a family residential program. This pilot seeks to evaluate the feasibility, acceptability, impact on parental capacity, receptivity to teaching skills, and overall well-being of the mother/infant dyad.

Since the initial year (FFY 2023) of the pilot, due to the closure of one of the two initial sites, a new family residential program was onboarded. Additionally, the pilot program transitioned to a new service provider due to their more expansive staffing capacity and the previous provider being understaffed to meet the need.

DCF is greatly interested in seeing if this pilot program is successful in supporting postpartum people during this challenging time and supporting parents to utilize safe sleep practices and preventing abuse and neglect. Preliminary parents remaining in treatment has posed a challenge in the completion of the full series of overnight support. However, families who receive at least half of the service experience relay the importance of the connection and support their experience with the newborn expert.

Disability Services Unit

CAPTA Priority Areas

- Case management, case monitoring and delivery of services to children and their families.
- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions
- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

FFY 2023 Expenditures, Activities and Accomplishments

The Disability Services Unit supports coordinating culturally responsive services and program resources for children and parents with disabilities served by the Department of Children and Families. The Disability Services Unit provides consultation to the clinical teams working with Persons with Intellectual and/or Developmental Disabilities, autism, and/or physical disabilities; their work supports identifying, mitigating, and making recommendations to eliminate barriers families with disabilities may experience in service delivery. The Disability Services Unit also supports the Statewide Disability Coordinator and the Regional Disability Liaisons with ensuring that the Department identifies and provides reasonable accommodations for Persons with Disabilities in compliance with the Americans with Disabilities Act through consultation and ongoing support to the clinical teams.

The Disability Services Unit serves as a liaison for the Department to state agencies and community providers that support and serve Persons with Disabilities. Over the past year, the Unit has partnered with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) at both the Central Office and Regional levels to better understand the needs of the Deaf community served by the Department and ensure full communication access to those consumers when engaged with the Department. In FFY 2024, the Department, in collaboration with the MCDHH, provided training opportunities for staff working with the Deaf Community and held a Foster Care Recruitment Event specific to supporting the Deaf Community.

The Director of the Disabilities Services Unit collaborates with the Partnership for Supporting Parents with Intellectual and/or Developmental Disabilities and the Department of Developmental Services (DDS) to support awareness and network building for service providers

that specialize in utilizing a supported parent framework and modifying services to meet individualized needs. This partnership has created a Community of Practice that meets quarterly to support and strengthen the network of providers working with Parents with Intellectual and Developmental Disabilities. The Regional Disability Specialists meet with their regional counterparts at DDS at least quarterly to coordinate service delivery for children and parents served by both state agencies.

The Unit has developed partnerships within the disability-serving community with multiple providers, including but not limited to the Autism Support Centers, Independent Living Centers, Massachusetts Rehabilitation Commission, and the Brain Injury Community Centers. The Director of Disability Services provides support to the Director of Mental Health with care coordination and disposition planning for children with ID/D or autism when they have experienced a behavioral health crisis and require a hospital level of care.

The Department spent approximately \$30,000 for training through the Association for Successful Parenting (TASP) to support the skill development of social workers engaging with families where a parent has an Intellectual and/or Developmental Disability (ID/D). The training supported learning related to modifying skill sets and making reasonable accommodations to allow parents with ID/D equitable access to the Department's programs and services. Social workers learned about a supported parenting framework as well as strategies for identifying learning characteristics of parents with ID/D to better individualize services and support to promote family stability and reunification when appropriate.

Approximately \$2000 was also spent on education materials related to Autism and water safety. These educational materials are provided to parents of children with autism as well as the Department's service providers that work with children with autism.

CAPTA funds also supported the development and maintenance of the Disability Services Unit staff. The Disability Director was onboarded in December 2021 and supported the Department in the process of recruiting and hiring professionals with disability-related experience to fulfill the roles of the Disability Regional Specialists. During FFY 2024, the Department spent approximately \$200,000 in CAPTA funds (salary and fringe) to support two of the specialists' salaries, and the other three were paid through the state's Supplemental CAPTA funds (discussed further below).

Policy Implementation Manager and Regional Implementation Specialists

CAPTA Priority Areas

- Improving the intake, assessment, screening and investigation of reports of abuse and neglect.
- Improving case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

FFY 2024 Expenditures, Activities and Accomplishments

DCF is reorganizing the agency's policy and practice implementation framework to ensure social workers, supervisors and managers have access to consistent practice support tailored to regional and local needs. A Policy Implementation Manager along with Regional Implementation Specialists have been hired to support the implementation of new policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide.

In FFY 2024, DCF successfully hired a Policy Implementation Manager and four out of five Regional Implementation Specialists. We hope to hire the final Specialist in early FFY 2025.

Regional Education Specialists

CAPTA Priority Areas

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

FFY 202 Expenditures, Activities and Accomplishments

The Department spent approximately \$200,000 in CAPTA funds (salary and fringe) to support two staff to serve as regional education specialists. The Specialists work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending, and succeeding in school.

Information for Parents During Removal

CAPTA Priority Area

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

FFY 2024 Expenditures, Activities and Accomplishments

The Department proposed spending \$30,000 in CAPTA funds to draft and publish a guide to provide improved information to families at the time their child is removed. The FFY 2024 CAPTA allocated funds were not spent because the Department continued to work on its foster care policies and decided to hold off on this project until those were finalized.

Behavioral Health Initiatives

CAPTA Priority Areas

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.
- Developing, strengthening, and facilitating training.

FFY 2024 Expenditures, Activities and Accomplishments

The Department spent approximately \$10,000 on several mental health projects, as described below.

DCF provided training for DCF social workers and staff to support enhancing knowledge and strengthening overall training efforts. Topics including:

- **Suicide Prevention: Understanding Suicide 101 for DCF Social Workers (three training courses during FFY 2024)**
 - This training is designed specifically for DCF Social Workers to increase knowledge and improve skills and confidence of those working with high-risk youth and adults and planning for their care. Participants learn data, demographics, and current theories about suicide, review current information on suicide risk factors and warning signs, and examine personal reactions to dealing with suicidal behaviors. The course also provides strategies for asking children or adults about their thoughts of suicide, introduces participants to suicide safety planning, provides an overview of current best practices for clinical intervention and wraps up with a discussion of worker self-care, an essential component of dealing effectively with this challenging issue. Content is based on current best practices and reflects training objectives in the 2012 National Strategy for Suicide Prevention. This training was developed collaboratively between DCF and Riverside to ensure it contains a framework inclusive of a child welfare perspective and the role of the DCF Social Worker.
- **Providing Postvention Support to Social Workers impacted by a work-related critical incident for DCF Supervisors and Manager (three training courses during FFY 2024)**
 - The term ‘postvention’ refers to planned interventions with those affected by a suicide death that aims to address the needs of the bereaved, reduce the risk of contagion, and promote healthy adaptation of individuals and the community. This training is created and designed specifically for MA DCF Supervisors who support staff in the field, and built upon the learnings of our "Understanding Suicide" trainings, will provide best-practice guidelines for effective postvention, based on Riverside Trauma Center’s Postvention Protocols, which are listed in Section III of the SPRC Best Practices Registry for Suicide Prevention; and cover the impact of both direct or vicarious trauma in social services, advances in the concepts of trauma

stewardship and toxic stress, and offer healthy coping strategies for supervisors to provide optimum levels of intervention for their staff and the clients they serve.

- Working with Trauma: Caring for Yourself and Others in High Stress Environments (four training courses during FFY 2024)
 - This training is designed specifically for MA DCF Social Workers to increase knowledge of how to care for themselves and others given their work with the Department and the families and children we serve.

During FFY 2024, we also purchased 2,400 lock boxes and distributed those to our 29 Area Offices at a cost of approximately \$66,000. Lock boxes are a prevention method to allow parents/guardians to secure medications and substances to decrease youth and children's access.

Information Technology (IT) Improvements

CAPTA Priority Areas

- Case management, case monitoring, and delivery of services to families
- Developing, strengthening, and facilitating training

FFY 2023 Expenditures, Activities and Accomplishments

The Department spent \$70,000 on information technology improvements. This IT initiative aims to support and improve the Department's child protective services system by supporting case management activities performed by DCF staff and contracted case management providers. This includes activities to support the ongoing monitoring of cases as well as the authorization and delivery of services to children and families involved in child protective services cases at anytime from anywhere using DCF's web-based i-FamilyNet system. In FFY 2024, this included i-FamilyNet changes and enhancements to better support the language accessibility as well as reasonable accommodation needs of DCF-involved families. It also included enhancements to make it easier for DCF staff, contracted providers, and foster parents to view more up-to-date psychotropic medication information as part of children's comprehensive medical/behavioral profile. The project also includes developing a curriculum for and delivering trainings to workers, supervisors and managers from the Department and its provider partners. In FFY 2024, this included trainings and support materials for the Department's caseworkers, supervisors, attorneys, and specialists on supporting parents/caregivers with disabilities who may require reasonable accommodations to access and benefit from the DCF program, services, and activities.

DCF Central Office Nurse

CAPTA Priority Areas

- Case management, case monitoring and delivery of services to families
- Supporting collaboration between public health agencies and the child protection system to support health needs

- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families with disabled infants with life-threatening conditions using existing social and health services.

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

In FFY 2024, DCF used CAPTA funds at \$109,452 (salary and fringe) to support this critical Central Office Nurse position. The DCF Central Office Nurse (Nurse) is a key part of DCF's work to ensure timely access to quality health care for children and youth who are involved with DCF. The Nurse provides consultation to DCF staff and foster and adoptive parents statewide regarding all healthcare and medical issues for children involved with DCF. The Nurse is the Supervisor of five Regional Nurses, and the Psychiatric Social Worker co-manages the DCF Children's Hospital Nurse Liaison, and works with other state agencies, community health providers and acute, chronic and rehabilitation hospitals. The Nurse provides coverage for the Medical Director and Regional Nurses for planned and unplanned time off. The Nurse consults and collaborates with medical and social work staff of acute hospital Child Protection Programs and provides the hospital Child Protection staff with information and guidance regarding agency policies and processes. The Nurse manages contracts for Complex Foster Care/Medical foster homes and the Children's Hospital contract that includes the Nurse Liaison position and Clinical Consulting. The Nurse is the DCF representative on the Department of Public Health Medical Review Team, a multidisciplinary team of public and private sector members that reviews long and short-term applications for admission to pediatric nursing facilities for persons under age 22. The Nurse manages referrals to the Antipsychotic Medication Monitoring Program (AMP), in collaboration with the Child and Adolescent Psychiatrist and Psychiatric Social worker and covers the work of the AMP when those staff are unavailable.

The Nurse utilizes the Medicaid Data Warehouse application to provide MassHealth claims data and analysis of relevant claims data regarding a child's medical and psychiatric history to inform the AMP review process by the Psychiatric Social Worker and Child Psychiatrist. To date, the AMP has completed over 100 reviews of requests for antipsychotic medications. The AMP now covers the Central, Boston, and Northern Regions. The Psychiatric Social Worker is responsible for clinical reviews of proposed antipsychotic medications, works closely with the Nurse and Child Psychiatrist, and provides comprehensive clinical summaries and recommendations to the Child Psychiatrist, who then makes the recommendation regarding proceeding to court for the required court order for the medication.

Focuses in FFY 2024 included:

- The Special Kids Special Care (SKSC) program is a program for medically complex children in foster care, co-sponsored by the Massachusetts Medicaid Program (MassHealth) and the Department of Children and Families (DCF). The SKSC Program provides intensive medical care management program for children in DCF custody and in placement who have complex health care needs through a contract with one of the MassHealth managed health care plans, Well sense The Nurse is the DCF clinical lead for the Special Kids Special Care Program and facilitates referrals of children to MassHealth.

- The Nurse is the representative of the Health and Medical Services Team for the Critical Incident Review Team (CIRT). The CIRT is a Central office team comprised of our executive staff and multidisciplinary specialists who meet weekly to review reports of cases identified as meeting the definition of Near Fatality, Serious Bodily Injury or Emotional Injury. The Nurse is responsible for reviewing between approximately 10 to 35 reports per week and addressing the medical issues and questions raised during the CIRT discussion of each case. The Nurse also participates in the CIRT reviews of Fatality Reports.
- DCF contracts with Ascentria, a foster care agency, for placement of children and youth through the Unaccompanied Refugee Minor Program, which is a program that provides foster homes for refugee minors from various countries. The Nurse is the medical contact for this program and is often asked to review medical documentation about a child or youth prior to their placement in the United States, to recommend what medical services and providers the youth will require immediately after arrival in the US and on an ongoing basis. The Nurse provides consultations to Ascentria social work staff regarding medical and behavioral health questions about youth in the program and assists the Ascentria staff with identifying and obtaining necessary medical services for youth. Many of the youth in the program have suffered physical or emotional trauma and have a history of communicable and other diseases and chronic medical conditions that require medical specialty care.
- The Nurse meets regularly with the Director of the Massachusetts/Rhode Island Make a Wish (MAW) Foundation to identify children in DCF custody who are eligible for “Wishes” and communicates with the DCF social work staff regarding the eligibility of children for Wishes. The Nurse continues to collaborate with the MAW Director to provide medical information necessary to determine eligibility and to make referrals, with the goal of accessing as many Wishes as possible.
- The Nurse has recently spearheaded an initiative to identify nursing agency resources for children who require placement in foster homes and congregate care facilities. This involves extensive outreach to home health agencies statewide to identify services offered, service area, insurance plans accepted, and options for private pay for nursing visits, block nursing, and nurse staffing. The Nurse has created a detailed and continually updated resource document that is shared widely and includes all contact information and service provision information to be used by the Health and Medical Services Team and other staff statewide.

Regional Clinical Consultation

CAPTA Priority Area

- Improvement of case management, including ongoing monitoring and delivery of services and treatment provided to children and their families.

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

In FFY 2024, DCF used approximately \$40,000 of CAPTA funds to continue to purchase clinical consultations and evaluations. Across the state, these consultations and evaluations were used for the following purposes:

- Stabilizing children exposed to multiple and severe trauma
- Prevention of higher-level/higher cost placements
- Identification of clinical needs to keep children at home safely, when possible
- Risk analysis to assist social workers in reviewing treatment options
- Consultation at clinical reviews to help staff identify or clarify their understanding of the mental/behavioral health issues families and children are experiencing to enable the development of more appropriate service plans
- Consultation services at Family Team Meetings

Children's Charter Division of Key Program, Inc.

CAPTA Priority Area

- Improving the intake, assessment, screening and investigation of reports of abuse and neglect
- Improvement of case management and delivery of services

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

During FFY 2024, DCF spent approximately \$190,000 of CAPTA funds to contract with Children's Charter, a division of Key Program Inc. Children's Charter provides state-of-the-art forensic clinical evaluations for DCF's most complex cases of child maltreatment that need intensive, in-depth assessment and treatment services to children involved in criminal court cases.

Children's Charter provides forensic evaluation services to children, between the ages of 3 and 17, who have experienced and/or witnessed trauma. They also provide parenting evaluations in complex family situations, which has been extremely helpful to DCF staff, particularly because they can support these evaluations in court involved cases by providing testimony when needed. 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 accepts referrals from any DCF Area office and so far, this year has received referrals from 21 different DCF Area Offices.

The COVID-19 crisis was challenging for all client facing services however Children's Charter, like many other providers have utilized the learning from that time to transition back to in-person while still utilizing some hybrid opportunities. They continue to offer a combination of in-person and virtual services; however, a forensic evaluation requires more in-person time.

In June 2020, Children's Charter services were expanded to increase capacity and include consultation and clinical support post-evaluation. These additional services were added to ensure

DCF staff, treating clinicians, parents, and foster parents are not just handed an evaluation, but are also supported as they implement the evaluation's recommendations. These additions have been a welcome resource for DCF offices and foster parents. These additional services include:

- Supporting foster parents to utilize the evaluation recommendations for children in their care
- Support to DCF staff in interpreting and utilizing evaluation findings
- Support therapists or in-home providers in utilization the evaluation recommendations to support the children's clinical needs.

Due to the expansion of their service delivery model Children's Charter has been able expand their support to deepen DCF's use of their services, including offering guidance to foster parents in support of the children in their care.

The services that Children's Charter provides have been, and continue to be, highly valued by DCF Area Offices, courts, healthcare professionals, and other community stakeholders.

