

Commonwealth of Massachusetts



Annual Progress and Services Report FY 2021

June 30, 2020



[updated September 14, 2020)



Table of Contents

INTRODUCTION	4
SECTION C. REQUIREMENTS FOR THE 2021 APSR	6
(1) Collaboration.....	6
(2) Update to Assessment of Current Performance in Improving Outcomes.....	14
(3) Update to Plan for Enacting the State’s Vision	51
(4) Quality Assurance System	77
(5) Update on the Services Descriptions	90
• Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)	90
• Services for Children Adopted from Other Countries.....	91
• Services for Children Under the Age of Five.....	92
• Efforts to Track and Prevent Child Maltreatment Deaths	97
• MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2).....	100
• Service Decision-Making process for Family Support Services	112
• Population at Greatest Risk of Maltreatment	115
• Kinship Navigator Funding (title IV-B, subpart 2)	118
• Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.....	126
• Adoption and Legal Guardianship Incentive Payments	127
• Adoption Savings	129
• John H. Chafee Foster Care Program for Successful Transition to Adulthood.....	130
• Education and Training Vouchers (ETV).....	144
(6) Consultation and Coordination Between States and Tribes.....	147
SECTION D. CAPTA State Plan Requirements and Updates.....	155
SECTION E. Updates to Targeted Plans within the 2020-2024 CFSP	167
SECTION F. Statistical and Supporting Information	168
(1) CAPTA Annual State Data Report Items	168
• Information on Child Protective Service Workforce.....	168
• Juvenile Justice Transfers	170
(2) Education and Training Vouchers	171
(3) Inter-Country Adoptions.....	171
(4) Monthly Caseworker Visit Data	172

SECTION G. Financial Information	173
(1) Payment Limitations – Title IV-B, Subparts 1 and 2.....	173
(2) Current Year Funding – FY 2020	174
(3) FY 2021 Budget Request – CFS-101, Parts I and II.....	174
(4) FY 2018 Title IV-B Expenditure Report – CFS-101, Part III	174
(5) Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report ..	175
Appendices	179
• DCF Family Advisory Committee Annual Report	180
• DCF Joint Youth Advisory Committee Annual Report.....	188
• Massachusetts Child Fatality Review Team Annual Report	192

FY 2021 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

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. There are currently more than 8,400 children in foster care across Massachusetts and more than 43,000 children in total served by the Department. With the understanding that every child is entitled to a home that is free from abuse and neglect, DCF's vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support the child's growth and development into adulthood.

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

DCF has an operating budget of over \$1 billion and a staff of more than 4,200. Over 3,200 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 200 attorneys and 50 foster care reviewers. DCF provides services to over 22,000 families each day. Families come to DCF in one of four ways. First and most often, is through the filing of a 51A, which is an allegation that a child has been abused or neglected, or is at risk of abuse or neglect. Additionally, families can come to DCF as a result of their child being truant from school or running away, families may request voluntary services, or DCF may provide services to families after a court orders a child into DCF custody.

Mission

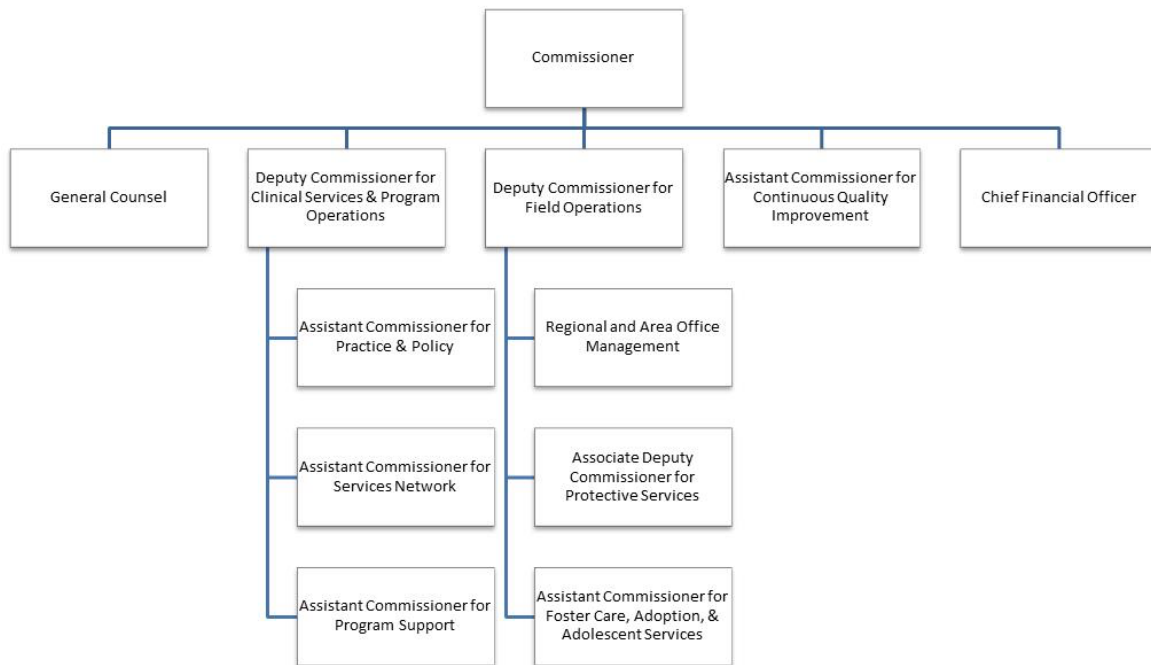
The Department of Children and Families strives to protect children from abuse and neglect and, in partnership with families and communities, ensure that children are able to grow and thrive in a safe and nurturing environment. We believe all children have the right to grow up in a home, free from abuse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

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

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

- The Division for Field Operations, led by the Deputy Commissioner for Field Operations, which oversees the Title IV-E programs, Title XX program, and statistical/outcomes reporting
- The Division for Clinical Services and Program Operations, led by the Deputy Commissioner for Clinical Services and Program Operations, which oversees the Title IV-B programs
- The Division for Administration and Finance, led by the Chief Financial Officer, which provides financial reporting support for the programs
- The Office of General Counsel, led by the General Counsel, which oversees required state plans and provides legal support for the programs

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



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

DCF Contact for APSR:

Nathan C. Landers
 Federal Relationship Manager
nathan.landiers@state.ma.us
 617-748-2000

The FY2021 Annual Progress and Services Report will be posted upon approval on the DCF website: www.mass.gov/DCF.

REQUIREMENTS FOR THE 2021 APSR

C1. COLLABORATION

Collaboration has been a cornerstone of the Department's Agency Improvement activities efforts that are intended to achieve the following Vision Statement:

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

The Department of Children and Families (DCF) will continue to engage in substantial, ongoing, and meaningful collaboration in keeping children safe, achieving permanency and nurturing healthy families and supportive communities. Collaboration with internal and external partners will drive the implementation of the 2020-2024 CFSP, and our IV-E PIP.

The Department works with a full array of partners including youth and families, community stakeholders and providers, advocates and related organizations, along with state and federal agencies. While DCF's collaboration has always been strong, the Department now places greater emphasis on not simply engaging partners but deepening the work necessary to move from collaborative discussions to generating meaningful change 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 in 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 will continue to meet with agency leadership and participate in surveys, focus groups, pilot projects, and policy reforms to ensure that social workers have the tools they need to effectively protect children and support families. In implementing agency reforms the Department has significantly strengthened the participation of all field staff including program and clinical managers who provide input, lead problem solving and activities, and participate in continuous quality improvement efforts

2020-2024 CFSP Collaboration

Collaboration with children and families who receive services from the Department remains a high priority. 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 improvements.

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. The Department will continue several initiatives designed to strengthen collaboration with family caregivers. These include: the Department's new 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; continuation of Foster Parent Forums that afford caregivers the opportunity to meet with the Commissioner, Area Office and Regional leadership and staff; implementation of a new 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 on 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 are able to work together on community-specific issues and to bring the voice of the community to the local as well as statewide activities.

The Department also engages the courts, local 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 discussion 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 with regard to the implementation of our 2020-2024 CFSP, CFSR PIP, and IV-E PIP:

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

- Administrative Office of the Juvenile and Family Court
- Association of Behavioral Health Care
- Berkshire Children and Families
- Children and Family Law Project
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- Department of Children and Families Family Advisory Council
- Department of Children and Families Youth Advisory Council
- Department of Early Education and Care
- Department of Elementary and Secondary Education
- Department of Mental Health
- Department of Public Health
- Department of Transitional Assistance
- Department of Youth Services
- Executive Office of Housing and Economic Development
- Family Nurturing Center
- Jane Doe, Inc.
- Justice Resource Institute
- Massachusetts Adoption Resource Exchange
- Massachusetts Alliance for Families
- Massachusetts Association of Private Schools
- *Massachusetts Chapter of the American Academy of Pediatrics*
- MA Chapter- NASW
- Massachusetts Citizens for Children
- Massachusetts Law Reform Institute

- Massachusetts Network for Foster Alumni
- Massachusetts Council of Human Service Providers
- Massachusetts Society for the Prevention of Cruelty to Children
- Mass Health
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- Office of the Child Advocate
- Parent Professional Advisory League
- Rosie's Place
- The Children's League of Massachusetts
- The Parents Helping Parents
- United Way
- University of Massachusetts Medical Center
- Wayside

Administrative Office of the Juvenile and Family Court

Beginning in the winter of 2018-2019, the Department worked closely with the Juvenile and Family Court to develop and launch the Pathways initiative. With technical assistance provided by the National Center for State Courts, Pathways is designed to provide a forum for collaboration around permanency planning for children and youth in DCF custody. County-based teams led by judges, and including the Committee for Public Counsel Services, DCF legal and clinical leadership, and others have been established and are working on implementing Pathways. Depending on the court, the progress of Pathways is different. However, with COVID-19 and the public health need to limit the activity in the Court, the Pathways model is needed more than ever. DCF, the Courts and other partners are collaborating to identify the use of the Pathways model in order to be the most effective way to bring permanency to children in DCF custody and the TPR trial was not able to occur for a period of time. For example the Department will identify and prioritize those cases where children are matched but not freed.

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

State Level Collaboration

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

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

in local communities. In an effort to replicate the process across the commonwealth multiple centers are used host collaborative discussion with community stakeholders and families.

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

The Department has built a strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives to include The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF funded programs, such as the FRC's and Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve.

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

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

Promoting Safe and Stable Families Community Collaboration

Child Welfare Services, in order to provide meaningful and encompassing array of services to families, it needs to engage and collaborate with other state and governmental agencies. Additionally families, community stakeholders must be identified and work toward shared goal. The Department continues to convene Family Advisory Committee, which is comprised of former consumers, current foster parents, birthparents, young adults and community stakeholders. Using family engagement approach and family centered practice the Department partners with Family Resource Centers, Grandparents Raising Grandchildren Commission and Parents Helping Parents. Highlighted below are intergovernmental agencies that engage with the Department.

- Community Based Abuse Prevention (CBCAP) Children's Trust
- Department of Mental Health (DMH)
- Department of Youth Services (DYS)
- Department of Public Health (DPH)
- Department of Transitional Assistance (DTA)
- Department of Early and Secondary Education (DESE)
- Juvenile Courts
- Department of Housing and Community Development (DHCD)

Foster Care Support and Recruitment Collaboration

The Department instituted Regional Foster Parent Forums in the fall of 2017. These annual forums have brought together clinical and legal staff with foster parents to gather input and ideas for addressing the challenges that caregivers face as they care for children who have experienced chronic and acute stress and trauma. This interaction has identified training and support needs, and communication and collaboration activities that will improve partnership with DCF Area Offices. As a result, the Department has implemented a listserv for foster parents to support the need to provide timely information about payment, foster parent supports, and community opportunities for youth including recreation memberships, fun outings, and after-school activities. With input from foster families, the Department recently launched *Foster MA Connect*, the Department's new social Internet portal for foster parents. A new Orientation Program for kinship caregivers was implemented in 2019 to ensure that these families have the information they need to effectively provide care.

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

- Massachusetts Adoption Resource Exchange (MARE) will continue to coordinate efforts in the recruitment of child specific adoptive families. All children with a goal of adoption are listed on the MARE website.
- Jordan's Furniture: public/private partnership that focuses on the recruitment of adoptive homes. This partnership began 15-years ago.
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC) Kid's Net Program: a foster/pre-adoptive family support services contract, which provides training, emergency child care, respite, and annual training conferences.
- Recruitment collaborations with Fostering Hope and The Forgotten Initiative to provide support, training, and recruit new foster families. Both are faith-based organizations working in partnership with DCF.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- Massachusetts General Hospital will host an informational day in their hospital for the purposes of recruiting foster families.
- Boston Children's Hospital recently held a kick-off event to promote a partnership in the recruitment of foster & adoptive families. The partnership will include an informational day held on a monthly basis in Boston and Peabody to interest hospital employees of all level in becoming foster and adoptive parents.
- Foster Parent Recruitment Ambassadors: current foster parents selected by their area offices to represent DCF at recruitment events and assist regional recruiters with the planning and selection of events.
- Community based recruitment events will continue to be held in each Region in support of the Department's Foster MA campaign... All DCF Area Offices participate in the event which is advertised statewide.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices will continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes. (The 2020 event has been postponed due to the COVID-19 pandemic.)

Permanency Related Collaboration

In collaboration with Casey Family Programs, the Department is continuing its rollout of Permanency Roundtables (PRTs) to additional Area Offices. In 2019, five Area Offices 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 are exploring the feasibility of developing virtual training, and conducting PRTs via video conferencing.

A two-year collaboration among the Department of Mental Health, approximately 30 MA-licensed residential providers, and DCF that focused on increasing permanency for youth in care is coming to an end in 2020. The collaboration has resulted in additional training for residential staff, increased knowledge about best practices in permanency, new approaches to collaborating with families and DCF social workers to emphasize permanency practices, augmented family finding efforts, and clinical practices within residential programs to support permanency among youth and their families.

In collaboration with 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 Central Office, and selected Managers and legal staff have also begun the training modules. This new 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 Medicaid Behavioral Health Redesign 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 redesign behavioral health services and access for Medicaid-enrolled citizens in the Commonwealth. This increased access will benefit children and families involved with the Department, most of whom are insured by Medicaid.

Three components of the redesign work that will increase the availability of community-based behavioral health services to DCF-involved children and families are:

Integrated Primary Care and Behavioral Health

In contrast to the current arrangements in Massachusetts, where community health centers and community mental health centers are housed in separate facilities and operate independently, the redesign will incentivize co-location of medical and behavioral health professionals and will require that behavioral health screenings be an integral part of primary care appointments. The purpose of these arrangements is to make behavioral health an integral part of routine health care and to make the linkage with behavioral health care professionals as easy as walking across the hall.

Outpatient Urgent Treatment Centers

When someone has a sore throat, their Primary Care Physician's office works them in for a same day appointment. If the sore throat occurs at night, on a holiday or weekend, urgent care centers are available for same day treatment. Currently in Massachusetts, there are not similar services for behavioral health issues, such as a panic attack, which comes on suddenly and requires immediate attention. The interagency group is addressing provision of services for behavioral health conditions that require immediate attention.

Crisis Responding

Massachusetts' statewide Emergency Response Program has specialized Mobile Crisis Units to respond to children and adolescents' behavioral health crises in their homes, schools, and other community-based locations. The capacity of this statewide network to address crises is hampered by challenges in securing and retaining the workforce needed to maintain a 24/7 crisis response system. The collaborative interagency behavioral health redesign includes plans to increase the quality of crisis responding through funding and through implementation of quality measures such as response times, repeat calls, and dispositions.

The Department will continue to collaborate with providers and sister agencies throughout the development and implementation of these crucial behavioral health services and systemic changes in 2020 – 2022.

CFSR PIP Related Collaboration

- MA Court Improvement Program (MA CIP) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers is a core MA CFSR PIP strategy. Toward this end, DCF Commissioner Spears met with the MA CIP leaders in September 2016. Out of this meeting a MA CFSR PIP Key Activity was developed: Collaborate with MA Court Improvement Program (CIP) to increase stability and permanency for Massachusetts children. Follow-up meetings with Commissioner Spears, DCF Senior Staff and CIP have continued through as recently as September 2019. MA CFSR PIP work focused on using data and metrics to better understand and address the permanency needs of children. This includes understanding the characteristics of children across permanency goals including adoption, guardianship, and reunification. This data informs the department about which Area Offices and local courts may need additional support to improve permanency outcomes. DCF will continue its focus on increasing kinship placements for children who cannot remain safely in their homes, increasing family finding activity for children in care, and cross training for court personnel and DCF staff in both kinship and family finding issues. In addition, the Department and MA CIP discussed specific projects that collaboration would be beneficial to obtaining permanency for children. The first project will be to work with the Registry of Vital Records to implement electronic birth certificates for the Juvenile Court and DCF. This will require determining the barriers, the costs and identifying sources that fund this project. With electronic birth certificates fathers can be identified early on. This raised an issue regarding the need for a joint paternity training with CIP, DCF, the Juvenile Court and attorneys who represent parents and children. All parties agree that this will be a useful training and should occur within this state fiscal year. In May 2020, CIP along with the Juvenile Court and DCF planned to participate in a Pathways follow-up conference. Meetings were held to determine the agenda and the goals of this conference, however, the conference was postponed in response to the COVID-19 pandemic and a later date is being looked at. Additionally, through the Court Improvement Program the Juvenile Court was able to hire a full time coordinator of Pathways. The Department planned a Permanency Week in June 2020, which was to include a day with members of the Juvenile Court judiciary and CPCS attorneys. Unfortunately, this day had to be postponed due to the pandemic; however, it is anticipated that DCF will be able to reschedule during CY 2021. The invitees to the conference will include attorneys, Juvenile Court judges and DCF staff. The purpose of this conference will be to discuss some of the changes DCF has made and how the Court, CPCS and DCF can work collaboratively to ensure timely permanence for every child. Case studies would be distributed and at certain points in time, the question would be asked, what could have been done at this juncture by each party. The Department, CPCS and MA CIP have had a number of discussions regarding trainings that would ultimately benefit children. Examples include, paternity training: identifying fathers, the adjudication of

paternity process and other paternity issues and the Indian Child Welfare Act. MA CIP, DCF, and CPCS are committed to increase the number of joint trainings during the following year. The goal of these joint trainings will 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.
- National Council on Crime & Delinquency, Children's Research Center's (NCCD/CRC) - Embedding assessment of safety and risk into daily practice was a core MA CFSR PIP strategy. The Department worked with NCCD/CRC to develop a set of MA CFSR PIP Key Activities was 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.
- Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum - Improving services and treatment for children and families affected by substance misuse was a core MA CFSR PIP strategy. A MA CFSR PIP Key Activity is to collaborate with Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum to improve information sharing between the systems, provide cross-systems training, and address treatment access needs for youth and adults involved in child welfare needing substance abuse treatment services.
- DCF is currently in partnership with Solomon McGown, a Boston-based marketing and communications firm to update and disseminate its comprehensive and social media rich foster care recruitment campaign entitled Foster MA. The newer features of the campaign included materials with the theme of Adopt MA and advertisements on Spanish-language television and during the World Cup Hockey series.
- University of Southern Maine/Muskie School of Public Service/Cutler Institute - A key MA CFSR PIP strategy was to improve the training provided by DCF Child Welfare Institute (CWI). Toward this end, the Department contracted with the USM Muskie School of Public Service to assist in the development of a new pre-service curriculum with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization.

IV-E State Plan PIP Collaboration

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

C2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The Children's Bureau (CB), in collaboration with the Department conducted a CFSR of the state's child and family services programs during the week of September 21, 2015 to evaluate the seven outcomes and seven systemic factors enumerated in 45 CFR 1355.34. The review demonstrated that the state's child welfare program was not operating in substantial conformity with applicable federal requirements in seven outcome areas and five systemic factors. On January 28, 2016, CB issued a final report of these findings to the Department.

Pursuant to 45 CFR 1355.35, on April 11, 2016, the Department submitted to CB a Program Improvement Plan (PIP) addressing the items within each outcome measure and systemic factor that were determined not to be in substantial conformity during the CFSR. Following a period of negotiation and revision, Massachusetts's PIP was approved on June 14, 2017, with an effective date of June 1, 2017. The PIP implementation period ended May 31, 2019.

Through an ongoing partnership, the CB and Department jointly assessed progress throughout the PIP implementation period. As a result, CB verified the state's completion of all required PIP activities during the PIP implementation period. Further, CB determined that the Department met PIP measurement goals for:

- Safety Outcome 1 – item 1
- Safety Outcome 2 – items 2 and 3
- Permanency Outcome 1 – items 5 and 6
- Well-Being Outcome 1 – items 12, 13, and 15

Immediately following the PIP implementation period is a non-overlapping evaluation period, which ends on September 30, 2020. During this period, the state continued to monitor its progress toward achievement of two remaining PIP measurement goals. By the conclusion of the 8th measurement period ending March 31, 2020, CB determined that the Department's two remaining PIP measurement goals were met:

- Permanency Outcome 1 – item 4
- Well-Being Outcome 1 – item 14

The Children's Bureau determined that the Department's CFSR PIP was successfully completed on March 31, 2020.

SAFETY OUTCOMES:

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

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

The Department utilizes screening to gather sufficient information to determine whether a Department response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying and assessing risks to child safety, permanency and

well-being. It is the first step in determining the Department's subsequent actions and intervention with the family.

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

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

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

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

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

Non-emergency responses must be initiated within 2 working days and all required response activities and a formal report documenting the response activities must be completed within 15 working days. In very limited circumstances and with the approval of a manager, the due date for completing a non-emergency response may be extended for up to 5 working days to obtain information critical to the response decision.

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

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

SAFETY OUTCOME 1:

Children Are First and Foremost, Protected From Abuse and Neglect

To address the APSR 2021 requirement of assessing current performance in improving outcomes, the Department utilized the most up-to-date Children’s Bureau Massachusetts Child and Family Services Review (CFSR3) Data Profile (February 2020) and the 2018 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**

	FFY2013		FFY2014		FFY2015		FFY2016		FFY2017		FFY2018		FFY2019	
Total CA/N Reports Disposed	37,867		47,591		46,116		48,252		45,366		45,686		43,923	
Substantiated	14,071	37.2%	22,282	46.8%	22,079	47.9%	22,387	46.4%	17,835	39.3%	18,297	40.0%	17,856	40.7%
Unsubstantiated	8,161	21.6%	13,771	28.9%	14,235	30.9%	18,137	37.6%	19,122	42.2%	19,532	42.8%	18,987	43.2%
Other	15,635	41.3%	11,538	24.2%	9,802	21.3%	7,728	16.0%	8,409	18.5%	7,857	17.2%	7,080	16.1%
Children Served in Placement*	13,609		14,907		15,899		16,801		16,904		16,862		16,273	

*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

Significant year-over-year increases in total CA/N reports disposed between FFY2013 and FFY2016 (27.4% increase) began to reverse in FFY2017 (6.0% decrease between FFY2016 and FFY2017) and continued through FFY2019 (9.0% decrease between FFY2016 and FFY2019). During the same time period between FFY2013 and FFY2016, a significant increase in substantiation rates was also observed (24.9%). This increase is directly correlated with a corresponding decrease in use of the Department’s Initial Assessment differential response track in FFY2014 and FFY2015. With the implementation of a new Protective Intake Policy in March 2016, the Department eliminated differential response. However, along with a Support (i.e., substantiation) decision, a disposition of Substantiated Concern was added. Substantiated Concern dispositions do not identify a perpetrator nor a victim. As such they are classified within the “Other” category on Chart S1 above. Of note, the number of children served in placement increased 24.2% between FFY2013 and FFY2017. By FFY2019 end, the number of children served in placement decreased 3.7% compared to FFY2017.

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

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

- **Status:** The initiation of timely CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment is a primary means of ensuring the safety of children. State policy at the time of the 2015 CFSR3 required that reports screened in for Initial Assessment have an initial contact from the social worker within 2 business days of assignment. For CPS investigations, state policy required that reports assigned for Emergency response were to be initiated within 2 hours from the time the report was received by the Department. Reports assigned for Non-Emergency response were to be initiated within 2 business days from the date the report was received by the Department. The Department’s screening activities initiate and are considered part of the investigative process.

The Department received an overall rating of Area Needing Improvement for Item 1 on the 2015 CFSR3, because 43% of the 28 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

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

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

The reduction of the recurrence of maltreatment and incidence of maltreatment in foster care are important measures of the Department’s success in promoting the safety of children and families. Both were identified as areas needing improvement in the 2015 CFSR3. The Department monitors maltreatment in foster care and recurrence of maltreatment on open and closed cases on a monthly/quarterly/annual basis as a component of its performance management and accountability system.

Chart S2.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	Observed Performance	RSP	95% Confidence Interval	Data Period Used for Performance
Maltreatment in foster care (victimization per 100,000 days in care)	9.67	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
			20.55*		not available	18AB, FFY18*
			19.47*		not available	19AB, FFY19*
Recurrence of maltreatment	9.5%	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

*Source: MA DCF case management system

- Status: The Department has historically fallen below the national performance for Maltreatment in Foster Care and Recurrence of Maltreatment. As evidenced in Chart S2 above, children in the care and custody of DCF are experiencing more Maltreatment in Foster Care than the national performance of 9.67 per 100,000 days in care. Further, the Department is evidencing more incidences of Recurrence of Maltreatment than the national performance of 9.5%. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Maltreatment in Foster Care (victimization per 100,000 days in care) has been calculated for FFY2018 and FFY2019 utilizing the Department’s case management system. FFY2019’s (19A–19B) observed performance was 19.47 per 100,000 days in care. While below the national performance, Massachusetts is evidencing a significant 23.4% improvement over FFY2014’s observed performance.
- FFY16-17’s Recurrence of Maltreatment observed performance was 16.7%. Though below the national performance, this is a significant 16.5% improvement over FFY14-15’s observed performance.

