

**Commonwealth of Massachusetts**



# **Child Abuse Prevention and Treatment Act (CAPTA)**

**Federal FY2019 Report  
June 30, 2018**



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## CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) ANNUAL 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.)*

In the past year, there have been no statutory or regulatory changes related to the prevention of child abuse or neglect that affect Massachusetts' eligibility for CAPTA.

*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).*

The only significant change in how DCF proposes to use CAPTA funds in FY19 is to spend approximately a million dollars in newly allocated federal funds to support the implementation of Plans of Safe Care for mothers and infants exposed to substances. The Department plans to use the funds to:

- Hire individuals in each region and in the Central Office to support staff in drafting and implementing Plans of Safe Care;
- Create and deliver training sessions to relevant staff and other stakeholders on Plans of Safe Care;
- \$200,000 has been set aside for other activities related to Plans of Safe Care (details will be submitted as an update to this document).

### Budget

In the chart below, we present the FY18 and FY19 planned budget for the grant. We provide two views: expenditures grouped by category and expenditures grouped by the grant objectives. Expenditures reported reflect spending incurred/projected during the respective state fiscal years and do not necessarily correspond with the federal fiscal year spending reported in the CFS-101.

| CHILD ABUSE PREVENTION AND TREATMENT ACT                      |            |              |
|---|------------|--------------|
| Expenditure Category  | FY18       | FY19         |
| Salary (nurse)  | \$ 63,700  | \$ 71,000    |
| Salary (Implementation Coaching Consultants)                  | \$ 68,000  | \$ 68,000    |
| Salary (Plans for Safe Care)                                  | \$ -       | \$ 437,500   |
| Fringe Benefits (nurse)                                       | \$ 23,149  | \$ 26,369    |
| Fringe Benefits (ICC)   | \$ 24,711  | \$ 25,255    |
| Fringe Benefits (Plans of Safe Care)                          | \$ -       | \$ 162,488   |
| Travel  | \$ 10,582  | \$ 10,400    |
| Equipment   | \$ -       | \$ -         |
| Conference Incidentals  | \$ 8,000   | \$ 1,000     |
| Plans for Safe Care (TBD)                                     | \$ -       | \$ 200,000   |
| Supplies  | \$ -       | \$ -         |
| Contract Services:  |            |              |
| <i>Plans of Safe Care/Training</i>                            | \$ -       | \$ 200,000   |
| <i>Policy Development/Consultation</i>                        | \$ 71,500  | \$ -         |
| <i>Parent Stipends (Family Engagement)</i>                    | \$ 65,000  | \$ 65,000    |
| <i>Regional Clinical Consultants</i>                          | \$ 74,000  | \$ 78,000    |
| <i>Key Program (assist troubled youth and their families)</i> | \$ 95,675  | \$ 95,675    |
| <i>Parents Helping Parents (Build Stronger Families)</i>      | \$ 45,000  | \$ 45,000    |
| <b>Subtotal Direct Cost</b>                                   | \$ 549,317 | \$ 1,485,687 |
| <b>Indirect Cost</b>  | \$ 7,000   | \$ 16,000    |
| <b>GRAND TOTAL</b>  | \$ 556,317 | \$ 1,501,687 |

| Grant Objectives  | FY18       | FY19       |
|---|------------|------------|
| Intake, Assessment, Screening and Investigation of Reports of Abuse and Neglect                   | \$ 129,943 | \$ 94,465  |
| Creating or Improving Interagency Protocols to Enhance Investigations                             | \$ -       |            |
| Case Management, Monitoring and Service Delivery  | \$ 320,393 | \$ 292,421 |
| Developing and Improving Risk and Safety Assessment Tools   | \$ -       |            |
| Upgrading Technology that Tracks Reports of Child Abuse and Neglect                               | \$ -       |            |
| Improving Skills of Individuals Providing Services to Children, Including Social Worker Retention | \$ -       |            |
| Developing Training Protocols for Mandated Reporters  | \$ -       |            |
| Developing Research Based Strategies for Training Mandated Reporters                              | \$ -       |            |

|  |    |                |    |                  |
|--|----|----------------|----|------------------|
| Developing Services for Families of Disabled Infants with Life-threatening Conditions                | \$ | 28,950         | \$ | 32,456           |
| Developing Information to Educate the Public on the Child Protection System                          | \$ | 22,500         | \$ | 22,500           |
| Developing Community Based Programs to Integrate Shared Leadership Between Parents and Professionals | \$ | -              |    |                  |
| Supporting Collaboration between Child Protection and Juvenile Justice                               | \$ | 28,949         | \$ | 32,456           |
| Supporting Collaboration between Public Health Agencies and Child Protection System                  | \$ | -              | \$ | 999,988          |
| Administration:  |    |                |    |                  |
| Personnel and Overhead   | \$ | 17,582         | \$ | 26,400           |
| Supplies and Administrative Costs  | \$ | -              |    |                  |
| Administrative Activities  | \$ | 8,000          | \$ | 1,000            |
| Other  | \$ | -              |    |                  |
| Administrative %   |    | 4.60%          |    | 1.82%            |
| <b>GRAND TOTAL</b>   | \$ | <b>556,317</b> | \$ | <b>1,501,687</b> |

*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, 2017 (section 108(e) of CAPTA).*

## **1. Policy Implementation**

### CAPTA Priority Areas

- Improving the intake, screening and investigation of reports of abuse and neglect
- Improving case assessment, management, and provision of services

### FY2018 CAPTA Expenditures, Activities and Accomplishments

For FY2018, DCF spent \$164,211.20 in CAPTA funds to support training, coaching, facilitating and other critical implementation needs for practice and policy changes.