Parental Stress Line

CAPTA Priority Area

- Case management, case monitoring, and delivery of services to families
- Developing information to educate the public on the role of the child protection system.

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

In FFY 2024, DCF spent approximately \$65,000 of CAPTA funds to support Parents Helping Parents (PHP), a parental stress line in Massachusetts. They rely on volunteers to answer calls and facilitate groups. The services address protective factors linked to a lower incidence of child abuse and neglect. All services are free, anonymous, confidential, and accessible. They welcome any person seeking support in caring for a child but focus outreach efforts on parents who are isolated or afraid to seek help from traditional social service organizations. In FFY 2023, the organization served 6534 parents and impacted over 12,678 children.

The Parent Stress Line (PSL), which CAPTA funding supports, is a confidential helpline for parents 24 hours a day, 365 days a year. It is the only 24-hour helpline in Massachusetts available specifically for parenting issues. Volunteer Counselors use a multifaceted approach to assist callers by providing strengths-based, trauma-informed emotional support, relevant and meaningful resources, and information and referrals. We received 19,647 calls from FY20 and FFY 2023 and anticipate an additional 5000 calls by the end of FY24.

Calls to our Parental Stress Line increased by 40% between 2020 and 2024. During the pandemic, the Line fielded calls from parents affected by the pandemic, including the following: Risky behavior of a child or household member not taking social distancing seriously; isolation and lack of support; increased anxiety; homeschooling issues; and exhaustion.

Post-pandemic, we hear from parents and caregivers they have increased stress, anxiety, and depression with fewer options for immediate, affordable mental health support. Parenting is more challenging in the age of social media, increased online bullying, and America's gun violence and addiction epidemic.

Family Engagement and Voice

CAPTA Priority Area

- Case management, case monitoring and delivery of services to families.

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

Approximately \$65,000 in CAPTA funds was used to:

- Provide stipends to parents and former consumers to participate in the decision-making processes at the Department by serving on the Family Advisory Committee (FAC).
- Support Parent Leadership Trainings to former consumers to prepare them to be confident participants and productive members of area boards and other forums where the voice of former consumers must be present.
- Provide parent stipends associated with DCF's Fatherhood Initiative
- Provide stipends associated with the Commission on the Status of Grandparents Raising.

The Family Advisory Committee (FAC)

The Family Advisory Committee (FAC) is dedicated to ensuring the voices of families with firsthand experience are heard across the child welfare system. They bring together the voices of young people, birth parents, foster and adoptive parents, and relative caregivers to inform and advise DCF as well as others in the child welfare field. More information about the FAC can be found below in the section of this report on Citizen Review Panels.

Fatherhood Initiative

One of the priority areas identified in the Massachusetts Fatherhood Collaborative Strategic plan and by the Department's Agency Improvement Leadership Team was the need to increase the numbers of Fatherhood Ambassador Presentations to Area Offices. Utilizing funds from CAPTA, fathers were able to receive a modest stipend to defer their personal and travel costs to attend in-person presentations. Additionally, using Promoting Safe and Stable Family (PSSF) grant funds DCF contracted with Family Nurturing Center (FNC) to prepare the fathers to present using the strategic sharing curriculum.

In FFY 2024, for the first time post-pandemic, half of this year's fourteen Ambassador presentations were able to be held in-person. Every Region of the state received at least one Ambassador presentation, and many received several. Four of the Ambassador's presented to a plenary session of 400+ people at the New England Fathering Conference in Newport, Rhode Island. Ambassadors continue to participate in FNC's *Fathers Helping Fathers* after-care

program and to weigh in on the *Fathers Helping Fathers* virtual support community, an email listserv that regularly provides resources and connections to a growing group of Nurturing Fathers' Program graduates.

Commission on the Status of Grandparents Raising Grandchildren

In FFY 2024, the Commission on the Status of Grandparents Raising Grandchildren provided information, services resources, advocacy and support to grandparents and relative caregivers in Massachusetts. The Commission brought programming to grandparents and relative caregivers that improved access to services and resources, improved understanding about critical issues impacting their families, and on the health and wellness of the caregiver. Over 300 grandparents participated in 20 different workshops and groups, including discussions with panelists with lived experience, that covered topics such as "How Kinship Care Impacts Family Dynamics" and "The Impact of Trauma on Children and Caregivers." The Commission trained over sixty service providers to launch a community-based support group locally for grandparents raising grandchildren and the Commission continued to host monthly meetings with support group facilitators across the Commonwealth. An estimated 100 grandparents participated in virtual support groups facilitated by the Commission in FFY 2024, therefore maintaining connections and support for caregivers unable to attend a community-based group. Additionally, the Commission offered several opportunities in FFY 2024 for caregivers to engage in health and wellness workshops, both virtually and in-person, to encourage caregivers to practice self-care. The Commission also sponsored 23 supports groups to host an intergenerational activity for grandparents and grandchildren to have a day together for fun, respite, and wellness. Over 250 grandparents and grandchildren participated in these intergenerational opportunities.

In June 2024, the Commission hosted its 11th Conference for Grandparents Raising Grandchildren. It is anticipated that over 200 grandparents and services providers will attend this event. Workshops will be offered and will cover topics such as "How to Talk with Children about Parental Substance Use" as well as "Connecting with Local Mental Health Services" There will be 20 resource tables at this event, as well as Kinship Navigator consultation. The theme for the conference is "Health and Wellness" and attendees will participate in a journaling activity, chair yoga, and guided meditation in order to put into practice what they have learned.

The Commission launched "Grandparents Raising Grandchildren Regional Roundtables" to bring together service providers from across the human services perspective to learn about and share information and resources for grand families regionally. The Commission identified eight regions of need in Massachusetts and has five regions currently engaged in this model - Central, Southeast, West, Boston, and Northeast Regions, with the next two regions scheduled to launch in Fall 2024. These meetings are both in-person and virtual. Each region has had over 40 providers at each meeting. At each roundtable meeting, two to three providers are present, such as Aging Service Access Points or Family Resource Centers. These roundtables have yielded excellent results and opportunities for service providers to learn about new resources to bring to their practice of supporting grandparents and relative caregivers.

Implementing Plans of Safe Care

CAPTA Priority Area

- Case management, case monitoring and delivery of services to families.
- Developing, strengthening, and facilitating training
- Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
- Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

FFY 2024 CAPTA Expenditures, Activities and Accomplishments

During FFY 2023, DCF spent \$723,312 in CAPTA funds in this area.

- \$769,749 salaries (and fringe costs) of five Substance Use/Plan of Safe Care Coordinator positions in order to increase agency capacity to address Plans of Safe Care.

Please see more details on this topic below in the question regarding the state's continued efforts to support and address the needs of infants affected by prenatal drug exposure.

Provide information on whether and how CAPTA funds have been used, alone or in combination with other funds, such as title IV-E Foster Care administrative claiming, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

The Department has not used CAPTA funds for this purpose.

Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)

DCF's three citizen review panels are:

- **MA Child Fatality Review**
- **MA Family Advisory Committee**
- **MA Joint Youth Advisory Committee**

An overview of each report is included below, and each report is included in the Appendix.

CITIZEN REVIEW PANEL ONE

Massachusetts Child Fatality Review

In 2000, Massachusetts enacted child fatality review legislation to bring professionals together from a variety of disciplines and experiences to examine individual fatality cases. The goal of the teams is to decrease the incidence of preventable child deaths and injuries. The objectives of this review are to facilitate interagency networking and collaboration and to produce recommendations for changes that will protect the health and safety of children.

The law establishes the State Team within the office of the Chief Medical Examiner and additional Local Teams within each of 11 District Attorneys' offices. Members of the teams are drawn from state departments of public health, children and families, mental health, developmental services, education, and youth services. There is also representation from the American Academy of Pediatrics, the Massachusetts SIDS Center, the Massachusetts Hospital Association, state and local police, and the juvenile courts.

The Local Teams collect information on individual cases, discuss case information in team meetings and advise the State Team by making recommendations for changes in law, policy and practice that will prevent child deaths. Through the review process, child fatality review teams promote collaboration among the agencies that respond to child deaths and provide services to family members.

The principal responsibility of the State Team is to provide ongoing advice and support for the Local Teams through training, guidance and the dissemination of information pertinent to the protection of children. A second responsibility is to review Local Team recommendations and combine them with its own research in making final recommendations to the governor, the legislature and the public.

In FY22, the local CFR teams held 23 meetings, reviewed 96 child fatalities and issued 17 recommendations. Based on recommendations received from local teams, the state CFR team made five formal recommendations, neither of which directly impact the Department. The MA Child Fatality Review (CFR) Team's FY22 report, currently the latest report available, is attached.

CITIZEN REVIEW PANEL TWO

DCF Family Advisory Committee

The purpose of the Family Advisory Committee (FAC) is to bring together a diverse group of community representatives whose various experiences with DCF provides a unique perspective from which to advise the Commissioner and help inform agency decisions. The composition of the FAC are family members who have had lived experience with the Department including biological, kinship, foster and adoptive parents. Community members invested in the safety and well-being of children across the Commonwealth also join the FAC.

The Department strives to keep its decision-making processes transparent by engaging community members in the review of new or modified agency initiatives. The FAC provides the opportunity for parents and other community members to have input into the development of practice, policies and programs that affect families. The FAC builds mutual accountability between the Department and the families it serves by creating opportunities for dialogue and learning from both perspectives.

Key work in FFY 2024 included:

- *Area Board Committee:* Worked to connect the Area Boards that serve Area Offices throughout the state. Sponsor two Area Board Summits to bring shared best practices and elevate lived experience work.
- *Diversity Committee:* Worked on a Statewide LGBTQ+ Partners Program that offers 1:1 support, community support groups and training for youth and families.
- *Fatherhood Committee:* The FAC maintains an active role in promoting and supporting the Father Engagement work of the agency. Parents actively participate in Area Office Fatherhood Engagement Leadership Teams and spent time this year identifying where these teams were active and where they could use more work. Committee members also participate in various conferences and other work to support fatherhood engagement.
- *Foster Care & Kinship Committee* Proposed and supported a new after school pilot program in Worcester. The pilot is between the local YMCA and adolescents involved with DCF. This new program provides the youth many opportunities ranging from financial management skills to health and fitness, to new adults supports.
- *Mental Health Committee:* Rolled out Question Persuade and Response (QPR) suicide prevention training. Trained two cohorts – first was foster parents and second included social workers and community partners.

The FAC's FY24 Recommendations and the Department's Responses:

1. The FAC recommends encouraging improved outcomes for youth in care through direct policy and procedure feedback from previously involved youth. Goal #1 Continue to build a youth committee to drive changes to policy and practice to better meet the needs of youth being served by the Massachusetts Department of Children and Families (DCF).
 - **Departmental Response:** The Department works closely with The DCF Joint Youth Advisory Committee which is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youths and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding policy, programs and practice. DCF looks forward to connecting the FAC with the Youth Advisory Committee during FY25 to encourage collaboration.

2. The FAC recommends increased awareness of child welfare needs at the state level to increase support and funding for key initiatives. Goal #2 Increase legislative engagement to assure that families and youth served by DCF have the resources necessary to successfully reunify with their biological family or to succeed with alternative permanency placement. This will be accomplished by a continued connection to DCF through their legislative lead, and senior management team.
 - Departmental Response: The Department supports the FAC and its members engaging with legislators to express your positions about why resources are necessary and share your lived experience. DCF's legislative director is available to meet and share any information about legislation or the budget process if that is helpful to FAC members.

3. The FAC recommends integrating the lived experience of actively engaged families to increase the responsiveness from timely impact of policy and procedure. Goal #3 Integrate the lived experience of "active biological families", currently involved with DCF, into the Citizen Review Panel feedback from the FAC. The FAC will work in partnership with DCF to connect active biological families to this work.
 - Departmental Response: The Department looks forward to partnering with the FAC on a plan to increase the representation of biological families on the FAC.

4. The FAC recommends increasing support programs, training and research to impact greater populations. Goal #4 Work to assure that vital FAC programming and support can be scaled from pilot phase to statewide delivery by taking proven programs into contracted partnerships with approved community partner vendors. We look to DCF to work in partnership with the FAC to expand the reach of successfully piloted programs through existing, or newly established, DCF contracted vendor partners. DCF will work in partnership with the FAC to promote this work internally, within the agency, and externally with partners.
 - Departmental Response: The Department looks forward to working with the FAC to discuss the different ways that FAC pilots could be increased to impact more families throughout the Commonwealth.

5. The FAC recommends working to identify ways to help support families in the community to mitigate child removal. Goal #5 The FAC Leadership Team will explore the various ways in which Massachusetts and other states and jurisdictions are implementing the Federal Family First Prevention Services Act (FFPSA) and make recommendations to DCF about programs and services that can benefit families in MA.
 - Departmental Response: The Department looks forward to the FAC reviewing DCF's FFPSA plan and also exploring how other states are implementing FFPSA. DCF is continually reviewing new programs and services and welcomes your thoughts on which additional ones the FAC thinks would be most beneficial for families.

CITIZEN REVIEW PANEL THREE

DCF Joint Youth Advisory Committee

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youths and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

Activities of the Joint Committee in FFY 2023 included:

- Reviewed the National Youth in Transition Database outcomes for Massachusetts and provided feedback to DCF on relevant issues such as practice related to young adult care.
- Refocused on planning in person activities that would serve the needs of the young adults and enhance life skills development.
- Held a focus group to inform the agency of ways to ensure youth and young adults had a voice in their foster care reviews and permanency planning hearings.
- Served on a CFSR focus group to provide feedback and recommendations for youth and young adult services provided by the Department.
- Provided feedback to the Massachusetts Department of Higher Education, Office of Student Financial Assistance on the experience of utilizing financial aid as a student from foster care.
- Provided feedback at the agency-level for planning and practice related to supporting youth and young adults.
- Partnered with a community agency to provide a four-month cooking series where foster youth and young adults learned the importance of meal planning, organizing, safety, and hygiene. This was in addition to hands-on cooking skills. They also learned about healthy eating habits, creativity with food and working with others. Youth mastered how to store food safely, operate kitchen equipment and most importantly how to budget and prepare healthy meals.
- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the Foster Youth to Independence Program.
- Participated in a focus group for the Department's AILT work group focused on improving graduation rates for foster youth. They also provided feedback to CPCS attorneys who are representing youth in care regarding homelessness.
- Partnered with Mass NFCA for four events and provided feedback about future events such as a beach gathering this summer for current foster youth/alumni and the 2024 Annual Alumni Thanksgiving event.

Plans for FFY 2023/2024 include:

- Continue to plan for youth and young adult wellness conference that can take place in person in FFY 2024.
- Participate in the development and delivery of new training for DCF Social Workers focused on successful transitions from care.
- Events such as paint nights, art shows, sporting events, and focus groups will continue to be available through the Regional Boards.
- Review and provide feedback on the updated PAYA modules that will reflect advancement and use of technology to develop life skills.

The JYAC's FY24 Recommendations and the Department's Responses:

1. The Committee requests the Commonwealth to establish a comprehensive and structured peer support program for current and former youth in DCF care. This program should be supported by clinical professionals and incorporate a clinical reflective format. It is specifically recommended to engage older alumni as facilitators and train young adults who have exited foster care to become peer supporters.
 - Departmental Response: The Department recognizes the value of a structured peer support program and is excited to collaborate with community providers and governmental organizations to bring this vision to life. As an initial step, DCF in partnership with MassNFCA, will start the discussion regarding creating an alumni peer support group. This initiative can be pivotal in nurturing a healing community environment.
2. The Committee recommends considering adjustments to DCF policy requirements for remaining in DCF care and signing Voluntary Discharge Plans (VDP). They suggest creating low-barrier services to allow youth in need of stabilization to stay in foster care longer and receive the necessary support.
 - Departmental Response: The Department is committed to ensuring that every youth in DCF care has access to the essential resources required to thrive. The feedback has been shared with the agency leadership for consideration in future improvements.
3. The Committee recommends the creation of an online DCF Youth page. This platform should enable online access to all vital documents and records with multi-factor authentication for high security, in addition to different resources across the state. Additionally, the platform should offer youth the opportunity to create an online Lifebook, including baby pictures and yearbooks, and increase awareness about available support.
 - Departmental Response: The Department supports the creation of an online portal for DCF youth. Our IT Department and the AYAS team are currently developing a dynamic, interactive online page tailored for current and former DCF youth. This project is designed to empower youth by providing them with the tools they need to manage their own records and have access to statewide resources.