SAFETY OUTCOME 2:

Children Are Safely Maintained In Their Homes Whenever Possible and Appropriate

- Status: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with

Safety Outcome 2. The outcome was substantially achieved in 66% of the 65 cases reviewed. The outcome was substantially achieved in 75% of the 40 foster care cases, 52% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

As indicated in Chart S3 below, CPS referrals increased significantly between FFY2013 and FFY2019. This 13.7% rise in referrals tracks with the occurrence of several high profile child fatalities within the time period. CPS referrals are tracked at the state/region/area office level.

Chart S3.	Counts of Referrals Received by DCF per CB Child Maltreatment Report						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019*
Referrals received by CPS	75,560	77,974	80,435	82,851	82,828	85,794	85,911

*Source: MA DCF case management system

Screen-in Rates

As evidenced in Chart S4 below, screen-in rates per 1,000 in Child Population increased significantly between FFY2013 and FFY2019. This 18.7% rise in screen-in rates per 1,000, which tracks with the occurrence of several high profile child fatalities during the time period, climbed at a significantly greater rate than referral rates. Screen-in rates are tracked at the state/region/area office level.

Chart S4.	Rate per 1,000 in Child Population per CB Child Maltreatment Report						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019*
Screen-in rate	45.0	55.5	54.6	57.6	54.2	55.8	53.4

*Source: MA DCF case management system

Victimization Rates

As evidenced in Chart S5, victimization rates increased significantly between FFY2013 and FFY2016. This significant 57.9% rise in the victimization rate, which tracks with the occurrence of several high profile child fatalities within the time period, climbed at a greater rate than referral rates during this 4-year time span. Victimization rates have subsequently decreased by 20.1% since FFY2016. Victimization rates are tracked at the state/region/area office level.

Chart S5.	Rate per 1,000 in Child Population per CB Child Maltreatment Report						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019*
Victimization rate	14.5	22.9	22.4	22.9	18.2	18.9	18.3

*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 a reunification.

- Status: Assuring the safety of children and mitigating risk to the safety of children is a cornerstone of

child welfare practice. The Department received an overall rating of Area Needing Improvement for Item 2 because 62% of the 29 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 71% of the 7 applicable foster care cases, 55% of the 20 applicable in-home services cases, and 100% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- Item 2 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.8% of 27 applicable cases. This represents a significant 25.5% improvement over the 2015 CFSR3 results.
- Item 2 Adjusted PIP Goal: 85.0%
- Item 2 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 92.5% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to remain steady (Oct 2019-Mar 2020 increased to 93.1%, approaching a solid strength).

Safety Outcome 2 – Item 3: Safety Assessment and Management

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 3 because 66% of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 75% of the 40 applicable foster care cases, 52% of the 23 applicable in-home services cases, and 50% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 3 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 71.4% of 70 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 3 Adjusted PIP Goal: 76.3%
- Item 3 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 78.6% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (Jul-Dec 2019 increased to 82.1%).
 - In 82.1% of the cases the Department met with children frequently (at least monthly), completed Risk Assessments during responses, completed or updated the Family Assessment and Action Plan (FAAP) during the period under review, assessed home safety, completed announced and unannounced visits depending on the situation, had ongoing contact with collaterals, and discussed risk and safety to children during supervision.

PERMANENCY OUTCOMES:

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

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

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

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

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

**PERMANENCY OUTCOME 1:
Children Have Permanency and Stability In Their Living Situations**

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

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period Used for Performance
Perm in 12 months (entries)	43.7%	Higher	43.4%	42.1% – 44.7%	17A – 19B
Perm in 12 months (12-23 months)	38.9%	Higher	38.9%	37.1 % – 40.7%	19A – 19B
Perm in 12 months (24+ months)	35.8%	Higher	29.0%	27.9% – 30.1%	19A – 19B
Re-entry to foster care in 12 months	11.9%	Lower	12.3%	11.1% – 13.7%	17A – 17B

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

In order to support the strengths of children and families and address the needs that brought them to the attention of the Department, effective service delivery and permanency planning is critical. Effective service delivery and permanency planning ensures that children are returned to their homes as quickly and safely as possible and that caregivers have the capacity to ensure the safety and well-being of their children. As evidenced in Chart P1 above, the Department is within 0.3% of the national performance of

moving children to permanency within 12 months of entering care, and is meeting the national performance for moving children to permanency within 12-23 months. While evidencing improvement over prior review periods, the Department is challenged to meet the national performance for those children who remain in care longer than 24 months.

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 seven (7) AFCARS cohort periods (i.e., from 10.2% to 12.9%).

Chart P2.	Risk Standardized Performance (RSP) CFSR3 Data Profile						
	14A-16B	14B-17A	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B
Re-entry to foster care in 12 months	11.2%	12.3%	12.9%	11.1%	10.2%	11.6%	12.3%

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 4 because 80% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 4 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 57.1% of 42 applicable cases. This represents a significant 28.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address stability for children in its care.
- Item 4 Adjusted PIP Goal: 64.1%
- Item 4 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 66.7% – PIP GOAL MET.
- New Challenges: No new challenges identified.

Placement Stability

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

Chart P3.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period Used for Performance
Placement Stability (moves per 1,000 days in care)	4.44	Lower	7.10	6.92 – 7.29	19A – 19B

Chart P3 indicates that children in the Department’s care experience more moves per 1,000 days in care than the national performance. Nonetheless as evidenced in Chart P4 below, performance on this indicator has improved by 25.2% since the AFCARS cohort period 17A-17B.

Chart P4.	Risk Standardized Performance (RSP) CFSR3 Data Profile						
	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B
Placement Stability (moves per 1,000 days in care)	8.61	8.68	9.49	9.05	9.04	8.50	7.10

Placement with Kin

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

	DCF Target	SFY’10	SFY’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16	SFY’17	SFY’18	SFY’19
Kinship Care Rate Kinship as a % of all children in out-of-home placement	≥ 28.5%	22.7%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%

Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2019, 36.3% of all children in out-of-home placement were placed with kin. This represents a steady increase over time, and a significant 59.9% increase over SFY2010. 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 SFY2019, 17.4% of children within this cohort were placed with kin at entry into care.

	DCF Target	SFY’10	SFY’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16	SFY’17	SFY’18	SFY’19
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	46.4%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%	56.1%

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

At the end of SFY2019, 56.1% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents a significant 20.9% increase over SFY2010. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is also tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin for children whose initial placement is in a foster family home setting (i.e., Kin First). By the end of SFY2019, 24.7% of children within this cohort were placed with kin at entry into care.

Permanency Outcome 1 – Item 5: Permanency Goal for Child

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 5 because 55% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 5 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 59.5% of 42 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.

- Item 5 Adjusted PIP Goal: 66.4%
- Item 5 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.0% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (Jul-Dec 2019 increased to 71.4%).

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 6 because 50% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 6 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.2% of 42 applicable cases. This represents a 9.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address permanency for children in its care.
- Item 6 Adjusted PIP Goal: 52.2%
- Item 6 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 59.5% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (Jul-Dec 2019 increased to 64.2%).

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

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

Permanency Outcome 2 – Item 7: Placement With Siblings

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 7 because 64% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 7 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 56.7% of 30 applicable cases. This represents a significant 11.4% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address placement with siblings for children in its care.

- Item 7 Adjusted PIP Goal: NONE ESTABLISHED
- Item 7 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 66.7% – though not a PIP item, performance represents a significant 17.6% improvement over baseline.

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 8 because 59% of the 29 applicable cases were rated as a Strength. In 62% of the 13 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 73% of the 26 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 44% of the 9 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 8 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.5% of 40 applicable cases. This represents a significant 31.4% improvement over 2015 CFSR3 results.
- Item 8 Adjusted PIP Goal: NONE ESTABLISHED
- Item 8 PIP Review Quarters 7&8 Performance (Jul-Oct 2019): 90.2% – though not a PIP item, performance represents a significant 16.4% improvement over baseline—approaching a solid area of strength.

Permanency Outcome 2 – Item 9: Preserving Connections

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 9 because 74% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 9 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 90.2% of 41 applicable cases. This represents a significant 21.9% improvement over 2015 CFSR3 results.
- Item 9 Adjusted PIP Goal: NONE ESTABLISHED
- Item 9 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 95.2% – though not a PIP item, performance represents a 5.5% improvement over baseline—and evidences a solid area of strength.

Permanency Outcome 2 – Item 10: Relative Placement

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 10 because 71% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 10 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 85.4% of 41 applicable cases. This represents a significant 20.3% improvement over 2015 CFSR3 results.
- Item 10 Adjusted PIP Goal: NONE ESTABLISHED
- Item 10 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 94.9% – though not a PIP item, performance represents a significant 10.9% improvement over baseline—nearing a solid strength.

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 11 because 64% of the 28 applicable cases were rated as a Strength. In 68% of the 28 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 60% of the 10 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 11 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 63.2% of 38 applicable cases. This represents a 1.3% decrease in performance relative to 2015 CFSR3 results. The Department is working to promote, support, and/or maintain positive relationships between children in foster care and their parents/primary caregivers.
- Item 11 Adjusted PIP Goal: NONE ESTABLISHED
- Item 11 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 66.7% – though not a PIP item, performance represents a 5.5% improvement over baseline.

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

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

- Revising DCF's foster care policy and practice;
- Continuing to increase and retain the number of quality foster homes;
- Increasing support for and communication with foster parents;
- Expanding short term child care for children and youth;

- Modernizing DCF Information Technology systems to ensure social workers have real time information; and
- Strengthening behavioral health access and in-home supports.

WELL-BEING OUTCOMES:

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

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

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

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

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

WELL-BEING OUTCOME 1:

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

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

- Status: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in 33% of the 40 foster care cases, 39% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 12 because 38% of the 65 cases were rated as a Strength. Item 12 was rated as Strength in 35% of the 40 foster care cases, 43% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 12 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 38.6% of 70 applicable cases. This represents a 1.6% improvement over the 2015 CFSR3 results.
- Item 12 Adjusted PIP Goal: 43.8%
- Item 12 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 58.6% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (Oct 2019-Mar 2020 increased to 73.8%).

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 13 because 58% of the 62 applicable cases were rated as a Strength. Item 13 was rated as Strength in 68% of the 37 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 73% of the 41 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 72% of the 54 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 58% of the 33 applicable cases, the agency made concerted efforts to involve fathers in case planning. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 13 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 61.4% of 70 applicable cases. This represents a 5.9% improvement over the 2015 CFSR3 results.
- Item 13 Adjusted PIP Goal: 66.7%
- Item 13 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 71.4% – PIP GOAL MET.
- New Challenges: No new challenges identified. Performance continues to improve (Oct 2019-Mar 2020 increased to 81.0%).
 - For reviewed cases where family involvement was a noted strength, the agency met with children and parents on a regular basis and discussed progress with their action plan tasks. Interviews confirmed that family members understood why the Department was involved and

what needed to be done in order to close their case. Notwithstanding, based on Department case practice, children under age 14 are not always engaged in case planning, as they are not assigned action plan tasks. Federal guidelines require the Department to engage all school age children in age appropriate case planning conversations, unless there is a specific clinical reason why they cannot participate.

- The concept of engagement is something the Department has been committed to for more than 10 years. This will be sustained through: training, supervision, revising policy to be more consistent and understandable, and our CQI process.

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

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

- **Status:** The Department received an overall rating of Area Needing Improvement for Item 14 because 74% of the 65 applicable cases were rated as a Strength. Item 14 was rated as Strength in 83% of the 40 foster care cases, 61% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- **Item 14 PIP Baseline Performance (Jul-Dec 2017):** A Strength rating was evidenced for 81.4% of 70 applicable cases. This represents a significant 10.0% improvement over the 2015 CFSR3 results.
- **Item 14 Adjusted PIP Goal:** 85.6%
- **Item 14 PIP Review Quarters 6&7 Performance (Jul-Dec 2018):** 90.0% – PIP GOAL MET.
- **New Challenges:** No new challenges identified. Though the Department met its PIP goal for Item 15, the Department is actively engaged in an Agile Scrum effort to increase both the frequency and quality of visits with children. Performance continues to improve (Jul-Dec 2019 increased to 92.9%).

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

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

- **Status:** The Department received an overall rating of Area Needing Improvement for Item 15 because 44% of the 54 applicable cases were rated as a Strength. Item 15 was rated as Strength in 45% of the 29 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 59% of the 54 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 47% of the 32 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- **Item 15 PIP Baseline Performance (Jul-Dec 2017):** A Strength rating was evidenced for 55.2% of 67 applicable cases. This represents a significant 25.5% improvement over the 2015 CFSR3 results.
- **Item 15 Adjusted PIP Goal:** 60.7%

- Item 15 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.7% – PIP GOAL MET.
- New Challenges: Though the Department met its PIP goal for Item 15, the Department is actively engaged in an Agile Scrum effort to increase both the frequency and quality of visits. Performance continues to improve (Jul-Dec 2019 increased to 91.0%).

WELL-BEING OUTCOME 2:

Children Receive Appropriate Services to Meet Their Educational Needs

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

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 16 because 90% of the 42 applicable cases were rated as a Strength. Item 16 was rated as Strength in 92% of the 36 applicable foster care cases, 80% of the 5 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 16 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 94.1% of 51 applicable cases. This represents a 4.6% improvement over 2015 CFSR3 results.
- Item 16 Adjusted PIP Goal: NONE ESTABLISHED
- Item 16 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 100% – though not a PIP item, performance represents a 6.3% improvement over baseline—and evidences a solid area of strength.

Education is critical to a child’s healthy growth and development and sense of well-being. The Department’s efforts to ensure that children are receiving appropriate education services were identified as an area of strength in the 2015 CFSR3 Report. An ongoing focus in this area continues to support children’s academic achievement. Recognizing that educational achievement is impacted by CPS involvement, the Department proactively works with teachers and school departments to ensure that children in its care or custody receive appropriate educational services and are making progress toward achievement of educational or vocational goals.

The Department tracks a number of education-related indicators:

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

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

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

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

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

	DCF Target	2012	2013	2014	2015	2016	2017	2018	2019
4-Year Graduation Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%
5-Year Graduation Rate		53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	aging

While the Four-Year Graduation Rates between academic years 2012 and 2019 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 8% of cohort students receiving acknowledgment for graduating in 2018. Of note, the Four-Year Graduation Rate increased by 12.9% between 2012 and 2019.

Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates

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

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

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

	DCF Target	2012	2013	2014	2015	2016	2017	2018	2019**
^MCAS Competency Determination Rate	≥ 40.0%	38.3%	36.0%	32.8%	37.7%	37.1%	45.1%	41.2%	33.0%
ELA – proficient or higher									
Mathematics – proficient or higher		63.7%	68.2%	58.7%	67.2%	66.8%	68.1%	64.3%	57.5%
*Science/Tech./Eng. – proficient or higher		42.5%	43.0%	33.1%	40.3%	35.0%	42.7%	40.0%	34.3%
		76.6%	78.9%	67.4%	74.7%	76.2%	81.5%	77.6%	71.2%

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

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

***MCAS was revamped for academic year 2019.
Data Source: MA data exchange between DCF and ESE*

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

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

2018 MCAS vs. 2019 MCAS Performance	ALL Massachusetts 10 th -Graders	
	Old MCAS 2018	New MCAS 2019
ELA – <i>proficient or higher</i>	91%	61%
Mathematics – <i>proficient or higher</i>	78%	59%

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

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

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

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

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 17 because 85% of the 47 applicable cases were rated as a Strength. Item 17 was rated as Strength in 85% of the 40 foster care cases, 83% of the 6 applicable in-home services cases, and 100% of the 1 in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 17 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 84.9% of 53

applicable cases. This represents a 0.1% decrease in performance relative to 2015 CFSR3 results. The Department is working to address the physical health/dental needs of the children in its care.

- Item 17 Adjusted PIP Goal: NONE ESTABLISHED
- Item 17 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 91.1% – though not a PIP item, performance represents a significant 7.3% improvement over baseline.

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

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

- Status: The Department received an overall rating of Area Needing Improvement for Item 18 because 62% of the 37 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 62% of the 26 applicable foster care cases, 60% of the 10 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 18 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 69.0% of 42 applicable cases. This represents a significant 11.3% improvement over 2015 CFSR3 results.
- Item 18 Adjusted PIP Goal: NONE ESTABLISHED
- Item 18 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 80.0% – though not a PIP item, performance represents a significant 15.9% improvement over baseline.

SYSTEMIC FACTORS:

Systemic Factor Item 19: Statewide Information System

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

- Status: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor was rated as a Strength.

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

FamilyNet was extended to the Internet in 2006 to support collaboration between DCF, hospitals and placement services providers to help move children out of hospital settings when a less intensive

treatment setting is appropriate. Since 2006, DCF has continued to move FamilyNet functionality to the web-based application i-FamilyNet. In July 2014, DCF rolled out over 2,000 4G enabled iPads with access to i-FamilyNet. Currently, all Department social workers, supervisors and their managers have these state issued iPads. These iPads permit DCF staff to view and update information in i-FamilyNet from anywhere with a cellular or secured Wi-Fi signal.

Data necessary to ensure compliance with DCF policies and document trends are available to DCF staff through on-line queries, batch and warehouse reports. On-line queries are available in FamilyNet and i-FamilyNet and provide information used to assign cases, obtain a list of scheduled activities, view the summary of a court appearance, print case narratives, etc. Batch reports run on a schedule, are generally less widely available and are distributed to managers and administrative staff. System edits in FamilyNet and i-FamilyNet 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 Family Resource licensing).

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

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

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

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

Data regarding paid placements is generally very good as payment is predicated upon the placement being accurately recorded. Completion of Intakes, Responses, and Family Assessment and Action Plans are closely monitored. Data regarding unpaid placements are less accurate. Nonetheless, Mental Health

Specialists are closely monitoring the entry of psychiatric hospitalizations. Areas needing improvement include:

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

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

Systemic Factor: Case Review System – Items 20-24

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Systemic Factor Item 25: Quality Assurance System

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

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

The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance. Toward this end, the Department has established a formal quality assurance system which is functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures. **[see Quality Assurance System section of 2020-2024 CFSP for additional details]**

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

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

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

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

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

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

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

- Status: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with stakeholders indicated that the state requires 30 hours of ongoing training annually; however, the state does not have training requirements for supervisors. The state offers professional development to

supervisors, and in-house and topically based training to all workers. Stakeholders reported concerns with tracking staff participation in and completion of ongoing training as well as with the evaluation of ongoing training.

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

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

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

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

- Status: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as a Strength.

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

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

- Status: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained through interviews with stakeholders indicated that there are significant waiting lists for many services, and some services are unavailable in the more rural areas of the state or in the suburbs. In particular, stakeholders identified significant gaps for children and families, which include access to transportation services, independent living housing for older youth, and services for cognitively impaired parents. Stakeholders also identified long wait lists for intensive foster care homes, child psychological evaluation and treatment, substance abuse treatment services, and trauma-informed services. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

Responsive to the identified needs of the agency, the Department plans to post the Request for Responses (RFR) for the procurement of a new congregate care service array in January 2021—with a startup targeted for July 1, 2021. The new congregate care procurement will replace the Caring Together congregate care array, which started in 2012. This procurement will allow the Department to align

congregate care services with the Family First Prevention Services Act (FFPSA). Greater detail may be found in the Service Array section of the agency's 2020-2024 CFSP.

The Department's re-procurement of Support and Stabilization services will follow the new congregate care procurement, with posting of the Support and Stabilization RFR planned for mid-2021. The re-procurement will continue to request supportive services such as home management aides and after-school programs that strengthen families' capacities to care for their own children. The re-procurement will also request evidence-based prevention services for children who are candidates for foster care. The procurement of the evidence-based practices will be informed by FFPSA Section 50711 Foster Care and Prevention Services. The re-procurement will also be informed by the lessons learned during the COVID-19 pandemic about the value and benefits of using telehealth and other virtual connections with youth and families. The technology infrastructure and virtual services skills developed during the pandemic will be especially beneficial to remote areas of Massachusetts where services are sparse.

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

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

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

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

- Status: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One item in this systemic factor was rated as a Strength.

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

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

- Status: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with some stakeholders described the ongoing engagement and consultation with a wide variety of internal and external stakeholders and Tribes. However, the state did not demonstrate how information was considered in developing the CFSP, and other stakeholders described challenges in ongoing and

routine engagement of attorneys for parents, Tribes, and law enforcement.

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

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

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

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

- Status: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. None of the four items in this systemic factor was rated as a Strength.

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

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

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

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

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

- Status: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 34 based on information from the statewide assessment. Information in the statewide assessment and collected during interviews with stakeholders provided information on the state's policy requiring foster and adoptive parents to complete criminal background checks prior to licensing. However, no data or information in the statewide assessment or obtained from stakeholders

during interviews demonstrated that the policy was being implemented consistently statewide. The state was unable to provide data or information concerning provisions for addressing the safety of foster care and adoptive placements for children.

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

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

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

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

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

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

CASE REVIEW SYSTEM

Written Case Plan

Description of Systemic Factor Item 20: The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions.

- Status: The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described the state’s policies for case plan development and provided data on service plan completion. In interviews, stakeholders reported that joint development

of the case plan with parents is inconsistent, and that plans are often developed without input from the parents and presented to them.

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

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

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

Family Assessment and Action Planning is:

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

Values and Principles

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

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

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

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

Family Assessment Scope

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

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

Permanency Plans

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

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

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

safest, most nurturing long-term/permanent living arrangement possible.

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

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

Action Plan Scope

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

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

The Action Plan may also include information and actions/tasks for substitute care and other providers. When the child is in placement, the Action Plan includes the visitation plan and supplemental placement-related information such as: an explanation of why the child came into placement and the circumstances of the removal; whether siblings are placed together and if not why not, and specifics of the sibling visitation schedule (when relevant); whether the placement is with kin, or if not, and what efforts were made to locate kin, including to whom written notification was sent; the plan for visitation with grandparent(s) and/or other kin (when relevant); whether the school-age child will remain in the school of origin and what options have been considered with the Local Education Agency (LEA) to determine and support the child's educational best interest; specific details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health and education information).

Approval and Signatures

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

Time Frames and Updating

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

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

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

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

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

Periodic Review

Description of Systemic Factor Item 21: The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

- Status: The Department received an overall rating of Strength for Item 21 based on information from

the 2015 CFSR3 statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during stakeholder interviews indicated that periodic reviews occur largely on time and as required. Delays may occur on occasion to accommodate parents or, in a limited number of geographic areas, as a result of significant increases in the foster care population. While recognized as a strength, the Department is working on SACWIS improvements, which will support periodic review for each child in care.

Federal and state laws require that the Department operate a system of Foster Care Review (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.

Foster Care Review	SFY2016	SFY2016	SFY2017	SFY2018	SFY2019
Children in the care of the Department or its agents during the previous fiscal year.	15,150	18,253	16,057	15,507	15,164
Children who were in DCF care for more than 6 months.	13,114	13,584	14,051	13,742	13,441
Number of foster care reviews conducted.	11,694	11,770	14,478	14,093	13,547

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

While the number of children who were in the Department’s care for more than 6 months increased 2.5% between SFY2016 and SFY2019, the number of reviews conducted increased a significant 15.8%.

Permanency Hearings

Description of Systemic Factor Item 22: The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

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

DCF's Policy #2013-01, Permanency Planning establishes the required processes and procedures to ensure that permanency hearings are held in a timely way that is consistent with federal requirements and state laws. Further, the Permanency Planning Policy embeds the Permanency Hearings within a broader system of regular and ongoing reviews of the status of children in out-of-home placement.

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

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

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

Termination of Parental Rights

Description of Systemic Factor Item 23: The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

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

Massachusetts' general laws as well as DCF's Policy #2013-01, Permanency Planning, established the requirement for proceeding with a termination of 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.

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

Description of Systemic Factor Item 24: The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

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

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

In addition, Massachusetts General Laws established the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings.

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

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

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

The Social Worker documents responses to each notification in dictation, and begins initial eligibility screening of all families who have indicated an interest in becoming licensed as a possible placement for the child. When more than one family has participated in an initial home visit, continues to be interested in being considered as a potential placement and has been determined eligible to apply, the

child's Social Worker, in consultation with her/his Supervisor, determines the order in which the License Study for these resources will be initiated by the Family Resource Unit.

In response to ASFA, the Commonwealth amended its state law to provide the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings. DCF continues to provide notice the current caregiver for both the annual permanency hearing and the trial. The State Appeals Court held that the method a court should use to consider the information from a caregiver is to put them under oath to testify. Although caregivers are notified, they do not typically appear to be heard except in cases where they have been called as a witness by one of the parties or where they are the possible permanent placement for the child. The formal notice is sent from the legal department. A template letter was developed in FamilyNet to facilitate the legal staff's requirement. The letter pre-populates with the current caregiver based on placement data in FamilyNet. This helps to ensure that as children's placement's change, there is not an additional burden on either the legal or clinical staff to ensure the correct caregiver receives notice. In addition, the social workers verbally inform current caregivers of upcoming court dates, including trials and permanency hearings. The Department worked on and developed a report that would allow the legal office to print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it could be implemented.

Although not a requirement, children's lawyers can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates. If the caregiver does attend and wish to be heard, the Juvenile Court does have a mechanism that permits them to testify, or if no objection by any party, verbally report to the court. In some of the cases, the foster or pre-adoptive parents testify at the trial as a witness for the Department or the child.