*The breakdown is as follows:*

|                                 |             |
|---------------------------------|-------------|
| Policy Consultant:              | \$71,500    |
| Implementation Coaches:         | \$68,000    |
| Implementation Coaching Fringe: | \$24,711.20 |

## **2. 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.

FY2018 CAPTA Expenditures, Activities and Accomplishments

During FY2018 DCF used CAPTA funds at approximately \$94,645.43 to support this critical central office nurse position.

*The breakdown is as follows:*

|           |             |
|-----------|-------------|
| Salary:   | \$63,551.00 |
| Fringe:   | \$23,094.43 |
| Indirect: | \$8,000.00  |

Much attention has been paid to the need for DCF to ensure timely access to quality health care for children and youth coming into the custody of the Department. The central office nurse supervises five regional nurses, provides coverage for DCF’s regional nurses through case consultations, and works with other state agencies, community health providers and hospitals. She is available to consult on cases involving Substance Exposed Newborns (SEN), Neonatal Abstinence Syndrome (NAS), Fetal Alcohol Spectrum Disorder (FASD), as well as serious and life-threatening medical issues for any infant, child, or youth.

The nurse manages the processes to obtaining medical recommendations regarding discontinuing or forging life-sustaining medical treatment, prepares materials for for submission to the Medical Director. others. The Central Office Nurse provides consultation on healthcare and medical issues to other Central Office units such as Adoption, Special Investigations and Foster Care Review and provides training on medical topics for staff statewide in collaboration with the Child Welfare Institute. She also manages two contracts with foster care agencies for specialized foster homes for children who have complex medical conditions and require skilled nursing care. She is the DCF representative on the DPH Medical Review Team, a committee that evaluates applications for admission to pediatric nursing homes. She is the DCF lead for administration of the Special Kids/Special Care Program, a MassHealth program that provides intensive care management for children with medically complex or unstable conditions.

**3. 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.

FY2018 CAPTA Expenditures, Activities and Accomplishments

During FY2018 DCF used CAPTA funds at approximately \$74,000 to continue to purchase clinical consultations and evaluations as follows:

*Western Region: \$11,000*

CAPTA funds were used for clinical consultation as well as augmenting the capacity to provide evaluations; this region spent its allotment primarily on the following:

- 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 review of treatment options

*Central Region: \$9,000*

CAPTA funds were used for clinical consultation as well as augmenting the capacity to provide evaluations. The regional allotment was spent primarily on the following:

- 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 review of treatment options

*Northern Region: \$20,000*

CAPTA funds were used for individual clinical consultation to area office staff and for consultation to the Northern Region Clinical Review Team.

*Southern Region: \$30,000*

Funds were used for continued use of clinical consultation and evaluative Services for the Regional Clinical Review and for a licensed Psychologist for Area-based consultative services at family team meetings as well as Clinical Review Teams.

*Boston Region: \$8,000*

CAPTA funds were used for clinical case consultations which supported:

- Consultation on assessed risk to children in the home
- Assistance with planning services to stabilize children exposed to multiple and severe trauma so that they are able to remain at home or avoid placement in higher level, higher cost settings
- Participation in 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.

#### **4. 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

##### FY2018 CAPTA Expenditures, Activities and Accomplishments

During FY2018 DCF spent \$95,675 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. Children's Charter accepts referrals from any DCF Area office. 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.

During FY15 and FY16, an increase in staffing had a positive impact on reaching geographical areas that had not been reached in previous fiscal years. This was evidenced by the increase utilization from the Central/North Central Region, which had not traditionally utilized Children's Charter, and the steady level of referrals from the Boston, Northern and Southern Regions.

In FY18, Children's Charter and DCF focused on strategies related to underserved priority geographical areas in Massachusetts, such as the Western Region. Children's Charter provided multi-disciplinary forensic evaluations to approximately 115 children and families with complex family situations in which children may have experienced and/or witnessed trauma.

#### **5. 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.

##### FY2018 CAPTA Expenditures, Activities and Accomplishments

During FY2018 DCF spent \$45,000 of CAPTA funds to support a Parents Helping Parents (PHP), a parental stress line [1-800-632-8188] in Massachusetts. Parents Helping Parents' mission is: Empowering parents to nurture children and prevent child abuse.

During FY2018, DCF used CAPTA funds to contract with Parents Helping Parents (PHP) to pay for staff time and associated costs (space, supplies, etc.) to operate the Parental Stress Line and also to recruit, train and support volunteers. PHP's Parental Stress Line plays a key role in the primary prevention work being done in Massachusetts to prevent child abuse before it occurs. The Parental Stress Line is a 24-hour helpline that offers support, empathy, and crisis intervention counseling to parents and caregivers who are having difficulty coping with the stresses of parenting. Information and referral to other services are provided, but the primary purpose is to provide parents with someone to talk to about their parenting problems.