4. The Committee recommends extending the age of discharge from DCF care to 24 years old for those pursuing postsecondary education and in need of additional support to successfully graduate and transition to independent life.
 - Departmental Response: The Department acknowledges the importance of extended support for youth pursuing postsecondary education and is planning to explore avenues of additional financial support to address needs of young adults pursuing a college degree after they turn 23. Our goal is to ensure that young adults receive the necessary assistance to successfully graduate and transition to independent living, thus setting a strong foundation for their future endeavors.
5. The Committee recommends creating an employment portal and organizing an annual employment and resource fair. This initiative should provide employment assistance, particularly focusing on youth in areas with limited job opportunities and public transportation.
 - Departmental Response: The Department recognizes the significant impact that employment opportunities have on youths transitioning from foster care. The program's new Employment Coordinator, in collaboration with the IT department and other community partners, will spearhead the development of an employment resources hub page on Mass.gov. Additionally, we will collaborate with local community businesses to organize an annual employment and resource fair. These efforts will aim to bridge gaps in job opportunities and transportation, providing essential support for career development.
6. The Committee recommends organizing statewide board meetings to facilitate connections among youth from different regions. Additionally, enabling Youth Advisory Board (YAB) members to attend various conferences across the country to share Massachusetts' initiatives and bring awareness to youth contribution to progressive policies and community improvements.
 - Departmental Response: The Department is dedicated to fostering connections among youth across various regions. We will facilitate networking through statewide board and MassNFCA meetings and explore opportunities for Youth Advisory Board (YAB) members to attend national conferences to build their support network and learn about best practices and programs to empower youth.
7. The Committee recommends creating online service satisfaction forms. These forms would allow young adults to evaluate the services provided by DCF staff and providers, offering a safe space to voice their concerns.
 - Departmental Response: The Department is dedicated to enhanced service delivery and values the feedback of young adults. DCF will partner with the YABs to discuss various methods of establishing a feedback loop in order to continuously improve services and programs for young adults.

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting

from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) - (iii) of CAPTA), including information on:

- *How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.*
- *Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*
- *Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
- *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*
- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*
- *If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*

As noted above, during FFY 2023, the Department utilized CAPTA funds to support six Substance Use/ Plan of Safe Care Coordinator positions. A full-time Director of Substance Abuse Services also supports the successful implementation of Plans of Safe Care and increase agency capacity for collaborative work in this area.

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

The below activities occurred during FFY 2023 and will continue into FFY 2024:

DCF staff participate in monthly Perinatal-Neonatal Quality Improvement Network leadership team meetings which includes the Director of Substance Use unit presenting at their twice-yearly summits. Attendees include obstetricians, neonatologists, pediatricians, recovery support staff

and infant-child development program staff. The meetings focus on best practices and collaboration.

- Local cross system trainings with substance use providers to increase awareness of impact of parental substance use disorders on children, child welfare approaches and the benefits of PoSC as a tool.
- PoSC's have developed a cross-system collaborative process with several birthing hospitals to facilitate a "virtual plan of safe care meetings". The purpose of these meetings is to bring providers and child welfare together to address and increase areas of safety and support.
- DCF staff participates in all statewide Perinatal Substance Use and Recovery Coalitions.
- PoSC coordinators have initiated partnerships with local hospital maternal child health programs. Teams meet at least quarterly to address, and problem solve system and communication challenges.
- Enhanced partnerships with programs serving pregnant and postpartum mothers with substance use disorders and their infants to develop a teamed structure of collaboration via Plan of Safe Care meetings. This includes Plan of Safe Care meetings, monthly case-level meetings, and quarterly provider connections to promote collaboration and address system challenges.
- Deliver ongoing trainings to Treatment Providers, recovery coaches, recovery centers and family resource centers relative to the PoSC and utilization as a tool in working with families.
- Continued a partnership with the Massachusetts Child Psychiatry Access Program (MCPAP) to deliver trainings and consultations for DCF on perinatal mental health including co-occurring challenges with substance use disorders. A pilot project began in September 2023 to partner with MCPAP's perinatal psychiatrist to provide case level clinical consultation with our medical unit to support assessment and linkages for birthing parents with complicated behavioral health and pharmacological needs that can contribute to disruptions in parental capacity.
- Providing ongoing training to DCF staff related to trauma informed engagement in working with families impacted by substance use disorders, Substance Exposed Newborns, communication with providers and engaging providers relative plan of safe care.
- Unlike many social services across the nation, providers and programs continue to deal with staffing limitations and shortages. DCF has continued to maintain close communication to understand and address impacts on the families impacted by substance use disorders, plan of safe care implementation and ensure children's safety and well-being.
- DCF in partnership with BSAS, and stakeholders from the medical community, home visiting, courts, and recovery community, are receiving In Depth Technical Assistance

sponsored by the National Center on Substance Abuse and Child Welfare, (NCSACW), to develop a public health approach to the identification engagement and initiation of the plans of safe care with families, develop a shared vision and mission to govern systems work, develop a statewide governance structure for supporting families impacted by parental substance use and infants prenatally exposed to substances. This intensive cross systems effort will continue well into FFY 2025.

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

Update on State's Use of Supplemental CAPTA Funds:

Massachusetts received \$1,834,757 in FFY 2021 CAPTA State Grant Supplemental funds under the *American Rescue Plan Act of 2021*. As of June 2024, we have used all of our Supplemental funds in the following ways.

- DCF used these funds to hire three additional regional education specialists so that the Department has an education specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff was approximately \$600,000. The Specialists work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school. Issues of equity are central to the work of the Education Unit at DCF. Students of color are more likely to face challenges at many stages of their education – from being suspended and expelled more often to being less likely to graduate high school. DCF's education specialists advocate for these students and work to ensure our students are enrolled in, attending, and succeeding in school.
- DCF used these funds to hire three additional regional disability specialists, so the Department has a disability specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff was approximately \$600,000. The Specialists work with field staff to support best case practice in working with families whose children have been diagnosed with challenges such as autism and other intellectual disabilities. These coordinators are responsible for education of and consultation with DCF staff and will represent DCF as we work with community providers to ensure appropriate service delivery. It is critical that there are not disparate outcomes for children and families struggling with ASD/ID. The education and consultation provided by the Disability director and Specialists will ensure equal opportunities for essential care and education offered to all children and families.

- DCF used these funds to hire three additional regional policy implementation specialists (so the Department has an implementation specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff was approximately \$600,000. These Specialists support the Department’s continual policy and practice implementation work. They work to support the implementation of new and existing policies and partner with clinical directors and managers to develop and deliver post-implementation practice support statewide. DCF has established a Racial Equity Policy Advisory Workgroup to examine policy and practice with an equity lens. Recommendations from this advisory group will inform training and practice support offered to DCF Area Offices.

State CAPTA Coordinator

Rebecca Brink,
Assistant Commissioner, Program Support
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Boston, MA 02111
617-748-2046
Rebecca.brink@state.ma.us

SECTION C7. STATISTICAL AND SUPPORTING INFORMATION

The following must be reported in the 2020-2024 Final Report:

1. CAPTA Annual State Data Report Items:

Information on Child Protective Service Workforce:

Education, Qualifications, and Training Requirements of Child Protective Personnel

Below we provide the job descriptions for the Department's social workers (Social Worker I & II) and Supervisors (Social Worker III):

Social Worker I, Bargaining Unit 8, Job Grade 19

Applicants must have (A) a Bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration (applicants at the Department of Children and Families must obtain the required license in Social Work within the first nine (9) months of employment.)

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Successful candidates are required to have the following at the time of hire:

- Knowledge of family dynamics and human behavior.
- Ability to use a computer to type and perform basic computer tasks.
- Ability to communicate effectively, both verbally and in writing, to appropriately document case activities and represent the agency in a professional manner.
- Ability to multi-task and prioritize responsibilities.
- Ability to interact effectively with and establish rapport with diverse teams and groups of people.
- Ability to gather information through questioning and observing individuals and by examining records and documents.
- Ability to maintain accurate and up to date records.
- Ability to exercise discretion in handling confidential information.
- Ability to maintain a calm manner and interact appropriately with others in stressful and emergency situations.
- Ability to maintain appropriate professional boundaries with clients.
- Ability to exercise sound judgment to ensure safety of self and others.
- Ability to convey the above through acceptable means of documentation, written, typed, verbal.

Social Worker II, Bargaining Unit 8, Job Grade 20

Applicants must have (A) a Bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker,

Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration, and (C) and two (2) years of full-time or equivalent part-time experience in social work, or (D) or any equivalent combination of the required experience and the substitutions below.

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Substitutions:

A Master's degree in social work, psychology, sociology, counseling, counseling education or criminal justice, or a relevant human services degree may be substituted for one (1) year of the required (C) experience.

Successful candidates are required to have the following at the time of hire:

- Ability to act as a mentor and provide guidance to others.
- Ability to prioritize cases and identify true emergencies.
- Knowledge of agency policies and procedures.
- Knowledge of community resources and services for clients and families.

Social Worker III (Supervisor), Bargaining Unit 8, Job Grade 23

Applicants must have (A) a Master's degree in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration, and (C) and three (3) years of full-time or equivalent part-time experience in social work, or (D) or any equivalent combination of the required experience and the substitutions below.

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Substitutions:

A Doctorate degree in a related field may be substituted for two (2) years of the required (C) experience.

Incumbents are required to have the following at the time of hire:

- Knowledge of State Agencies and family systems.
- Ability to lead others and organize work.

Data on the Education and Qualifications of Personnel

The charts below provide data on the higher education of social workers and the levels of licensure held.

Higher Education of Social Workers

Row Labels	Count of Official Title
Bachelors Level Degree	1936
Associate Degree	13
Doctorate (Academic)	3
Doctorate (Professional)	1
HS Graduate or Equivalent	15
Less Than HS Graduate	3
Masters Level Degree	728
Not Indicated	160
Some College	15
Some Graduate School	75
Grand Total	2950

Source: HR Data Analytics query as of 5/7/24

Licensure of Social Workers

Row Labels	Count of Employee ID
LCSW	282
LICSW	107
LSW	424
LSWA	1770
Grandfathered	1
Probationary	292
Grand Total	2876

Source: MA DCF: HR Data Analytics daily license report as of April 23, 2024

Demographic Information of Personnel

The chart below provides data on the demographics of our personnel.

Workforce Summary Report for DSS Q3 2024

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	334	58	17.4	276	82.6	107	32.2	2	0.6	14	4.2
Professionals	3,527	640	18.1	2,887	81.9	1,295	36.7	13	0.4	81	2.3
Technicians	43	5	11.7	38	88.3	12	28.1			5	11.7
Office/Clerical	266	25	9.4	241	90.6	136	51.1	2	0.8	7	2.6
No EEO Reporting	35	6	16.5	29	83.5	6	17.0			1	3.4
Grand Total	4,205	734	17.5	3,471	82.5	1,556	37.0	17	0.4	108	2.6

Caseload/Workload Requirements of Personnel

With the addition of staff and improvements in case decision-making, the Department has been able to significantly reduce its weighted average caseload (the average caseload carried by staff adjusted for the type of work being performed 15:1 corresponds to 15 families for ongoing social workers). In March 2016, the weighted average caseload for staff was 18.63. As of March 2024, it has dropped to 15.71 with an average family count of 16.0 families for ongoing social workers.

Juvenile Justice Transfers: *Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2023 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.*

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. DCF matched its records with children committed to DYS during federal fiscal year 2023. DCF had custody of 28 distinct youth on the same day that they were committed by the courts to DYS.

2. Education and Training Vouchers: *Identify the number of youth/young adults (unduplicated count) who received ETV awards from July 1, 2022 through June 30, 2023 (the 2022-2023 school year) and July 1, 2023 through June 30, 2024 (the 2023-2024 school year). States may estimate a total if they do not have the total number for the 2023-2024 school year.*

- Report the number of youth/young adults who were new voucher recipients in each of the school years. To facilitate more consistent reporting, please use Attachment D to report information on the ETVs awarded.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Massachusetts

	Total ETVs Awarded	Number of New ETVs
Final Number: 2022-2023 School Year (July 1, 2022 to June 30, 2023)	371	166
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	360	168

Comments:

- 3. Inter-Country Adoptions:** *Report the number of children who were adopted from other countries and who entered into state custody in FY 2023 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution*

The Department reviewed the cases of children who entered care during federal fiscal year 2023 and who were previously adopted. The Department identified the following:

Number of Children	Agency	Reason for Disruption/ Dissolution	Current goal	Current Legal Status
1	*Unknown (Russia)	Mental Health/Behavior	Alternative Planned Permanent Living Arrangement (APPLA)	Permanent Custody
1	*Unknown (Taiwan)	Mental Health/Behavior	APPLA	Permanent Custody (Adoption Surrender)

**Family would not disclose the agency information with the Department*

4. Monthly Caseworker Visit Data: States are required to collect and report data on monthly caseworker visits with children in foster care. The statute established the following performance standards for caseworker visits in FY 2015 and afterwards:

- *The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.*
- *At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence.*

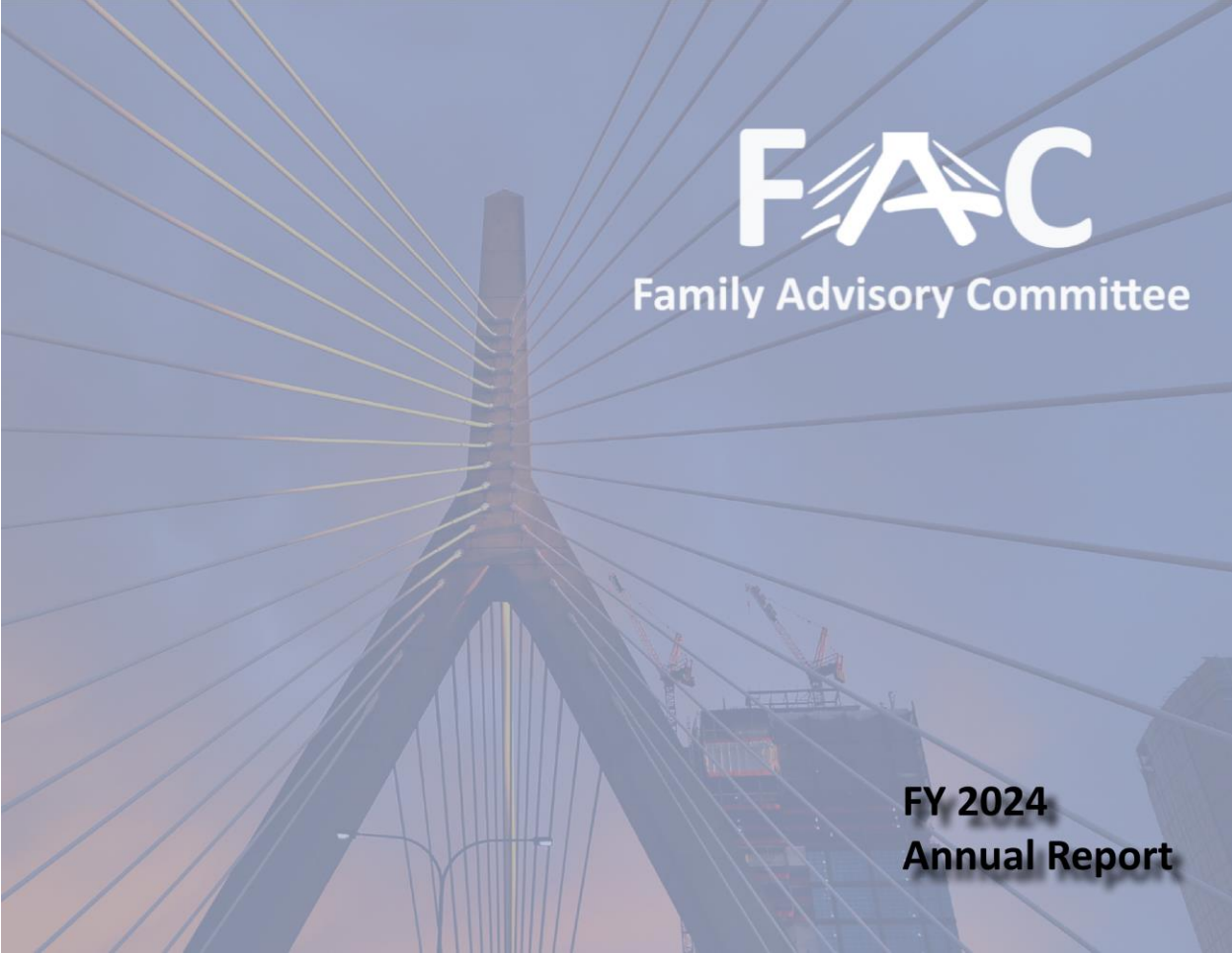
Data for FY 2024 needed to determine whether states met these performance standards must be reported separately from the 2025-2029 CFSP/ 2020-2024 Final Report and will be due for submission to the state's CB Regional Office by December 16, 2024.