C3. PLAN FOR ENACTING THE STATE’S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

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

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

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

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.*”¹

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

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

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

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

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

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

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

Consistent with our CFSR PIP, (completed March 2020) we are centering our CFSP Strategic Plan on the Principles of Practice (based on *CWLA National Blueprint for Excellence in Child Welfare*). The MA DCF Principles of Practice reflect the agency's mission/vision, and will provide the foundation for consistent practice within the Department and in its contracted programs. DCF used the eight Core Principles of the *CWLA National Blueprint* as the framework for development of the MA DCF Principles of Practice. They address: Rights of Children; Shared Responsibility and Leadership; Engagement/Participation; Supports and Services; Quality Improvement; Workforce; Race, Ethnicity, and Culture; and, Funding and Resources. We have included four of the eight Principles in our Strategic Plan because they reflect our agency's highest priorities and we believe that these four Principles are most closely aligned with the emphases of the Children's Bureau, the Family First Prevention Services Act, and our in-process CFSP PIP. They are:

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

ENGAGEMENT/ PARTICIPATION – The Department engages and empowers children, youth, families, and communities to promote family success and build community capacity. Together, we create and nurture partnerships to identify shared goals that support safety, permanency and well-being. The Department welcomes and appreciates the participation of everyone affected by our work as we collectively endeavor to improve the lives of children and families.

SUPPORTS AND SERVICES – The Department works with individuals, families, communities, organizations, and systems to protect children from abuse and neglect, and to provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.

QUALITY IMPROVEMENT – The Department designs its service delivery and service implementation based on evidence and knowledge; we focus data collection on measuring outcomes and achieving success; we emphasize and support continuous quality improvement; and we encourage innovative practices. The Department has clearly articulated vision, value, and mission statements that define the Department’s purpose and direction and set the parameters for its accomplishments.

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

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

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

Strategic Plan 2020-2024

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

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	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. • In-Home Policy: <ul style="list-style-type: none"> ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. 	<ul style="list-style-type: none"> • Protective Intake Policy: <ul style="list-style-type: none"> ○ Comprehensive review completed. ○ Revision as needed completed. ○ Negotiation completed. ○ Training/implementation completed. ○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI. ○ Metric baselines and targets to be established and reflected in APSR. • Family Resource Policy: <ul style="list-style-type: none"> ○ Comprehensive review completed. ○ Revision as needed completed. ○ Negotiation completed. ○ Training/implementation completed. ○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI. ○ Metric baselines and targets to be established and reflected in APSR. 	<ul style="list-style-type: none"> • Protective Intake Policy: <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ○ Training/implantation underway. ○ Fidelity outcome metrics in development. ○ Baseline and targets to be developed. • Family Resource Policy <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ○ Training/implantation underway. ○ Fidelity outcome metrics in development. ○ Baseline and targets to be developed.

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 Family Resource policy. • In-Home Policy <ul style="list-style-type: none"> ○ Comprehensive review underway.
	<p>2. By end of FFY2021, implement Phase II of Safe Sleep initiatives with sister agencies.</p>	<ul style="list-style-type: none"> • Safe Sleep e-learning: <ul style="list-style-type: none"> ○ Developed; and ○ Implemented. • Medical Social Workers and Substance Abuse Specialists will be integrated into Safe Sleep campaign. 	<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. 	<ul style="list-style-type: none"> • Working with DCF, the MA DPH stood-up Infant Safe Sleep website: https://www.mass.gov/infant-safe-sleep • Links include:

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • Convene meetings with sister agencies (e.g., DPH, DHCD) 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 Department of Housing and Community Development (DHCD) shelters. 	<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 ○ Information 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. <ul style="list-style-type: none"> ○ New contract were to begin Jan-2021, but postponed to Jul-2021 due to COVID-19 pandemic.

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 % 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). 	<ul style="list-style-type: none"> • Kin Metrics tracked: <ul style="list-style-type: none"> ○ By end of sFY19, 17.4% of entries into care were first placed with Kin. <ul style="list-style-type: none"> ▪ By Feb-2020/ sFY20, 21.5% of entries into care were first placed with Kin—a 23.6% increase. ○ By end of sFY19, 24.7% of entries into DFC were first placed with Kin. <ul style="list-style-type: none"> ▪ By Feb-2020/ sFY20, 28.9% of entries into DFC were first placed with Kin—a 17.0% increase. ○ By end of sFY19, 36.3% of all children/youth in care were placed with Kin. <ul style="list-style-type: none"> ▪ By Feb-2020/sFY20, 37.9% of all children/youth in care were placed with Kin—a 4.4% increase. ○ By end of sFY19, 56.1% of children/youth in DFC were placed with Kin.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Kin metric baselines and targets to be established in early FFY2020 and reflected in the APSR. • Kin placements correlate positively with placement stability, as such, Placement Stability will be tracked and expected to improve. • Time to permanency correlates positively with Placement Stability, as such, Timeliness to Permanency will be tracked and expected to improve. • Sibling Connections metrics (see Strategic Objective I.5). • Lifelong Connections metrics will be developed / tracked with the goal of identifying and increasing lifelong connections through ongoing QA/QI. <ul style="list-style-type: none"> ○ Lifelong Connections rate as captured during 	<ul style="list-style-type: none"> ▪ By Feb-2020/SFY20, 56.9% of children/youth in DFC were placed with Kin—a 1.4% increase. ○ Baselines established—targets to be established in ffy2020. • Placement Stability improved – see Sec. C.2. • Timeliness to Permanency improved – see Sec. C.2. • Sibling Connections –see Strategic Objective I.5. • Lifelong Connections – By Dec-2019/ sFY20, 96.6% 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/

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			Foster Care Reviews (i.e., Periodic Reviews). <ul style="list-style-type: none"> ○ Lifelong Connections rate targets to be established in early FFY2020 and reflected in APSR. 	youth/young adult in care has a Lifelong Connection, this is a demonstrable area of strength.
	<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 FFY2020, and targets will be reflected in the FFY2020 APSR for the following metrics: <ul style="list-style-type: none"> ○ Placement Stability rate expected to increase/improve. ○ Timeliness to Permanency expected to increase/improve. 	<ul style="list-style-type: none"> ✓ Revised Initial Placement Review process rolled out to 10 Area Offices. ✓ Reviewed 60 IPR meetings—findings are being summarized. ● Next Step: Compare IPR findings with previously collected 6-week review baseline data. ● Permanency Planning Conference review postponed due to COVID-19 pandemic. ● Permanency Roundtable postponed due to COVID-19 pandemic – originally scheduled for Mar-2020. ● Placement Stability improved – see Sec. C.2. ● Timeliness to Permanency improved – see Sec. C.2.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>5. By end of the 2020-2024 CFSP period, the Department will ensure that siblings are placed together, unless it is not in their best interest to do so.*</p>	<ul style="list-style-type: none"> • Placement Policy developed with focused attention on placing siblings together. • Enhanced recruitment and expanded capacity of foster homes that are able to accept sibling groups. • Permanency Policy revised to include focus on maintaining and strengthening sibling connection processes. 	<ul style="list-style-type: none"> • Sibling Connections metrics will be developed/tracked with 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. ○ Sibling Placement rate baselines and targets to be established in early ffy2020 and reflected in the APSR. 	<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 sFY19, 77% 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) ○ ALL Sibling Placement Rate: By end of sFY19, 61% had ALL DFC placed siblings placed together. <ul style="list-style-type: none"> ▪ Target = 67% (10% increase)
	<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. 	<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 and disparity in screening, 	<ul style="list-style-type: none"> • New Social Worker Pre-Service Training curriculum which includes cultural humility and systemic implicit/explicit bias to be finalized by June 2020. • At end of SFY19, disproportionality was evidenced for children of color (exception of Asian)

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • 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. 	<p>response, and service delivery.</p> <ul style="list-style-type: none"> ○ Baselines and targets to be established in early FFY2020 and reflected in the APSR. • Metrics include: <ul style="list-style-type: none"> ○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI) for Consumer Children Open with DCF ○ Out-of-Home Care by Race/Ethnicity (RoD & RRI) ○ Exits from Care by Race/Ethnicity (RoD & RRI) ○ Exits to Permanency by Race/Ethnicity (RoD & RRI) 	<p>on two indicators: Rate of Disproportionality (RoD) and Relative Rate Index (RRI).</p> <ul style="list-style-type: none"> ○ Targets to be developed in ffy2020. ○ Open with DCF (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 0.6 / na ▪ His/Lat = 1.8 / 3.0x ▪ Black = 1.5 / 2.6x ▪ NatAm = 0.8 / 1.3x ▪ Asian = 0.2 / 0.3x ○ Out-of-Home Care (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 0.7 / na ▪ His/Lat = 1.7 / 2.5x ▪ Black = 1.7 / 2.6x ▪ NatAm = 1.3 / 2.0x ▪ Asian = 0.1 / 0.2x ○ Exits from Care (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.0 / na ▪ His/Lat = 1.0 / 1.0x ▪ Black = 1.0 / 1.0x ▪ NatAm = 0.8 / 0.8x ▪ Asian = 1.1 / 1.1x ○ Exits to Permanency (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.0 / na ▪ His/Lat = 1.0 / 1.0x ▪ Black = 0.9 / 0.9x

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Reunification by Race/Ethnicity (RoD & RRI) ○ Exits to Adoption by Race/Ethnicity (RoD & RRI) 	<ul style="list-style-type: none"> ▪ NatAm = 0.8 / 0.8x ▪ Asian = 1.0 / 1.0x ○ Reunification (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.0 / na ▪ His/Lat = 1.1 / 1.2x ▪ Black = 1.0 / 1.0x ▪ NatAm = 0.9 / 0.9x ▪ Asian = 1.1 / 1.2x ○ Exits to Adoption (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.3 / na ▪ His/Lat = 0.8 / 0.6x ▪ Black = 0.6 / 0.4x ▪ NatAm = 0.4 / 0.3x ▪ Asian = 1.2 / 0.9x
<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 	<ul style="list-style-type: none"> ● Metrics developed and CQI activities indicate increase in trauma-informed casework practice. <ul style="list-style-type: none"> ○ Baselines and targets to be established in early FFY2020 and reflected in the APSR. ● Survey results on family engagement indicate improvements in engagement and participation. 	<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.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>children prior to and as they enter care.</p> <ul style="list-style-type: none"> • 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. 		
	<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 FFY2020 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. 	<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. 	<ul style="list-style-type: none"> • Baselines to be established in FFY2020. <ul style="list-style-type: none"> ○ DCF’s Family Advisory Council (FAC) which includes biological parents, kinship care

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • Increase in youth/family participation in policy development process. 	<ul style="list-style-type: none"> ○ Increase in the number of meetings where youth /family participates. 	<ul style="list-style-type: none"> 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. Together they provide critical community input in the Department’s planning and casework practice.
	<p>4. By end of 2020-2024 CFSP, the Department will include youth and family voice throughout the life of their cases.</p>	<ul style="list-style-type: none"> • Initial Placement Review (aka: 6-week review) process reviewed/ revised to achieve a greater focus on kin placements, placement supports, and permanency. <ul style="list-style-type: none"> ○ Statewide implementation of the new Initial Placement Review process. • Permanency Planning Conference process is 	<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: • Increased rate of families participating in the Initial Placement Review process. 	<ul style="list-style-type: none"> ✓ Revised Initial Placement Review process rolled out to 10 Area Offices. ✓ Reviewed 60 IPR meetings—findings are being summarized. • Next Step: Compare IPR findings with previously collected 6-week review baseline data. • Permanency Planning Conference review

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>reviewed revised and implemented statewide.</p> <ul style="list-style-type: none"> • 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 Reviews (aka: periodic reviews). • Strategy to increase family and youth participation in Foster Care Reviews is developed and implemented. 	<ul style="list-style-type: none"> • Increased rate of family participation in development of Action Plans as measured by signed FAAPs. • Increased rate of family and youth participation in Foster Care Reviews. 	<p>postponed due to COVID-19 pandemic.</p> <ul style="list-style-type: none"> • FAAP retraining and strategy for increasing family participation in the development of the Action Plan is under development. <ul style="list-style-type: none"> ○ While increased family participation in the development of Action Plans is warranted, 92% of presented Action Plans are signed by the family. • For the first half of SFY20, 99.5% of youth/young adults in out-of-home care were invited to Foster Care Reviews (FCR). Of these, 33.0% attended. <ul style="list-style-type: none"> ○ 94.7% of their non-placed siblings were invited to a FCR. Of these 9.2% attended. ○ 98.8% of their parents/legal guardians were invited to FCRs. Of these, 53.9% attended.
	<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</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. 	<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 (ff2020-24) will document progress/implementation. 	<ul style="list-style-type: none"> • DCF and CIP continue to work with RVRS regarding electronic birth certificates. However, RVRS is changing its system so there will likely be a delay while we continue to work to obtain this module in the new system.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>custody of the Department.</p>	<ul style="list-style-type: none"> • Conduct joint paternity trainings with MA CIP, DCF, the Juvenile Court and attorneys who represent parents and children. • Participate in Pathways follow-up conference-May 2020. • Convene conference for attorneys, Juvenile Court judges, and DCF staff to further roll-out the Department’s revised Initial Placement Review Process (formerly 6-week review)– December 2019. • Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings. 	<ul style="list-style-type: none"> • Number of joint paternity trainings conducted each year as documented in the ffy2020-24 APSRs. • DCF participation in the May 2020 Pathways follow-up conference as documented in the ffy2020 APSR. • December 2019 Initial Placement Review Process conference as documented in the ffy2020 APSR. • Work plan and number of joint trainings convened with MA CIP and CPCS as documented in the ffy2020-24 APSRs. 	<ul style="list-style-type: none"> • CIP, CPCS and DCF are working on a paternity training; however, due to the current pandemic the actual training is on hold. DCF reached out to DOR who is willing to participate in the training. • The May 2020 Pathways conference is postponed due to the pandemic. Discussion is under way as to what month (October or November) in 2020 the conference will occur. • A conference was scheduled for June 4, 2020; however, due to pandemic it is likely to be postponed until the first week of October. • DCF, CPCS and CIP hold regular training meetings to determine the training needs for the state. In December a training was held regarding Child Welfare through the Massachusetts Continuing Legal Education program. CIP. The training was

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<p>conducted by multiple individuals, including DCF staff and CPCS attorneys. CIP supported this training including sending over 50 attorneys to the training. The Training subcommittee continues to work on a paternity training, additional immigration training as it relates to children in the child welfare system, and was scheduled to hold a safety training presented by Therese Lund; however, that training needed to be postponed due to the pandemic. It is anticipated that in state FY 2021 trainings will occur as the need is identified.</p>
<p>III.Supports and Services - The Department and its partners will work to protect children from abuse and neglect, and to provide an array of supports and services that help children, youth, and their families to accomplish developmental</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> <p>2. By end of 2020-2024 CFSP, the Department will support Family</p>	<ul style="list-style-type: none"> • Vendor selected and service go-live with a mechanism for tracking fidelity to contract performance specifications and the quality of service delivery. • Increased clinical capacity of Hotline vendor to assist DCF in making informed and timely decisions about removal and placement. • Funding for FRCs maintained in state budget. 	<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. • Compliance with FRC contract performance 	<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 service delivery and case review module under development. • Working with UMass Medical Center, a quality review was conducted and

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<p>tasks, develop protective factors, and strengthen coping strategies.</p>	<p>Resource Centers (FRC) to accomplish their identified goals; assess performance annually, and increase access for underserved communities. ^</p>	<ul style="list-style-type: none"> • Evidence based parenting supports continue to be available. • Management oversight provided to FRCs in the provision of services to the community. • Quantify and assess services provided and need for underserved populations. 	<p>specifications are reviewed 2x/year.</p> <ul style="list-style-type: none"> ○ PIPs are established and tracked as needed. • Service needs and FRC network capacity are periodically reviewed by the <i>Families and Children Requiring Assistance Advisory Board</i>—underserved communities are identified and expansion/realignment recommendations are made as needed. Accordingly: <ul style="list-style-type: none"> ○ In ffy2020, 4 micro FRCs will be converted to full FRCs. ○ In ffy2020, one (1) additional FRC site and two (2) micro FRCs will be onboarded. 	<p>benchmarks were established in sFY19.</p> <ul style="list-style-type: none"> • Pilot program was launched to establish baseline life domains. <p>✓ In sFY19, four (4) micro FRCs were converted to full FRCs.</p> <p>✓ In sFY20, one (1) full FRC site and two (2) micro FRCs were procured.</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. 	<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. 	<ul style="list-style-type: none"> • Demographic data on the children/youth served is actively utilized to identify foster home recruitment efforts. • Family Resource office staffing allocation adjusted-up based on assessed need. • Increased Family Resource Recruiter allocation to one (1) per area office. • Implemented targeted resource recruitment for

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • 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"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> ○ Increased number of family resources recruited. ○ Increased rate of Kin-First placements. ○ Increased Placement Stability. 	<p>under-represented populations: teens, medical needs, LGTBQ, and sibling groups</p> <ul style="list-style-type: none"> ○ Family Resource Recruitment – 953 non-kin resources recruited/ approved between Jan-2017 and Mar-2020; 290 non-kin since Jul-2019. ○ Kin-First – see Strategic Objective I.3. ○ Placement Stability improved – see Sec. C.2.
	<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 early ffy2020. • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: 	<ul style="list-style-type: none"> • MAPP training review is underway. • Kinship Orientation pilot underway in four (4) area offices—full implementation targeted within sFY2021. ✓ <i>FosterMA Connect</i> (Foster parent interactive website) is live and continues to add members on a rolling basis.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		Connect) and e-mail distribution list. <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"> ○ Increased family resource retention rates. ○ Decreased complaint calls to the DCF Ombudsman regarding family resources. ○ Assess Family Resource satisfaction and ongoing needs. 	<ul style="list-style-type: none"> ✓ Foster families completed surveys to assess needs and resources. ○ MSPCC is developing an exit survey for foster parents who have closed their home—go-live targeted within sFY2021. ✓ DCF Area Office budgets include funds earmarked for foster parent support services—funds are utilized based on identified needs.
	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. ^	<ul style="list-style-type: none"> • Completed procurement of support and stabilization services. <ul style="list-style-type: none"> ✓ Evidence-based services incorporated into support and stabilization procurement. • Trauma-informed approaches and cultural humility concepts are integrated, and incorporated into casework practice. 	<ul style="list-style-type: none"> • Metrics and CQI activities will be developed in early FFY2020 to measure increases in trauma-informed services. • Baselines will be established in early FFY2020, and targets will be reflected in the FFY2022 APSR. 	<ul style="list-style-type: none"> • Metrics and CQI activities are under development. • Baseline to be established. • 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	1. Throughout the 2020-2024 CFSP, the Department will ensure	<ul style="list-style-type: none"> • Key metrics continue to be presented at weekly AILT meetings to evaluate 	<ul style="list-style-type: none"> • As part of a robust ongoing QA & QI system, metrics and reports are 	<ul style="list-style-type: none"> ✓ Key metrics continue to be refined/developed/distributed to all appropriate

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<p>will develop its capacity to provide evidence-based and evidence-informed service approaches; data collection will be focused on measuring outcomes and achieving success.</p>	<p>consistent review and analysis of current data and metrics to inform decision-making and measure agency progress.*</p>	<p>progress on ongoing work/initiatives.</p> <ul style="list-style-type: none"> • 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. 	<p>developed/distributed and used to inform decision-making, monitor fidelity to policies and procedures, encourage accomplishment of identified goals and objectives, and document outcomes.</p>	<p>stakeholders, and presented at weekly AILT meetings. Metrics include the following broad areas:</p> <ul style="list-style-type: none"> ○ Safety ○ Permanency ○ Well-being ○ Caseload/workload ○ Policy fidelity ○ Compliance with timeframes ○ Provider/Family Resource capacity
	<p>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 *</p>	<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. 	<p>✓ DCF CQI Unit continues to conduct comprehensive case record reviews utilizing the OSRI– see Sec. C.2.</p> <ul style="list-style-type: none"> • OJL case review process in development.
	<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 	<ul style="list-style-type: none"> • In development.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<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. 	<ul style="list-style-type: none"> • In development – SFY20 conference presentations postponed due to COVID-19 pandemic.

* CFSR PIP cross-reference

^ Family First cross-reference

Staff Training, Technical Assistance, and Evaluation

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

The Child Welfare Institute (CWI) is the professional development and training division of the Department of Children and Families (DCF). The purpose of the CWI is to improve 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;
- Supporting the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

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

- Core practice values that clearly state that continuous learning is an expectation for professional growth and organizational improvement.
- CWI staff and instructors are dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities.
- Highly educated and experienced workforce.
- Low staff turn-over which promotes a deep knowledge of the child welfare system and practical experience in the agency.
- Curriculum design and training development is learner-centered and child welfare practice-based.
- CWI contributes to the planning and implementation of policy change initiatives.
- CWI supports the licensing requirement for DCF social workers. Currently, 99% of DCF social workers 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 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 has a clear budget allocation from a dedicated 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 of the CWI training events. This is a significant resource for the CWI as it creates a permanent physical space that is designed specifically to support professional learning opportunities.

Desired Outcomes

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

- Social workers, supervisors, and managers will leave any learning experience with an increased sense of their capacity, competency, and confidence in child welfare practice.

- Participants will demonstrate child welfare practices that increasingly improve the level of safety, permanency, and well-being for children and families.
- Participants will embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency.

Framework for Professional Development

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

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

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

social work staff that applies and is qualified. In addition, DCF initiated a higher-level Trauma-Informed Certificate specifically for Supervisors and Managers.

- c. In-service and Professional Development courses offered by CWI are child welfare practice-based and 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. Information about the courses is provided on a quarterly basis to all DCF staff through a comprehensive training and professional development newsletter.
- d. CWI leadership and staff are part of the agency's Policy Development and Implementation efforts. CWI provides technical assistance to the policy unit and other stakeholders regarding policy rollout training, curriculum content, and development of training materials.
- e. CWI provides specific training and professional development to meet the more localized needs of the five Regions and 29 DCF Area Offices. A CWI Training Liaison is assigned to each DCF Region. Training Liaisons provide direct technical assistance and facilitate responsiveness to the local needs of the field.

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

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

Evaluation and Research Activities

- a. CWI will develop and implement a mechanism for evaluating the effectiveness of initial training and results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the CWI (i.e., training staff). This formal feedback process will measure transfer of learning around key practice elements.
- b. CWI will develop and implement a mechanism for evaluating the effectiveness of ongoing training. Identify metrics and process for evaluating and improving staff training.
- c. CWI will develop and implement an online mechanism for tracking the 30-hour requirement for ongoing training for social workers and their supervisors.

Implementation Supports

In the chart above, the Department displays its strategic goals, objectives, and measures of progress for the next five years. In order to successfully implement our goals and objectives, there are key supports that will need to be in place. Some of those supports are discussed in other sections of the CFSP. For instance, the Department's staff development and training plan in support of the goals and objectives are located in the Training Plan section of the CFSP. Others are embedded in activities the Department is already engaged in. For example, DCF recently completed action plan in its Child and Family Services Review PIP. Other supports critical for successful completion of our goals and objectives are discussed below:

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

C4. QUALITY ASSURANCE SYSTEM

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

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

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

By the start of FFY2018 and into FFY2019, the Department was operating a robust CQI program that was functioning statewide to ensure that it was/is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

MA CFSR3 PIP Goal 3: Develop a Robust CQI Program

Strategy 1: Build the CQI Model

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

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

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

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

communities, ensure children are able to grow and thrive in a safe and nurturing environment.

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

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

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

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

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

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

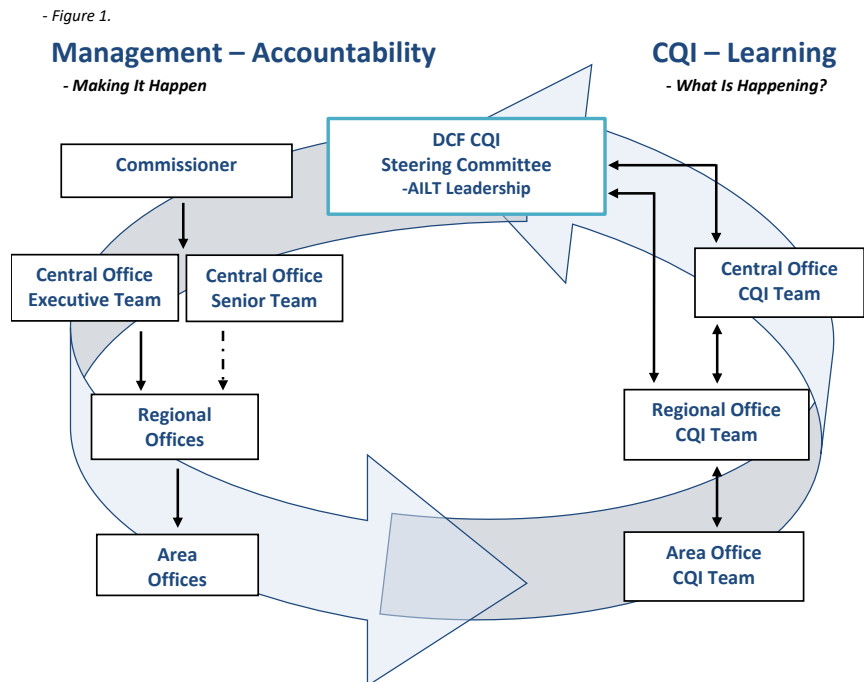
Key Activity 4: Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively and consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include the Department’s executive team. The foundational administrative structure will promote a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

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

- There is an integrated and cyclical nature between Management and CQI. The cyclical nature of this relationship is a critical foundation for positive outcomes; reflecting the substantive communication and information flow that sustains fidelity to the agency’s vision and goals. The Management structures hold the accountability for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families. The CQI structures hold the responsibility for facilitating access to quantitative and qualitative information about those processes, practices and outcomes, and ensuring that this information is used to enhance practice knowledge and promote learning throughout the agency.