The Parental Stress Line received approximately 4,000 calls in 2017. Calls to PHP's Parental Stress Line are answered by volunteers who are recruited and trained by Parental Stress Line staff. The training program covers child abuse and neglect prevention and intervention, child discipline, healthy parent-child communication and relationships, telephone counseling techniques and other relevant material. Counselors answer calls to the Parental Stress Line. All volunteers have access to a supervisor round the clock to answer any questions or talk through any issues that arise.

The Parental Stress Line demonstrably helps families by being available to them during moments of crisis. In 2017, 62% of callers were agitated and very upset at the beginning of their call. Only 12% were agitated at the end of their call. Furthermore, 76% of callers planned to take at least one positive action to make things better.

## **6. Family Engagement and Voice**

### CAPTA Priority Area

- Case management, case monitoring and delivery of services to families.

### FY2018 CAPTA Expenditures, Activities and Accomplishments

In FY2018, \$65,000 in CAPTA funds were 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 and Commission on the Status of Grandparents Raising.

The Family Advisory Committee (FAC) is a diverse group of foster and adoptive parents, mothers, fathers, and kin who have formerly had open protective cases with DCF, and/or people who were involved with DCF as a youth. Their viewpoint is necessary as DCF strives to assist children and youth in achieving permanency/forever homes.

Some examples of how the FAC assists DCF are as follows:

- Participating in the Statewide Managers monthly meetings;
- Participating in both the Trauma-Informed Leadership Teams (TILT), and Fathers Engagement Leadership Team (FELT);
- Providing "family voice" to DCF's policy development and practice implementation processes; and
- Working as a "bridge" to the community to explain DCF's policies and practices, partnering with Family Resource Centers, Patch Offices, and other community-based organizations.

### Parent Leadership Trainings

- CAPTA funds were used for stipends for families on the FAC to participate in The National Family Support Network training, "Developing and Sustaining Effective Parent Advisory Board."

#### Fatherhood Initiative

- CAPTA funds were used for stipends that allow many fathers who are involved in the Department to attend the 19<sup>th</sup> Annual New England Fathering Conference. This annual conference provides fathers from across New England the opportunity to engage in learning about best practice from both national and international experts.

#### Commission on the Status of Grandparents Raising Grandchildren

- The Commission has experienced an increase in requests for resources from grandparents and other kinship caregivers due to the impact of the opioid epidemic on many families. The Commission sponsored community workshops in 12 communities throughout Massachusetts to provide education and resources. CAPTA funds facilitated grandparents attending the workshops.

***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:

- **Statewide Child Fatality Review Team**
- **DCF Family Advisory Committee**
- **DCF Joint Youth Advisory Committee**

An overview of each report is included below and each report is included in the Appendix.

Please note the 2017 Statewide Child Fatality Review Team report will be finalized this fall. Please see the link to the 2016 final report: <http://www.mass.gov/eopss/docs/ocme/skm-654e17062918060.pdf>

### **CITIZEN REVIEW PANEL ONE**

#### **Statewide Child Fatality Review Team**

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.

A 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.

Based on the 2017 draft report, Local Child Fatality Review (CFR) Teams reviewed 102 child deaths and made 49 recommendations to the State CFR Team to prevent future deaths. The annual report will contain more information on the types of deaths reviewed as well as a list of all the recommendations made to the State CFR Team during 2017.

## **CITIZEN REVIEW PANEL TWO**

### **DCF Family Advisory Committee**

In FY18, the Department submitted a formal Program Improvement Plan (PIP) to support full compliance with the Citizen Review Panel requirements under CAPTA by June 30, 2018. An update on that work has been submitted separately. A summary is included below.

In 2004, DCF assembled its first Family Advisory Committee (FAC) to meet quarterly with the Commissioner. The FAC is a group of individuals from across the Commonwealth who are diverse in race, culture, language, age and sexual orientation. They also bring a wide range of first-hand experience with the Department. Some have been foster and/or adoptive parents; some, with their families, have had open DCF cases, including those whose children were in foster care and/or residential placement.

It is our goal to increase parent involvement and expand family voice in DCF agency-wide. Through our agency program improvement efforts, the FAC members participate in various time-limited workgroups using Agile Scrum, and other methods of self-assessment to test, plan, evaluate and implement changes in practice and operations. These strategies help to engage Family Representative in the agency's child welfare practice while providing them with professional development and leadership opportunities.

Key work completed in FY18 includes:

- Developed and implemented a comprehensive membership recruitment plan and strategy to address the retention of FAC Board Members.
  - FAC Leadership Team developed a Recruitment and Retention Plan to diversify the Family Representatives that serve on the FAC.
  - The plan is designed to identify parents with lived experience as consumers of service with DCF. The group is comprised of Birth Parents, Foster Parents, Adoptive Parents, Kinship Caregivers, Alumni of Foster Care, Community Advocates, and a Youth Representative.
  - In FY18 we have increased representation of parents on the FAC from 15 to 24 members. The current composition of the FAC is rich with experience and talent. The 12 women and 12 men who comprise the core of Family Representatives are a culturally diverse group of (8 African American, 14 Caucasian, and two Latino) parents from each of the five regions of the Commonwealth.
  - The FAC Membership Committee developed a comprehensive recruitment and retention plan.
  - FAC members have been invited to participate in over 100 training opportunities and 18 conferences on numerous topics including child development, child welfare, family support and parent leadership.