The Department will submit the required Monthly Caseworker Visit Data by December 16, 2024.

APPENDICES

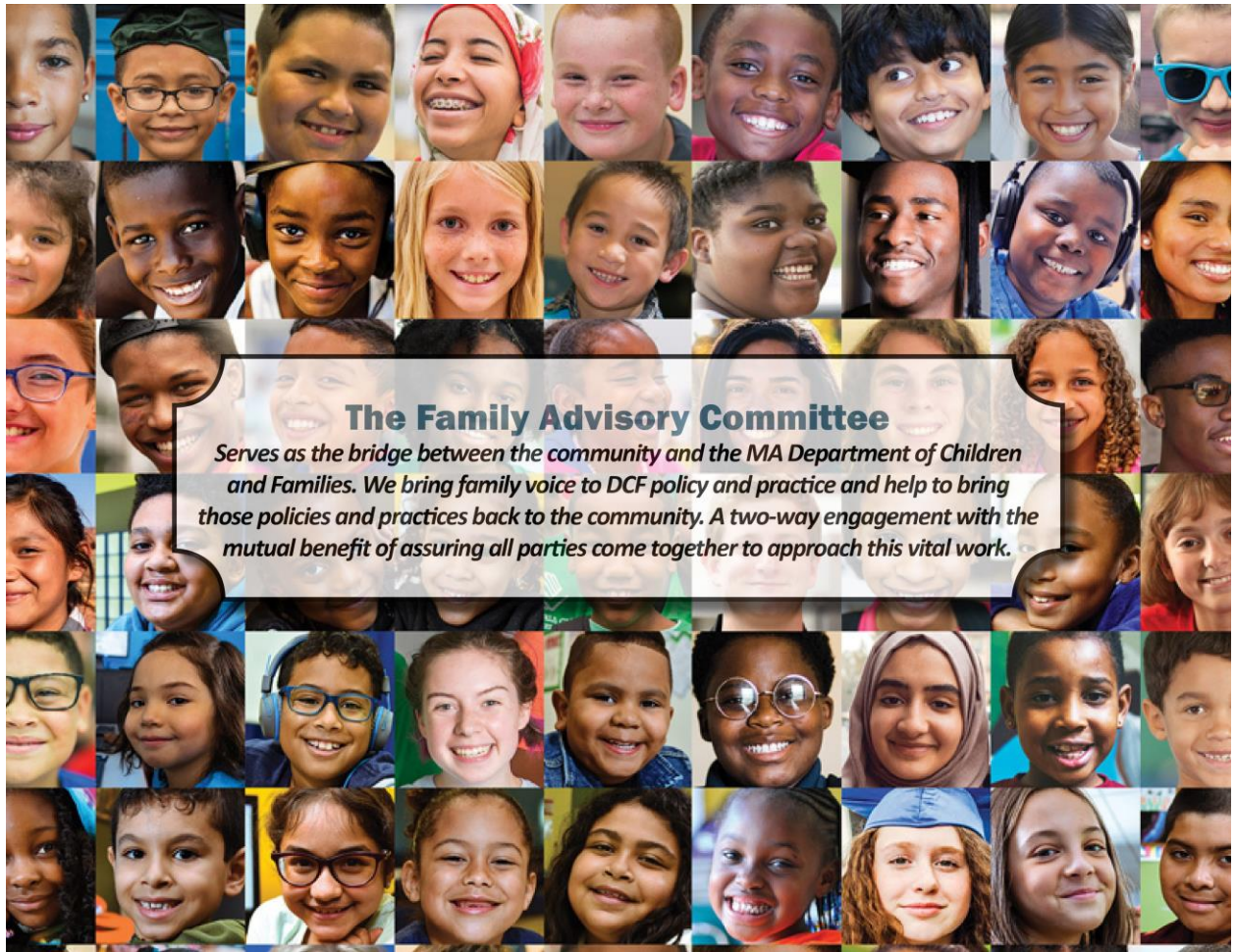
CITIZEN REVIEW PANELS ANNUAL REPORTS:

MA Family Advisory Committee
MA Joint Youth Advisory Committee
MA Child Fatality Review (CFR)



FAC
Family Advisory Committee

**FY 2024
Annual Report**



The Family Advisory Committee

Serves as the bridge between the community and the MA Department of Children and Families. We bring family voice to DCF policy and practice and help to bring those policies and practices back to the community. A two-way engagement with the mutual benefit of assuring all parties come together to approach this vital work.



JOSEPH SANDAGATO



LORI SOUSA

To Our Dear Families, Community Partners, and Supporters,

Fiscal year 2024 is closed and we have much to report about our continued work to support youth and families engaged in the Massachusetts child welfare process. As always, you have our organizational commitment to assuring that the voice of families is represented in the work of the Massachusetts Department of Children and Families (DCF). While DCF has undertaken a major initiative to streamline their support of foster and kinship care providers, and this change has prompted change-related questions from parents and caregivers...our support of families is unwavering. At the highest level this includes our work to support and to provide feedback during the federal Child and Family Service Review (CFSR), and responsive Performance Improvement Planning (PIP) process. Family reflections, needs, and challenges were raised as part of the process, and we continue to advocate for continued support to fill the needs and gaps in service delivery for families across the Commonwealth. You can read more about our work in the committee section, where the statistics and drivers for our programmatic work can be found.

In conjunction with our team liaisons from DCF, we have created a number of programs to help fill the gaps in support and service delivery for families. We have programs launched to provide suicide prevention training for families and social workers, LGBTQIA2S+ support, mental health and substance use education, advocacy for fatherhood inclusion, education advocacy and connectivity, a NEW after school program to support engaged youth, and so much more. You can read about these exciting programs and projects on the pages that follow.

Of course, we couldn't do any of this work without the support of an amazing team of leaders, members, engaged families, community partners, friends of the FAC, and the community supports! We are grateful and appreciative of the ongoing support.

Joe & Lori



Richard Benoit

Foster/Adoptive/
Kinship Parent
& Community
Resource Advisor



Julia Brachanow

Biological Parent
& Community
Resource Advisor



Oonagh Brault

Foster Parent
& Community
Resource Advisor



Xavier Cardona

Biological Parent
& Community
Resource Advisor

*"We are bridge builders...connecting families and youth engaged
of Children and Families to help influence policy and practice"*

Executive Team



Jennifer Rambridge

Biological Parent &
Community Resource
Advisor

Treasurer

Executive Team



Joseph Sandagato

Foster/Adoptive/
Kinship Parent &
Community Resource
Advisor

Executive Co-Chair



**Ashley
Scott-Sandagato**

Alumnae & Youth
Representative



Shareef Smith

Alumnus &
Community
Resource Advisor


Executive Team



Shareef Smith

Alumnus &
Community
Resource Advisor

Executive Team



Kevin Green
Community Resource Advisor



Cheryl Haddad
Foster/Adoptive/
Kinship Parent &
Community Resource Advisor



Mary-Beth Landy
Foster / Adoptive
Parent & Community Resource Advisor

Executive Team



Chip LaRiviere
Foster/Adoptive/
Kinship Parent & Community Resource Advisor
Secretary

engaged in the child welfare process to the Massachusetts Department of Social Services decisions which can best meet the needs of those being served."

Executive Team



Lori Sousa
Biological/Kinship Parent & Community Resource Advisor
Executive Co-Chair



Meri Viano
Foster/Adoptive Parent & Community Resource Advisor



Rebecca Zwicker
Biological Parent & Community Resource Advisor



Western Region



Paul Alves
Springfield



Dr. Wondlyn August
Springfield



Martha Cutt
Easthampton



Nicole Dasnoyers
Indian Orchard



Kevin Green
Springfield



Mary Beth Landy
Greenfield



Melissa Tarjick
Cheshire


Northern Region




Julia Brachanow
North Reading




Rose Davis
Malden



Lynnette Lovasco
Boxford




Jake Murtaugh
Salem



JENNIFER RAMBRIDGE
Frammingham



EXECUTIVE CHAIR
Lori Sousa
Lowell



YOUTH MEMBER
Jessica Wheeler
Lowell

- Executive Team
- Leadership Team
- Member
- Community Partner
- Friend of FAC

Boston Region



EMERITUS
Wilbur Brown
Boston



Jessica Castro
Dorchester



Michael Griswold
Everett



Brenda Henry
Dorchester



Shirley Jones
Boston




Shareef Smith
Boston




FAC
Family Advisory Committee


Central Region




Richard Benoit
Worcester




YOUTH MEMBER
Jaylana Benoit
Worcester




Latisha Broomfield
Worcester




Cheryl Haddad
Westminster




SECRETARY
Chip LaRiviere
Worcester



Juan Rivera
Worcester



Meri Viano
Paxton



Rebecca Zwicker
Uxbridge

Southern Region



Oonagh Brault
Wareham



Xavier Cardona
New Bedford



Alma Downie
Brockton



YOUTH MEMBER
Kal Kilburn
Watertown



YOUTH MEMBER
Ashley Scott-Sandagato
Yarmouth Port



EXECUTIVE CHAIR
Joseph Sandagato
Yarmouth Port

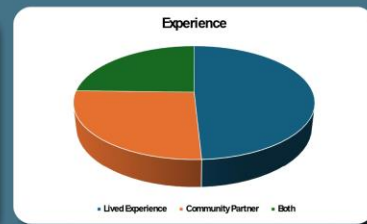
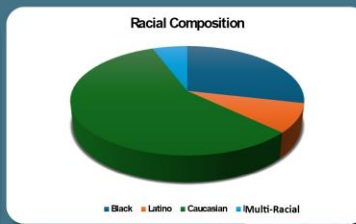
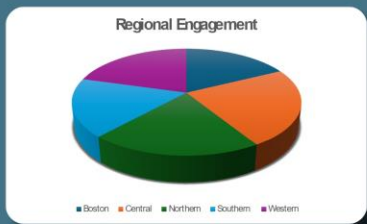


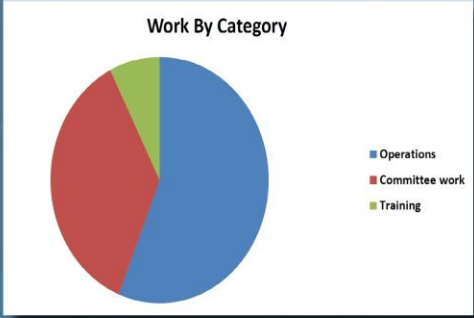
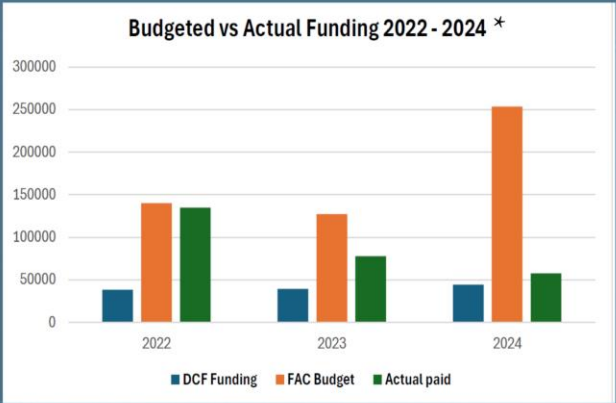
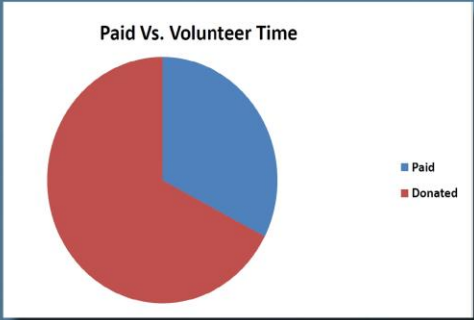
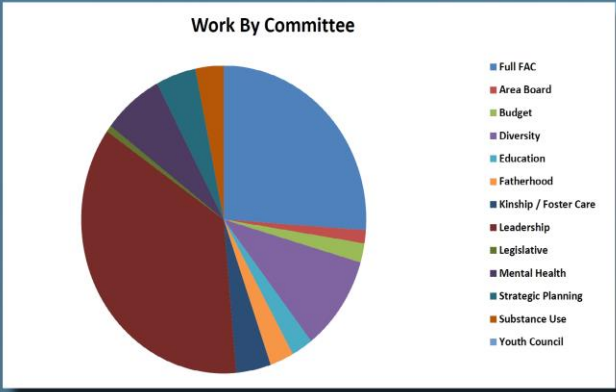
Daniel Lewis
Community Engagement Team
DCF Liaison

Meet Our Members...

Our members join us from across the Commonwealth and bring real life experience and community service experience to our team. Our lived experience members represent hundreds of years of biological, kinship, foster, and adoption parenting perspectives. We also appreciate the voices of our growing youth committee members who bring their lived experience as alumnae of the child welfare system. Through their own childhood engagement, and through directly supporting families engaged in the Massachusetts child welfare process, they share real-time feedback which we use to help inform our work with the Department of Children and Families. In addition, we have direct community partner voice brought to us through our members who serve as support agency staff, in addition to their primary role with us as lived-experience members, and those who come to us directly from the provider community.

Demographics at a Glance...





***Of Note:** We project our annual budget based upon the current meeting schedule and program delivery, as defined through the leadership review and approval process. As we continue to define needs, and grow our body of work, we find ourselves annually in a budget shortfall. Much of the work completed is done through volunteer hours.



JENNIFER RAMBRIDGE

From the Desk of the Treasurer:

Fiscal year 2024 is coming to a close. This has been a year of challenges and successes. One major barrier to our progress lies within the proposed budget required to do the work vs. the funding we receive from DCF. While we did see an increase in our budget from DCF, it was well below our projections, much as it has been in years past. This means that much of the work done has been unpaid, so we have switched to reporting our work in hours instead of dollars paid. We count on the volunteerism of many members to help us get the good work done.

We have one shining success in the budget area: Parent Professional Advocacy League (PPAL) agreed to become a funding partner. This will provide a pathway for us to pursue non-FAC direct funding through DCF in the coming years. This is in keeping with our goal of piloting programs and services that fill the gaps in the wider agency and community service delivery, then partnering with other contracted agencies to scale the programs for statewide delivery. We hope to continue to expand our work, in spite of our funding needs not being met through our DCF partnership.

In the charts you may notice that the training hours are somewhat low given the number of members. Many members are more "senior" and have decided not to pursue training to allow the monies available to be used to pay other members for doing committee and project work. This spirit of teamwork and compassion is a hallmark of the Family Advisory Committee.

Jennifer

Committee Overview...

Executive Committees

- Leadership Committee
- Budget Committee
- Strategic Planning Committee

General Committees

- Area Board Committee
- Diversity Committee
- Education Committee
- Fatherhood Committee
- Foster Care & Kinship Committee
- Legislative & Juvenile Justice Committee
- Mental Health Committee
- Substance Use Committee
- Youth Committee

Our Committee Work...

We are driven by a strategic planning process which includes assessing needed community supports, defining gaps in service delivery, and assessing overall impact of policy and practice impact to families to assure that the broadest needs of the community are met.

We achieve positive outcomes for youth and families by following a prescribed format for identifying these issues, raising them to the attention of the leadership team, and in cooperation with the senior leadership team at the Department of Children and Families (DCF). Some issues involve discussions around how DCF can change policy and practice to best meet the needs of the youth and families served. When internal change cannot be achieved or when budgetary constraints prohibit the necessary change being made internally within DCF, we work to find external solutions to best help meet the needs of the child welfare community across the Commonwealth.

On the following pages you will be able to read about our identified issues, FAC goals, and the programmatic work we hold internally to assure the best outcomes for youth and families. In our work we often seek external partners to help us move these programs from pilot to scale at statewide levels. Much of this work is performed by our team, and with the help of those community partners invested in assuring that youth and families can access quality information and training, direct support resources, and knowledge to help move families forward in their child welfare journey.