- Figure 1 depicts the ongoing, integrated and cyclical nature of the relationship between DCF Management and CQI.

- There is an ongoing cyclical relationship and communication flow between the accountability of management and the learning promoted by CQI. This integration functions through the exchange of data and responsive feedback occurring during management oversight, as well as formal and informal learning opportunities. The functional integration of these structures occurs at each level of the agency.



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.

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 Management Team then uses the knowledge gained through these efforts, as they guide and refine clinical, managerial and systemic practices for which they are accountable.

- CQI teams include broad based representation. Membership on the DCF CQI Team is not specifically prescribed, but careful consideration of the team’s composition is critical to ensuring a variety of perspectives and areas of expertise that relate to all facets of the Department’s practices. The functions of the CQI Teams include a range of activities that focus on a review of practices and outcomes, development of improvement plans, and promoting a continuous learning environment.
- CQI efforts are most effective when conducted by individuals/stakeholders closest to the locus of practice or process. Therefore, the DCF CQI program benefits from local CQI teams established in each area, region, and Central Office. Local Area Office CQI Teams receive guidance/focus from Regional Office CQI Teams; learning is to flow in both directions. The CQI Steering Committee (i.e., AILT Leadership) guides and focuses the work of the Central Office, Regional and Area Office CQI teams; learning flows in multiple directions.

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

- Includes standards to evaluate the quality of services—inclusive of safety, permanency, and well-being;
- Identifies strengths and needs of the service delivery system—at all levels;

- Provides relevant reports—driven by comprehensive quality data collection, systematic/ representative case record review, analysis of quantitative/qualitative data, and dissemination of findings utilizing multidirectional feedback loops; and
- Evaluates implemented program improvement measures.

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

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

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

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

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

Progress – The following CQI teams have been established.

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

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

REGIONAL OFFICE CQI TEAM	
<i>Team Composition</i>	<i>Team Functions</i>

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

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

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

Progress – Central/Regional/Area Office leadership teams were trained on the agency CQI model, process and content, as well as the tools/methods of CQI. Training is provided to newly hired/promoted managers. Furthermore, as of March 2019, more than 120 data fellows have graduated from an intensive 6-month DCF Data Fellows Institute, which has provided comprehensive instruction and hands-on experience with CQI and the use, analysis, and display/presentation of data. A new class is underway and expected to graduate in the spring of 2020.

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

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

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

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

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

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

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

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

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

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

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

Progress – The DCF CQI Unit utilizes the ACF/CB OSRI and OMS for the agency's CFSR3 PIP case reviews. The Department's CFSR3 PIP Baseline was completed through the comprehensive case review of 70 cases from Jul-Dec 2017. Subsequently, 290 CFSR3 PIP case reviews were conducted between Jan-2018 and Mar-2020. This review schedule is anticipated to continue beyond the completion of the CFSR3 PIP.

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

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

Key Activity 4b: Establish and implement a case practice review system that will assess fidelity to the

Department's new and ongoing policies. Key learnings will be utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

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

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

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

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

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

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

Progress – The DCF CQI Plan and guidance for conducting ad hoc / focused reviews was developed, approved, rolled-out to each region/area, and implemented. Conducted examples: Protective Intake Policy Implementation, Case Closing - Re-opening, Fatherhood Engagement studies, and Quality Contacts.

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

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

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

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

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

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

- The Office of the Child Advocate; and
- The General Public

Progress – The DCF Commissioner and the OCA (Office of Child Advocate) Director convened a Data Workgroup to explore and expand DCF's reporting and its mechanisms for distributing key findings and information from quantitative and qualitative data sources. Data Workgroup includes representation from: EHS, DCF, OCA, MA Legislative staff, child welfare/legal advocates, 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

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

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

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

Key Activity 2: Review and revise DCF new worker pre-service training curriculum.

Progress – Review of the Department's pre-service resulted in revisions to the pre-service training curriculum. All revisions and a final draft of the curriculum are anticipated to be completed by June 30, 2020.

Key Activity 2a: Implement revised pre-service training curriculum and process.

Progress – Implementation to follow finalized curriculum.

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

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

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

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

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

Progress – Implementation to follow finalized OJT strategy and process.

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

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

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

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

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

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

Training and Technical Assistance

The Department adopted the Children’s Bureau CFSR Onsite Review Instrument (OSRI) and the Online Monitoring System (OMS) for the MA CFSR3 PIP case reviews. The CB Regional Office has provided training and technical assistance. This ensures that the OSRI is being completed according to CB guidelines. Additionally, this process promotes inter-rater reliability across case reviewers and quality assurance staff. Technical assistance will be sought from the CB Regional Office throughout the PIP period.

Data Source and Approach to Measurement

Massachusetts reviews 70 randomly selected cases every 6-month period using the Children’s Bureau’s CFSR On-Site Review Instrument (OSRI) utilizing the CB’s Online Monitoring System (OMS). Cases reviewed between July and December 2017, served as the baseline data.

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

All cases are reviewed (i.e., initial review) by a member of the Continuous Quality Improvement (CQI) Unit. CQI Unit members (i.e., CQI Specialists—supervisory level position) receive specialized training in conducting case reviews and possess DCF field experience and expert knowledge in agency policy. The Director of the CQI Unit completes a second level review of every case. The CQI Unit is assigned out of the DCF Central Office and is under the senior leadership of the Assistant Commissioner for CQI and Professional Development. In order to eliminate bias, CQI Unit members do not review cases where they had direct or supervisory involvement. As such, randomly selected cases with identified conflicts are assigned/reassigned to CQI Unit members with no prior history with the case.

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

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

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

- In-home case open and active for fewer than 45 consecutive days during the PUR,
- In-home case in which any child in the family was in foster care during the PUR,
- Out-of-home case in which the target child was in out-of-home care for less than 24 hours during the PUR,
- Out-of-home case in which the target child was on a trial home visit (placement at home) during the entire PUR,
- A case in which the target child reached the age of 18 before the PUR,
- A case in which the target child is in the care and responsibility of another State and Massachusetts is providing supervision through an ICPC agreement,
- A case that has already been selected for review and is still open for the same case open episode,
- A case in which the child was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care, and
- A case assigned to a DCF Social Worker who already has 3 cases selected for review for baseline measurement (for the baseline cases) or improvement measurement (for the improvement cases).

Cases may be eliminated at any point during the case review if an interview cannot be conducted with at least one of the following: parent/legal guardian, relative placement during the PUR, or school aged target child. Cases are not eliminated if one or more of these interviews occur, or if the case circumstances do not allow for any of these interviews. Case elimination decisions related to interview availability are made on a case-by-case basis in consultation with the Children's Bureau.

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

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

Parental interviews are not required for cases in which parental rights were terminated before the PUR. Interviews are required for parents whose rights were terminated during the PUR, or the parent remained involved in the child's life. In these cases, the DCF Social Worker provides input about whether the parent should be interviewed. The decision of whether to interview these parents is made on a case-by-case basis in consultation with the Children's Bureau.

Concerted efforts to conduct the above interviews include:

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

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

SERVICE ARRAY

CFSR and Service Array

In the 2007 CFSR, Service Array was an area of substantial conformity for Massachusetts. In the 2015 CFSR, Massachusetts received an “Area Needing Improvement” rating on the Service Array systemic factor. Through the PIP process, the Department addressed the Service Array systemic factor through the development of a CQI system, specifically, by the creation of a case review process, which was described in Goal 3, Strategy 2 of the Department’s PIP:

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

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

Family First Prevention Services Act and Service Array

The contracted Service Array for meeting the needs of children and families involved with The Department are purchased through a Request for Responses (RFR) procurement process. Two procurements that comprise a large portion of the Service Array are:

1. Congregate Care procurement
2. Support & Stabilization procurement

Congregate Care Procurement

The Department plans to post the Request for Responses (RFR) for the new congregate care procurement in January 2021. The new congregate care procurement will replace the Caring Together congregate care procurement, which started in 2012 and will remain in effect until June 30, 2020. The congregate care programs procured through the new procurement will start July 1, 2020.

The Caring Together procurement was a joint initiative between The Department, the Massachusetts Department of Mental Health and the Massachusetts Executive Office of Health and Human Services (EOHHS). The Department’s new congregate care procurement will not be a joint initiative. It will be

released by The Department to procure a congregate care network to serve only youth and families involved with The Department.

This change from a joint procurement, to a procurement managed solely by The Department, will allow The Department to focus congregate care services on achieving the child welfare goals of safety, permanency and well-being. And, it will allow The Department to align congregate care services with the Family First Prevention Services Act (FFPSA). The need for this alignment was one of the factors that contributed to the decision for The Department and the Department of Mental Health to do separate procurements of congregate care, rather than continue with the joint process used in Caring Together.

To prepare for the new congregate care procurement, The Department conducted on-site interviews with all 56 congregate care providers to assess their readiness to meet the five requirements for Qualified Residential Treatment Programs (QRTP), as described in the FFPSA. The Department elicited input from the Caring Together Parent Advisory Board and from a group of adolescents currently living in congregate care programs regarding their recommendations for changes in congregate care.

In addition, The Department conducted a series of listening sessions during the Spring of 2019, which were attended by more than 100 representatives from congregate care providers. The listening sessions gave providers the opportunity to share their input regarding gaps in the current congregate care network, barriers to complying with all the specifications in the existing procurement, helpful aspects of the current procurement, and other thoughts about ways to improve congregate care for youth and families involved with The Department.

In response to providers' requests for more information about the QRTP requirements, The Department conducted three regional meetings during the Summer and Fall of 2019 to review, in particular, the QRTP requirements for family engagement, including siblings, and trauma-informed care.

The feedback from stakeholder engagement sessions is being incorporated into the new congregate care RFR, which is currently being developed. In Massachusetts, rate setting for services procured by The Department is the responsibility of the EOHHS. The rate setting process and timeline requires EOHHS to post proposed rates for new services nearly a year prior to the start of new services, which includes time for providers to comment on the proposed rates and for EOHHS to review and respond, potentially with changes to rates.

EOHHS plans to post the proposed rates for the new congregate care models in the first week of August 2020. The Department will compliment the EOHHS rate posting with a "Notice of Intent to Procure," posting. The Notice will provide a high-level description of the congregate care network that The Department seeks to procure. This Notice will give providers a context for understanding the proposed rates from EOHHS and a preview of The Department's expectations for congregate care providers to partner with The Department in achieving safety, permanency, and well-being for the children served in congregate care programs. The next milestone in the procurement process will be the posting of the actual RFR early in 2021.

Support and Stabilization Procurement

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

- Families - for example, in-home counseling, home management aides, 24/7 on-call assistance, outreach workers who assist families with accessing services in their communities, parent training & education, and family partners who have similar lived experiences

- Youth - for example, peer mentors, therapeutic mentors, specialized assessments, after-school programs, and vocational experiences

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

The Department's re-procurement of Support and Stabilization services will follow the new congregate care procurement, with posting of the Support and Stabilization RFR planned for mid-2021. The re-procurement will continue to request supportive services such as home management aides and after-school programs that strengthen families' capacities to care for their own children. The re-procurement will also request evidence-based prevention services for children who are candidates for foster care. The procurement of the evidence-based practices will be informed by FFPSA Section 50711 Foster Care and Prevention Services. The re-procurement will also be informed by the lessons learned during the COVID-19 pandemic about the value and benefits of using telehealth and other virtual connections with youth and families. The technology infrastructure and virtual services skills developed during the pandemic will be especially beneficial to remote areas of Massachusetts where services are sparse.

The Department's Service Array will be changed significantly first by the new Congregate Care procurement, and then by the Support & Stabilization procurement. Both procurements will be influenced by the FFPSA and will be aimed at improving safety, permanency, and well-being for the youth and families served by The Department.

C5. UPDATE ON SERVICE DESCRIPTIONS

Below we provide an update on the services provided through the programs/services areas identified in the program instruction. For each program, we provide a description of the services to be provided in FY2021 relative to the key outcomes for the grants. We also provide program-specific information requested by the program instruction. Data related to the number of individuals served, population served, and geographic areas where the services are available is provided both here and in the CFS-101, Part II.

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 FY2021, the Department will continue to use grant funding to achieve the following key outcomes. This funding allocation is consistent with FY2020:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*– The Department will continue to use IV-B subpart 1 funds to support social worker travel in the performance of their duties serving children and families.
- *Supporting at-risk families* – The Department will continue to use IV-B subpart 1 funds to fund two programs that provide services that allow children to remain with their families or return to their families in a timely manner.
 - Family Support Services, which provides needed flexible supports to intact families with the focus on keeping children safely in their homes.
 - Operation of Family Resource Centers throughout the Commonwealth. The Family Resource Centers provide resource and referral services to families in need prior to their involvement with the Department.

Data Related to Number of Individuals Served, Population Served, and Geographic Areas

Below we provide data related to number of individuals served, population served, and geographic areas where the services are available. This data is also reported in the CFS-101, Part II.

IV-B, subpart 1 Program	Individuals Served	Population Served	Geographic Areas Services are Available
Protecting and Promoting the Welfare of Children; and Preventing the Abuse, Neglect, or Exploitation of Children	44,000 Children/22,000 Families (entire caseload)	All children and families involved with the Department	Statewide

Below, we also provide data specific to federal spending from the grant that is not included in the CFS-101, Part II:

IV-B, subpart 1 Program	Individuals Served	Population Served	Geographic Areas Services are Available
Supporting At-Risk Families – FRCs	18,395 Families	Families in the Commonwealth in need of services	Statewide (there is an FRC in ever county of the Commonwealth)
Supporting At-Risk Families – FSS	498 Families	Intact Families in need of supports	Statewide

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 and continues to be in effect. The Department believes that having a private agency provide post-adoption services is less threatening to families than requiring them to work directly with the state's child protection agency.

Adoption Journeys provides information and referral services to adoptive families. An "800" number is answered live 24 hours/day, 7 days/week. There is also a component of the contract designed to educate therapists, attorneys, judges, and others who may work with adoptive families. Adoption Journeys has also conducted statewide professional conferences as well as smaller regional trainings.

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem solving, coordination of services, and home-based counseling.
- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers or clinicians. Most meet once a month and some are co-sponsored with other organizations. All support groups are open to new members and additional support and psycho-educational groups are formed as needs are identified.
- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison is 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 19% of the families working with Adoption Journeys in 2019 were inter-country adoptions.

The number of new inter-country adoptions by families in Massachusetts had been declining. However, according to State Department data, there were 60 inter-country adoptions in Massachusetts in 2018, up from 49 in 2017 and 55 in 2016. This increase has not increased 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 1 to 10 or more years ago. MA DCF does not anticipate changing its

post-adoption support model, as Adoption Journeys continues to be successful for families in this demographic.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

DCF’s Permanency Planning Policy (*revised July 2013*) identifies the Department's permanency goals as: Permanency through Stabilizing the Intact Family, Permanency through Reunification, Permanency through Adoption, Permanency through Guardianship, Permanency through Care with Kin, and Permanency through APPLA.

The policy provides guidance in support of each goal, as appropriate, and supports activities and services that reduce the length of time that young children under age five are in foster care without a permanent family, as well as those being served in-home or in a community-based setting.

For families involved with the Department, the initial goal is to stabilize the intact family. This goal is supported by the DCF social worker and services obtained through community resources. Resources include the Department’s Family Networks contracts, which provide Support and Stabilization services to the family which are broad and target to needs identified through the Family Assessment, and services obtained through other state agencies (mental health, substance abuse, etc.)

Table 1A: Unique count of children under the age of five by Home Removal Event (HRE) end reason FY2019

Type of Placement	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2019	2019
Child Returned Home	335	34.6%
Child Adopted	479	49.5%
Guardianship	123	12.7%
Custody to Other Individual	31	3.2%
Grand Total	968	100.0%

Table 1B: Unique count of children under the age of five by Home Removal Event (HRE) end reason, FY2020 YTD (July 2019 - May 2020)

Type of Placement	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2020 YTD	2020 YTD
Child Returned Home	320	38.0%
Child Adopted	436	51.8%
Guardianship	65	7.7%
Custody to Other Individual	20	2.4%
Grand Total	841	100.0%

The Department encourages and assists parents to support reunification and reduce the length of time their child is in care by utilizing the parents’ own strengths and resources as well as community resources, such as:

Family and Community Resources:

- Kin (including the non-resident parent, as appropriate), friends, neighbors and others acquainted with the child and/or family
- Childcare
- Substance abuse counseling and treatment resources
- Domestic violence services, including services for victims and offenders
- Mental health services
- Healthcare resources
- Vocational, job training, and employment services
- Financial assistance
- Housing assistance services
- Developmental disability services
- School-based services and early intervention programs
- Camping and other community-based recreational/educational resources
- Support and self-help groups
- Organizations serving ethnic and linguistic minority populations
- Religious organizations
- Civic and other community groups

Department-Related Services:

- Information and referrals to other state and community agencies
- Case management
- Domestic violence services
- Support and stabilization services
- Services to support racial, cultural and linguistic minority families
- Placements for children and adolescents
- Services for pregnant and parenting adolescents
- Sexual abuse prevention/treatment services.
- Access to medical Social Workers in each area office

Whenever possible and appropriate, the child is placed together with full, half and/or stepsiblings already in or also requiring placement. Children are placed as close to home as possible to support frequent visits, maintain the continuity of school and childcare, and provide for culturally appropriate community involvement.

Child Care Vouchers:

As of March 10, 2020 there were a total of 10,660 children in childcare statewide of which an approximate 30% (3,198) are in foster care. According to EEC data, 6,889 of the children served in supportive childcare are under 5 yrs. of age, 30% of these children are in foster care. We are continuing to work with EEC to increase access for our children from birth to 5 years.

Placement Process:

Placement decisions are based on the child's best interests, including those related to safety, well-being, permanence, and continuity of significant relationships, and reflect efforts made to identify the least restrictive setting available to meet the child's individual needs.

Six-Week Placement Review:

A Six Week Placement Review occurs when a child enters placement from home or hospital or returns to placement after a significant stay at home for six months or longer. The Area Director/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement provider 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, well-being and permanency. The Team gathers and reviews information about the child and family from the parents; kin; educational, medical and mental health providers; foster/pre-adoptive parents or other placement providers; and others familiar with the child and family's history, strengths and needs.

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. This information augments the comprehensive family assessment, which is being completed simultaneously or, if completed previously, is being expanded to incorporate the additional information required by the child's placement. The information is used to support appropriate service planning and service provision to the family and the child who is in placement, while at the same time establishing the foundation for achieving permanency for the child.

If placement beyond six weeks is needed and the child's initial placement has not been with kin or someone from among the family's network of significant relationships, or if siblings have not been placed together, 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. Documentation of contacts with kin is required.

The Review Meeting is an opportunity for the parents, family and foster/pre-adoptive parents or other placement providers to participate in open discussion. At this meeting, the family's and the child's strengths and needs, in particular, the child's needs for health, safety, well-being permanence and continuity of significant relationships, are reviewed. A tentative, reasoned assessment of the probability of the child returning home and the family's capacity to benefit from reunification services is made. The frequency and quality of parent-child contacts and visits during the first six weeks of placement and the parents' participation in services and completion of tasks identified in the Service Plan also are reviewed.

Together, the parents and Department revise the Action Plan as indicated:

1. Designation of Foster Care 6 Week Placement Review Team

2. Team Tasks:

- Review of Placement Options
- Contacts and Visitation
- Legal Notifications
- Obtaining Needed Resources and Documents and Supporting Placement Provider

3. Schedule 6 Week Placement Review Meeting

Permanency Planning Conference (PPC):

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; Permanency Planning Conferences are conducted according to policy:

Circumstances Requiring a PPC:

- 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 TPR 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.

Foster Care Review Policy

The Foster Care Review Policy has been updated and updates went into effect on March 11, 2019. The Foster Care Reviews are scheduled by the sixth calendar month after at least one child in a family under the age of 22 is placed in care and held no less frequently than once every six months.

Goals of the new policy are to increase the participation in reviews and to ensure that all updated information is available at the time of the review. This will help to ensure that every child is receiving necessary services and permanency planning.

Determinations are made by the panel in the review:

- Whether any concerns for the child, youth or young adults' safety were identified through the review process
- Whether the child, youth or young adult's placement is necessary as of the review date placement
- Whether the child, youth or young adult's current placement is appropriate
- Whether the placement resource fulfilled placement expectation to meet the child, youth or young adult needs.
- Whether the Department has taken steps to ensure the child, youth or young adult's placement resource followed the reasonable and prudent parent standard.
- Whether the Department has taken steps to ascertain whether the placement resource provider offered the child, youth or young adult regular ongoing opportunities to engage in age or developmentally appropriate activities, working to help develop this child, youth or young adult's special talent/interest/gift
- Whether the Department adequately addressed the needs of the family
- The participation of each individual as follows for the period of the review
 - Did the parent/guardian, youth and or young adult participate in the Action Plan
 - Did the parent/ caregiver demonstrate behavioral changes to reduce or alleviate danger or need for placement or to achieve desired outcomes?
 - Did the youth or young adult demonstrate observable changes to achieve desired outcomes for his/her safety, permanency and well-being
- The extent of progress made toward achievement of the child, youth or young adult's permanent plan
- The child, youth or young adult's most appropriate Permanency Plan determine by the FCR panel
- The projected date for achieving the child, youth or young adult's Permanency Plan

Improvement:

Between 2016 and 2019 there was a rise in the average length of a child's home removal episode for children under the age of 5 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. While FY20 has one additional month to consider to provide a direct comparison with previous fiscal years, the average length of HRE will be a decrease from FY19.

Table 2: Average length in days of Home Removal Episode by Exit Reason for children under age 5 that exited within the FY

	Average of Number of Days in HRE 2016	Average of Number of Days in HRE 2017	Average of Number of Days in HRE 2018	Average of Number of Days in HRE 2019	Average of Number of Days in HRE 2020 YTD
Child Returned Home	96.2	94.0	97.6	115.0	78.9
Child Adopted	927.6	976.3	1029.8	1006.4	981.0
Guardianship	787.8	792.1	849.5	804.2	821.3
Custody to Other Individual	179.9	178.8	90.3	134.2	131.0
Grand Total	480.6	519.1	572.5	644.8	605.2

Updates on Activities outlined in the 2020-2024 CFSP

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

- Continue work with Family Find Pilot, which is currently underway in 11 of 29 Area Offices. This pilot is supporting identifying appropriate kin as placement resources for children initially identified as needing unrestricted foster placement. Referrals are tied to the intake/investigation units whereby the FF worker is engaged immediately at first placement. The FF worker, in conjunction with the assigned social worker for the family, explores and engages family kin & supports. Use of a genogram supports the initial implementation work as well as use of an Accurant Search where needed.
- Review and rework of Family Resource Policy & Protective Intake have been completed. Permanency Planning, In-home Casework and Documentation review and rework continue.
- Aggressive data collection & analysis to monitor permanency work with this population continues.

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

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

3. Child Care Vouchers

DCF is continuing to work with the Massachusetts Department of Early Education and Care to increase access to early education for our children from birth to age 5. Initially we had a pilot program in nine offices with the goal of expanding short-term childcare for children in need. The goal was to implement this model statewide in FY2020. Thus far it has expanded to twenty-seven offices, at a standstill due to COVID-19. Plan remains to move forward.

4. Foster Care Review Policy

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

The goals of this new policy continue. The implementation of an automated invitation system, to notify invitees of the review, has increased participation at the reviews.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

The Department actively responds to and investigates child maltreatment related fatalities and seeks to support prevention efforts. Massachusetts relies on reports of alleged child abuse and neglect to identify child fatalities. Data compiled by DCF's Case Investigation Unit, state and regional child fatality review teams convened according to Massachusetts' law, and from the Registry of Vital Records and Statistics (RVRS) are used to determine if the fatality was due to abuse or neglect. As these data are not available until after the NCANDS Child File must be transmitted, Massachusetts reports counts of child fatalities due to maltreatment in the NCANDS Agency file.

For NCANDS, the Department reports on the total number of child victims who died as a result of maltreatment within the federal fiscal year. A fatality is defined as the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death.

Massachusetts engages the efforts of relevant public and private agency partners, including those in public health, law enforcement, and the courts to address the prevention of child maltreatment fatalities. Efforts include:

- **Massachusetts Child Fatality Review Program** – The Massachusetts Child Fatality Review (CFR) program was established in 2001 following the passage of MGL Ch. 38, Section 2A. According to the statute, the purpose of child fatality review is to “decrease the incidence of preventable child fatalities and near fatalities” in the Commonwealth. There are two types of CFR teams: the local teams, which are led by the District Attorneys, and the state team, which is co-chaired by the Office of the Medical Examiner (OCME) and the Department of Public Health (DPH). Local child fatality review teams examine the circumstances of child deaths under their jurisdiction to determine if the death was preventable and to formulate recommendations outlining education, policy, and prevention action steps that can prevent similar deaths from occurring. These local recommendations inform the statewide prevention efforts of the state CFR Team.