- Developed a process for the FAC to produce an annual report that contains a summary of the Committee’s activities and recommendations to improve child protection service systems.
  - The FAC Leadership Team (consisting of 10 members representing 5 regions) worked with the Community Support Manager and Director of Community and Family Engagement to write report.
- The FAC also hosted an Annual Retreat in September 2017 to meet with the Commissioner and key staff to provide input and updates.
- Developed and implemented a protocol to incorporate citizen member of the FAC in the procurement review process for those RFRs that directly impact children and families
  - Selected and trained FAC members and Family Representatives in the Area Offices participate in DCF procurement reviews through a selection process.

### **CITIZEN REVIEW PANEL THREE**

#### **DCF Joint Youth Advisory Committee**

In FY18, the Department submitted a formal Program Improvement Plan (PIP) to support full compliance with the Citizen Review Panel requirements under CAPTA by June 30, 2018. An update on that work has been submitted separately. A summary is included below.

The Joint Youth Advisory Committee is comprised of:

- The DCF Youth Advisory Board
  - This Board has been active for more than 18 years and is made up of 35 members who are each part of their Regional Youth Advisory Boards.
  - The five regional groups meet monthly and come together join for a quarterly statewide meeting.
- Massachusetts Network of Foster Care Alumni
  - This Network, initiated and funded by DCF, serves to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities for service and leadership.
  - The Network's Advisory Board has a strong representation of foster care alumni; its bylaws require 51% of the Board to have experience in foster care.

The youth on the Committee work to promote change for future foster youth through their voice, advocacy, and action. They provide recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

During FY18, focus groups were conducted with Youth Advisory Board members to hear how they would like to expand their current roles and responsibilities, the obstacles they face and goals they would like to achieve as a group. Feedback provided in these forums was shared with DCF senior management. Team building events took place with key Youth Advisory Board and Alumni Network members to ensure a connection between the two bodies and the Joint Youth Advisory Committee.

Activities of the Youth Advisory Board in FY18 included:

- Responded to requests for feedback on issues relevant to DCF such as policy review
- Participated in discussions with agency Trauma Informed Leadership Team regarding the need for trauma prevention activities for youth during and after removal to reduce the traumatic impact of the experience
- Worked with their regional DCF foster parent recruiters to plan innovative ways they can further assist in the recruitment of adolescent foster homes
- Assisted in planning for the 2018 Youth Leadership Summit which will take place in July 2018
- Participated in focus groups convened to receive feedback on agency practice
- Participated in training for DCF staff on the importance of permanency and life-long connections for foster youth
- Participated in foster and adoptive parent training and regional recruitment events, sharing their experiences to help train and recruit foster and adoptive families
- Participated in pre-service and in-service training for social workers and supervisors, discussing the needs of youth in the care/custody of DCF
- Advocated with local cities/towns for summer jobs and internships for foster youth

In an effort to strengthen the Committee's work, the following activities will continue in FY19:

- Plan activities and hold meetings to engage the Mass Network of Foster Care Alumni and other stakeholders to help inform policy and practice;
- Explore development of more structured partnerships with the DCF Area Boards and the statewide network of Family Resource Centers.

***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, as amended by the Comprehensive Addiction and Recovery Act [CARA]).***

In FY18, the Department submitted a formal Program Improvement Plan (PIP) to support full compliance with the Plans of Safe Care by June 30, 2018. An update on that work has been submitted separately. A summary is included below.

The Commonwealth's Plans of Safe Care (PoSC) strategy seeks to ensure that any provider involved in the care of a pregnant woman or new mother with substance use, where the health or safety of the mother or unborn child is at risk, will have a PoSC developed as soon as the concern is identified. A PoSC Screening, which was piloted at a residential program for women during spring 2018, will help identify if a pregnant woman requires a PoSC. The goal of the PoSC is for professionals to partner with the mother to improve her health and well-being and increase the health, safety and well-being of the infant.

Community-based providers, health care providers and substance abuse treatment providers will partner with mothers at all stages (prenatal, neonatal and post-natal) to develop a PoSC. The role of DCF will depend on whether or not the child has been born, if a child abuse/neglect report has been made, and the outcomes of that report related to the DCF Intake Policy. For those situations reported to DCF which do not result in a child welfare protective case, hospitals and community based providers will complete the PoSC based on the guidance materials described below. In those instances, DCF staff will remind and encourage the provider to follow up with the family to complete the PoSC.

For those mothers who become open consumers at DCF, the DCF Family Assessment and Action Plan will serve as the PoSC. The purpose and goals of a PoSC parallels areas of focus and process of the DCF Family Assessment and Action Planning process. A DCF Action Plan will address the same areas of need involved in a PoSC developed by a community provider with a mother. It is a collaborative process with the family which assesses parental capacities and identifies areas of need in order to develop action steps to address those areas. Like a PoSC this is accomplished through engagement, treatment, referrals for services, education, and resources to meet those needs. If a PoSC exists prior to the reported 51A and a protective case opens with DCF, the existing plan and a collaborative relationship with the community provider involved will inform decisions and be integrated into the DCF Action Plan.