Executive Committees

Leadership Committee

The leadership team works to oversee the operations and performance of the organization. Through careful planning, engagement with our partners from across the Department of Children and Families, and in conjunction with our many community partners, this team is responsible for guiding the organization. With a system of checks and balances we make informed decisions about the priority of the work being performed and track the progress and outcomes of our many programs and projects.

To ascend to this team members must demonstrate a solid understanding of the work we perform, a knowledge of the Massachusetts child welfare system, and demonstrate capacity for appropriately engaging with partners at various levels and within the scope of work performed. Any member may request consideration for this post, after meeting the expressed requirements.



JOSEPH SAIA
CO-CHAIR

The strategic direction and purpose of the organization in 2017. The executive committee will manage the organization, with a focus on functional issues and the direction of Lori Southerland at the time of the v

Since that time the function and purpose of the organization has changed and members to address these changes in a possible review. This review will include



NDAGATO
AIR



LORI SOUSA
CO-CHAIR

Strategic Planning Committee

The strategic planning committee was initially formed to perform the task of strategically restructuring the organization in 2021. At that time the FAC had lost sense of purpose and the leadership team called upon members to engage in a comprehensive review of the work being performed, and to address the many challenges within the established framework. Under the leadership of Lisa and Jennifer Rambridge (executive co-chairs) the FAC launched "FAC 2.0" in January of 2022.

The committee continues to review the overall purpose of the organization and calls upon the members to address new large-scale issues, or to address current practices before presenting solutions to the leadership team for approval. This group of dedicated members includes many of our leadership team members.

Budget Committee

The budget committee exists to provide a system of check and balances for our limited funding through our cooperative agreement with the Department of Children and Families. In addition, the treasurer oversees the validation process for all billing related to the committee work, project and program administration, as well as for our approved training and conferences. With the support of the executive co-chairs and engaged leadership team member, this team assures that we have the appropriate funding levels allocated to support this work.

Aside from the main duties described above, the treasurer engages with our primary liaison from the community engagement team at DCF to assure that our accounting is in line with the allocation from the Department.

**Committee Chair: Jennifer Rambridge
(Treasurer)**

General Committees

Our General Committees...

These committees are the lifeblood of the Family Advisory Committee. All of the leadership approved work is carried out in these ongoing committee engagements. Some committees meet monthly throughout the year, while others meet quarterly, and still others meet for an expressed period of time to carry-out time specific work.

Regardless of the meeting frequency, the committee chairs (all members of our leadership team) work to assure that the approved work plan goals are met, use this time to review open and ongoing issues, track outcomes and most importantly help to groom our members and shape their knowledge of the child welfare process. Through this work we execute our solid commitment to the youth and families engaged in the Massachusetts child welfare process.

We also align each of these critical areas with our DCF Champions - those who represent leadership roles overseeing each of the functional areas of practice within DCF. This helps us to assure that our goals are clearly communicated and in alignment with the work being done within the Department.

Read more about this amazing body of work on the following pages...

Area Advisory Board

FY 24 Projects

Annual Area Advisory Board Summit (Fall 2023)

Virtual Area Advisory Board Summit (Spring 2024)

Committee Members

Oonagh Brault - Joseph Sandagato



JENNIFER RAMBRIDGE
COMMITTEE CHAIR

In 2008, the Massachusetts Legislature introduced MGL110CMR15: Area Boards and Statewide Advisory Councils, a piece of legislation that speaks to the need for the inclusion of community voice in DCF policy and practice. This legislation calls for each of the 29 DCF area offices to have an Area Advisory Board with specific categories of members, from within their catchment area, who provide feedback and guidance to the Department in the normal course of their engagement. In addition, some boards have elected to become non-profits, while others operate on a more informal structure. In either case, aside from bringing “family voice” to the work of DCF, many of these organizations also provide services, hold or support events, and offer opportunities for community support for families engaged in the child welfare process. FAC members are encouraged to participate in this more localized work to help assure that we have direct feedback not only from the centralized operation team at DCF, but from the local community and DCF area offices, as well.

The FAC Area Advisory Board Committee was formed in 2019 in response to a growing need to help connect the 29 boards across the Commonwealth. In addition to providing training and resources, the FAC also is working toward a goal of gathering data about board members, activities, and other resources statewide to act as connection point between the board to share information, resources and best practices. Each year this committee sponsors a main Area Board Summit (each fall) and Virtual Area Board Summit (each spring) where members of the 29 area boards can gather to learn more about roles and responsibilities, engage with others doing this vital work, and to share best practices - all in an effort to increase lived experience inclusion in this work.

Diversity

What Informs Our Work

DISPROPORTIONALITY IN CHILD WELFARE

Key findings show that youth of color who turn 18 while in care were 1.1x-1.4x more likely to remain or return to care and 0.8x-0.9x less likely to leave care in FY2022 than white youth.

(Massachusetts Department of Children and Families - Annual Report FY22)

RACIAL IMPACTS

Families of color, families with a member who has an intellectual, sensory, or physical disability, families for whom English is a second language, and immigrant families may avoid connecting with available prevention services due to past experiences with racism, discrimination, language barriers, cultural values about obtaining assistance, fear of government agencies, or a combination of these factors.

(Massachusetts Department of Children and Families - Five-year Prevention Plan)

INTERSECTIONAL RISK

LGBTQ+ young people are more likely to report mental health concerns, such as symptoms of depression and anxiety, as well as suicidality, in comparison to their straight and cisgender peers.

(Johns et al., 2019; Johns et al., 2020)

FY24 Projects

Community Training and Listening Session

Statewide LGBTQ+ Partners Program
([Learn more at our website](#))



MERI VIANO
COMMITTEE CHAIR

The Diversity Committee has several areas that are managed by this team.

Overall, the committee enhances the equity work for all families that includes: ethnicity, race, family culture, sexual orientation, gender and disability. The committee performs important work with the Department of Children and Families, and serves as a bridge to the community. Our work helps to shape how equity looks, and helps to define the work that we need to do within and apart on equity for all families, parents/caregivers and youth. We bring authentic lived and living experience.

Our committee includes specific projects for LGBTQIA2S+ youth and families. The Diversity Committee holds specific work to the Statewide LGBTQ+ Partners Program that is designed as a non-clinical support system for youth and families across the Commonwealth. Offering 1:1 support, community support groups, and focused training, this team works to assure that families are aware of the various resources and community supports available to them.

Our committee also liaises with community members to investigate what is needed to make the work meaningful and purposeful. In our racially focused work, we monitor racial and ethnic disparities, and harmful impact of policy and process within the child welfare system. Our Community Listening Sessions provide an opportunity for members of the general community to reflect on their experiences and engagement with DCF, and to offer feedback and suggestions to enhance future encounters.

Committee Members

Oonagh Brault
Richard Benoit
Kevin Green
Mary-Beth Landy
Chip LaRiviere
Jennifer Rambridge
Ashley Scott-Sandagato
Joseph Sandagato
Shareef Smith

DCF Liaison
Sasha Heggie Jackson

What Informs Our Work

IMPROVING GRADUATION RATES

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 years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. The target rate is $\geq 67\%$. In 2021, the achieved rate for kids in care was 56.7%.

(DESE/DCF Annual Report FY22)

HIGH NEEDS STUDENT SUPPORT

During school year 2021-22, 84.8% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 56.2% for all Massachusetts students.

(DESE/DCF Annual Report FY22)

FY24 Projects

Education & Service Brochure



CHERYL HADDAD
COMMITTEE CHAIR

The Education Committee focuses upon the educational needs of youth involved in the child welfare process. The Education Committee will work in collaboration with DCF Education Manager, James (Jim) Morrison, on creating additional ways to provide the best educational outcomes for children living in the foster care system.

Teaming with Jim and his group of specialists will provide transparency, shared knowledge and ideas to develop ways to increase children's school attendance, graduation and comprehension rates.

Our goals were developed upon the Commonwealth's disappointing educational statistics indicating less than optimal outcomes for children in foster care.

Our intention working in this committee is to:

- Improve foster children's rates for attending the same school upon entering care
- Seamless transitions are in practice if school transitions occur
- Provide superior IEP teams to ensure that quality tailored educational plans are adhered to by school personnel
- Test scores are monitored and assistance or IEP revisions are provided when improvements are needed
- The child's parental caregiver/s receive full transparency, ample wrap-around support, guidance and educational awareness during the whole process.

Committee Members

Richard Benoit
Oonagh Brault
Xavier Cardona
Mary-Beth Landy
Chip LaRiviere
Shareef Smith

DCF Liaison
James Morrison

Fatherhood

What Informs Our Work

DECREASE TEEN PREGNANCY

Teens who live without a biological, step, or adoptive father in the home are 7x more likely to become pregnant as a teen.

(2021 U.S. Census Bureau)

DECREASE POTENTIAL DCF INVOLVEMENT

More than 1 in 4 children [19.5 million] live without a father in the home. Boys who grew up without a father are more likely to become absent fathers.

(2017-2018 U.S. Census Bureau)

INTERSECTIONAL EDUCATION IMPACT

Youth who live without a biological, step, or adoptive father in the home are 2x more likely to drop-out of high school

(2021 U.S. Census Bureau)

FY24 Projects

FELT Data Collection

FELT Engagement



SHAREEF SMITH
COMMITTEE CHAIR

The Fatherhood Committee integrates into the larger body of work within the Massachusetts fatherhood support framework.

Overall, the team focuses upon all aspects of fatherhood engagement. The needs of this population are marked by less inclusion in the child welfare process, challenges with participating in child rearing and DCF engagement. In addition, there are intersectional variables such as incarceration, not being named as a custodial parent, and not being included in service planning and other child welfare reunification efforts. Fathers, in some cases, have to fight for the right to be identified and included in the parenting process.

In FY 24, this committee identified a deficiency in delivering services through the Fatherhood Engagement Leadership Teams (FELTs) within the Department of Children and Families. Stage I of the project was to identify where FELTs were active and where they were not. In Stage II of the project they proposed augmenting the services by meeting with the teams to assure that they have the tools and supports necessary to provide resources for fathers. The project was moved externally to another vendor by the DCF Liaison, however many of the team members continue to contribute to the work.

In other work, the teams participate in various conferences and other related work to support fatherhood engagement. Members attended national and local conferences, and directly deliver community support to fathers across the Commonwealth.

Committee Members

Oonagh Brault
Xavier Cardona
Kevin Green
Cheryl Haddad
Jennifer Rambridge
Lori Sousa
Meri Viano

DCF Liaison
Daniel Lewis

What Informs Our Work

IMPROVE OUTCOMES FOR OLDER YOUTH

DCF understands the challenges and risks facing transition age youth/young adults and has developed an array of services to help prepare them with the skills and supports to successfully manage the struggles of adulthood. The challenges were exacerbated by the pandemic, resulting in an increased need for financial assistance and clinical support for youth and young adults leaving care. Using stakeholders' input, the agency has focused state and federal funded programming on assisting youth and young adults to build strong foundations for success to help youth achieve legal and relational permanency, safety, and the many facets of well-being. Key goals for DCF youth include educational achievement and life skill attainment with permanent connections to family and/or other caring enduring relationships. DCF services for youth transitioning from care include foster care, congregate care and aftercare.

(DCF Annual Progress and Service Report - FY24)

FY24 Projects

After School Youth Engagement & Leadership Program

The Foster Care and Kinship Committee was formed to address the issues faced by youth, and to support families engaged with the Department of Children and Families . Specifically they work to inform parents about the rights and resources that they are due as foster and kinship caregivers. They also identify gaps in service delivery and community resources. When they find a gap they work to provide independent resources to meet those needs. This team works intersectionally with our other committees to support a broad range of needs. In FY24, they proposed an after school project which was built in cooperation with the YMCA. The program is in pilot phase in the Worcester area, with plans to expand statewide, over the coming years.

The partnership being built between the local YMCA and DCF office provides a unique opportunity to young people, primarily adolescents, experiencing DCF and some degree of alternative living arrangement. This population is often underserved and access to resources, opportunities, and normalcy can come with challenges and barriers. The prospect for these kids to become involved with the YMCA opens a door that wasn't there for them before. Through the program, they have structured time with trusted adults to gain, learn and strengthen independent and tangible life skills such as financial management, college and career readiness, time and task management, acclimation to different social arenas, health, wellness, and fitness strategies, etc. The list goes on! The leadership program also naturally serves as a place for these young people to feel a general sense of autonomy and independence simply by virtue of design. Often, kids experiencing foster care or alternative living arrangements will share they don't feel they have any freedom or ability to make their own choices, and this program allows them to reclaim some independence and make healthy choices for themselves. The avenue the opportunity opens for them is broad. If they commit to the opportunity, it could come with a built-in potential for an internship or job with the YMCA.



RICHARD BENOIT
COMMITTEE CHAIR

Committee Members

Oonagh Brault
Cheryl Haddad
Meri Viano

DCF Liaison
Megan Tully

What Informs Our Work

REDUCE DISPARITIES

There are significant disparities in which youth are subjects of a CRA petition, including disparities for Black and Latino youth, youth with learning disabilities, LGBTQ+ youth, and youth who are immigrants or whose caregivers are. For example, Black and Latino youth were each 3 times more likely than white youth to be the subject of a CRA petition.

(S 101 / H 134 - Sen. Kennedy and Rep. Blais)

INCREASE AWARENESS

Court involvement is unnecessary in many cases: The Juvenile Court does not have access to "special" services. The supports the Court is connecting a youth and family to are the same that are available in the community, and a court order is typically not required to obtain these services. While service availability and waitlists are serious challenges, these are not problems the court system can solve.

(S 101 / H 134 - Sen. Kennedy and Rep. Blais)

DECREASE HARM

Court involvement can be harmful to children and families: An adversarial court process is not the best way to address what are often complex family dynamics and significant behavioral health challenges. An increasingly large body of research has documented the negative impact that court involvement of any kind can have on youth, and there is a stigma attached to court involvement that can lead youth to "label" themselves and/or adults to label youth in a negative way (e.g., "I'm a bad kid" or "That kid is a problem") that can have significant consequences through adolescence.

(S 101 / H 134 - Sen. Kennedy and Rep. Blais)

FY24 Projects

Statehouse Visit - Joint Committees of Children Families and Persons with Disabilities

The Legislative Committee works to assure that the Massachusetts Legislature is informed and participatory in decisions affecting the most vulnerable population in the Commonwealth. Working in cooperation with the Legislative Lead for DCF, Emily Hajjar, the team will take feedback and advocacy to the Massachusetts Statehouse to meet with legislators to discuss these critical issues.

The committee was formed in FY 24 and paused in implementing their plan, to allow time for the Interim Commissioner to acclimate to the new role, before proceeding with the defined work. That work includes reestablishing a connection to the leads and legislative members of the Joint Committees on Children, Families, and Persons with Disabilities.

The FAC visited the Statehouse on May 16, 2024 to meet with legislators and to begin the re-connection process and to rebuild these vital connections.

In FY 25, we are planning continued advocacy and a Legislative Breakfast in conjunction with our partners from DCF. We look forward to learning more about the community needs and advocating for legislative support.



LORI SOUSA
COMMITTEE CHAIR

Committee Members

Richard Benoit
Oonagh Brault
Nicole Desnoyers
Micheal Griswold
Joseph Sandagato
Meri Viano
Rebecca Zwicker

DCF Liaison
Emily Hajjar

Mental Health

What Informs Our Work

PREVENTION

Suicide is the second-leading cause of death for teens and young adults, ages 10-14 (CDC, 2023).

SUPPORT

22% of high school students reported having seriously considered suicide in the past year. This percentage is highest among females (30%), American Indians/Alaska Natives (27%), and lesbian, gay, or bisexual teens (45%)

(CDC, 2023).

IMPROVING OUTCOMES

Studies show that youth in foster care are two and a half times more likely to contemplate suicide than youth not in foster care and four times more likely to attempt suicide. Building research indicates a strong connection between childhood abuse or trauma and increased risk of suicide attempts and completions.
(World Health Organization)

FY24 Projects

Question. Persuade. Refer (QPR) Training

The Mental Health Committee of the FAC works in collaboration with the DCF Director of Mental Health services for the Department of Children and Families (DCF). We look at data, listen to community feedback and information provided by DCF regarding the mental health needs of the children and families involved with the Department. This allows the FAC to partner with DCF and develop strategies to address identified areas of concern.