The state CFR team is responsible for receiving recommendations from the local CFR teams, understanding the number and causes of child fatalities and near fatalities across the state, and advising the governor, the legislature, and the public about changes to policy and practice in order to reduce the rate of child deaths and near fatalities. Both the state and local CFR teams take an interdisciplinary approach to their work that relies on interagency cooperation and collaboration. There are representatives from public health, law enforcement, child welfare, and the medical field on both state and local teams. This approach allows the teams to get the best understanding of child injuries and deaths in Massachusetts and make informed recommendations aimed at protecting the Commonwealth's children.

Statewide Child Fatality Review team members include:

- Chief Medical Examiner (co-chair)
 - Commissioner of Department of Public Health, or designee (co-chair),
 - Attorney General, or designee
 - Commissioner of Department of Elementary and Secondary Education, or designee
 - Commissioner of Department of Mental Health, or designee
 - Commissioner of Department of Developmental Services, or designee
 - Commissioner of Department of Children and Families, or designee
 - Commissioner of Department of Youth Services, or designee
 - Representative of Mass. District Attorneys Association
 - Colonel of Mass. State Police
 - Director of Mass. Center for Sudden Infant Death Syndrome (SIDS)
 - Representative of the Mass. Chapter of the American Academy of Pediatrics with experience in child abuse and neglect
 - Representative of Mass. Hospital Association
 - Chief Justice of the Juvenile Division of the Trial Court
 - President of Mass. Chiefs of Police Association
 - The Child Advocate
 - Other individuals with information relevant to cases under review
- **Office of the Child Advocate (OCA)** – The OCA is an independent agency that serves children and families across the Commonwealth. The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. The OCA works with families, legislators, social workers, and other professionals to improve state services for children and families. When a child receiving services from a state agency organized under the Executive Office of Health and Human Services dies or is seriously injured, the agency involved is required to report the critical incident to the OCA. OCA staff carefully reviews each critical incident report and, in many instances, follow up with the agency to learn from the situation and promote accountability. Toward this end, the OCA and DCF are working collaboratively to develop strategies aimed at protecting children and youth from preventable injury and death.
 - **Family Resource Centers** – Launched in 2015 and recently expanded, FRCs are overseen and supported through funding by the Executive Office of Health and Human Services (EOHHS) and DCF. Serving in a primary prevention role in each of the 14 counties within the Commonwealth, the 24 FRCs are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240). The FRCs support their communities by:
 - Bringing people together for friendship and mutual support;
 - Strengthening parenting skills;
 - Responding to family crises;
 - Linking families to services and opportunities;
 - Helping children develop social and emotional skills;
 - Observing and responding to early warning signs of child abuse and neglect; and
 - Valuing and supporting parents.
 - **Governor’s Opioid Addiction Working Group** – Along with a broader set of activities, the working group targets efforts to protect youth through:
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) – an evidence-based practice used to identify, reduce, and prevent problematic use of and dependence on alcohol and illicit

drugs. SBIRT screening in schools is mandatory. Students must be screened in two different grade levels for a substance use disorder.

- “Stop Addiction Before It Starts” – Public information campaign, launched in August 2017, encouraging parents of teens to speak to their kids about the dangers of pain medication.
- **Plans of Safe Care (POSC)** – The Mass. Department of Public Health has partnered with DCF to implement this federal requirement in Massachusetts. Accordingly, all DPH Bureau of Substance Addiction Services (BSAS) licensed and/or treatment providers who serve women and/or parenting clients for a period of longer than 30 days are required to initiate and coordinate POSC. When/if a CA/N report is filed at birth, DCF will ask the reporter whether or not a POSC exists for that client/family and whether referrals to services have been made. BSAS providers are responsible, with client consent, to inform the hospital social worker, or whoever will be reporting the substance-exposed birth to DCF, that a POSC exists. If a parenting client becomes the subject of a CA/N filing, the reporter is advised to inform DCF that a POSC exists for that client as well. BSAS providers are encouraged to educate pregnant/parenting clients on the positive impact that sharing their POSC with DCF could have on the Department’s decision-making process, and written consents are encouraged.
- **Infant Safe Sleep Campaign** – Joint campaign between the Mass. Department of Public Health and DCF to increase public awareness of safe sleep practices with the goal of reducing infant fatalities related to unsafe sleep practices.
- **Kids Can’t Fly!** – Joint efforts between the Mass. Department of Public Health and DCF to increase public awareness regarding window safety.
- **Central Office Incident Notification (COIN)** – The COIN is the preliminary communication to the DCF Commissioner and other Central Office staff of any child fatalities, near fatalities, serious bodily injuries, emotional injuries, alerts and Baby Safe Haven incidents. The purpose of the initial notification is to focus urgent assessment and planning around child safety, to apprise the team regarding the incident itself, and begin a qualitative review of previous involvement of the family. COIN reports provide a lens through which the Department is able to enhance its understanding of the challenges that children and families experience as well as an opportunity to reflect on casework practice and target improvement efforts.
- **Case Investigation Unit** – The Department’s Case Investigation Unit (CIU) conducts quality reviews of all Department and contracted casework provider agency cases involving the death (maltreatment related or otherwise) of any child who was:
 - a member of a family with an open case; or
 - a member of a family being investigated as a result of a CA/N report received prior to the child’s death; or
 - a member of a family who had an open case within the six months preceding the child’s death; or
 - a member of a family who had a supported CA/N report, but a case was not open for services within the six months preceding the child’s death; or
 - any case if requested to do so by the Commissioner.

CIU reviews serve as a primary source for identifying agency and system level quality improvement opportunities related to practice, policy, regulations, training and/or contracted service resource needs.

- **Associate Deputy Commissioner for Protective Operations** – To support direct oversight of protective operations, the Department established a new position. The Associate Deputy Commissioner for Protective Operations oversees the statewide initiatives designed to address:

- abuse and neglect of children in congregate care and other institutional settings;
- identification and service delivery to children and families experiencing psychiatric emergencies;
- identification and placement between Massachusetts and other states;
- work of contracted providers as it relates to employee families experiencing abuse or neglect; and
- work of DCF staff and contracted providers in the provision of hotline and afterhours responses.

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF)

The Community Connections Initiative originated in 1994 when the Department of Social Services (DSS), now known as the Department of Children and Families (DCF), received Promoting Safe and Stable Families (PSSF) planning funds. Since the Child and Family Services Plan (CFSP) process began in 1994, there have been five completed cycles with the most recent CFSP submission covering Federal Fiscal Years 2020-2024. This Annual Progress and Services Report (APSR) provide the first annual report of this current cycle. The report will focus on addressing the goals set forth for year one while continue to emphasize the strengthening families philosophy.

In order to reverse troubling trends of increasing child abuse and maltreatment incidents across the nation, there is a shift to focus efforts on preventive resources, programing and strengthening families through primary prevention work. Community programs, such as Community Connections Coalitions, and child welfare professionals must work together to promote family support, family preservation, time-limited family reunification and adoption promotion support services.

The Family and Community Engagement Unit has embarked in an integrated strategic approach in this first year, which is intended to enhance organization stability and improve the oversight of community development while maintaining the Strengthening Families philosophy. DCF requires the Community Connection Coalitions to submit quarterly and annual reports. Starting in the fall 2019, a task force, that includes Coalition leadership and DCF staff, was created to assess practice and implement of these reports and the Coalition Action Plan. Since the process began, the task force worked extremely hard to create a reporting scheme that better aligns with capacity and existing tools. The Action Plan template allows for programs to assess the strengths of their community while preparing to address ongoing basis needs of families served. This improved template will serve as the foundation for a process of continuous quality improvement that will extend beyond the initial period of implementation.

Community Connections programs have remained at the forefront of family centered work. Recent national trends have focused on support for two-generational work. However, in Massachusetts, coalitions have shifted their lenses to look at how to support multi-generational families. In family structure, where families self-identify and extend family members are not always blood relatives, social investment must go beyond traditional families.

Child Welfare Services, in order to provide a meaningful and encompassing array of services to families, needs to engage and collaborate with other state and governmental agencies. Additionally families, community stakeholders must be identified and join in the work toward shared goals. The Department continues to convene its Family Advisory Committee (FAC), which is comprised of former consumers, current foster parents, birthparents, young adults and community stakeholders. Highlighted below are a verity of sister agencies that engage with the Department.

- Community Based Child Abuse Prevention (CBCAP) – The Children’s Trust
- Department of Mental Health (DMH)
- Department of Youth Services (DYS)

- Department of Public Health (DPH)
- Department of Transitional Assistance (DTA)
- Department of Early and Secondary Education (DESE)
- Juvenile Courts
- Department of Housing and Community Development (DHCD)

To improve outcomes for children and families, Child Welfare Services cannot just depend on intergovernmental relationships. It must cast a wider net that engulfs nonprofits that are family-serving agencies - strengthening practice across a more integrated system of care that align with child welfare family-centered practice, protective factors and promoting safe and stable families objectives. Below are highlighted examples of individual organizations engaged in system changes and improvement efforts to prioritize services located in communities where family reside, are culturally competent, and easily accessible.

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 experience and open protective cases with DCF, people who were involved with DCF as a youth, and 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 and 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 Community and Family Engagement Managers. 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 2019, the Family Advisory Committee (FAC) Leadership Team expanded its Recruitment and Retention Plan to develop a Family Representative in each Area Office in the Commonwealth. The plan is designed to identify parents with lived experience as consumers of service with DCF.

Nine of the 30 DCF Area Offices have a Family Representative that provides support as Foster Care Case Reviewers. DCF offers a unique opportunity for community volunteers to make a difference in a foster child's life. For a few hours each month, they can participate in a panel that helps plan for the future of children in DCF care.

The FAC is comprised of Birth Parents, Foster Parents, Adoptive Parents, Kinship Caregivers, Alumni of Foster Care, Community Advocates and Youth Representatives. To bring the family voice aspect to DCF's work, the FAC worked to diversify its membership and lend support to Area Offices to increase awareness and cultural competence in family engagement.

In 2020, we continued to increase the representation of parents on the FAC and began an orientation and a mentoring program to support new members. The current composition of the FAC is rich with experience and talent. The 12 women and 10 men who comprise the core of Family Representatives are a culturally

diverse group of seven African Americans, fifteen Caucasian and one Latinx parent 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.

Family Advisory Action Plan

The FAC has pursued an aggressive action plan to address several issues. The FAC coordinates five sub-committees to work on issues related to Addiction and Opioid Prevention, Juvenile Justice, Kinship Care, Fatherhood Engagement, Mental Health/Trauma-Informed Practice, and Governance and Leadership.

Addiction and Opioid Prevention

The ongoing Opioid Epidemic reached a tipping point in 2018, where the impact of the epidemic increased in white rural and suburban communities. It had a major effect on public service and community education campaigns to raise awareness. In Massachusetts, about 88% of drug overdose deaths involved at least one opioid in 2018—a total of 1,991 deaths (a rate of 29.3).

Among opioid-involved deaths, those involving heroin or prescription opioids remained steady with a respective 475 (a rate of 7.0) and 331 (a rate of 4.7) deaths in 2018. Fatalities involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) increased to 1,806 (a rate of 26.8) in 2018 and were involved in more than 90% of all opioid-involved deaths

On Nov 25, 2019, data show that between January and September of 2019 there were 1,460 confirmed and estimated opioid-related overdose deaths in Massachusetts. In the first nine months of 2018, there were 1,559 confirmed and estimated opioid-related overdose deaths.

FAC engaged in several hours of educational opportunities and training to begin working with DCF's Statewide Substance Abuse Coordinator to recruit, train and retain Choice Recovery Coaches and develop Recovery 101 Day-Long presentations for social workers, worker, providers, and parents.

Recovery 101 is an evidence-based model to implement the Recovery BASICS program to serve a diverse audience of staff and providers. In our fast-paced society where clinical appointments, as well as treatment episodes are shorter and shorter, it's much easier to deduce individuals to their external behaviors than it is to stop, hear and understand an individual's intent.

It is our goal to create a platform where person-centered, forward-facing, solutions-focused and trauma-informed practices are standard. Individuals are guided in addressing what is pressing for them, exploring their purpose by allowing them their process and, in the end; they find that they have the strengths to attain higher levels than ever before.

Transitional Remedies Solutions and Choice Recovery Coaching have created a partnership to assist communities and professional supports in connecting with the individual who has been separated from the family, community and ultimately him/ herself. We have been connecting with individuals for years and we are grateful for the opportunity to support you in understanding this crucial framework. Together we work towards making Recovery more than a possibility. We can make recovery the expectation for families. The first step will be to spend the day together focusing on Recovery Basics. Recovery 101 is a promising practice to incorporate into DCF's family engagement training offerings in the coming years.

Juvenile Justice

The FAC continues to work with parent leadership groups. The FAC members of the Juvenile Justice Sub-Committee have become actively engaged with non-profit partners to help bridge the gaps between agencies. For example, Child Advocate Juvenile Justice was looking for more families to join their board in Boston. There has been a lot of work done on racial equity by youth serving agencies, there continues to be concern regarding the disparate impacts of the juvenile justice system on youth of color.

The FAC continues to represent the family's voice in the Juvenile Detention Alternative Initiative (JDAI). JDAI is an initiative of the Department of Youth Services (DYS) with the support of the Annie E. Casey Foundation and Massachusetts juvenile justice leaders. DCF staff along with two FAC representatives participate in the Suffolk County and Hampden County Collaborative.

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; and
- Replicate JDAI with fidelity at a local level.

JDAI Massachusetts produced a film called, Seeing RED as a tool for the network of committed child welfare and juvenile justice stakeholders. Seeing RED 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.

In 2019, members of the FAC co-facilitated Seeing RED with community providers and DCF Area Office staff. The facilitators provided training, support and a peer network of individuals to share experiences and reflections. To date, the team has conducted screening and discussions in twelve communities throughout the Commonwealth.

Additionally, the DYS Metro Region FAC, in partnership with Northeastern University's Institute on Race and Justice, invited the FAC to its Third 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.

Kinship Care

The FAC continues its work to support families and bring a family voice to DCF on permanency through father engagement and kinship/grandparent support: Grandparents Raising Grandchildren and Kinship Care - Opioid use in the Commonwealth has had a significant impact on the lives of grandparents and other relatives raising related children.

In 2019, the FAC launched 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 DCF staff to support and provide guidance for kinship families.

The newly established Kinship Navigator has been a helpful resource to parents. In the coming year, the FAC hopes to provide additional supports for Grandparents and Kin.

Fatherhood Engagement

Fatherhood Engagement has been a primary area of family support for the FAC. Two new dads who are members of the FAC have enhanced the group's capacity to provide some direct and comprehensive father engagement work:

- Five of the FAC members co-facilitate Nurturing Father programs and Fathers' Support Groups at DCF offices, local Head Start programs and Family Resource Centers;
- Eight Family Representatives participate in the Fatherhood Ambassadors Program, an in-service presentation to DCF Area Office staff;
- Two FAC members actively participate in DCF Area Office Fatherhood Engagement Leadership Teams (FELTs) and the Inter-Agency Fatherhood Work Group; and
- Several Members of the FAC participated in the 2019-20 Massachusetts Fatherhood Summit and 2th Annual New England Fathering Conference.

On September 16, 2019, DCF along with the Inter-Agency Fatherhood Workgroup (IFW) featured Dr. Jerry Milner, DSW, Commissioner of the Children's Bureau, as our Keynote Speaker at our annual Massachusetts Fatherhood Leadership Summit. The conference was hosted by DCF and seven state agency partners: MA Departments of Youth Services, Transitional Assistance, Housing and Community Development, Public Health, Revenue, Early Education and Care, and the Children's Trust) and the US Department of Health and Human Services and the Administration for Children and Families welcomed several family and community providers for a day of workshops and shared conversations.

This highly successful event drew a diverse group of participants, including DCF staff, fathers who have had experiences in Massachusetts' systems, and representatives from agencies that work with and serve fathers including community organizations and providers, schools, high-level leadership and policy representatives from state and federal agencies and judges from the juvenile and probate courts.

As the host state of the 25th New England Fathering Conference (NEFC), Massachusetts provided parent volunteers and presenters to the conference. Most of the FAC participated in and offered their time to support the NEFC Planning Committee.

Mental Health/Trauma-Informed Practice

In past surveys with parents, the FAC found inconsistency in practice and communication between agencies for families who have children that are dually - 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 with 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 to improve communication and promote 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 actively served on DMH's Caring Together FAC. 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 eighty-member learning group on Permanency Practice Dialogue.

Family engagement is a mutual and respectful partnership between families and service providers to ensure a child's health and safety and the well-being of the family. This is one of the foundational principles of Caring Together. 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 with the child's services.

The FAC has collaborated with the Caring Together FAC and the DMH Parent Partners. The two groups continue to cross-train and share ways to bring the family voice to DCF and DMH.

Parent Survey

In past years, the FAC has conducted a parent survey to get input and 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 information helped to frame the agency's input from parents

Some of the challenges with doing the surveys are identifying and engaging families after case closing. Conducting the survey also takes numerous staff hours that make it difficult to conduct and analyze the survey in a timely fashion. Thus, the need for additional support for conducting the survey is a priority.

In 2019, we looked 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

- getting better contact information;
- using cell phones and iPads instead of landlines; and
- utilizing web-based data collection resources to reach families.

We are refining the data collection inquiries to get accurate responses and partnering with local Family Resource Centers to do key informant interviews and focus groups to administer surveys.

Area Board Support

Following the 2008 agency reform legislation and its mandate that specified Area Boards, many DCF offices reactivated or initialized their local DCF Area Boards. Some have had sustained membership and are active in their support of the community. Others have required additional support to activate, engage and maintain their membership to support the affiliated office and community that is served by the DCF Area Office. In 2019, the FAC formed a subcommittee to assist DCF with recruitment, retention and support of Area Board members and this work is continuing in 2020.

The Board Governance Committee Leadership team met to discuss the proposed actions, supports and needs. It is the intended purpose of the FAC to:

- Create a framework to guide the development, function and provide support for the 29 DCF Area Advisory Boards:
- Collect, maintain and share participation and contact information for DCF Area Advisory Boards;
- Assess, plan and deliver statewide training opportunities for Board membership;
- Develop and implement an annual statewide summit for Board leadership;
- Implement an application support process for all applicants and participate in an appeal process for non-selected applicants.

The Board Governance Committee constructed a prototype data collection tool. A noted enhancement included a comprehensive field list and resolution of data security (at the database level) while still allowing for robust entry, editing and reporting at the individual board level. We believe that this tool will support our intended function. The tool allows each Board designee (Area Board President, Chairperson or executive designee) to enter data about their board membership. This has allowed reporting individual and aggregated Board membership to the DCF.

The FAC hosted the first Annual Board Summit on April 10, 2019, at the University of Massachusetts Medical School in Shrewsbury. Given the varying proficiencies, the training for this kick-off event included an overview related to the basics of forming and maintaining an Area Advisory Board, financial structures, working with DCF Area Directors, understanding community resources and offered participants an opportunity to liaise with other board leadership from the thirty Area Offices.

Plans for this year's summit were delayed due to COVID-19. In future years, we will survey Area Advisory Board leadership in advance and provide relevant and timely information to best support their collective training needs. We may also host simultaneous breakout sessions to review baseline-training needs if new members are requiring a more basic level of development. The group has also put together a site plan and agenda for the Area Board Summit. This event was designed to meet several expressed requirements for the Board Governance Committee, namely: education, share of best practices and beginning the training required for data collection.

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 129 workshops and in-service trainings, 31 conferences, and several 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. Two of our FAC members resigned from the group to pursue employment with DCF and the Massachusetts Court System.

Going Forward

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

For the past nine years, DCF has included members of the FAC in its Practice and Policy and Foster Care workgroups and in the Procurement review process. To become a designated Citizen Review Panel, the FAC has focused on diversifying the expertise of its membership by strategically selecting parents who work in the human services field as advocates, social workers, clinicians, juvenile justice professionals and others in the legal and health care 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.

The FAC will work closely with the Kinship Navigator and Community and Family Engagement Units to support DCF in the larger community and bring Family Voice to the agency and its partners in the Commonwealth.

In FY2020, 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 increased outreach to grandparents and relative caregivers by collaborating

with several community partners, including Family Resource Centers, Elder Services, and the Kinship Navigator Program. The Commission planned an ambitious agenda for FY2020 to include adding several more community workshops throughout the Commonwealth, increase training opportunities for grandparents and service providers, improve and revise the Commission's website and communications with almost 2,000 subscribers to the Commission's newsletters, as well as increase the number of participants at the annual conference for grandparents raising grandchildren and service providers. The Commission supported the 50+ support groups throughout the state with trainings and other supports like scholarships to run groups and plan intergenerational activities. Additionally, the Commission focused on several advocacy issues in FY2020; the first was to work with the state legislature to file a bill requiring the courts appoint counsel to indigent guardians on custody hearing cases (still pending); a second advocacy issue was to increase the amount of child care vouchers for working grandparents and relative caregivers.

For FY2020, The Commission had several events scheduled for spring 2020; however, due to COVID-19 these plans and programs needed be revised. Unfortunately the six community workshops throughout Massachusetts were cancelled, as was the 9th annual conference for grandparents raising grandchildren. This was very disappointing to all involved, especially to cancel the annual conference which is the Commission's largest event each year with 250 grandparents raising grandchildren and service providers. The Commission quickly adapted and purchased a zoom account in order to connect grandparents raising grandchildren with their support groups and to offer trainings and webinars to these caregivers who are home caring for children under very difficult circumstances. The Commission is now assisting ten support groups to maintain their connections and support group meetings via zoom. The Commission has also held bi-monthly zoom meetings with support group facilitators to support them during this time and provide up to date information and resources during this difficult time. The Commission continues to feel strongly that maintaining these connections during this time is critical. As one grandparent from the community of Fall River stated to the facilitator "sometimes she feels like she loses her adult self and the group gives that back to her."

Also during COVID-19 stay-at-home-advisory, the Commission partnered with the Federation for Children with Special Needs to offer a webinar to caregivers on helping cope with children's anxiety. Additional webinars scheduled to be offered in FY 2020 include "Taking Care of the Caregiver" and "The Benefits of Support Groups."

In addition to the events previously mentioned, the Commission needed to revise other programs due to COVID-19. The Commission partnered with Massachusetts Councils on Aging (MCOA) and developed a scholarship program that had awarded 22 support groups a grant to plan an intergenerational activity for grandparents and grandchildren to enjoy together. Due to COVID-19, these activities were unable to be scheduled. The Commission and MCOA revised the scholarship program in response to COVID-19 and purchased supermarket gift cards for grand-families and purchased intergenerational activities for grand-families to do at home with grandchildren or due as a support group in the future when they start meeting again.

The Commission received additional state funding in FY2020 and collaborated with UMass Medical School to develop a strategy to enhance the outreach and collaboration efforts of the Commission moving forward. The outcome of this project will include developing eight regions in Massachusetts to create "Regional Roundtables." The purpose of the roundtables includes bringing community partners and stakeholders together to share information and resources for grandparents raising grandchildren both at the state and local level. UMass is also developing an efficient and effective strategy for the Commission to improve outreach to grandparents and relative caregivers. Partners for collaboration in this project will likely include the courts, elder services, schools, and more. The outcome of this project will help the Commission develop a work plan for the next 2-4 years.

The Commission hopes to continue the work during FY 2020 that was temporarily paused due to COVID-19 and expand its efforts to improve outreach and services to grandparents and relative caregivers throughout Massachusetts. Many events that were cancelled in Spring 2020 due to COVID-19 will likely be rescheduled, conducted virtually, or continued on an annual basis. Having the ability connect with caregivers remotely will expand the Commission's outreach and offerings of trainings and collaborations with community partners.

Community Based Family Support

Community Connections Coalitions significantly rely on relationships developed with local stakeholders, families, parents and residents. Coalitions have engaged in variety of services working with local government to impacting system changes. The Brockton Coalition participated in data collection about homeless youth who are under 25yrs old. As result, young adults who were 'couch surfing' and living on a day-to-day basis with relatives was able to be accurately counted. This data was used by state legislators to allocate funds to communities to address homelessness among young adults. In South Boston and Jamaica Plain neighborhoods, the coalitions join forces with the Boston Housing Authority (BHA) and provide a distribution point where children and families are provided with a daily meal.

In Dorchester, the Coalition teamed up with the local Cape Verdean Association to provide information to parents about community trauma and how to keep the neighborhood safe. They were able to approach the local police department and subsequently hosted a workshop that helped open the line of communication between the families and the police. In New Bedford, the coalition director was invited to help facilitate a round table discussion between the police department, residents, and child welfare services.

The Lynn coalition joined forces with Mass Mutual Aid relief task force to deliver food and gift cards to families so they can buy fruits and vegetables, improving children health and nutrition. The Lowell, Fitchburg and Lawrence Coalitions came together to support families who were struggling with meeting basic needs.

The Family Nurturing Center planned and supported ongoing Fatherhood and Family nurturing programs throughout the state. Additionally, other state partners have reached out to discuss the implementation of the fatherhood program. Based on that interest, DCF is now working with the National Fatherhood organization to create a curriculum focused on young fathers. Additional activities included:

- Sue Parker, Maxine Hall, and Heather Bialecki-Canning (all nationally recognized Trainer/ Consultants for the Family Nurturing Program) attended the Nurturing Families National Conference with Dr. Bavolek in Austin, Texas to address issues of program fidelity.
- Paul Melville was recognized as a national Trainer/Consultant (T/C) (FNC now has four nationally recognized T/Cs (Nurturing Parenting Programs) and three Master Trainer/Consultants (Nurturing Fathers' Program).
- FNC planned, developed and offered the first of a three-day training for the Birth, Foster, and Kinship (BFK) Nurturing Program.
- FNC worked with Boston Region Area Directors and their managers to build interest and capacity in the (BFK) Nurturing Program.