A framework has been developed to screen, track, and document PoSCs involving child abuse/neglect reports and, where appropriate, PoSC that do not involve a child abuse/neglect report. In 2016, guidance was provided to mandated reporters to support their efforts in responding to SEN cases. The guidance includes both state and federal laws as well as clinical considerations to inform the decision-making process. Building upon this guidance, a PoSC implementation packet has been developed to provide community-based and healthcare providers an understanding of their role in partnering with pregnant women to develop a PoSC.

This packet will support their efforts with:

- Mandated reporting information
- Identifying the providers who can initiate a PoSC
- Screening expectations
- Understanding the components of a PoSC
- Understanding the purpose and responsibilities associated with a PoSC

In open child welfare cases, the Action Plan developed at the end of the DCF family assessment will be informed by a PoSC, if one exists. DCF's SACWIS System (iFamilyNet) has the ability to capture these Action Plans as PoSCs related to SEN case and any necessary enhancements will be made to the system as the PoSC are fully implemented.

The Massachusetts Department of Public Health (DPH) will report PoSCs to DCF for families that do not have an open child welfare case. DPH is working to explore existing public health data collection mechanisms for collecting PoSC developed within the health care community in order to comply with federal reporting requirements. A Memorandum of Understanding is due to be signed by June 30, 2018 by DCF and DPH which includes: agreements to develop data collection systems individually and to accommodate necessary data sharing; expectations of developing and implementing education, training and technical assistance support to community providers and DCF staff concerning PoSC screening, plan development, coordination and reporting; ongoing collaborative relationships between these two state agencies to ensure a state PoSC system is in place and functioning.

***Submit the name, address, and email for the state CAPTA coordinator:***

**CAPTA Coordinator (State Liaison Officer):**

Rebecca Brink  
MA Department of Children and Families  
600 Washington Street  
Boston, MA 02111  
617-748-2000 or Rebecca.K.Brink@MassMail.state.ma.us

**APPENDICES**

**CITIZEN REVIEW PANELS ANNUAL REPORTS:**

*Family Advisory Committee*  
*Joint Youth Advisory Committee*

# Commonwealth of Massachusetts



## Family Advisory Committee

### Citizen Review Panel

### Annual Report

July 1, 2017 – June 30, 2018



**Department of Children and Families  
Family Advisory Committee  
2018 Annual Report**

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 members of the FAC are family members with lived experience with the Department, individuals who had open protective cases with DCF and people who were involved with DCF as a youth, as well as community members invested in the safety and well-being of children across the Commonwealth.

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.

The FAC meets at least four times per year and is staffed by the DCF Director of Community and Family Engagement. Together, they develop a yearly Action Plan to guide the work of the FAC. FAC members receive stipends for their time and expertise. Some members choose to volunteer or can get release time from their employers.

### **Recruitment and Retention**

In FY 2017, the FAC Leadership Team developed a Recruitment and Retention Plan to diversify the cohort of Family Representatives. The plan is designed to identify parents with lived experience as consumers . The group is comprised of birth parents, foster parents, adoptive parents, kinship caregivers, alumni of foster care, community advocates, and a youth representatives.

In FY 2018, we have increased representation of parents on the FAC from 15 to 24 members. The current composition of the FAC is rich with experience and talent. The 12 women and 12 men who serve as Family Representatives are a culturally diverse group of eight African American, 14 Caucasian, and two Latino parents from each of the five regions of the Commonwealth.

The group possesses diverse expertise in various disciplines including legal services, the courts, veteran services, administration, nursing, human services, juvenile justice, mental health, marketing, public relations, non-profit management, clergy, social work, and domestic violence prevention?

### **Family Advisory Committee Action Plan**

The FAC consistently reviews and contributes to the FAC Action Plan. The primary goal of the Action Plan is to assist DCF by giving the Department a roadmap for the inclusion of community and parents that ensures that family voice is integrated into program planning, policy development and delivery and monitoring of Department's services.

To accomplish this, the FAC participates in various forums and operational meetings. The 12-member Leadership Team of the FAC participates in the DCF monthly Statewide Managers meeting. This meeting includes DCF's Area, Regional, Legal and Central Office Leadership. Additionally, the FAC Leadership Team facilitates and maintains FAC sub-committees and workgroups to coordinate the Action Plan activities with DCF staff.

The FAC members also serve on the DCF Area Boards as Family and Community Representatives. Currently, 15 members participate on DCF Area Boards.

The FAC members participate with DCF staff in work groups that have suggested changes to the Agency's Protective Intake Policy and are currently engaged in reviewing the Children Who Are Missing or Absent Policy. An example of one collaborative accomplishment in 2016 for the FAC and DCF was the development of a Signature Page for the Family Assessment and Action Planning Policy (formerly Service Plan), which acknowledges an agreement between the family and their social workers. This is an ongoing conversation to ensure that parents review the Family Assessment before signing their Action Plan. In the FAC meetings with the Commissioner and her staff, the group is working to follow-up with the agency and to move the issue toward integration in the Continuous Quality Improvement (CQI) process.