We were all extremely concerned with the rates of suicide in our youth.

To assist DCF, we rolled out the nationally recognized Question. Persuade. Refer. (Q.P.R.) Suicide Prevention Training. This training educates social workers and family participants on how to recognize an individual is having suicidal ideation and tools and offers resources needed to intervene and prevent suicides.

This training has been presented in 2 phases. The first cohort was just foster parents with our next round of training we included social workers and community partners. Our training has been well attended and received. In FY 24 we had over 75 registrants for the training. We have additional training for both cohorts starting in FY 25.

We strive to support youth and families challenged with mental health issues...and we are committed to directing families to resources and programs that offer meaningful support.



OONAGH BRAULT
COMMITTEE CHAIR

Committee Members

Julia Brachanow
Xavier Cardona
Rose Davis
Nicole Desnoyers
Michael Griswold
Cheryl Haddad
Mary-Beth Landy
Chip LaRiviere
Shareef Smith
Meri Viano
Rebecca Zwicker

DCF Liaison
Lauren Almeida

Substance Use

What Informs Our Work

IMPROVING OUTCOMES

In the state of Massachusetts between 40%-80% of DCF involved families with the system are impacted by SUD.

(BSAS-DPH document-Practice Guidance, Partnerships w/ DCF, SAMSHA & NC-DACW.

PROVIDING PREVENTION RESOURCES

Children from birth to age 5 make up more than half (61.7%, N=49,888) of the children placed in out-of-home care with parental AOD as a condition associated with removal during Fiscal Year 2021.

(National Center on Substance Use and Child Welfare - AFCARS Data, 2021)

REDUCING INFANT INVOLVEMENT

The percentage of children under age 1 who entered out-of-home care increased from 13.4% in 2000 to 20.5% in 2021.

(AFCARS Data, 2001-2021)

FY24 Projects

Substance Use Training for Social Workers and Families



REBECCA ZWICKER
COMMITTEE CHAIR

The Substance Use Committee includes a group of compassionate FAC members, who either have lived experience in addiction recovery, or those who are allies to people in active addiction and/or recovery. This committee also includes professional recovery coaches that work in the field of substance use.

We work collaboratively with DCF, and learn about the needs of engaged parents. Through this exchange, we offer support to DCF social workers, and the families that they work to support. We provide them with resources, educational training (guided by our lived experience), or one on one support for families.

Committee Members

Julia Brachanow
Oonagh Brault
Xavier Cardona
Rose Davis
Nicole Desnoyers
Michael Griswold
Cheryl Haddad
Shareef Smith
Lori Sousa
Meri Viano

DCF Liaison
Dino Marton

What Informs Our Work

REDUCE MALTREATMENT IMPACT

Overall, children five and under (14.60) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well below the overall statewide observed rate, children 6-11 (24.39) had a rate just below the overall statewide observed rate, and children 12-17 (36.28) had the highest observed rate, well above the statewide observed rate.

(DCF Annual Progress and Service Report - FY24)

INTERSECTIONAL SUPPORT

LGBTQIA+ youth experience higher rates of foster care placement than their non-LGBTQIA+ peers in the general population, often due to family rejection or maltreatment.

(CCAS - Child Welfare and Juvenile Justice System Involvement)

FY24 Projects

Youth Committee Focused Growth

Social Media Engagement

Youth Community Brochure



ASHLEY SCOTT-SANDAGATO
COMMITTEE CHAIR

The Youth Committee was formed to bring the lived experience of foster youth into the larger conversation about the needs of those engaged in child welfare. Members include previously involved youth and young adults (ages 18 to 25). In FY23, the Leadership Team engaged in seeking youth representatives. Ashley works closely with our Executive Co-Chair, Lori Sousa, to assure that youth voice is included in our work and represented in DCF policy and practice review. The committee operates under separate guidance regarding attendance and performance to allow for the special needs of this population. Ashley leads the youth engagement for the Statewide LGBTQ+ Partners Program, and long with select members works to support LGBTQIA2s+ youth.

In FY24 this committee continues to define their primary work, provide resources for other youth in foster care and to assure that their voice is heard in policy and program work. To assure that this happens, the committee chair participates in Leadership Team activities, and reports upon the status of the committee work at regular intervals.

In FY25 the primary goal is to grow the team inclusion of additional youth who can bring their experience and voice to supporting other youth engaged in the child welfare system.

Committee Members

Jaylana Benoit
Kai Kilburn
Jessica Wheeler

Executive Champion
Lori Sousa



FY25 Recommendations and Goals...

THE FAC recommends encouraging improved outcomes for youth in care through direct policy and procedure feedback from previously involved youth.

Goal #1

Continue to build a youth committee to drive changes to policy and practice to better meet the needs of youth being served by the Massachusetts Department of Children and Families (DCF).

The FAC recommends increased awareness of child welfare needs at the state level to increase support and funding for key initiatives.

Goal #2

Increase legislative engagement to assure that families and youth served by DCF have the resources necessary to successfully reunify with their biological family or to succeed with alternative permanency placement. This will be accomplished by a continued connection to DCF through their legislative lead, and senior management team.

The FAC recommends integrating the lived experience of actively engaged families to increase the responsiveness from timely impact of policy and procedure.

Goal #3

Integrate the lived experience of “active biological families”, currently involved with DCF, into the Citizen Review Panel feedback from the FAC. The FAC will work in partnership with DCF to connect active biological families to this work.

THE FAC recommends increasing support programs, training and research to impact greater populations.

Goal #4

Work to assure that vital FAC programming and support can be scaled from pilot phase to statewide delivery by taking proven programs into contracted partnerships with approved community partner vendors. We look to DCF to work in partnership with the FAC to expand the reach of successfully piloted programs through existing, or newly established, DCF contracted vendor partners. DCF will work in partnership with the FAC to promote this work internally, within the agency, and externally with partners.

THE FAC recommends working to identify ways to help support families in the community to mitigate child removal.

Goal #5

The FAC Leadership Team will explore the various ways in which Massachusetts and other states and jurisdictions are implementing the Federal Family First Prevention Services Act (FFPSA) and make recommendations to DCF about programs and services that can benefit families in MA.



Family Advisory Committee

Executive Team

Executive Co-Chairs

Joseph Sandagato & Lori Sousa

Treasurer

Jennifer Rambridge

Secretary

Charles LaRiviere

Leadership Team

Richard Benoit - Julia Brachanow - Oonagh Brault - Xavier Cardona - Kevin Green - Cheryl Haddad
Mary-Beth Landy - Ashley Scott-Sandgato (Youth Lead) - Shareef Smith - Meri Viano

For More Information Contact:

Joseph Sandagato

joseph_sandagato@msn.com

Lori Sousa

lorisousa70@gmail.com

Commonwealth of Massachusetts



Joint Youth Advisory Committee

Citizen Review Panel

Annual Report

July 1, 2023 – June 30, 2024



DCF Joint Youth Advisory Committee

FFY 2023 Annual Report (July 1, 2023 – June 30, 2024)

I. Committee Board Members

The DCF Joint Youth Advisory Committee consists of statewide representation of former and current youth and young adults served by DCF with support and guidance from the Board of the Massachusetts Network of Foster Care Alumni. The Committee is comprised of 75 youths from the five regions of the state: Boston, Central, South, North, and West. The racial and ethnic makeup of the committee is as follows: White (28), Hispanic/Latinx (8), Black (23), Native American (3), multi-race/two or more races (12), Asian (1).

II. Committee Mission

The mission of the Joint Youth Advisory Committee is to support DCF's work to create and implement effective policy and practice that ensures the safety, permanency and well-being of children, youth, and young adults.

III. Structure

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board (YAB) and the Massachusetts Network of Foster Care Alumni (MassNFCA) Board of Directors. The Joint Committee is led by youths and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

IV. Meetings and Activities

Throughout FFY 2024, the efforts of the Youth Advisory Boards and MassNFCA were critical in improvements of foster care services. The Youth Joint Committee has been a major contributor to CFSP FFY 2025-2029 goals and modernization of Adolescent and Young Adult Services (AYAS) and Chafee programs. Moreover, the ongoing involvement of young adults and DCF alumni in joint educational, wellness, and life skills across community events significantly furthered their independence, well-being, and facilitated the building of robust peer support networks.

Activities of the Joint Committee in FFY 2024 included:

- Partnering with the Court Improvement Program to revise 'The Answer Book: Making the Most Out of Foster Care'. This ensured the guide was an up-to-date, practical resource, empowering youth with knowledge about their rights and available support and resources statewide.

- Conducting meetings to refine AYAS service materials, making them more user-friendly. This made it easier for young people to comprehend the breadth of resources they could access, facilitating better use of services.
- Contributing to a Child and Families Services Review (CFSR) Round 4 focus group with the aim of enhancing services within the Department. The perspective of youth directly impacted service delivery, ensuring that programs were more tailored to their actual needs.
- Assisting in the development of a comprehensive housing resource map specifically designed to address housing instability among young adults. This effort was bolstered by a Joint Committee member accepting an internship with the Housing Department, creating an opportunity for youth-informed contributions to this critical support tool. The resource map aimed to ease the process of locating housing resources, directly aiding young adults in overcoming one of the most pressing challenges they face.
- Joining the AILT workgroup with a focus on improving college graduation rates. This workgroup fostered educational continuity and increased support for youth in their pursuit of higher education goals.
- Collaborating on the planning and execution of youth-oriented events with MassNFCA, such as workshops and Foster Care Awareness events. These gatherings were instrumental in creating a sense of community and belonging among foster youth.
- Participating in the Youth Leadership and Wellness Conference which provided opportunities for wellness activities such as yoga, Zumba, learning about and making aromatherapy, healthy sleep habits, journaling, and Reiki techniques. Youth from across the state came together for a day of workshops and peer networking.
- Organizing engaging activities such as nature walks, public parks cleaning, gardening, volunteering at thrift stores, Christmas card writing for senior citizens, and making Easter baskets for the children visiting area offices. These events boosted social skills, taught stewardship of the environment, enhanced important life skills and peer network.

I. Plans for FFY 2024/2025

- Increase meeting frequencies between MassNFCA board members and Youth Advisory Boards and introduce initiative of developing mentorship program to connect professionals with YABs members, fostering skill transfer and robust network building.
- Schedule additional workshops focusing on leadership development and conference participation to equip youth with advocacy skills, aiming to elevate the Youth Advisory Board to new heights of influence and effectiveness.
- Organize comprehensive educational sessions that delve into life skills, financial literacy, and rights awareness with guest expert speakers and interactive learning to enrich the current educational framework.
- Continue the partnership with the Court Improvement Program and other agencies to update 'The Answer Book', with the latest information, ensuring it is available in various accessible formats to accommodate different needs and preferences.
- Develop resources tailored to the specific inquiries and needs of youth, ensuring that these materials are both informative and user-friendly.
- Intensify efforts to engage youth in foster care reviews and permanency planning by creating more educational workshops, coaching, and feedback opportunities, thus ensuring their voices are heard and considered in their care journey.

- Enhance ongoing projects, like the housing internship, and refine feedback processes on state and regional housing programs to effectively address the housing instability issues encountered by youth.
- Sustain the dynamic of specialized focus groups that address critical challenges such as homelessness, educational success, and the transition out of foster care, to translate discussions into practical solutions.
- Strengthen relationships with organizations like MassNFCA to co-host meaningful events, particularly during Foster Care Awareness Month, which are designed to raise awareness, encourage networking, and facilitate educational opportunities for foster youth.
- Organize and plan for the 2nd Annual Youth Leadership and Wellness Conference, a day of wellness workshops, resource sharing, and networking among youth.
- Review of National Youth in Transition Database (NYTD) data to determine areas of focus and advocacy opportunity.

II. Recommendations from the Joint Committee

Recommendations from the Youth Joint Youth Advisory Committee/Youth Advisory Board:

Recommendation #1

The Committee requests the Commonwealth to establish a comprehensive and structured peer support program for current and former youth in DCF care. This program should be supported by clinical professionals and incorporate a clinical reflective format. It is specifically recommended to engage older alumni as facilitators and train young adults who have exited foster care to become peer supporters.

Department's Response:

The Department recognizes the value of a structured peer support program and is excited to collaborate with community providers and governmental organizations to bring this vision to life. As an initial step, DCF in partnership with MassNFCA, will start the discussion regarding creating an alumni peer support group. This initiative can be pivotal in nurturing a healing community environment.

Recommendation #2

The Committee recommends considering adjustments to DCF policy requirements for remaining in DCF care and signing Voluntary Discharge Plans (VDP). They suggest creating low-barrier services to allow youth in need of stabilization to stay in foster care longer and receive the necessary support.

Department's Response:

The Department is committed to ensuring that every youth in DCF care has access to the essential resources required to thrive. The feedback has been shared with the agency leadership for consideration of future improvements.

Recommendation #3

The Committee recommends the creation of an online DCF Youth page. This platform should enable online access to all vital documents and records with multi-factor authentication for high security, in addition to different resources across the state. Additionally, the platform should offer youth the opportunity to create an online Lifebook, including baby pictures and yearbooks, and increase awareness about available support.

Department's Response:

The Department supports the creation of an online portal for DCF youth. Our IT Department and the AYAS team are currently developing a dynamic, interactive online page tailored for current and former DCF youth. This project is designed to empower youth by providing them with the tools they need to manage their own records and have access to statewide resources.

Recommendation #4

The Committee recommends extending the age of discharge from DCF care to 24 years old for those pursuing postsecondary education and in need of additional support to successfully graduate and transition to independent life.

Department's Response:

The Department acknowledges the importance of extended support for youth pursuing postsecondary education and is planning to explore avenues of additional financial support to address needs of young adults pursuing a college degree after they turn 23. Our goal is to ensure that young adults receive the necessary assistance to successfully graduate and transition to independent living, thus setting a strong foundation for their future endeavors.

Recommendation #5

The Committee recommends creating an employment portal and organizing an annual employment and resource fair. This initiative should provide employment assistance, particularly focusing on youth in areas with limited job opportunities and public transportation.

Department's Response:

The Department recognizes the significant impact that employment opportunities have on youth transitioning from foster care. The program's new Employment Coordinator, in collaboration with the IT department and other community partners, will spearhead the development of an employment resources hub page on Mass.gov. Additionally, we will collaborate with local community businesses to organize an annual employment and resource fair. These efforts will aim to bridge gaps in job opportunities and transportation, providing essential support for career development.

Recommendation #6

The Committee recommends organizing statewide board meetings to facilitate connections among youth from different regions. Additionally, enabling Youth Advisory Board (YAB) members to attend various conferences across the country to share Massachusetts' initiatives and bring awareness to youth contribution to progressive policies and community improvements.

Department's Response:

The Department is dedicated to fostering connections among youth across various regions. We will facilitate networking through statewide board and MassNFCA meetings and explore opportunities for Youth Advisory Board (YAB) members to attend national conferences to build their support network and learn about best practices and programs to empower youth.

Recommendation #7

The Committee recommends creating online service satisfaction forms. These forms would allow young adults to evaluate the services provided by DCF staff and providers, offering a safe space to voice their concerns.

Department's Response:

The Department is dedicated to enhanced service delivery and values the feedback of young adults. DCF will partner with the YABs to discuss various methods of establishing a feedback loop in order to continuously improve services and programs for young adults.

Massachusetts Child Fatality Review

Annual Report

FY22

About the Child Fatality Review Program

The Massachusetts Child Fatality Review (CFR) program convenes a multidisciplinary group of state agency representatives, health care experts, and law enforcement officers who analyze birth and death records, medical records, social service case files, autopsy reports, and police records. The program comprises 11 local teams—one in each of the Commonwealth’s judicial districts—and the State Team with 16 seats. The local teams conduct individual case review of child fatalities that aim to understand the circumstances and causes of child deaths. For team membership, see Appendix C: FY22 State/Local Team membership, page 20. When a review identifies an opportunity to improve policy or practice, the local team issues a recommendation to the State Team. The State Team reviews these recommendations and gathers evidence from outside experts. The State Team then works with its members to change policies and practices under their purview when appropriate, and issues recommendations for consideration by the Governor and state legislature.