During the past year also FNC planned, and coordinated:

- Two Nurturing Fathers Programs;
- Four Family Nurturing Programs (two in Spanish);
- One Birth, Foster, and Kinship Nurturing Program utilizing the Zoom video-conferencing platform and;
- A Family Nurturing Program in Cape Verdean Creole by using telephone and social media in response to the Covid-19 crisis.

- FNC delivered a 4-hour training for Family Resource Center staff on the Adult Adolescent Parenting Inventory 2.1 (AAPI) using the Zoom platform.
- The state-wide training team delivered four regional trainings for the Family Nurturing Program (including one in Spanish) and four regional trainings for the Nurturing Fathers Program
- FNC Continued to develop the Fatherhood Ambassadors program throughout the state (adding four additional ambassadors and presenting to DCF’s State-wide Managers Meeting).
- FNC convened a statewide Family Engagement Leadership Team (FELT) meeting for FELT participants from area offices across the state.

Family Preservation

The Department continues to partner with four of the Coalitions to operate PATCH programs, in a forward thinking partnership between child welfare and community-based programs. Services are designed to improve and strengthen the relationship between the Department and the community. The PATCH programs are embedded with local Coalitions and Family Resource Centers (FRC). The services are intended to improve parenting skills, provide knowledge of child development, family budgeting and prevent out of home placement. Additionally PATCH has served as incubator for a new innovative curriculum designated to provide follow-up care to families to whom children have returned home after foster care placement. Baby Safe Haven is another program supported by the Department that allows young parents to safely relinquish a newborn infant at pre-designated, safe place.

Time-limited Family Reunification

The Department and Coalition efforts to increase the availability of foster homes that are culturally appropriate have been an ongoing goal. During this year, multiple collaborative activities between foster care units, FRCs and Coalitions have yield new foster homes. In Worcester and Fall River, the coalitions have partnered with mental health services to provide individual counseling and group workshops for families whose children have been placed in foster care or group homes. The Worcester Coalition hosted training about intimate partner violence in the context of substance use. Multiple families who are involved with the Department attended the workshop. The workshops address the impact of intimate partner violence on those who experience it and on children who witness it. This was followed by information on interaction of substance abuse and violence. The Fall River coalition partnered with the local Department of Mental Health (DMH) to form a task force that provides information and referrals to families whose kids were placed in therapeutic group homes after an unsuccessful suicide attempt. When families shared with local child welfare office that they lacked formula and diapers for the infants in order to facilitate reunification, several coalitions created basic needs emergency supply banks, so families could have the needed supplies. Coalitions have teamed up with FRCs to facilitate access to and visitation of children by parents and siblings.

Adoption Promotion

The Department continues its efforts to improve services and activities designed to encourage adoption. Coalitions continue to promote activities designed to support pre-and post-adoptive parents. These activities are underway to develop a diverse pool of adoptive parents. Efforts to connect pre-qualified families with children who are waiting to be adopted will provide a loving home with fewer families separated.

Planning and Service Coordination

Massachusetts, along with the rest of the country, are in the midst of addressing the impact of the COVID-19 pandemic. Coalitions have played a critical role in supporting families and provide them information and referral to needed services. The Coalition staff has stood shoulder to shoulder with their child welfare counterparts to respond to the needs of communities. Addressing the pandemic has been said to be best represented by “building a plane while it is flying.” Coalitions have used funds to provide for basic needs,

pay for groceries, host virtual informational groups and facilitate the purchase of communications technologies so parents can have the ability to communicate with schools, child welfare, the courts and other providers. Using their established relationships with other community stakeholders, coalitions have leveraged resources and delivered supplies to families. It is anticipated that a continuation of structural reforms and enhancement of family engagement will continue throughout the next year and future.

Rationale for Requested FFY2021 Funds

The Promoting Safe and Stable Families (PSSF) IV-B, Subpart 2, funds support an array of community initiatives with the objective of strengthening families and reducing child maltreatment. Since 1994, when these funds first became available, the Department of Children and Families (DCF) has focused its efforts on creating strong community infrastructures that serve as vehicles for innovative responses to emerging community and family needs.

In FFY2021, PSSF dollars will be used to support and enhance community-driven practices that increase and promote preventive practices. Through on-going community asset mapping, the Community Connections Coalition approach has provided DCF with the opportunity partner with community stakeholders, families, courts, schools and other sister agencies to engage in community child welfare practice. The lessons learned during program development and implementation has translated into building scalable program models that are evidence-informed.

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

Several cases illustrate the intertwined and evolutionary nature of this work. One such example is the partnership that has developed between the Community Connections Coalition, DCF Area Office and Letourneau Elementary School in Fall River, MA. The school saw an increase in families who spoke Spanish as their primary language and struggled to find community resources that provided services in these families' native language. The partnership provided an opportunity for teachers to be trained in the Nurturing Father curriculum, which gives them the tools to run Nurturing Fathers programs in Spanish. The approach offered a preventive alternative to the more traditional avenue of families having to "fail up" before child welfare services are provided. Capitalizing in the success of the Nurturing Father program in the Coastal Area Office and the positive relationship that had been developed, the Family Nurturing Center (FNC) established a Family Nurturing Program, which brings birth parents and foster parents in a supportive environment tailored to engage diverse families in activities that better support family reunification - broadening implementation of a model that had been limited to the Dimock Street Area Office in the Boston Region for nearly a decade.

In other parts of the state, the impact of Community Connections on other PSSF program areas has been similar. The Foster Care Task Force of the Worcester Community Connections Coalition (The Task Force) was formed as a community response to the needs of foster families and young parents in the community by hosting a quarterly community baby shower. Local businesses are encouraged to donate baby items that are distributed to foster and community parents with young children.

The work of the Task Force has firmly taken hold in the neighboring community of Fitchburg to its north, expanded to include Southbridge and began to spread to other areas of the state. Worcester developed a template of recruitment materials that are easily modified to incorporate local information and made it available to the network of Community Connections coalitions, it effectively balances the need for having a

statewide recruitment branding identity and information that makes a campaign relevant for local communities - producing a win-win for everyone involved.

Coalitions across the Commonwealth have prioritized the identification and response to the sexual exploitation of youth and human trafficking as issues of concern. In Lawrence and Worcester, for example, community-wide initiatives have been spearheaded by their respective Coalitions bringing law enforcement agencies, human services providers and youth and families together to provide services and support to vulnerable youth.

Massachusetts, along with the rest of the country, still continues to grapple with the ongoing opioid crisis. Coalitions remain a key resource for providing information to the community about resources and facilitating cross-provider responses to help reduce overdoses and provide support to families. It is anticipated that we will continue to see a related increase in adoption and reunification activities reflective of this societal trend for some time.

In March 2020, communities across Massachusetts began to struggle with challenges posed by the advent of coronavirus and its impact on families and communities – especially on communities of color. Statewide shelter-in-place orders, restrictions on group gatherings, cancellation of schools and closures of businesses with resulting job losses pose challenges never experienced by most of us in our lifetimes. Coalitions have shifted from face-to-face facilitation to effective use of ZOOM and are providing phone outreach and information and referral to families. In Framingham, the Coalition has an enhanced partnership with Daniel’s Table, a locally based model food security program that has extended its language capacity to include 200 families and continues to assist with about 5 – 10 intakes per week. Overall, Daniel’s Table reports serving over 500 families per week. Many Coalitions are also providing gift cards and other concrete assistance to help provide emergency food, meet other basic needs, or distribute cell phones with rechargeable minutes to help fight social isolation. Coalition staff from one Boston neighborhood, along with Boston police office officers, shopped for neighborhood residents until exposure affected their own health. As the pandemic unfolds here, the spirit of community is clearly alive and visible as neighbors help each other in these uncertain and, increasingly, desperate times.

Massachusetts, along with the rest of the country, continues to grapple with the ongoing opioid crisis. It is anticipated that we will continue to see an increase in adoption and reunification activities reflective of this prevailing societal trend. The broad federal policy goals of safety, permanency and well-being, particularly maintaining children in their own homes and facilitating timely exits from foster care to reunification, adoption or guardianship, encourages states to spend a minimum of 20% of the state allocation in each of the program areas and spend no more than 10% for administrative activities. DCF continues to strive to spend within the stated federal guidelines. We project to spend PSSF dollars in the following way, considering the uncertainty of national and regional trends that may impact family needs: approximately 23% in Family Support Services, 26% in Family Preservation, 20% in Adoption Promotion, 13% in Family Reunification, 9% in Administration, and 9% in Planning/Other Services, based on our actual FFY18 program reporting.

Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more service categories. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY18, the State had annual expenditures in excess of \$68 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 \$1.8 million in state funds targeted for time-limited reunification services, \$3.6 million in adoption services and over \$20 million of State funds for crisis intervention services. Given the high level of state funds used to support various types of reunification services over the past several

years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth is expected.

SERVICE DECISION MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Support and Stabilization Services

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

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

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

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

Massachusetts Medicaid Behavioral Health Redesign

In the fall of 2018, Massachusetts’ Secretary of Health and Human Services, Marylou Sudders, convened an interagency work group to redesign the delivery of Medicaid-funded behavioral health services. The Department is a member of the interagency work group. The primary purpose of the redesign effort is to increase access to behavioral health services for Medicaid-enrolled citizens throughout the Commonwealth. This increased access will benefit children and families involved with the Department, most of whom are insured by Medicaid.

Three components of the redesign work that will increase the availability of community-based behavioral health services to DCF-involved children and families are:

1. Integrated Primary Care and Behavioral Health
2. Outpatient Urgent Treatment Centers
3. Enhanced Crisis Responding

Integrated Primary Care and Behavioral Health: In contrast to the current arrangements in Massachusetts, where community health centers and community mental health centers are housed in separate facilities and

operate independently, the redesign will incentivize co-location of medical and behavioral health professionals and will require that behavioral health screenings be an integral part of primary care appointments. The purpose of these arrangements is to make behavioral health an integral part of routine health care and to make the linkage with behavioral health care professionals as easy as walking across the hall.

Outpatient Urgent Treatment Centers: When someone has a sore throat, their Primary Care Physician's office works them in for a same day appointment. If the sore throat occurs at night, on a holiday or weekend, urgent care centers are available for same day treatment. Currently in Massachusetts, there are not similar services for behavioral health issues, such as a panic attack, which is a behavioral health equivalent of a sore throat. It comes on suddenly and it requires immediate attention. Patients with sore throats do not wait days for an appointment, nor should patients with panic attacks or other behavioral health conditions that require immediate attention.

The Outpatient Urgent Treatment Centers will offer same day appointments and group sessions for individuals seeking behavioral health treatment. These Centers will also link individuals with behavioral health professionals who can treat them on a routine schedule, such a once or twice weekly. Another feature of the Outpatient Urgent Treatment Centers is that these locations will offer treatments for both mental health disorders as well as substance use disorders. With the high rate of co-occurrence between mental health challenges and substance use disorders, co-locating these services will improve access to clients.

Crisis Responding: Massachusetts already has a statewide Emergency Response Program, with specialized Mobile Crisis Units to respond to children's and adolescents' behavioral health crises in their homes, schools, and other community-based locations. The capacity of this statewide network to address crises is hampered by challenges in securing and retaining the workforce needed to maintain a 24/7 crisis response system. The behavioral health redesign includes plans to increase the quality of crisis responding through funding and through implementation of quality measures such as response times, repeat calls, and dispositions.

Prior to the COVID-19 pandemic, the launch of Integrated Primary Care and Behavioral Health Care and of Outpatient Urgent Treatment Centers was slated for SFY2021, with enhancements to Crisis Responding to follow in SFY2022. The full array of pandemic consequences – from timeline changes through fiscal impacts – are not yet known in Massachusetts. When implemented, these state-level, interagency changes have the potential to improve access to community-based behavioral health services for children and families involved with the Department. The fiscal consequences of the pandemic may delay and/or significantly alter the scope of these initiatives. The Department will monitor progress of these initiatives and factor changes to this interagency work into internal planning.

Promoting Safe and Stable Families

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

In FFY21, PSSF dollars will be used to support and enhance community-driven practices that increase and promote preventive practices. Through on-going community asset mapping, the Community Connections Coalition approach has provided DCF with the opportunity partner with community stakeholders, families, courts, schools and other sister agencies to engage in community child welfare practice. The lessons learned

during program development and implementation has translated into building scalable program models that are evidence-informed.

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

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

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

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

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

We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth is expected.

POPULATION AT GREATEST RISK OF MALTREATMENT

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

1. Youth Who Are Vulnerable to Human Trafficking
2. Infants and Children of Substance-Involved Parents
3. Children and Youth Exposed to Ongoing Issues of Mental Health, Domestic Violence, and Substance Abuse
4. Families Coping with Homelessness
5. Children/Parents with Disabilities
6. Youth Transitioning from Foster Care

Youth Who Are Vulnerable to Human Trafficking

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

As of December 2018, the work of the grant team met its goal of establishing multidisciplinary teams (MDTs) within each Children's Advocacy Center (CAC). These MDTs specifically address the issues of Human Trafficking with a core partnership consisting of the CAC MDT Coordinator, DCF, and the county District Attorney. The CAC Coordinator manages the state's mandatory MDT response to allegations of human trafficking received by DCF.

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs and the community at large to raise awareness of this aspect of human trafficking. A training video, [A Foster Parent's Guide to Human Trafficking](#) with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall of 2017. Throughout this period of time, additional training was provided to DCF staff and providers; Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, training that incorporated the production entitled [Body and Sold](#) with a panel discussion occurred for DCF staff and the community. The partnership between DCF management and their respective CACs has established a core group of dedicated specialists throughout the state in order to sustain attention and support the work related to human trafficking.

Infants and Children of Substance Involved Parents

Parental substance misuse continues to be a significant risk factor resulting in the maltreatment of children. Nationally and within Massachusetts, the opioid crisis continues to challenge communities and families due to parental overdoses, the birth of substance-exposed newborns/neonatal abstinence syndrome, and abuse and neglect.

DCF has continued to collaborate with statewide task forces and initiatives focused on parental substance misuse and the impact it has on children. DCF is a primary partner with the Institute of Health and Recovery in the Worcester County Family Recovery Project. There also continues to be strong collaboration between

DCF and the Massachusetts Department of Public Health (DPH) to address the needs of families impacted by opioids. This includes the expansion of home-based services to address parental substance misuse and trauma, partnering on federal grants, improving access to resources and communication between systems, developing a statewide structure for Plans of Safe Care, identifying the needs of substance-exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF committed to support frontline social work practice by increasing the capacity of its statewide Substance Abuse Unit. Through 2017-18 staff was increased from five to ten regional Substance Abuse Coordinators plus a central office coordinator. These Regional Coordinators provide case consultation to DCF social workers and work with community resources to improve access and communication. DCF Child Welfare Institute and the Substance Abuse Coordinators also provide a robust training calendar related to drug and alcohol issues along with other trainings that address how these issues co-occur with domestic violence, mental health and trauma.

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

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

Domestic violence continues to be a significant risk factor for children and their non-offending parent both within child welfare and in communities. The DCF Statewide Domestic Violence Unit includes a Director, two supervisors and nine Domestic Violence Specialists placed regionally. This team provides consultation on dangerous and/or complicated cases involving domestic violence and trauma to assist staff in identifying risk and safety factors, assessing parental capacities, making recommendations and assisting in developing action plans to increase the safety, permanency, and well-being of children. They also participate as members of regional clinical teams and provide training in DCF area offices they cover working directly with the area and regional offices to think strategically about capacity building for staff. These activities inform a statewide perspective for the development of practice enhancements and training needs of DCF social workers in this area.

In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Office and local domestic violence programs.

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

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

The DCF After-hours Hotline Contract is being re-procured, with services relative to intake/investigation, missing or absent children and internal staff support being separate entities, both in terms of staffing and function. This new program will offer improved services to our most vulnerable populations and will be staffed appropriately to offer urgent responses to critical situations.

Family Coping with Homelessness

DCF continues to expand our portfolio of services offered to families with issues of child maltreatment who are experiencing housing insecurity and or episodic homelessness. The three primary means of supporting families with housing insecurity are:

- Housing Stabilization Unit case consultation services;
- Strong interagency collaboration with the Department of Housing and Community Development (DHCD);
- Collecting and evaluating housing specific data.

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

Additionally, a Memorandum of Understanding between the Department and DHCD was re-established in January 2015 to support the transition of children from foster care to reunification with parents in the state's shelter system. An expanded data collection effort assessed the number of children reunified through the collaboration DHCD and the success of families housed through the Family Unification Program; this data allows the Department to better assess the services delivery needs of families facing poverty and housing insecurity.

Children/Parents with Disabilities

The Department has continued to strengthen its efforts to serve children and parents with disabilities. A key goal of the Department's Diversity Plan is to increase DCF's capacity to provide culturally competent care and services to the Deaf and Hard of Hearing, persons with limited English proficiency, and persons with disabilities. The Department's Diversity Officer leads the implementation work, with support from many staff members. The strategies used to achieve this goal are:

- Implemented the Memorandum of Understanding (MOU) between DCF and the MA Commission for the Deaf and Hard of Hearing (MCDHH) that creates a system for:
 - Working collaboratively to serve children, youth, and families involved with both agencies;

- Resolving issues related to reasonable accommodations for families involved with DCF;
- Sharing information needed to implement reasonable accommodations;
- Providing on-going training for DCF and MCDHH staff on each agency's practices and policies and the needs of families served by each agency.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Securing a Language Line service; this is secured as of January 1, 2019.
- 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 trainings, both on a voluntary and remedial basis, to area offices and staff throughout the state and throughout the year.
- Partnerships with other agencies including Department of Mental Health, Commission for the Deaf and Hard of Hearing, Commission for the Blind and MA Office on Disability.

Youth Transitioning from Foster Care

DCF understands the challenges and risks facing transition age youth/young adults and has developed an array of services to help prepare them with the skills and supports to successfully manage the struggles of adulthood. Using stakeholders' input, the agency has focused state and federal funded programming on assisting youth and young adults build strong foundations for success to help youth achieve permanency, safety and the many facets of well-being. Key goals for DCF youth include educational achievement and life skill attainment with permanent connections to family and/or other caring enduring relationships. DCF services for youth transitioning from care include foster care, congregate care and aftercare.

The Adolescent Outreach Program's strength-based approach provides intensive, individualized life skill assessment and training to transition-age youth/young adults from across the state to assist them in developing necessary skills and supports to achieve their potential. Youth and young adults are encouraged to practice newly acquired skills and use problem-solving techniques within a safety net of adult supervision and support. The effective use of these skills and techniques allows youth to make decisions, achieve goals, and sometimes make mistakes and experience failure. Supporting youth through these good and bad times is the key to building resilience and realizing successful transitions.

Aligned with the Fostering Connections to Success and Achieving Adoptions Act of 2008, DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition-age youth to support their success. Pre-Service and ongoing training for DCF staff, foster parents and providers re-enforce these principles. Technical assistance is provided to area office staff and contracted providers to strengthen the understanding and practice of the policy. DCF continues to serve children through its outreach and aftercare program. DCF is currently conducting a data review project to examine the permanency goals of an identified transition-age youth cohort in out of home placement in the fall of 2017. The goal of this review is to assess the impact of services and programming on the well-being and permanency of these youth.

KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)

MASSACHUSETTS KINSHIP NAVIGATOR PROGRAM OBJECTIVE:

The Massachusetts Department of Children and Families (DCF) first priority is to identify kinship resources when out of home placements is needed to address the safety and permanency of children. Recognizing that children experience greater emotional and placement stability when safely placed with relatives, or kin, DCF launched a series of targeted initiatives to recruit, retain and support relative caretakers for children coming into foster care. Three years ago, DCF initiated Family Find, a pilot program dedicating one social worker in

an office to focus on locating and engaging family members or other caring adults the child already knows. The assigned Family Find social worker connects with family members, thoroughly reviews the case file, and uses Internet and social media resources including Accurint/Lexis Nexis to identify possible connections for a child entering care. Kinship resources may need additional guidance and support to achieve licensure, and in several DCF offices the Family Find program is paired with rapid response kinship care capacity designed to expedite the screening and licensing of kin. The pilot has expanded from 3 to 11 area offices, and we envision taking the pilot statewide (29 area offices) by 2021. Due to these deliberate efforts by our staff, approximately 50% of the Department's active foster homes are kinship or families with an existing relationship with the child. DCF prioritizes early and continued exploration of kin, and has worked to ensure that wherever possible a child's first placement is with kin. As a result, at the end of SFY2019, 56.1% of children (0-17) placed in a DFC foster home were placed with kin.

Although there is a shared understanding that placing children with kinship caregivers produces a multitude of benefits for children, these families often experience additional stressors given the complexities of family dynamics, the legal nuances of custodial arrangements, financial concerns, lack of information about government benefits and community resources, and limited access to parenting and emotional support. Kinship caregivers are critical partners in providing for the needs of children who cannot safely be served at home, and we acknowledge the challenges these families face both inside and outside the child welfare system. Through initiatives such as the Kinship Orientation Pilot (already underway in six (6) area offices), the Commission on the Status of Grandparents Raising Grandchildren, and other community and family engagement efforts, the Department has sought to provide education, guidance, emotional support, and follow-up services that promote family stability.

The synergy between these DCF initiatives, and the goals of the Massachusetts Kinship Navigator Program (MKNP) demonstrate how DCF is leveraging these efforts to strengthen kinship families and achieve permanency for children.

The MKNP is uniquely positioned as a statewide resource to proactively assist kinship caregivers locate needed services and educate families so they are better able to utilize programs to meet their needs and the needs of the children living with them. The MKNP also promotes and facilitates effective partnerships among public and private agencies to ensure kinship caregiver families are adequately served.

The MKNP will continue to provide information, education, referral, and follow-up services to grandparents and other relatives raising children to link them to a wide range of services and supports to meet their needs and the needs of the children in their care, and to assist caregivers as they develop and enhance informal and formal support systems with three key objectives in mind:

- Access to benefits that provide concrete supports to the family (e.g. housing, food, TAFDC)
- Access to clinical and community-based services to support children and reduce stress for families (e.g. childcare, recreation, counseling)
- Access to safety and legal-related supports to promote safe, stable and successful families and permanency.

Budget

FY2021 Massachusetts Kinship Navigator Program

Description	Current Budget
Salary - Kinship Management Services (1.0 FTEs @\$100.5K)	\$ 100,537
Salary - Kinship Caregiver Helpline (1.0 FTE @ \$65K, 12 months)	\$ 65,000
Total	\$ 165,537
Employee Reimbursement (Travel/ Conferences/Other Reimb.)	\$ 2,051
Total	\$ 2,051
Salary - Kinship Coord. Services (1.0 FTEs @\$59.7K; 12 months)	\$ 59,740
Salary - Kinship Coord. Services (Travel/Other Reimb.)	\$ 2,500
Total	\$ 62,240
DD Fringe Benefits @ 38.88% (Kinship AA Costs)	\$ 64,361
DD Fringe Benefits @ 1.85% (Kinship CC Costs)	\$ 1,151
Total	\$ 65,512
Administrative Supplies	\$ 500
Indirect Cost	\$ 10,000
Total	\$ 10,500
IT Equipment: Surface Pros Monthly Charges	\$ 2,200
IT Equipment: Flip Phones and Charges	\$ 600
Total	\$ 2,800
TOTAL	\$ 308,640

Massachusetts DCF has approved and finalized the FFY20 budget for this program, including salaries, materials and equipment. Our staff will support our program objectives to increase community relations and development in addition to actively providing a responsive, strength-based, supportive role to kinship families statewide.

In reference to FFY 2020 Kinship Navigator Grant funds, the Department will use these funds to support the following staffing:

Kinship Navigator Staffing

The MKNP Program Manager and Program Coordinator provide responsive, strength-based, hands-on supportive services to kinship families statewide.

- Program Manager (1.0 FTE)
 - Start Date, April 3, 2019

The Kinship Navigator Program Manager is responsible for the following:

- Develop, implement and review program model
- Develop a 5-year strategic and sustainability plan
- Establish and maintain all collaborative relationships
- Develop program materials
- Develop and maintain annual budget
- Create and maintain data collection and analysis

- Develop and oversee the MKNP evaluation
- Ensure program reach is statewide and meets individual community's specific needs for Kinship Caregivers
- Supervise all MKNP staff
- Program Coordinator (1.0 FTE)
 - Start date, September 16, 2019

The Kinship Navigator Program Coordinator is responsible for the following:

- Work within the communities and across the Commonwealth to maintain strengthen relationships with state and local agencies that can support kin.
- Inform and educate communities about the specific needs for Kinship Caregivers
- Introduce and facilitate relationship building for the Kinship Navigator Helpline Liaison
- Participate and provide direct service for all established pilot programs statewide
- Presenting Kinship Navigator information at trainings, workshops and other kinship caregiver related events
- Helpline Liaison (1.0 FTE)

The MKNP is in the process of hiring a full time Kinship Navigator Help Line Liaison with a potential start date of September 1, 2020. (Note that the manager and coordinator are currently responsible for the Help Line Liaison duties until the position is filled.) The Kinship Navigator Help Line Liaison will be responsible for the following:

- Handle all calls with a goal of assessing each caregiver's individual needs and to identify, locate and access resources:
 - Financial
 - Peer Support Groups
 - Mental Health Providers
 - Special Education
 - Childcare
 - Legal assistance
- Develop both a resolution and a follow-up plan with the kinship caregiver:
 - Identify what is the specific need
 - Discuss with caregiver who might best provide the specific service for the need
 - Assist with making referral connections through collaborative efforts with other state agencies and community providers.
 - Utilize collaboration network to provide a warm hand off for the caregiver
 - Follow up phone calls and other communication to ensure the caregiver's need has been addressed to the best of our ability
 - Ask for feedback to better assess our model
 - Maintain contact if new needs are identified
 - Maintain data and statistics to best drive our practice model
- Develop data and track information that relates directly to kinship caregivers and their needs, suggestions and concerns.
 - Types of custody
 - Probate and Family Guardianship
 - Care and Protection

- Informal arrangement
- Reason for Kinship Care (for example)
 - Supported/substantiated child abuse or neglect
 - Child Requiring Assistance
 - One or both parents are involved/uninvolved
 - One or both parents are deceased
 - Parental mental health
 - Parental substance misuse
 - Domestic violence
- Caregiver Stressors (for example)
 - Lack of support
 - Mobilizing resources
 - Personal care
 - Health concerns
 - Problem solving

Promotional and Marketing Materials

One of the principal goals of the MKNP is to develop and deliver quality materials made specifically to inform and assist caregivers in accessing services.