DCF is working to improve the consistent use of the Risk Assessment tool. A newly validated tool is expected to roll out by this winter, and FAC members will be a part of the rollout plans.

### **Inter-Agency Work**

In past surveys with parents, the FAC found inconsistency in practice and communication between agencies for families who have children that are dual- involved with our sister agencies, particularly the Department of Mental Health (DMH) and the Department of Youth Services (DYS). It is a goal of the FAC to assist in improving these connections and lend support to parents.

Caring Together -- Strengthening Children and Families through Community Connected Residential Treatment is a collaborative program of DMH and the DCF. The partnership was formed for the purposes of improving communication and promoting understanding of the functions of DCF and DMH's consolidated management activities carried out by the Caring Together Clinical Support (CTCS) teams. The CTCS team is intended to eliminate duplication of effort between the two agencies and to standardize the processes for service access, ongoing service utilization, and performance management.

Two members of the FAC have served on DMH's Caring Together Family Advisory Council. Both parents have lived experience with both agencies. The FAC lends voice to involved families and has been integral in the role of permanency for children and youth in the care/custody of DCF. FAC representatives participate in an 80-member learning group on Permanency Practice Dialogue. One of the foundational principles of Caring Together is family engagement: a mutual and respectful partnership between families and service providers to ensure a child's health and safety, as well as the well-being of the family. The benefits of family engagement are well documented. Youth in residential care have the best long-term outcomes when families are consistently engaged in their treatment. Peer support for parents and other caregivers of children in child welfare and child behavioral health residential services strengthens a family's engagement in the child's services.

The FAC has collaborated with the Caring Together Family Advisory Council and the DMH Parent Partners. The two groups have done some cross-training to help parents bring family voice to the initiative:

- In 2017, the Co-Chairs of the FAC facilitated Strategic Sharing Training with 22 DMH Parents. Strategic Sharing: How to Make Smart Choices when Sharing Your Story is a one-day participatory workshop.

- The DMH Parent Partners provides training for the FAC on the Caring Together Family Partner Pilot Core Competencies.

The Juvenile Detention Alternative Initiative (JDAI) is an initiative of DYS with the support of the Annie E. Casey Foundation and Massachusetts juvenile justice leaders. Two FAC representatives participate in the Suffolk County and Hamden County Collaboratives. JDAI's strategic planning is designed to:

- Reduce detention rates of low-risk youth
- Identify Opportunities to Reduce Lengths of Stay in Detention through Case Processing Reforms
- Reduce Racial and Ethnic Disparities
- Replicate JDAI with Fidelity at the Local Level

JDAI Massachusetts produced a film, Seeing RED, as a tool for the network of committed child welfare and juvenile justice stakeholders. This film lays out the problem of disproportional representation of children of color in the juvenile justice system and the national and local best practices to address disproportionality and disparate outcomes for youth.

During the FAC Annual Retreat in September 2017, one of the FAC members of the Suffolk County JDAI co-facilitated a viewing of Seeing RED for members of the FAC and DCF Staff. After the film there was a robust discussion of what we can do to help all our children and increase equity in our system.

In 2017, five members of the FAC became See RED Facilitators to encourage dialogue about race, equity, and inclusion in the Massachusetts youth-serving systems. The facilitators provide training, support, and a peer network of individuals to share experiences and reflections. So far the team has conducted Screening and Discussions in two communities.

Additionally, the DYS Metro Region Family Advisory Council (FAC), in partnership with Northeastern University's Institute on Race and Justice, invited the FAC to its First Annual Family Advisory Symposium. The symposium is an all-day community workshop to understand the impact of violence and trauma in communities and to discuss strategies to strengthen families, ourselves and our communities.

## **Permanency**

The FAC continues its work to support families and bring family voice to DCF on permanency through father engagement, and kinship/ grandparent support:

### *Fatherhood Engagement*

As part of the recruitment and retention efforts, the FAC has reached out to recruit fathers and men who have lived experience to add to the group's diversity. The new members enhanced the group's capacity to provide direct and comprehensive father engagement work this year:

- Four of the FAC members co-facilitate Nurturing Father programs and Fathers' Support Groups at DCF Offices, local Head Start programs, and Family Resource Centers;
- One of the FAC Leadership Team members co-facilitates a module of Orientation for new DCF Social Worker staff;
- Three fathers from the FAC participate in the Fatherhood Ambassadors Program, an in-service presentation to DCF Area Office Staff;

- FAC members actively participate in DCF Area Office Fatherhood Engagement Leadership Teams and the Inter-Agency Fatherhood Work Group; and
- Several members of the FAC participated in this year's Massachusetts Fatherhood Summit and the New England Fathering Conference.

### *Grandparents Raising Grandchildren and Kinship Care*

The increased opioid use in the Commonwealth has had a significant impact on the lives of grandparents and other relatives raising related children. In the coming year the FAC will participate in facilitating focus groups and surveys to identify:

- the number of individuals in the Commonwealth raising children of relatives;
- the number of individuals in the Commonwealth raising grandchildren because one/ both of the parents are struggling with an opioid addiction;
- resources available to provide services to both the grandparent or other relatives as well as the children; and
- whether such services are coordinated in a manner that is useful to the grandparents and other kin.