Preface

The loss of a child is devastating to families and can have a profound impact on communities. Since 2001, the Massachusetts Child Fatality Review (CFR) program has worked to learn from such deaths and find ways to protect the future health and safety of children. To accomplish this goal, the CFR program convenes multidisciplinary teams of health and social service practitioners, as well as government officials to conduct comprehensive reviews of the circumstances surrounding child deaths. Those reviews help identify changes in policy and practice that can prevent similar deaths. This Fiscal Year 2022 (FY22) Annual Report of the State CFR Team describes program findings and activities from July 1, 2021 through June 30, 2022 and is released in compliance with the program's authorizing statute ([M.G.L. Chapter 38 § 2A](#)).

This report and the activities of the State CFR Team would not be possible without financial support from the Office of the Child Advocate to the Department of Public Health. With their contributions and input, the CFR program is developing more timely reports with deeper explorations of the causes and prevention of child fatalities.

The State Team is also immensely grateful to the local teams who carry out the psychologically taxing review of individual child fatalities. Child fatality review is not an easy task; without exception, local teams conduct professional, thorough, and thoughtful reviews that are foundational to the State Team's work.

Finally, the State Team would like to thank the many partners who helped gather data and inform discussions about child fatality, including the Massachusetts Department of Public Health's Injury Surveillance Program, Mass in Motion program, Occupational Health Surveillance Program, and Office of Health Equity; Boston Medical Center's Children's HealthWatch and MassPIER projects; the Boston University School of Public Health; ChangeLab Solutions; Gardener Pilot Academy; the Massachusetts Department of Elementary and Secondary Education's Office for Food and Nutrition Programs; Massachusetts Project Bread; the Pioneer Valley Planning Commission; and Tohn Environmental Strategies.

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Acknowledgments

This report was prepared by Jonathan Bressler, Kelley Cunningham, Max Rasbold-Gabbard, and Sam Riley at Massachusetts Department of Public Health, and Bekah Thomas at the Massachusetts Office of the Child Advocate on behalf of the Massachusetts Office of the Chief Medical Examiner. Special thanks to Dr. Mindy Hull and Eric Hogberg for their guidance in shaping the report. Additional thanks to all State Child Fatality Review Team members for their thoughtful input.

Executive Summary

Massachusetts (MA) is a national leader in safeguarding the health and wellbeing of children, as demonstrated by declining child fatality rates and low infant mortality rates. Deaths among Massachusetts children—birth to age 17—have seen a steady downward trend since 2000. Although child deaths increased slightly to 397 in 2021 from 390 in 2020, the number is well below the 648 child deaths that occurred in 2000 and the 501 in 2010. In 2021, the child fatality rate in Massachusetts was 29.1 per 100,000 population. The leading causes of death for children in 2021 remained consistent with previous years: congenital malformations, unintentional injuries, and cancer.

Despite the low rate of infant and child fatalities in Massachusetts, substantial inequities exist. Boys, children of color, and children and infants living in urban centers are all at higher risk of fatality. The scale of inequities in child deaths is particularly marked for infants. These inequities are not rooted in biological or genetic differences between races and ethnicities, nor are they inherent to other aspects of a child's or infant's race or ethnicity. Rather, they are linked to [social determinants of health](#), including factors like socioeconomic status and access to health care.

To understand and address those inequities, the State Team conducted an in-depth examination of social determinants of health through the lens of infant and child fatalities, reviewing broad issues around health equity and dedicating meetings to the intersection of employment, housing, the built environment, and education, with fatalities.

During this examination, the State Team determined that understanding and addressing the root causes of inequities in infant fatalities, which are nearly 60% of child fatalities in Massachusetts, requires a system specifically designed for infants and fetuses. [Fetal and Infant Mortality Reviews \(FIMR\)](#) offers a promising approach to meeting this demand. FIMR programs engage a broad range of partners with specific pre-natal, peri-natal, and post-natal expertise. **Therefore, the State Team recommends that the Commonwealth should create a statewide Fetal and Infant Mortality Review program.**

Housing

Upon examination of how housing affects infant and child fatalities, two areas of focus emerged: household injuries and pest management.

Household injuries include falls from windows and stairs, burns and scalds in kitchens and bathrooms, drownings in bathtubs and pools, and poisonings from household cleaners and other substances. In 2021, unintentional injuries from drowning, poisoning, and suffocation led to 24 of that year's 397 child fatalities.^{1,2} Although such injuries cause relatively few child fatalities, they result in a large number of pediatric hospitalizations and emergency department visits—nearly a third of all such encounters.^{3,4} Strong evidence points to installation of safety equipment, such as smoke alarms, stair gates, window guards and cabinet locks, for the prevention of household injuries.⁵ Currently there is no statewide program that supports residents in identifying, accessing and installing necessary safety equipment. **The State Team recommends that the Commonwealth should study the feasibility of a program that pairs home safety assessments with subsidized home modifications to mitigate injury risk among children and infants.**

Poor housing conditions, particularly related to pest infestations, are detrimental to mental and physical health. The presence of pests increase sensitivity to allergens and can trigger asthma-related symptoms.^{6,7} Integrated pest management (IPM) is an evidence based approach to mitigate the effects of pest infestations. **The State Team recommends that the Commonwealth should require the use of integrated pest management as standard practice by pesticide applicators and subsidize the provision of such services to residents in environmental justice communities.**

Built Environment

When exploring the built environment, the state team learned that in the next 50 years, climate change is anticipated to increase the average number of days with a temperate over 90°F from 5 to 27 in Massachusetts.⁸ Heat events are associated with increased rates of heat exhaustion, heat stroke, drowning, mental illness, preterm birth, illness related to cardiovascular disease, illness due to renal failure, and interpersonal violence.⁹⁻¹² Adequate cooling for homes, schools, and business is necessary to prevent negative heat-related health outcomes. **The State Team recommends that the Commonwealth should expand programs that support the deployment of active and passive cooling technologies—including in residences, rental properties, and schools—with an emphasis on growing heat pump use in environmental justice communities.**

Education

The examination of education as a Social Determinant of Health challenged the team to thinking beyond the obvious life-long benefits of strong educational foundations to the immediate role schools often play in addressing the needs of children and their families.

Schools are increasingly expected to support not only academic growth, but also social, emotional, and physical wellbeing. This is especially challenging in resource-poor, high needs communities.¹³ In response to the growing demands and expectations placed on school, some have embraced a “community school” model. Community schools engage community agencies, families, advocates, and other stakeholders in close partnership to create a one-stop shop for family resources and services. Community schools have shown marked improvement in educational outcomes.¹⁴ **As such, the State Team recommends that the Commonwealth should develop guidance to support municipalities and communities in the establishment of community schools and expansion of school-based health centers.**

The following report provides additional context, data, and justifications about these recommendations. Implementing these recommendations will accelerate declines in child fatalities, saving lives and protecting families and communities from unnecessary trauma and grief.

The State of Child Fatalities in Massachusetts

Massachusetts continues to experience low rates of infant and child fatalities compared to other U.S. States, which is a testament to the strong institutions in the Commonwealth, though rates vary substantially across geographic regions and identities. The overall child death rate in 2021 was 29.1/100,000 population^a, reflecting 397 deaths of children ages 0-17. There were 7 more fatalities in 2021 compared to 2020, which interrupts a more than 20-year decline in the count of child fatalities. In 2021, Berkshire, Hampden, Suffolk, and Bristol districts^b all experienced higher than state average child fatality death rate. By contrast, Northwest, Middlesex, Norfolk, and the Cape and Islands had lower child death rates than the state average. Plymouth, Essex, and Worcester had child death rates similar to the state.

Table 1: Top Five Leading Causes of Death Among Massachusetts Children by Age Group, 2021

Rank	Infants (<1 year)	1-4 Years	5-9 Years	10-14 Years	15-17 Years	1-17 years	0-17 Years (Total)
1	Congenital malformation (n=42)	Unintentional injuries (n=6)	Cancer (n=7)	Cancer (n=12)	Unintentional injuries (n=17)	Unintentional injuries (n=34)	Congenital malformation (n=51)
2	Short gestation/ low birth weight (n=30)	Ill-defined conditions- signs and symptoms (n=4)	Chronic lower respiratory disease (n=2)	Unintentional injuries (n=10)	Suicide (n=14)	Cancer (n=31)	Unintentional injuries (n=35)
3	Sudden Infant Death Syndrome (SIDS) (n=26)	Cancer (n=3)	Congenital malformations (n=2)	Suicide (n=4)	Cancer (n=9)	Suicide (n=18)	Cancer (n=31)
4	Complications of placenta (n=15); Pregnancy complications (n=15)	Congenital malformations (n=3)	Injuries of undetermined intent (n=1); Unintentional injuries (n=1)	Heart disease (n=3)	Homicide (n=4)	Congenital malformations (n=9)	Short gestation/ low birth weight (n=30)
5	Intrauterine hypoxia (n=8)	Heart disease (n=3)	Influenza & pneumonia (n=1); Other Infections (n=1)	Congenital malformations (n=2); Homicide (n=2); In situ neoplasms (n=2)	Chronic lower respiratory disease (n=2); Congenital malformations (n=2); Diabetes (n=2)	Heart disease (n=7); Homicide (n=7)	Sudden Infant Death Syndrome (SIDS) (n=26)
Total # by Age Group	230	32	26	50	59	167	397

Data Source: Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2021.

^a Unless otherwise noted, rate refers to rate per 100,000 population

^b Districts refers to the Local Child Fatality Review Team districts, which are coordinated through each District Attorney's office in Massachusetts. For additional information, visit: <https://www.mass.gov/directory-of-district-attorney-offices>

Table 1 shows the leading causes of death by age group and total child deaths. The leading causes of death for 0-17 year olds in 2021 were congenital malformations (n=51), unintentional injuries^c (n=35), and cancer (n=31). The increase in the child deaths in 2021 was driven by deaths among 1-17 year olds; fatalities among 1-17 year olds increased from 127 in 2020 to 167 in 2021, with an increase in the child fatality rate from 9.7 in 2020 to 12.9 in 2021. The highest increase was noted in the 10-14 year age group. This increase in the child fatality rate is not isolated to Massachusetts; it is reported nationally as well.¹⁵ The top three causes of death among children ages 1-17 years were unintentional injuries (n=34), cancer (n=31), and suicide (n=18). Cancer and unintentional injuries are the top two causes of death that contributed to the increase in child fatality rates in the 10-14 year age group.

Inequity among the sexes is deeper in the 1-4 year age group, where the death rate for male children was 1.8 times as high when compared to females. The death rate among Black, non-Hispanic/Latinx children was 2.8 times and Hispanic/Latinx children 1.6 times as high compared to White, non-Hispanic/Latinx children. Asian, non-Hispanic/Latinx children had a slightly higher death rate (1.1 times as high) compared to White, non-Hispanic/Latinx children.

Infant (<1 year old) fatalities decreased from 263 in 2020 to 230 in 2021, which reflects a rate decrease from 378.5^d in 2020 to 331.0 in 2021. Still, infant deaths accounted for 58% of all child deaths in Massachusetts. The top three causes of death among infants were congenital malformations (n=42), short gestation/low birth weight (n=30), and sudden infant death syndrome (n=26), which is similar to 2020.

Even though Massachusetts has one of the lowest infant mortality rates in the US, there are deep inequities in persons who experience fatality.¹⁶ Infants identified as male at birth died at a rate that was 1.3 times as high compared to female infants. At a rate of 941.6, the infant death rate among Black, non-Hispanic/Latinx infants was 3.7 times and Hispanic/Latinx children 1.4 times as high compared to White, non-Hispanic/Latinx infants. Asian, non-Hispanic/Latinx infants had a slightly higher death rate (1.1 times as high) compared to White, non-Hispanic/Latinx infants.

The death rate among Asian/Pacific Islander, non-Hispanic/Latinx infants was also higher than the rate among White, non-Hispanic/Latinx infants (289.3 and 255.3, respectively). These inequities can in part

COVID-19-Related Infant and Child Fatalities

Seven children died from COVID-19 in 2021, with four deaths in the 10-14 year age group and one death each in 1-4, 5-9, and 15-17 year age groups.

COVID-19 deaths were higher among children of color, similar to the trend across the nation.¹⁴ Five of the seven deaths in Massachusetts were among children of color (four Hispanic/Latinx children and one, Black, non-Hispanic/Latinx child), one, another race, non-Hispanic/Latinx child and one, White non-Hispanic/Latinx child.

^c Unintentional injuries such as motor-vehicle crashes, drowning, poisoning, and falls

^d Rate differs slightly from the FY21 report as the death counts and population estimates (for denominators) are updated with the latest data available.

be attributed to lack of access to quality health care, socioeconomic disparities, and structural racism; they are not inherent to an infant's race or ethnicity.¹⁷

The scale of inequities in infant deaths, volume of cases, and complexity of the causes underlying those inequities merits a dedicated review system, guided by perinatal subject matter experts.

Like Child Fatality Review, Fetal and Infant Mortality Review (FIMR)¹⁸ programs use multidisciplinary, community-based, action-oriented teams and processes to improve services, systems, and resources with the aim of reducing fetal and infant deaths. What differentiates FIMR from CFR is the subject matter expertise of the multidisciplinary team. While the Massachusetts CFR Teams consist primarily of District Attorney's Offices, Law Enforcement, Emergency Responders and Social Workers, FIMR teams center obstetricians, gynecologists, midwives, geneticists, and other experts in maternal-fetal medicine. As of the writing of this report, there is no state-wide FIMR program in Massachusetts. A FIMR program would permit more specialized in-depth analysis of individual fetal and infant deaths and generation of relevant recommendations. The creation of such a program would not prevent local CFR teams from examining infant deaths.

The State Team recommends that the Commonwealth create a statewide Fetal and Infant Mortality Review program to examine the circumstances surrounding individual fetal and infant deaths and to make recommendations that would prevent similar deaths in the future.

Child Fatalities & Social Determinants of Health

To better understand the underlying causes of child fatalities and related inequities, the State Team turned to a long-standing public health model: Social Determinants of Health. Social Determinants of Health (SDoH) are the social, economic, behavioral, and physical factors that we experience where we work, live, and play. They make up the vast majority of what impacts our health.¹⁹ The Massachusetts Department of Public Health focuses on six broad categories of SDoHs: the built environment, education, employment, housing, the social environment, and violence.²⁰

To better understand how these factors affect child deaths in Massachusetts, and how they can be equitably improved in Massachusetts, the State Team called on experts in the areas of housing, the built environment, education, and employment. The following is a summary of those discussions, key findings, and resulting recommendations.

Housing

When housing is accessible, affordable, stable, and safe, people are more likely to have better physical and mental health outcomes. Housing is considered one of the most important social determinants of health. It plays a critical role in reducing an individual's risk of many poor health outcomes, from asthma to depression to injuries.^{21,22} While many aspects of housing affect a child's wellbeing, discussion with subject matter experts elevated two key housing-related issues that are contributing to child fatalities in Massachusetts: household injuries and pest management.

Housing refers to the permanent or temporary dwelling where people live or reside.

Household Injuries

Household injuries include falls from windows and stairs, burns and scalds in kitchens and bathrooms, drownings in bathtubs and pools, and poisonings from household cleaners and other substances. In 2021, unintentional household injuries from drowning, poisoning, and suffocation led to 24 of that year's 397 child fatalities.^{1,2} Although such injuries cause relatively few child fatalities, they result in a large number of pediatric hospitalizations and emergency department visits—nearly a third of all such encounters. In 2021, unintentional injuries in Massachusetts due to drowning, burns, falls, poisoning, and suffocation led to around 37% (1227 of 3273) of total hospitalizations and 38% (31642 of 87,835) of total ED visits among children.^{3,4} The risk and burden of these outcomes is not distributed equitably. There is some evidence that indicates an association between lower socio-economic status and higher household injury risk.²³ Such risk may be particularly pronounced in Massachusetts given the relatively old age of housing stock and short supply of housing.^{24,25}

Home modifications can reduce the risk of household injuries. Strong evidence supports interventions including installation of smoke alarms, stair gates, window guards, as well as education around setting safe hot water temperatures and safe storage of medications and other potentially toxic substances.⁵ In Massachusetts, some minimal modifications can be accomplished in some communities through interventions like the Community Emergency Medical Services program, or hospital-based injury prevention programs.^{26,27} However, there is no statewide program that can support residents in identifying and addressing injury risks in the home.