The materials we have developed include:

- Massachusetts Kinship Navigator Program brochure distributed (10,000 English and Spanish) to
 - Statewide Probate and Family Courts
 - Statewide WIC programs
 - Statewide Grandparents Commission workshops for kinship caregivers and providers
 - Statewide Family Resource Centers
 - Statewide Kinship Caregiver Support Groups
- Quick reference sheets for collaborating agencies specific to kinship caregivers
 - MA Department of Transitional Assistance (DTA) (finalized and distributed)
 - DCF Kinship Foster Parent (finalizing)
 - Federation for Children with Special Needs, (finalizing)
 - b. MA Department of Early Education and Care (EEC) (in development)
 - Family Resource Centers (in development)
- Procedural guidelines and manual for Probate Court Guardianship filings (Guardianship How to Reference Guide)
 - Bristol County (in development)
 - Statewide (Fall of 2020/Winter 2021)
- Massachusetts DCF Kinship Orientation specific to Kinship Foster Parents (Six (6) Pilot DCF Area Offices throughout the Commonwealth, in person and virtually)
 - Kinship Orientation Training Materials for Trainers (finalized and distributed)
 - Kinship Orientation Training Materials for Participants (finalized and distributed)
 - Kinship Orientation Reference Guide for Participants (finalizing)
- Massachusetts Kinship Navigator Website
 - The continued development and design of the website will serve to provide kinship caregivers, as well as public stakeholders, direct access to information and resources related to kinship care, locally and statewide.
 - The site will be organized to provide a searchable, user-friendly experience that will allow the public, particularly kinship caregivers, to readily access current information that will support their caregiving responsibilities.
- A toll-free number is active and accessible via all materials and through our MKNP website

The MKNP continues to utilize funds from this grant to support the design and printing of materials such as program brochures, quick reference sheets, resource guides, posters, journals and other program-based items. In addition, DCF plans to support the translation of key materials in the coming year. These materials assist the Kinship Navigator staff to promote the program within the community and with partnering state agencies. Our quick reference sheets and resource guides have been developed in partnership with state agencies and community service providers to ensure the accuracy and reliability of the content. These materials reflect program guidelines and eligibility criteria and provide step-by-step instruction to access the resource or benefit. These resources are crafted with the kinship caregiver needs in mind and aim to educate and empower the caregiver. These resources also serve as training and reference resources for MKNP staff, and tools to stimulate conversations and engage with our kinship caregivers. This collaborative approach is designed to ensure the consistency of distributed information and enhance content knowledge about benefits and programs across the Commonwealth. We are currently producing quick reference sheets and resource guides in many areas. Specifically, in partnership with the Bristol County Probate and Family Court we are creating a Guardianship How to Reference Guide; a Kinship Orientation Resource Guide, in partnership with the DCF Policy Unit, a quick reference sheet for Special Education, with the support of the Federation for Children with Special Needs, and a guide for kinship caregivers on Parental Substance Misuse and the Impact on a Child, done in conjunction with the DCF Substance Abuse Unit.

Equipment

To promote kin access to MKNP statewide, the Kinship Navigator staff will work remotely in the community. Though the MKNP operates from the DCF Central Office, the COVID-19 pandemic has presented an opportunity to rethink the best approach to our operations, and to take advantage of the statewide expansion of virtual capacity so that staff can better support caregivers in the communities where they live. We are leveraging our connection to 29 DCF Area Offices across the Commonwealth, and access to mobile technology to build and enhance relationships with community-based organizations, kinship support groups, Family Resource Centers, and other local programs. The Department utilized FFY18 funding to purchase two (2) mobile phones and three (3) tablets to enable staff to work effectively in the field and maintain contact with the kinship caregivers throughout Massachusetts. The MKNP used FFY19 funds and will continue to use FFY20 funding for the monthly service charges for all remote equipment.

Collaboration

The MKNP relies on cross-system collaboration to achieve program goals. Our program operates within DCF, and under the Massachusetts Executive Office of Health and Human Services (EOHHS) providing a built-in network of partners and resources we can leverage to support kinship caregivers. Our sister agencies include the Department of Transitional Assistance (DTA), providing cash and nutritional assistance, and the Executive Office of Elder Affairs (EOEA), providing support to older people, including many grandparents raising grandchildren.

Moreover, as a program of DCF, we are able to reach kinship caregivers serving as foster placements, and access programs and resources geared to serve them and the children placed in their homes. For example, the MKNP intersects with DCF initiatives such as:

- Family Find: search-ability of potential kinship caregivers
- Kinship Orientation: providing content knowledge and support to kinship foster parents immediately upon the child/ren being placed
 - Family-centered approach to support families inside and outside the formal child welfare system
- Updated Licensing Standards: Recognizing that children experience greater emotional and placement stability when safely placed with kinship caregivers. In addition, children do better when they are able to maintain valued, lifelong connections to birth parents, siblings and other relatives. To that end DCF has completed a comprehensive update of its Family Resource Policy, creating a policy that addresses

licensing and training, and a separate policy that will guide the delivery of support services. Throughout both policies the Department has fundamentally reworked its approach to licensing and support of kinship families, focusing on problem solving for kin caregivers and in providing support from the first day the child arrives at the home. The department is currently completing iFamilyNet changes to support the policy, and will be conducting training and implementing the policy later this year.

Current data regarding DCF kinship care is as follows:

- The 2019 Annual, Report indicates that 56.1% of children (0-17) placed in a Massachusetts DCF Foster home were placed with kin
 - As of May 2020, DCF has a total of 2032 Kinship Foster Homes
 - DCF-sponsored guardianship increased from FY2017-19 compared to FY2015-16. Relative to FY2015, guardianships in FY2019 increased by 15.6%. (DCF annual report p.30)
- Statewide Network of Family Resource Centers: serving as a platform to connect MKNP to different communities across the Commonwealth-both urban and rural
 - The Commission on the Status of Grandparents Raising Grandchildren: providing statewide workshops, support groups and legislative advocacy to kinship caregivers

Our program strives to build relationships, improve communication, and work collaboratively within DCF and with sister EOHHS agencies, and community providers statewide for the purposes of helping kinship families' access information, referral coordination, and support services. Our aim is to enhance existing and establish new multidisciplinary partnerships to extend our network of resources, services, and expertise to provide seamless and timely services to kinship caregivers and the children in their care.

ADDITIONAL FOLLOW UP QUESTIONS FROM THE CHILDREN' BUREAU ON THE MA KINSHIP NAVIGATOR APPLICATION SUBMITTED ON MAY 3, 2020

Question 1:

MA appears to be unique among the applications we've reviewed thus far with regard to the project with the probate court, and we believe there would be great interest from other states in learning more about it. Can you please provide a link to the MA Kinship Navigator brochure being provided to the court? We would also be interested in a link to the procedural guidelines and manual for court filings being developed for the court when it is available. We'd like to post a link to these materials on childwelfare.gov. Also, do you know if the Court Improvement Program has had any involvement in the probate court pilot? My assumption is that CIP is not involved, but CB has a specific question on that.

Department's Response:

The MKNP has established relationships with the Massachusetts Judicial Branch, including Probate Court Justices, Registrars and Probation Officers. We successfully distributed several thousand MKNP informational brochures, in both English and Spanish, to all Probate Courts across the Commonwealth to be given to guardianship petitioners at the time of filing. You may download a copy of our MKNP informational brochure directly from our website at <https://www.mass.gov/info-details/kinship-navigator-information>. As a result of our outreach to the Probate and Family Courts, we have been able to start the development of a pilot program with the Bristol County Probate Court Chief Justice, Register's Office and Probation Department. The pilot will establish direct MKNP contact with all guardianship petitioners at the filing stage. A designated MKNP staff member will attend the guardianship hearings on assigned court dates and speak with petitioners after a legal determination has been made. Currently, the Bristol Probate Court is providing guardianship petitioners with our brochure and encouraging petitioners to call the MKNP program for service. This first step has been effective and has produced ongoing referrals. As part of this collaboration, we are developing a "Guardianship How to Reference Guide" to provide a simple, step-by-step guide to filing a guardianship petition and how to prepare for the guardianship hearing. Once the guide

has been completed and approved, it will be available for download on the MKNP website and distributed to our partners. We will gladly share the resources with the Children's Bureau as soon as they are ready for distribution.

The Massachusetts Kinship Navigator Program will be meeting with the Court Improvement Program (CIP) on July 15, 2020 to discuss the pilot and any other collaboration that would strengthen our work with the Probate and Families Courts throughout the Commonwealth.

Question 2:

The application discusses a Customer Relationship Management tool to be used for data collection and analysis. We are wondering if this data could be collected through FamilyNet? Other states are working through the database of their Aging administration to collect data on informal kinship families. MA could pose a question on the kinship navigator listserv if you'd like to hear if other states have used any good database management tools.

Department's Response:

The Kinship Navigator Program is in the process of assessing Customer Relationship Management (CRM) tools best suited to the day-to-day operations, to support program evaluation and achieve an evidence-based program designation. In the meantime, the MKNP relies on the expertise of the DCF Office of Management, Planning and Analysis (OMPA) for guidance on data collection, analysis, and continuous quality improvement (CQI). We have determined that iFamilyNet is not an appropriate CRM tool for the MKNP, because our target demographic extends beyond persons served by DCF in child protection, foster and guardianship cases. The MKNP is able to utilize iFamilyNet to acquire data on kinship caregivers served by DCF and in our Kinship Orientation pilot program. As we continue to work on evaluation design, iFamilyNet is a data resource that could be used to identify individuals for randomized control trials or other evaluation approaches. We will reach out to the kinship navigator listserv to better understand the data collection efforts of other kinship navigator programs, especially during our developing stages.

Question 3:

Please share more details about the role of the Caregiver Support Specialists through the Aging Service Access Points.

Department's Response:

The Kinship Navigator Program works in collaboration with the Executive Office of Elder Affairs (EOEA) to identify a cross section of kinship caregivers who are older adults, or individuals with disabilities. Our MKNP staff works with Caregiver Support Specialists at the Aging Service Access Points (ASAPs), a network of 26 private non-profits affiliated with EOEA, to deliver and coordinate services for older adult kinship caregivers. The Family Caregiver Support program provided by the ASAPs is free and available to grandparents or other relatives (not parents) age 55 or older. The statewide network of ASAPs provides additional services, which vary from each location. For example, some programs offer kinship caregiver support groups, financial assistance for summer camp, and essential items for a child during the initial placement. The Aging Service Access Points are an additional tool in the kinship caregiver's toolbox.

Question 4:

We'd like to hear more about DCF's plans for evaluation.

Department's Response:

The MKNP recognizes and values the importance of data collection, analysis and evaluation. Our evaluation plans include the following:

- We are engaging a consultant in assessing our program and to make recommendations in order to reach EHHS standards for an evidence-based program consistent with the guidance of the Administration for Children and Families PI-19-07, December 20, 2019.
- Current Evaluation Outcomes
 - Increase DCF Kinship Placements
 - Number of approved kinship foster homes
 - Number of kinship placements through monthly reports provided by DCF at an area office, regional and state level
 - Number of probate court guardianship petition through bi-annual reports provided by the Judicial Branch
 - Monitor traffic of website and 1-800 helpline quarterly
 - Increase Kinship Stability/Permanency
 - Number of kinship foster homes who have completed the Kinship Orientation
 - Number of granted temporary guardianship petitions
 - Number of kinship foster placement disruptions
 - Number of probate guardianship disruptions
 - Increase Kinship Caregiver Services/Wellbeing
 - Follow up on 100% of calls directed from the 1-800-helpline
 - Satisfaction surveys via our website
 - Post contact surveys via an online survey tool bi-annually

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

In the 2020-2024 CFSP, Massachusetts described the standards for the content and frequency of caseworker visits for children who are in foster care and described how the Commonwealth plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits.

How the Monthly Caseworker Visit Grant is used to improve the quality of caseworker visits:

In FFY2020, the Department utilized the Caseworker Visit Grant to support the following activities:

- 1) **Revision and Implementation of Policies and Practice Guidance:** The Department has identified a core set of policies fundamental to the agency’s mission that needed to be revised. In 2019, the Department revised the Protective Intake Policy, Licensing of Foster Families Policy and Placement Support Policy. The Department is developing training and implementation supports to ensure successful implementation of these policies. Revisions include purposeful interactions, especially for children in placement.
- 2) **Policy Implementation Specialists:** The Department targeted implementation coaching to specific Area Offices in 2019. Implementation coaching has been an important strategy to support social workers, supervisors and managers in advancing practice and ultimately increasing quality contact with children and families. In addition to providing training support for newly revised policies, Policy Implementation Specialists have provided ongoing training and coaching support to area offices based on office-specific practice needs.
- 3) **Enhanced Training:** The Department is developing a training curriculum to support successful implementation of the policies listed above, including the development of training videos and support materials.

- 4) COVID-19 Technology to Support Caseworker Visits and Parent-Child Visitation: As a result of the COVID-19 pandemic, the Department is limiting in-person visits with children and families to reduce the likelihood of infection and community spread. The Department has identified a need for computer and phone equipment for children and families to support video conferencing visits in place of in-person visits. The Department is purchasing equipment to distribute to youth and young adults, parents and kinship/foster families to support videoconference contacts.

Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.

Since 2015, the Department has continued to make significant improvements in monthly contacts with children in placement. The Department has worked diligently since 2015 in hiring and training additional social workers, reducing workload and improving practice to address this performance standard. In 2019, the Department made monthly contact with children in placement 91.5% of the time. 83.4% of visits with children in placement occurred in the child's residence.

In 2019, the Department's Agency Improvement Leadership Team launched an initiative to increase monthly visitation in ongoing cases (both for in-home cases and for children in out of home placement). The initiative seeks to improve the number of children seen each month and the quality of the contact, with an emphasis on planned, purposeful interactions with children and families. Regional and Area Office leadership continue to utilize the Plan-Do-Study-Act (PDSA) quality improvement framework in developing area office specific plans to improve the frequency and quality of monthly visits. The Child and Family Service Review Onsite Review Instrument continue to serve as the anchoring tool for the Department in assessing the quality of contact. The Department plans to continue this initiative to improve monthly contact performance standards and will continue to utilize the Monthly Caseworker Visitation Grant to support sustainability of the initiative.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received a notice of award letter dated 9/6/2017 indicating the FFY2017 award of \$12,085 and on 5/24/2018 for an additional \$112,915 for a total of \$125,000 to be expended by 9/30/2020. In SFY2019, the Department received award letters for FFY2018 totaling \$1,155,500 to be expended by 9/30/2021. The unexpended funds carried forward for FFY2016 were \$119,990 (to be expended by 9/30/2019). Total combined awards for FFY2017 and FFY2018 are \$1,280,500.

DCF Program and budget staff met to plan for these funds to ensure that they are obligated and expended by the deadline specified in the grant award letter. The Department was not able to spend \$44,015 of the FFY2016 funds by 9/30/19 due to the unexpected cancellation of an event and an issue with a vendor. During the current year, the Department has been presented with some challenges that affected spending due to the Covid-19 Pandemic. Specifically, multiple staff was scheduled to attend the Child Welfare League of America Conference in Washington, DC and the Rudd Conference in Western Massachusetts but both were canceled. In addition, a week-long Permanency Conference scheduled for 6/1/2020 to 6/5/2020 for over 400 professionals including Department staff, the courts, providers and stakeholders are postponed until October of 2020. Despite these challenges, the Department hopes to achieve the goal of expending all remaining allotted grant funds.

The Department expended \$75,975 of the unexpended FFY2016 funds and projected expenditures for FFY2017 awards by 6/30/2020 total an additional \$81,020.

During SFY20 funds were utilized in the following manner:

1) In July 2019, the Director of Adoption, the Clinical and Practice Manager, and the Assistant Commissioner of Continuous Quality Improvement presented at the North American Council on Adoptable Children annual conference in Las Vegas Nevada to share the curriculum DCF developed for our Adoption and Family Resource five-day pre-service as well as the Agile Scrum model utilized for system-wide agency improvements. A foster Care Manager and Manager of Kinship Navigator also attended this five-day conference.

2) In August 2019 and January 2020, the Director of Adoption and Director of Foster care and Recruitment attended the Federal Grantee Meeting for Foster Care & Adoption Managers and the Adoption Call to Action Summit in Washington, DC. DCF General Counsel and two contracted provider agency executive directors joined for the summit. Also in attendance were a Massachusetts Juvenile and Family Court judge, court personnel, and a CPCS attorney.

3) Training and other learning opportunities were provided to over 450 DCF and provider agency staff statewide. These activities focused on improving the ability of DCF staff and contracted agencies to increase successful permanency plans through adoption or guardianship and on providing adoption competent support to DCF children and families.

- On 7/23/19, DCF conducted a training titled, “The Art of Adoption Matching”. Learning objectives included: The clinical considerations for youth and family matching; federal and departmental policy regarding finding permanent families for youth in need, and strategies for successful matching opportunities.
- On 8/14/19, DCF conducted training titled “Stuff No One Wants to Talk About: Engaging Kids in Difficult Conversations”. Learning objectives included: Understanding of the importance of sharing accurate information in a sensitive and developmentally appropriate manner with youth; Improved skills to foster relationships with youth in care that encourages a comfortable and reliable space for discussing challenging issues; embracing a thoughtful and reflective attitude and manner when engaging youth in difficult discussions about history, birth family, and permanency solutions.
- On 8/23/19 & 11/15/19, DCF conducted a training titled “Ongoing Work is Essential to Facilitating Adoption as a Permanency Goal”. This training was developed to assist our staff in our ongoing protective services units to understand the work of the adoption units and the significant role ongoing staff plays if a child’s goal changes to adoption. It provided an opportunity to share learn and strategies and to identify challenges doing ongoing social work with families.
- On 9/6/19 & 9/23/19, DCF conducting trainings titled “Sibling Connections: Supporting Critical Relationships”. The training addressed the reality that sibling relationships are arguably the longest of a person’s life and are often the groundwork for various social skills, conflict management strategies, and emotional connections. Staff learned and discussed strategies to support and actualize sibling connections.
- On 10/2/19, 10/10/19, 10/15/19, 10/21/19, and 11/12/19, a five-day series of trainings were held for Family Resource and Adoption staff. Curriculum focused on Critical thinking in permanency planning; Child development and trauma; Understanding state and federal guidelines; Engaging and assessing foster and adoptive families; Engaging and assessing children with an adoption goal; as well as other complex issues.
- On 10/18/19, DCF conducted a training titled “Transition Planning for Permanency: Considerations and Strategies”. Against a backdrop of child development and the core clinical issues in permanency, this training focused on how to best prepare children, youth, and families to transition from a foster care placement to adoption or reunification with birth family. Strategies to support youth of all ages to move from temporary placement to a permanent placement were presented and discussed.

- On 12/11/19, DCF co-sponsored a symposium with the Massachusetts Adoption Resource Exchange titled “Influences on Decision Making in Adoption Casework”.
 - On 1/23/20, DCF conducted a training titled, “Promoting Permanency: Exploring the Elements of Practice”. Learning objectives included understanding: Why critical thinking is critical in social work; Foundation of permanency practice; honoring Core Clinical Issues in practice; Emotional labor; and supportive supervision furthering practice.
- 4) The Department purchased 1500 Lifebooks for children with a goal of adoption entitled “My Foster Care Journey” and “For When I’m Famous” by Beth O’Malley. Staff will utilize the books to assist children in understanding their journey in care.
- 5) The following books were purchased to provide to each child on the day of their adoption finalization:
- “Adopted Like Me: My Book of Adopted Heroes” by Ann Angel
 - “ABC, Adoption& Me – a Multi-cultural Picture Book for Adoptive Families” by Gayle H. Swift
 - “Pieces of Me: Who do I Want to Be” by Robert L. Ballard
- 6) The Department assisted several families with children who already attained permanency to meet expenses related to extraordinary circumstances. These included engaging an attorney in Puerto Rico to resolve legal issues with amended birth certificates adopted in Massachusetts but born in Puerto Rico.
- 7) The Department had begun to explore updating the curriculum of our 30-hour MAPP (Massachusetts Approach to Partnership in Parenting) training for Adoptive and Foster Parents. In response to the Covid-19 pandemic, these plans have been accelerated. We have contracted with a vendor to create a Virtual MAPP to also include some web-based sessions. The vendor will also create a Training of Trainers to assist our staff, providers and parent trainers in implementing and facilitating MAPP on this new platform.

DCF recognizes the incredible opportunities these funds have afforded our staff, families, providers and partners across the service delivery system. The very 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. Over the past fiscal year, we have also continued our procurement process to further enhance the support services offered to our children and pre-adoptive families. We anticipate that the additional support services will make a significant impact on our ability to achieve timely permanency and support placement stability for children and their adoptive families. Funds awarded for FFY2018 will be utilized for these services as well.

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 the Department’s plans for use of the incentive funds.

ADOPTION SAVINGS (section 473(a)(8) of the Act)

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 FFY2019 are approximately \$3.3M. However, until

only recently did the savings start to ramp up (in FFY2017, the accumulated savings were only approximately \$500K).

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

The Department receives appropriations directly from the Massachusetts General Court and all Title IV-E reimbursements are deposited back into the Commonwealth's General Fund. As such, in order to spend the savings, the Department will need to have the Adoption Savings appropriated back to it in subsequent state fiscal year budgets. Although the Department does not anticipate any issues with requesting and obtaining the funds through the appropriation process, the upcoming state fiscal year may pose issues based on the fiscal status of the Commonwealth caused by the COVID-19 pandemic.

CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

DCF administers the Chafee Foster Program for Successful Transitions to Adulthood 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 mastery, and successful community integration with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth.

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 through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (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 families experience;
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
5. To make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care;

6. To provide the services referred 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. An enhanced focus on transitional housing supports as well as public and private collaborations, particularly for youth employment, 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 Bill of Rights (2009) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment. The DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition age youth to support optimal goal achievement.

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 necessary relationships, skills, and supports to achieve their potential. Per grant guidelines, program services are also available to youth who were guardianship or adopted from DCF after age 16 and to former foster youth who discharged from DCF between ages 18-23.

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

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

The Outreach staffs also assist youth with planning for and succeeding in post-secondary educational settings as well as vocational training programming. These efforts are supported by ETV Program Staff that is dedicated to facilitating the transition to post-secondary education as well as supporting students through the duration of their academic programs until they receive their degree.

Strength-Based Approach

Outreach Program staff support youth and young adults to identify and pursue long and short-term goals. The strength-based approach and focus on youth engagement with a positive youth development foundation have enabled the staff to successfully engage youth in the service. Feedback from the youth and young adults served confirms that this model is a significant factor in the program's success. This same strength-based approach has inspired the Department's internship program as well as the ETV support model. DCF believes that youth and young adults are essential partners in their own goal setting, service planning, and life skill training, a key factor, which facilitates their successful transitions into the community. Youth and young

adults are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively within a safety net of adult supervision and support. Assisting youth in identifying their educational/vocational goals and developing strategies to realize their potential are critical tasks for program staff.

Youth are also supported in handling mistakes, disappointments, and failures. Overarching goals are to equip youth to live a successful life with long term, personal connections within the community. Outreach strives to help youth develop self-advocacy skills and to experience adolescent and young adult milestones in a healthy, normative way. Through focused discussions on decision-making/problem-solving, community-based activities and goal-focused skill building tasks, youth work to develop the skills necessary to cope with the challenges of adulthood and live self-sufficiently in their communities. Adolescent Outreach staff works closely with the DCF primary case managing social workers, foster parents, congregate care providers, community service providers and adults important to the youth to offer opportunities for youth and young adults to learn life skills through practical activities and achievements in their communities – making efforts to normalize their experiences. The Department administers the Chafee-funded Life Skills Support Program, which pays for such items as bus passes, laptops, camperships, sport team dues/uniforms, high school senior dues, etc.

CFCIP Services Across the State

The services funded with the Chafee Foster Care Program for Successful Transitions to Adulthood funds are available to eligible youth and young adults across the state. In area offices where there is not an Adolescent Outreach worker assigned, the Regional Outreach Supervisor will provide access to Chafee funded services and supports.

The Chafee funded services are the same in each of the 5 regions of the state. The particular focus of the services is based on the individual youth/young adult's needs. Former foster youth ages 18-21 are offered the same Chafee services as those under age 18. Former foster youth who leave DCF care after attaining age 18 may access Outreach services and other Chafee Program funded services, i.e. internships, discharge support, assistance with educational services.