In 2019, the FAC will launch an effort to support some of the parents that receive limited support from DCF and the Courts, (i.e. grandparents and kinship caregivers) The FAC has proposed a Family Representative Program pilot at a few DCF Area Offices. Family Representatives will work with the DCF Staff to support and provide guidance for Kinship families.

### **Parent Survey**

In past years, the FAC has conducted a parent survey to get input and an assessment of family experience with services received from DCF. By interviewing intact families and birth parents whose children are in the foster care system, the survey results provided useful information for the Department. Due to difficulties in identifying and engaging families after case closing, conducting these surveys is challenging. The process of conducting the survey also takes numerous staffing hours that are difficult to meet in a timely fashion. Thus, the need for additional support for conducting the survey is a priority for 2019.

We are looking at more effective ways of delivering the surveys. In the past, each of the Family Representatives conducted one-on-one surveys with families over the phone. This has proved to be very challenging. To improve responses, we are considering the following options:

- Getting better contact information. Most of the families have cell phones and not landlines. We will make an effort to get accurate information and to provide the Family Representatives with better tools;
- Utilizing web-based data collection resources to reach families;
- Refining the data collection inquiries to get accurate responses;
- Partnering with local Family Resource Centers to do key informant interview; and
- Using focus groups to administer surveys.

## **Area Board Support**

Following the 2009 legislative mandate requiring the creation of Area Boards, many DCF offices reactivated or initialized their local DCF Area Boards. Some have had sustained memberships and are active in their support of the community. Others need additional support to activate, engage and sustain their membership.

In 2019, the FAC will form a Board Advisory Group to assist the Department with recruitment, retention, and support of Area Board members.

## **Training and Professional Development**

Being informed is the most significant attribute the parents of the FAC bring to their work. In the past year, FAC Members attended over 130 workshops and in-service trainings, 45 conferences, and 100s of meetings and forums. Most FAC members receive a stipend for their time. Through these activities, numerous FAC members have become Certified Facilitators, Master Trainers, and TOT Facilitators and several FAC members receive Continuing Education Unit (CEUs) for their participation.

## **Future Plans**

The FAC is looking forward to continuing its collaborative work with DCF as well as the community partnerships it has developed. FAC leadership will continue to seek training that is relevant and readily available to its members and encourage their participation. Trainings will focus on skill building, engagement strategies, building trust between parents, community providers and DCF.

For the past eight years, DCF has included members of the FAC in its Practice and Policy and Foster Care workgroups, as well as in the procurement review process. In an effort to become a designated Citizen Review Panel, the FAC has focused on diversifying the expertise of its membership by strategically selecting parents working in the human services field as advocates, social workers, clinicians, juvenile justice professionals, and others in the legal and healthcare professions. This expanded citizen membership will allow for more robust involvement in evaluating DCF's performance relative to child protection programs and services, in addition to the aforementioned duties of the FAC.

## **2018 Recommendations from the FAC:**

### **Recommendation 1:**

The FAC is requesting that DCF work with the FAC Leadership Team and general membership to improve community and family engagement efforts. In particular, the FAC is requesting that partnerships between new DCF social workers and parents are developed, as well expanding the agency's capacity to work with providers and community stakeholders to better serve children and their families.

### **DCF Response to Recommendation 1:**

The Department hopes to begin a training program, developed by Casey Family Programs, *Better Together: Building Blocks to Successful Partnerships*. This includes technical assistance in developing parent partnerships.

The core components of the program include:

- The benefits of partnering with constituents

- Key aspects of meaningful partnerships
- The value of interacting with other participants to learn from each other and understand others' perspectives
- Exploring culture as it relates to foster care and meaningful partnerships
- The importance of developing a vision of effective partnerships by discussing the skills needed and identifying the barriers and bridges to partnerships.

The training is designed to bring together parents with lived experience with new workers and supervisors in a two-day in-service training co-facilitated by Casey Family Program State Managers, DCF staff and parents.

**Recommendation 2:**

The FAC proposes the establishment of Family Representatives in each Area Office to work closely with Kinship Caregivers and to serve as program volunteers. The program would be designed to lend peer support for parents and relatives who become guardians to family members. The volunteers would assist children and families by promoting family wellness, decreasing stressors, and preventing further child abuse and/or neglect. This comprehensive family support will be designed to enable families to access the services they need/want within their communities.

**DCF Response to Recommendation 2:**

With support from the Commissioner, the Department will review options for the development of a kinship support capacity to support the Area Offices and will develop a pilot program to test this model.

**Commonwealth of Massachusetts**



## **Youth Advisory Committee**

### **Citizen Review Panel**

### *Annual Report*

July 1, 2017 – June 30, 2018



# DCF Joint Youth Advisory Committee

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## I. Committee Board Members

The DCF Joint Youth Advisory Committee consists of statewide representation of former and current young adults served by DCF with support and guidance from the Board of the Massachusetts Network of Foster Care Alumni

## 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 provides for 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 and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is youth and young adult driven. The Alumni Network Board provides direction and support 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

The Regional Youth Advisory Boards generally meet monthly, and the Joint Committee meets quarterly. Joint Committee meetings serve to strengthen the activities that will provide insight and counsel to DCF.