In the energy conservation space, the MassSAVE program offers a promising model of a similar intervention. Through contractors, MassSAVE provides homeowners and landlords with no-cost home energy assessments. Homeowners are provided with simple energy-saving modifications during the assessment; they also receive education on energy saving practices and become eligible to receive certain no-cost energy-saving products, rebates towards the purchase of energy-efficient appliances, and loans towards more expensive energy-saving home modifications, like window replacements.

A comparable program aimed at addressing in-home injury risks could greatly reduce the impact of childhood household injuries by removing hazards. The program would engage trained specialists around assessments for home modifications, coordinate and subsidize construction or installation services by third-party contractors, and follow up with residents to ensure that modifications were performed correctly.²⁸ Such a program would aim to prevent injuries prospectively when possible, and also support the implementation of home modifications after an injury, when caregivers may be more inclined to pursue such an intervention.²⁹ Various small-scale pilot programs that have provided home renovation, weatherization, modification have found a range of improvements in health outcomes: improved sleep and mental health, fewer falls, lower health care usage and costs.

The State Team recommends that the Commonwealth study the feasibility of a program that pairs home safety assessments with subsidized home modifications to mitigate injury risk among children.

Asthma and Integrated Pest Management

Poor housing conditions, particularly resulting from the presence of pests, can be detrimental to a family's overall mental health and physical health. Increased presence of pests like cockroaches and mice can trigger asthma-related symptoms and increase risks of becoming more sensitive to allergens.^{6,7} Severe childhood asthma disproportionately impacts children of color and those living in areas of concentrated poverty, and is associated with poor housing quality.³⁰ In Massachusetts, populations at risk overlap substantially with environmental justice communities, which are neighborhoods that meet certain criteria around the share of residents who have low incomes, are minorities, or identify as speaking English less than "very well."³¹

In addition, a cross-sectional study in Boston public housing found that individuals in homes with current cockroach infestations were experiencing depressive symptoms with odds 3 times as high as those without at the time of the study, and infestation by both cockroaches and mice 5 times as high as those without infestation.²¹ Additionally, overall poor housing quality in itself—with presence of pests being included in this measure—was consistently associated with greater emotional and behavioral problems, as well as worse school performance for adolescents.²²

Historically, to address pest management, landlords and tenants have used fumigation with pesticides and various sprays, but these require coordination lest the pests simply flee to a neighboring unfumigated apartment. As an alternative, integrated pest management (IPM) involves several interventions, including educating and assisting residents with sanitation; clutter control; deep cleaning

with a vacuum equipped with a HEPA filter; monitoring for pests; sealing holes and cracks to prevent pests from entering the home; and use of gel baits and boric acid.³²

From 2000 to 2009, the Boston Housing Authority partnered with a number of public health and academic experts in a series of projects to deploy IPM interventions in Boston public housing developments. These projects led to impressive results, with residents reporting little to no pest activity in 100% of units and 100% of common areas after treatment, up from 77% and 0% respectively prior to treatment. Residents who had IPM methods applied to their units saw lower allergen loads and significant reductions in asthma symptoms among children.³³

The State Team recommends that the Commonwealth require the use of integrated pest management as standard practice by licensed pesticide applicators and subsidize the provision of such services to residents in environmental justice communities.

The Built Environment

Well designed, well maintained environments that center people and community contribute to physical, social and mental well-being. The built environment is a reflection of investment; varying levels of investment driven by land use, zoning, licensing, permitting, redlining and other historic policies have led to inequitable access to well designed and maintained environments, which contributes to health inequities.

Built environments are the physical spaces where someone works, learns, plays, and worships.

One way that the built environment contributes to or detracts from positive health outcomes is through the creation or mitigation of heat islands, which are particularly prevalent in urban areas. In the next 50 years, climate change is anticipated to have profound impacts on Massachusetts residents. Projections indicate that the average number of days with a high temperature over 90°F will go from 5 to 27.⁸ Residents' growing exposure to hotter weather is expected to result in a range of public health consequences. Heat events are associated with increased rates of heat exhaustion, heat stroke, drowning, mental illness, preterm birth, illness related to cardiovascular disease, illness due to renal failure, and interpersonal violence.⁹⁻¹² At particular risk are children under 5 years old, children with respiratory conditions, children with disabilities, children of color, and children in low-income households.³⁴

Strategies for providing residents with comfortable living and working spaces are key components of the array of interventions necessary to address the effects of climate change. Having adequate cooling for homes, schools, and businesses can help mitigate the risk of heat-associated health outcomes. To that end in recent years, both the state and federal governments have subsidized the installation of heat pumps, which provide buildings with hyper-efficient heating and cooling.^{35,36} Such efforts should be expanded in the coming years, with attention to equitable access to such active cooling technologies—like heat pumps—and passive ones—like improved insulation and

The Pioneer Valley Planning Commission developed its "[Healthy Community Design Toolkit: Leveraging Positive Change](#)" to help municipalities and stakeholders in healthy community design efforts. The toolkit offers a range of strategies to help communities address various public health priorities, including injuries from motor vehicle crashes, reducing stormwater pollution, and making the built environment safer for older adults.

weatherization, to ensure that Massachusetts residents are able to cope with these impending challenges.^{37,38}

The State Team recommends that the Commonwealth expand programs that support the deployment of active and passive cooling technologies—including in residences, rental properties, and schools—with an emphasis on growing heat pump use in environmental justice communities.

Education

Strong educational foundations allow people to make informed decisions, secure higher paying jobs, and afford quality and stable housing, all of which ultimately impact health. Reaping the health benefits of education requires that an individual access quality education. Not everyone has equal access to quality education as a result of historical redlining, segregation, school funding formulas, and non-academic barriers that can pull a youth away from education, such as food insecurity or violence. Schools are required to address not only the academic growth of young people, but also their social, emotional, and physical well-being.

Education is the process of teaching and learning which can happen in both traditional and non-traditional settings.

Schools can have a major impact on a child’s life and are increasingly called upon to link students to other community resources and provide a holistic set of services that support students’ academic success, and address out-of-school issues that affect learning.¹³ In the short term, schools play a critical role in meeting students’ mental health needs, and addressing risk of suicidality.⁴⁰ Thus, access to high-quality schools and school-based health services can improve the immediate health for current students and can lay the groundwork for those students to grow into healthy adults.

For some communities, particularly some low-income communities and communities of color, structural forces have severely constrained access to such wraparound services. As a response, some communities have embraced a community schools model. Community schools are designed to have schools engage community agencies and stakeholders in close partnership, leading to an “integrated focus on academics, health and social services, youth and community development, and community engagement.”¹³ By improving access to community services, including health care and mental health services, community schools have shown marked improvement in educational outcomes.¹⁴ Massachusetts should explore ways to support municipalities in creating community schools and deepening linkages between school and community services, and expanding the availability of school-based health centers.

The School Wellness Initiative for Thriving Community Health (SWITCH) issued a report highlighting the ways that schools across the Commonwealth can support students’ wellness—and in turn, their overall health: [2019 Massachusetts School Wellness Needs Assessment](#)

The State Team recommends that the Commonwealth develop guidance to support municipalities and communities in the establishment of community schools and expansion of the availability of and resources for school-based health centers.

Employment

Employment is broadly defined as paid work. Ideally, employment should be accessible, safe, stable, and well compensated for all people. However, policies, programs, and systemic discrimination sometimes compromise a person's access to and quality of employment. A wealth of research has shown that when a person is employed and has a stable job, they are more likely to have better physical and mental health than a person who is unemployed or in a poor-quality job. Being employed in a high-quality job maintains a person's physical and mental health and improves a person's financial ability to support their basic needs, a healthy lifestyle, and access to medical care. It also has several psychological benefits such as improving a person's stress levels, self-worth, self-esteem, and social capital—their connections and networks with others. At the same time, it is also well recognized that poor working conditions can adversely affect health, resulting in substantial human suffering and cost to workers, employers, and society at large. In turn, the effects of employment on parents' job quality, childcare arrangements, parents' resources and investments, and parent's health and family dynamics can have a profound effect on child health and development. Linkages between parent employment status and child fatality are not yet well established. The Child Fatality Review program will continue to monitor the literature in this area and formulate additional recommendations as evidence emerges.⁴¹

Conclusion and Recommendations

The yearlong exploration of child fatalities using a social determinants of health lens merely scratched the surface of the myriad ways Massachusetts can further reduce child fatalities and close the gap in inequities. It also exposed the need to provide the local CFR teams with technical assistance on the SDoH framework so that they might develop stronger recommendations for consideration by the state team. As a result, the state team issues the following recommendations, and, in FY23, will increase efforts to support local teams in applying SDoH and racial equity frameworks to their review practices.

- Create a statewide Fetal and Infant Mortality Review program to examine the circumstances surrounding individual fetal and infant deaths and to make recommendations that would prevent similar deaths in the future
- Study the feasibility of a program that pairs home safety assessments with subsidized home modifications to mitigate injury risk among children.
- Require the use of integrated pest management as standard practice by licensed pesticide applicators and subsidize the provision of such services to residents in environmental justice communities.
- Expand programs that support the deployment of active and passive cooling technologies—including in residences, rental properties, and schools—with an emphasis on growing heat pump use in environmental justice communities.
- Develop guidance to support municipalities and communities in the establishment of community schools and expansion of availability of and resources for school-based health centers.

Appendix A: Previous Recommendations

For additional context on the below recommendations, please see the corresponding annual report.

Issued in the FY2021 Annual Report:

- Massachusetts policymakers petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa in their products, and for retailers to stock products that contain fortified corn masa.
- Massachusetts policymakers implement an ethical and equitable primary seat belt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seat belt use geared towards audiences with the lowest seat belt use rates and highest unbelted crash rates, and improved access to car seats and installation services.

Issued in the FY2020 Annual Report

- The State Team continues its support for legislation moving the responsibility for administrating the CFR program from OCME to OCA, with OCA and DPH representatives becoming designated co-chairs of the State Team.
- The Commonwealth should study the feasibility of requiring that public and semi-public swimming pools have emergency service activation systems or call boxes within the pool's fence perimeter and in a form that complies with ADA accessibility guidelines.
- The Commonwealth should work with providers to increase cell phone coverage in underserved areas, particularly along roadways.
- In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.
- Commonwealth executive branch agencies should collect gender identity in their data sets.
- In order to better coordinate care for children across state providers, all EOHHS agencies should use a standard confidential information sharing mechanism for client case records.
- Adults operating a motorboat or other motorized personal watercraft in Massachusetts should be required to take a boating safety course.

Appendix B: CFR program activities

State Team Activities

In FY22, the State Team held six meetings—starting in July 2021 and meeting every two months thereafter. In light of the effects of the COVID-19 pandemic, the State Team opted to hold these meetings virtually.

The State Team focuses most of its meetings on specific issues related to child fatalities, typically using one or two meetings to examine a particular cause or manner of death by exploring public health data and related local team recommendations. In a departure from this approach, the State Team organized its FY22 meetings around equity and social determinants of health.

The operation and activities of the State Team and local teams are supported by the work of staff at OCME and DPH. Agency staff who are assigned to the program provide administrative support, conduct research, and gather data to assist teams in their deliberations, evaluate program performance, and streamline program operations.

In a continuing effort to address a backlog of recommendations provided by the local teams, program staff provided guidelines to State Team members to review 193 outstanding recommendations. State Team members closed 22 recommendations; the State Team closed 3. Forty-four of those recommendations are now marked as pending, while 134 remain open and 66 received comments. If local teams are seeking information about the status of a specific recommendation, please contact Max Rasbold-Gabbard at max.rasbold-gabbard@mass.gov.

Local Team Activities

The 11 local teams collectively held 23 meetings, reviewed 96 fatalities, and issued 17 recommendations, many of which were issued to multiple agencies. The distribution of meetings, cases, and recommendations by district is summarized below. Local teams issued 6 recommendations to the State Team, 12 to DPH, 6 to the Massachusetts chapter of the American Academy of Pediatrics, 3 to the Department of Children and Families, 3 to the Massachusetts Center for Unexpected Infant and Child Death, 2 to the Office of the Attorney General, 2 to the Department of Elementary and Secondary Education, 2 to the Department of Mental Health, 2 to the Juvenile division of the Trial Court, 2 to the Massachusetts District Attorneys Association, 2 to the Massachusetts State Police, 1 to the Department of Developmental Services, and 1 to the Office of the Chief Medical Examiner.

Local teams found innovative approaches to holding case reviews online that convened stakeholders while safeguarding case data. Many teams held modified virtual meetings where cases were discussed through a secure videoconference. In all, seven local teams held at least one virtual meeting during the reporting period; most resumed their regular quarterly meeting schedules using teleconferencing platforms.

Table 1: Number of meetings, cases reviewed, and recommendations issued, by local team			
Local Team	Meetings	Cases	Recommendations
Berkshires	0	0	0
Bristol	0	0	0
Cape and Islands	2	25	0
Essex	3	8	0
Hampden	0	0	0
Middlesex	4	13	12
Norfolk	4	19	0
Northwestern	3	12	0
Plymouth	2	4	0
Suffolk	2	2	5
Worcester	3	13	0

Administrative Changes and Activities of the CFR program

In January 2022, DPH retained consultants from John Snow, Inc. (JSI) to develop and implement a community of practice with local CFR teams. The community of practice aims to help local teams standardize practices, identify, and help resolve challenges local teams are facing in their reviews, and inform the drafting of local team operational guidelines.

The CFR team at DPH continued its revision and maintenance of the program’s database. Major updates in FY22 included:

- restructuring the database to capture reviews of fatalities over multiple team meetings,
- expanding which actions on recommendations are recorded to include changes made by CFR staff to recommendation assignment and status based on agency feedback.

Appendix C: FY22 State/Local Team membership

State Team Membership

Dr. Mindy Hull

Chief Medical Examiner, Co-Chair

Bekah Thomas

Designee of the Commissioner of the Department of Public Health, Co-Chair

Jeff Bourgeois

Designee of the Attorney General

Karla Canniff

Designee of the Commissioner of the Department of Children and Families

Margie Gilberti

Designee of the Commissioner of the Department of Early Education and Care

Katharine Folger

Representative of the Massachusetts District Attorneys Association

Janet George

Designee of the Commissioner of the Department of Developmental Services

Anne Gilligan

Designee of the Commissioner of the Department of Elementary and Secondary Education

Shari King

Director of the Massachusetts Center for Unexpected Infant and Child Death

Karine Martirosyan

Designee of the Commissioner of the Department of Youth Services

Capt. Mario Monzon

Designee of the Colonel of the Massachusetts State Police

Maria Mossaides

Director of the Office of the Child Advocate

Dr. Nandini Talwar

Designee of the Commissioner of the Department of Mental Health

Chief John Paciorek, Jr.

Designee of the Massachusetts Chiefs of Police Association

Dr. Celeste Wilson

Representative of the Massachusetts chapter of the American Academy of Pediatrics with experience in child abuse and neglect

Leigh Youmans

Representative of the Massachusetts Health & Hospital Association

The team position for Chief Justice of the Juvenile Division of the Trial Court or designee is vacant. The CFR statute also allows for attendance to State Team meetings by other individuals with information relevant to cases under review.

Local Team Leadership

Berkshires

Andrea Harrington, District Attorney
Team Leader: Stephanie Ilberg,
Assistant District Attorney

Bristol

Thomas Quinn, District Attorney
Team Leaders: Andrea Baldwin,
Assistant District Attorney;
Dennis Collins,
Assistant District Attorney

Cape and Islands

Michael O'Keefe, District Attorney
Team Leader: Sharon Thibeault,
Assistant District Attorney

Essex

Jonathan Blodgett, District Attorney
Team Leader: Kate MacDougall,
Assistant District Attorney

Hampden

Anthony Gulluni, District Attorney
Team Leader: Eileen Sears,
Assistant District Attorney

Middlesex

Marian Ryan, District Attorney
Team Leader: Katharine Folger,
Assistant District Attorney

Norfolk

Michael Morrissey, District Attorney
Team Leader: Lisa Beatty,
Assistant District Attorney

Northwestern

David Sullivan, District Attorney
Team Leader: Lori Odierna,
Assistant District Attorney

Plymouth

Timothy Cruz, District Attorney
Team Leader: Elizabeth Mello,
Assistant District Attorney

Suffolk

Kevin Hayden, District Attorney
Team Leader: Susan Goldfarb,
Executive Director,
Children's Advocacy Center of Suffolk County

Worcester

Joseph Early, District Attorney
Team Leader: Courtney Sans,
Assistant District Attorney

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