Some examples of the activities of the Joint Committee are as follows:

- Provided feedback on DCF policies .
- Participated in a support group for Grandparents Raising Grandchildren to inform them of the educational opportunities available for their grandchildren in agency care.
- Assembled and distributed care bags for teenagers that come into DCF care. These care bags contained personal hygiene items, comfort items, clothing items, art supplies and books. They continue to identify funders/donations and expect to grow this project during the next year.
- Worked with their regional DCF foster parent recruiters to plan innovative ways they can further assist in the recruitment of adolescent foster homes.
- Assisted in planning for the Youth Leadership Institute in July 2016.
- Planning a Youth Leadership Academy and Youth Summit to be held July 2018.
- Participated in trainings for DCF staff on the importance of permanency and life-long connections for foster youth.
- Continued participation in MAPP trainings and regional recruitment events, sharing their experiences to help train and recruit foster and adoptive families.
- Continued participation in CORE trainings for social workers and supervisors, discussing the needs of youth in the care/custody of DCF.

- Advocated with local cities/towns for summer jobs and internships for foster youth. Spoken at Area Office legislative breakfasts to present the youth's perspective on the DCF foster care program.

## **V. Plans for 2018**

DCF and members of the Advisory Board feel that there is a good opportunity now to strengthen the current Board structure, expand the scope of work, and broaden the membership base. DCF's plan to assist the Board in taking its work to the next level, and ultimately become a viable Citizen Review Panel, includes the following activities:

- Identifying and assessing the strengths and challenges of the current Board, including what additional components are needed to improve the Board. The DCF Director of Adolescent Services and her staff began discussions in fall 2018 and will be a partner in developing a plan of action to achieve the goal of becoming a fully-functioning CRP.
- Convening focus groups with the current Youth Advisory Board Membership to hear how they would like to expand their current roles and responsibilities, the obstacles they face, goals they would like to achieve as a group, etc.
- Exploring development of more structured partnerships with the DCF Area Boards and the statewide network of Family Resource Centers.
- Creating a robust membership recruitment plan, to include concerned/involved citizen advocates, former foster youth, adult adoptees, educators, attorneys, leader of child welfare agencies/organization, behavioral health practitioners, social workers, etc.

In a separate document, the Department has submitted a formal Program Improvement Plan (PIP) to support full compliance with the CRP requirements under CAPTA by June 30, 2018.

## **VI. Recommendations from the Youth Advisory Board**

Recommendation: The Department's Youth Advisory Board has been active for more than 16 years. Presently, there are 35 members of the Regional Youth Advisory Boards who are committed to promoting change for future foster youth through their voice, advocacy, and action. As a new Citizen Review Panel, the Department should continue to support the Youth Advisory Board and allocate funds to expand services.

Recommendation: The Youth Advisory Boards should continue to provide recommendations to the Department on services, policy and practice. They should continue their efforts to try and ensure that foster youth are known for their strengths, achievements, goals and not labeled negatively.

Recommendation: The Regional Youth Advisory Boards should continue to meet monthly, providing a forum for youth in out-of-home placement to voice their concerns and offer suggestions to the Department on issues facing youth in care. Delegates from each Regional Board sit on the Central Office Advisory Board; they are statewide representatives for their peers' interests, concerns, and questions. The agenda topics for each meeting are jointly developed by the Board members based upon their own ideas/concerns or those of the youth they represent and by DCF administration – often seeking youth input on policy, programming, etc.

Recommendation: The Youth Advisory Board should continue to work with youth, their families and DCF staff to better understand the challenges and risks facing transition age youth/young adults as they

leave agency care. The Board has developed an array of services to help prepare them with the skills and supports to successfully manage the struggles of adulthood. Using stakeholders' input, the Department has focused state and federal funded programming on assisting youth and young adults to build strong foundations for success - addressing their needs for permanency, safety and the many facets of well-being. Educational achievement and life skill mastery with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth. These services span program models from foster care to congregate care as well as aftercare and should continue to be provided in the future;

Recommendation: DCF should continue to obtain ongoing feedback from the youth and young adults served, to help inform policy and practice that effectively addresses the needs of youth. The Regional Youth Advisory Boards and the MA Network of Foster Care Alumni are vital partners guiding agency service planning and delivery. The efforts of the Board members over the years have resulted in the Foster Child Tuition and Fee Waivers, the Foster Child Grant, core aspects of the "sustaining connections with transition age youth" in the Permanency Planning Policy, foster parent recruitment/training as well as guidance to both DCF and the state Department of Housing and Community Development (DHCD) in the creation of the subsidized housing program for former foster youth – Youth Transitioning to Success Program. The Department should continue to provide funding and staffing to continue to support these programs.

## **VII. Departmental Response**

Department Response: The Department is pleased to add the Joint Youth Advisory as our 2019 citizen review panel. The input and feedback we obtain from the Committee are a voice for youth within our system. We are committed to continuing to provide services to youth and to support the continued work of the Youth Advisory Boards, MA Network of Foster Care Alumni and other stakeholders who serve youth and their families.