Youth Served

From July 2019 to May 2020, the Outreach staff served over 1000 youth and young adults. Of these, 440 youth and young adults received or are presently receiving intensive, weekly-individualized life skill assessment to identify their strengths, life skills training to address their needs, as well as assistance in developing and strengthening lifelong connections to caring adults. These services support the youth in mastering the skills they will need to live successfully in the community upon discharge from agency care. The remaining youth and young adults received as needed assistance from Outreach staff to assist with job search, education, financial aid/college applications, housing support, SNAP applications, and referral/resource information.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those who are receiving Young Adult Support Payments and youth eligible for guardianship/adoption. Contracts require that youth/young adults in Comprehensive Foster Care or congregate care be provided similar life skill preparatory services in their placements. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements unless a social worker specifically requests the additional support. Also, per Chafee Program guidelines, youth/young adults who received Outreach services may return for 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 for two reasons: present staffing levels would not currently support the expansion of services to youth ages 14 and 15 and youth in those age brackets are typically a better fit for less intensive Outreach support and other departmental programming. However, the Outreach staffs do serve 15-year-olds when the program may meet their needs. The PAYA life skills curriculum and incentive program is available to all youth in DCF placements age 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 as of May 2020, was open for case management and placement services with DCF. These young adults include self-referrals and those referred to the program by community service agencies, former foster parents, DCF social workers, etc. Less than 15% percent of the active Outreach cases were closed with DCF, and no longer living in DCF placement.

Eligibility for Chafee-funded services remains the same for youth/young adults whether they are open with DCF for placement, former foster youth who left DCF after attaining age 18 or left DCF placement after age 16 for guardianship or adoption. The referrals to the Outreach Program for the youth in guardianship or adoptions are less frequent.

Staffing and Service Overview

The Outreach Workers are assigned to an area office. The Outreach Supervisors cover an assigned region of area offices. The Outreach staff provides weekly service to the youth and young adults on their Active Caseload. When appropriate, youth and young adults move off of Active status and are put on tracking status for 6 months, where contact moves from weekly to monthly to provide any needed support. There are currently 29 full-time equivalent positions in the Adolescent and Young Adult Services Unit. Chafee supports 21 of these positions. Twelve of these positions are full-time Outreach Workers; five are Regional Outreach Supervisors; one is a Post- Secondary Specialist; one is a Fiscal/Literacy/Credit Specialist; and one is a Program Coordinator working on employment and housing initiatives. Program management is provided by the Director of Adolescent and Young Adult Services who serves as the agency Independent Living and ETV Coordinator. State funding provides for the remainder of the staffing of the unit, which includes 7 Outreach Workers and 1 Post Secondary specialist.

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/young adults from other states who are temporarily living in Massachusetts or attending college in the Commonwealth as well as those who have moved to MA after discharging from another state at or after age 18. Youth ages 14 and older in out of home placement and young adults ages 18-23 that are in DCF care or have discharged from care have access to Chafee benefits and services.

Outcomes

The achievements over the last few years have been fairly consistent. The youth/young adults who engage in Outreach services are generally successful in reaching their educational and employment goals as well as attaining permanent connections with family and community. Given these positive outcomes, DCF plans to continue the service and obtain ongoing feedback from the youth/young adults for any recommendations for improvement.

Educational Outcomes

- 72% of the Outreach caseload is enrolled in an educational program. Of these about half are enrolled in a post-secondary education or vocational training program.
- <10% are enrolled in a GED program

Employment

Note: Employment numbers were collected in March and April 2020 during the COVID-19 crisis. Thus, employment counts may not fully represent the fluid employment environment for this population.

- 18% of the youth were employed full-time
- 46% of the youth were employed part-time
- 13% were enrolled in a career center or other WIA funded employment program

Permanency

- 81% of the youth have a connection to a biological parent
- 81% of the youth have a connection to one or more siblings
- 84% of the youth have a connection to extended family

COVID-19 Response

The Commonwealth of Massachusetts began to experience widespread impact of COVID-19 in the first week of March 2020. As residents were asked to stay at home and non-essential businesses closed, DCF responded with services and programming focused specifically on young adults in care who were vulnerable to the economic impact.

- Because DCF makes i-pads available to its social work workforce, Social Workers and Adolescent Outreach Workers were quickly able to transition to Tele-visits. These visits continue weekly with the active caseload and as needed for other youth and young adults in care.
- A statewide initiative was put into place to ensure any young adult in a Supervised Independent Living situation with Young Adult Support Payments, signed up for direct deposit so that payments would not be disrupted by mail service.
- Contingency housing plans were put into place in partnership with the DCF ETV Program to stabilize housing for over 200 college students that were living on Massachusetts' campuses. Single points of contact provided by colleges are made available to students from foster care as the crisis continues to impact college student housing and enrollment.
- Chafee funds were made available to youth and young adults needing technology and/or PPE to access family, education, or employment, or remain safe and stable in foster homes and other living situations.
- The DCF Joint Youth Advisory Committee continues to meet via WebEx and is focused on making this platform accessible and effective for all members who wish to participate.
- The Mass Network of Foster Care Alumni has developed a robust virtual meeting schedule including Zoom Meet ups for young adults and alumni in care focused on health and wellness.

- As spring is typically the time for events for our Chafee served youth and young adults, the COVID crisis has had a particular impact on the ability to provide this group with opportunity for celebration, connection, and enrichment. Graduation events, the annual DCF College Fair, and the annual DCF Youth Leadership Academy have all been put on hold for spring 2020. If these events cannot happen in late summer 2020, virtual events and activities will be offered in their place. Planning for virtual and remote enrichment opportunity is already underway.
- Extensions were provided to youth participating in the Youth Transition To Success Program, a Move To Work funded housing voucher program and the FUP/AOP housing voucher program. The program also suspended work requirements, school enrollment requirements and scheduled rent reductions for participants who have employment or educational situations that are impacted by COVID-19.
- Foster parents and young adults in Supervised Independent Living were provided an extra \$100 per month in April, May, and June from the Commonwealth to support unanticipated expenses due to COVID.
- A weekly benefits and services list with referral and access information was maintained and distributed to young adults, caregivers, social workers, and providers and posted to the mass.gov/dcf website.
- DCF staff worked with the Massachusetts based Wonderfund, a private organization that supports foster youth, to distribute gift cards to 50 impacted young adults to buy groceries and other needed items.

Efforts to Provide Developmentally Appropriate Services/Activities for Foster Youth

The Department understands the importance of providing services and supports to foster youth that is 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

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

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

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

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. Foster parents,

providers, and staff are encouraged to integrate the information and activities suggested in the modules into the daily learning opportunities for youth in their care. The PAYA incentive program (discussed below) is also available to these youth.

PAYA Incentive Program

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. In order to qualify for an incentive, a youth must demonstrate competency in the skills addressed in the individual life skill module. Youth may request \$50 for a life skill related item or a one-time payment of \$750 toward driver education training. In order to increase access to driver's education programs, the PAYA incentive program increased its driver's education incentive award from \$300 to \$750. From July 2019 to April 2020, DCF processed PAYA 291 incentive requests. The total amount awarded was \$104,000.

Life Skills Support Program

The Department is committed to facilitating youths' connection to school and community activities and utilizes Chafee Program funds for this purpose through the Life Skills Support Program. Life Skill Support Program funds are used for a variety of positive youth development activities such as team athletics/uniforms, senior class expenses, SAT prep courses, high school activity fees, short-term transportation, computers, etc. Between July 2019 and April 2020, DCF funded 860 foster youth and young adults a Life Skills Support payment. Total spending during this timeframe in this program was \$520,819.

Employment

The Department has continued its partnership with Cantella, Inc., a Massachusetts-based financial services firm. Cantella continues to host Career Nights for foster youth. In September 2019, 25 foster youth attended Career Night where they engaged with a variety of professionals from the health care, business, education and legal fields. The professionals provided guidance on the educational background and skills needed to pursue these careers. Youth were also given the chance to attend breakout sessions. These sessions included opportunities to enhance their skills with resume writing, interview tips, professional presentation, and offered time with the professionals to speak more on individualized goals and experience.

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

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

DCF youth are paid a stipend of \$10 an hour by the Department (Chafee funds) for their participation in this program. They are able to determine the number of work hours 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 motivate them to continue with their educational goals. As of April 2020, 34 youth were matched with internship placements. Total spending in the internship program was \$13,460. Some of the internships this year included museums, childcare centers, farms, YMCAs, hair salons, and summer camps.

Housing Support, Room and Board Assistance, Homelessness Prevention

Many of the young adults reaching age 18-years-old in DCF custody/care chooses 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, the DCF utilizes the state-funded Young Adult Support Payments to directly provide room and board funding to young adults who are determined by DCF to be responsible and able to safely manage these funds. As of December 31, 2019, there was 2050 young adults age 18 and older receiving agency voluntary care.

As the Chafee Program funds cannot be used to support the room and board costs for foster youth in agency custody/care, and DCF provides voluntary care and placement for so many young adults age 18 and older, the Department uses less than 30% of its allotment of the federal Chafee Foster Care Independence Program for room and board payments. However, DCF utilizes Chafee funds for the Discharge Support Program.

The Discharge Support Program, managed by the Adolescent Services Unit of DCF, supports start-up costs (i.e. first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth. This past year from June 2019 to April 2020 115 young adults received discharge payments for housing and related expenses totaling \$133,820. This represents a 55% increase in discharge support funds utilization, which reflects a direct impact of the extension of Chafee funding to age 23. Funds may be paid directly to the young adult or to the landlord or utility provider. If the young adult's behaviors are such that providing money without his/her willingness to work with Outreach staff would likely jeopardize the youth's safety, then the young adult is informed of the program and given contact information so that he/she may call at any time and request assistance in the future.

Below is a summary of the housing supports offered through state and federal housing funds, DCF, as well as donated supports.

- *Voluntary Placement Agreement and Options* - The Department's Permanency Planning Policy mirrors the Fostering Connections guidelines for continuation in voluntary care. DCF encourages youth who attain age 18 in custody or care to request continued care with the Department to pursue their educational and/vocational training and access the services they need to reach their potential as participating citizens. The Voluntary Placement Agreement (VPA) that both the youth 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 new form 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 staffs believe are responsible and able to live in an approved placement (i.e. college dormitory, apartment with or without roommates). Via this provision, young adults receive a stipend to fund their living costs and daily expenses. These youth are most often either attending an educational program or are training for a job/career. DCF social workers provide case management services. The area office Adolescent Outreach Worker may assist

with supervision and support. As of April 2020, there were 724 young adults statewide who were receiving Young Adult Support Payments.

- *Sisters of Charity* - DCF has continued its partnership with the Sisters of Charity serving females age 18 and older from foster care with housing services. The Bachand Residence for Girls is an ideal example of collaboration and the valuable support that caring members of the community can offer to young adults preparing to transition to adulthood. The Sisters are responding to the community need for safe, stable housing for DCF post-secondary students who are attending a community college or vocational training programs, which do not offer housing accommodations. The Sisters of Charity rent DCF students' private rooms in a previously vacant wing of their building. In addition to their own rooms, the young women have a kitchen and dining area, a lounge, computer room, and laundry and storage area. This past year again, 16 young women have been residents at Bachand Hall.
- *Paige Street Apartments* - The Lowell Area office of DCF has also collaborated with community housing advocates and a developer to create a housing program for young men in the Lowell area, Paige Street Apartments. The program includes ten one-bedroom apartments. Nine of the apartments are reserved for DCF young adults ages 18 and older in voluntary care and receiving Young Adult Support Payments, and one room is for the Resident Advisor (RA).
- *Family Unification Program* - Since 2009, DCF and the MA Department of Housing and Community Development have jointly applied to HUD for Family Unification Program (FUP) vouchers— a portion of which has been assigned for "transition age" youth. These vouchers are limited to an 18-month period, unlike the standard FUP vouchers. Since 2009, we have maintained 28 vouchers for the transition age youth. Outreach staff is assigned to work with each recipient to support them with educational pursuits, money management, employment, housing and other needs that may arise. The young adults must be eligible for Chafee funding; however, they do not have to be in the voluntary care of DCF.
- *FYI-TPV Program*, MA DCF has partnered with Community Teamworks, a qualified PHA in Lowell, MA to build capacity and apply for the FYI-TPV program. Where this program is the furthest along in the process with required signed MOU's, other local PHA's have also began collaboration in Cape Cod and Berkshire County. Partnerships with these housing authorities help DCF to meet its goal to focus resources to assist young adults living in rural areas of Massachusetts.

Youth Transitioning to Success Program (YTTSP)

The Department of Housing and Community Development and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP) following feedback from focus groups of young adults who participated in the Family Unification Program (FUP) for transition age youth as well as input from DCF Outreach staff. This program was implemented in 2011 and expanded in 2017. Some of the features are subsidized rent; a special needs account for approved emergency expenses as well as an escrow account to assist youth to save for the future. A significant difference from the Family Unification Program is the rental structure. Participants receive rental assistance based on the fair market value of the area where they will be residing. The young adult will be responsible for paying the differential payment in rent, and all utilities. Rent is not dependent upon the participant's income, allowing her/him to save money. The first year 80% of the rent is paid for the young adult; 65% is paid in year two, and 50% is paid in year three.

The participants are required to be enrolled in a post-secondary degree program/vocational training program and to work at least 12 hours weekly. YTTSP also includes assigned DCF Adolescent Outreach workers to assist the young adults with managing the responsibilities of money management, education, employment and housing. This year the program served 26 young adults.

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 has been apprised of the review schedule as well as reported outcomes.

- DCF has shared the NYTD data with statewide managers and executive leadership to continue assessment of the implementation of the Permanency Planning Policy and our efforts to support permanency, life skills development, and safety for all foster youth. Discussions continue regarding all the data components of the survey.
- DCF has shared the NYTD survey outcomes and information with the Massachusetts Network of Foster Care Alumni, the Joint Youth Advisory Committee, and youth focused representatives from City governments. 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.
- DCF has continued its effort to improve NYTD data collection using a variety of opportunities such as provider meetings and internal agency forums to inform and remind staff, foster parents and providers of the importance of assisting the agency in accessing the youth/young adults to administer the surveys. Outcome data has been shared and discussed at these meetings and forums. In September 2018, DCF made two technological upgrades to its NYTD survey process. In the first, a link to the NYTD survey was made more easily accessible via the www.mass.gov website as part of its overall improvement plan. Second, the NYTD survey was ported over into DCF's web-based case management application, i-FamilyNet. This change made it possible for Adolescent Outreach Workers and other staff to enter NYTD surveys from their state-issued iPads or other mobile devices, increasing the number of surveys recorded.
- NYTD data has been made available to agency partners. It has been particularly useful to the housing and homelessness community as they respond to Youth Homelessness Demonstration Program opportunities and other Notifications of Funding from HUD that identify transition age foster youth as a target population.

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. Members of the Youth Boards and the Alumni Association also participate in CSFR reviews and NYTD efforts.

The Joint Youth Advisory Committee

Presently, there are 37 youth/young adult members of the DCF Joint Youth Advisory Committee. The Joint Youth Advisory Committee is comprised of local boards, a central board with representatives from these local boards, and joint meetings with the Massachusetts Network of Foster Care Alumni Board. The mission of this group is to promote positive outcomes for future foster youth through their voice, advocacy, and action. They provide recommendations to the Department on services, policy and practice.

Achievements and goals from this year are detailed below:

- Members provide 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 provide 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 discuss the value of continuing in care after age 18, setting goals and working to achieve them. The Panel also meets 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 this year due to COVID 19. The membership will be an integral part of decision making and planning around any virtual academy or other feasible opportunity for the summer or fall of 2020.
- 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 continue to participate in MAPP trainings and regional recruitment events, sharing their experiences to help train and recruit Foster and Adoptive families.
- Members continue 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 leadership forum series focused on permanency attainment.
- Members have provided feedback to the state Department of Housing and Community Development on the current subsidized and supportive housing programs developed in partnership with DCF. Members who have participated in these housing programs are now part of the preparation and referral process for new consumers. When a new young adult is referred to the program, they are connected to a Member who will discuss the strengths and challenges of the program. Some Members also invite new youth and their Outreach Worker to see their apartment setting to help them visualize the care model and decide if they want to move forward in the program.

The Massachusetts Network of Foster Care Alumni

The Massachusetts Network of Foster Care Alumni, initiated and funded through DCF, has continued to grow this past year. Its purpose is to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities for service and leadership. The Network's Advisory Board has a strong representation of foster care alumni. The bylaws require 51 percent of the Board have experience in foster care. With its 501c3 certification, the Association is better positioned to raise funds and eventually become independent of agency funding. The annual Thanksgiving Dinner for foster youth alumni was held in November 2019 offering alumni the opportunity to network with one another and learn more about the opportunities the Massachusetts NFCA offers. Each year the membership grows and the activities expand across the state providing foster care alumni many opportunities to connect with one another and benefit from the community of support. The NFCA has engaged the City of Boston to establish foster care awareness week.

Collaboration with Other Private and Public Agencies

- DCF maintains its participation in the New England Youth Collaborative – a regional youth group dedicated to improving the services/resources and outcomes for foster youth. Each New England state has 2 youth representatives and adult supporters.
- DCF continues its collaboration with the state Department of Housing and Community Development to manage the Family Unification Program Vouchers (FUP) for housing for transition age youth and the newer program, the Youth Transitioning to Success Program (YTTSP).
- Adolescent Outreach and ETV staff collaborated with Worcester State University and Mount Wachusett Community College as well as the Massachusetts Runaway and Homeless Youth Grantee, Luk Inc., to determine how to use services funded by Chafee, RHY, and the University to stabilize and retain students from foster care who are attending Worcester area colleges.
- Members of Adolescent Outreach and the Joint Youth Advisory Committee provide support to the Youth Homelessness Demonstration Programs for the Hampden County, Franklin County, and City of Springfield Youth Homelessness Demonstration Program. These meetings addressed the areas of stable permanent housing, permanent connections, social and emotional well being, and racial equality.
- DCF Collaborated with the Wonderfund organization to provide enrichment activities focused on transition-age youth. In August 2019, the Wonderfund sponsored a jazz concert exclusively for DCF youth and young adults that focused on the history of jazz and African American contribution to music culture.
- The collaboration between the DCF and the MassHealth has supported Massachusetts’ utilization of the federal Chafee Provision allowing states to provide Medicaid coverage for youth who discharge from placement at or after age 18. This benefit is provided up until their 21st birthday without re-application. DCF and MassHealth have been working to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from “in placement” Mass Health to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination. A new initiative this year was developed to ensure young adults who are co-committed to the juvenile justice system and child welfare system have better care coordination and education about MassHealth.
- DCF Adolescent Services staff members have continued to work collaboratively with staff at the Department of Higher Education, the state universities, and the two-year public colleges as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of our shared students. DCF has continued its presence on campuses and work in partnership with higher education (in the areas of support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students.
- DCF has begun a closer collaboration with state 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 Adolescent Outreach and DCF staff to ensure benefits are maximized for transition age youth and young adults.
- DCF works collaboratively with the state Department of Mental Health (DMH) and the Department of Public Health (DPH) to facilitate access to services for youth and young adults with mental health and/or substance abuse histories.

- DCF’s 29 Education Coordinators are affiliated with each of our geographical area offices to provide assistance, training and support to workers and families for all education and special education related concerns that impact our children and youth. Their focus includes school enrollment, transportation coordination with districts, school engagement and supporting transitions for youth who are hospitalized or returning from congregate care placements. They fulfill a critical role in fostering educational stability and progress for our youth.
- DCF Outreach Program staff members have continued their efforts to strengthen connections with Workforce Investment Act (WIA) funded agencies and career centers with the goal of accessing services and supports for our foster youth. Targeted outreach to foster youth for summer/seasonal job hiring continues.
- DCF’s partnership with a large local business, Jordan’s Furniture, provides donated furniture store gift cards in an effort to support youth moving into their first apartments.
- The Rise Above Foundation has also worked 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.

Human Trafficking

- DCF Adolescent Outreach staff participates in the DCF leadership group on Commercial Exploitation of Children and Human Trafficking and works through this group on policy changes relative to children missing from care and children classified as CSEC who are also eligible for Chafee funded services. In 2020, Adolescent Outreach Workers participated in basic and advanced training related to CSEC and exploitation of youth and young adults.
- The Department's PAYA Life Skills curriculum addresses the dangers of domestic violence, dating violence, victimization and human trafficking. The focus on self-esteem building, self-care and personal goal setting is also the approach that the Adolescent Outreach staff use with their youth.

Training and Technical Assistance

The staff of the Adolescent and Young Adult Services Unit have continued to provide focused training to new staff and technical assistance to staff, providers and foster parents to strengthen understanding and practice of the policy. These opportunities for training and technical assistance will continue. The following is a list of newly revised and updated trainings offered by the DCF Adolescent and Young Adult Services Unit for internal DCF staff and external partners. The trainings take place at the CWI training site.

- *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 helps 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 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.

In addition to the newly developed trainings above, the learning opportunities below reflect consistent annual work to equip both internal and external stakeholders with competencies to support transition age youth and young adults.

- Outreach staff 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, 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 staffs issue a newsletter for professionals and supporters of transition age foster youth. The publication includes training opportunities and dates; resource 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.

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

Adolescent Outreach in the Southern Region continues to provide support and consultation on issues related to transition age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. Information and consultation on Chafee funded services including the availability of Adolescent Outreach are made available to Tribe serving professionals and Tribal youth in placement. Updated referral forms and applications are regularly made available to tribal staff that assists the transition age population. In addition to the dedicated ICWA staff, the Southern Region Adolescent Outreach Supervisor serves as a point of contact for Tribe staff serving transition age youth and provides a connection to services and benefits.

Post-Secondary Education

- As of April 2020 DCF identified 49 students from care that would receive Bachelor's Degrees in 2020 as well as 16 students who will receive Associates Degrees and 25 students who will receive certifications through vocational training programs.
- Adolescent Support Services Unit staff presented Educational/Vocational Fairs in 29 area offices for youth, foster parents, congregate care providers, and DCF staff. Outreach staff presented information on financial aid, assisted youth in completing their FAFSA applications and discussed the many options of college/vocational training opportunities available to foster youth. Foster youth who were currently attending college were also present to answer youths' questions. This is a resource that has been provided for more than ten years and will continue.
- Young adults, who leave DCF care after the age of 18 and have not yet reached their 26th birthday, are eligible for the Chafee funded services and the Education and Training Vouchers described below. The vast majority is also eligible for the state-funded Tuition and Fee Waivers. The Adolescent Outreach workers are critical to the work of assisting these young adults to access the needed services including those to address their educational/vocational needs.
- Updated information on post-secondary education funding including scholarships for transition age foster youth is made available to social workers and internal youth partners via the DCF Social Intranet and an electronic shared resource file available to staff via an internal shared drive. Through this technology, updates can be made in real time as scholarship information and other information relative to post-secondary planning and support becomes available.
- The DCF website, www.mass.gov/dcf, provides an online public resource for students and foster parents and partners to access up to date post-secondary and higher education financial benefits and support programs. The information is found under the Adolescent Support Services tab. ETV social workers update and maintain the education information provided via the website.

EDUCATION AND TRAINING VOUCHER PROGRAM

Accomplishments

In the 2019-2020 academic year, Massachusetts awarded 498 Education and Training Vouchers. There were 202 new vouchers and 296 ongoing vouchers this year and 40% of the vouchers awarded this year were for returning students. The students who received an ETV award this year attended 94 different colleges, universities and vocational training programs in 13 different states. Of the 498 recipients, 85% of the students were enrolled full-time, and 15% were enrolled part-time.

List of activities conducted by dedicated ETV staff:

- To ensure ETV funding does not exceed the cost of attendance, ETV staff collect and review the ETV application form, which includes a student's financial aid award letter and statement of account. This information is combined with the state level award notification of a Massachusetts Foster Child Grant and Massachusetts Foster Child Tuition and Fee Waiver. With the existence of this combination of funding, many ETV recipients allocate those funds to the cost of needed technology, books, and transportation.

- In an effort to serve more students and to respond to feedback provided by ETV recipients, Education and Training Specialists held individual meetings with students and their social workers. In addition to these private consultations, 12 college advising events were held on 9 campuses this past academic year. Foster youth were served through these events via attending an advising day, meeting privately with ETV Social Workers or through advocacy on their behalf to college financial aid or student support personnel. Students were assisted with financial planning, housing, academic progress and social/emotional needs. Group advising also provided an opportunity for interested students to meet peer mentors from foster care who attend the same academic institutions.
- The Commonwealth of Massachusetts has developed a Single Point of Contact Network (SPOC) on college campuses. These individuals are staff volunteers from varying departments on college campuses that will work with students at risk of not completing school due to challenges that are not academic in nature. Together DCF staff and the campus SPOCs assist foster youth with needed support and resources. DCF staff trained SPOCs and guidance counselors from across the state on supports services and programs offered through DCF to guide post-secondary students on sustaining their education and establishing lifelong connections in their community.
- Education and Training Specialists worked with MA Educational Financing Authority (MEFA) to present on the unique educational needs of students from foster care and the supports available to them at 3 statewide guidance counselor trainings in the fall of 2019 and winter of 2020.
- DCF continues to publish a newsletter for ETV student recipients to invite input from college students and educates readers on resources and events geared toward post-secondary success.
- To expand membership from the college student population, two ETV Student Advisory Boards at Bridgewater State University in the southern region of Massachusetts and Salem State University in the northern region were created to liaise with the colleges and DCF and the Joint Youth Advisory Committee.
- DCF continues to publish a newsletter for ETV student recipients to invite input from college students and educates readers on resources and events geared toward post-secondary success. Guidance from the Youth Advisory Board members and DCF college students will continue to be solicited to ensure the information is relevant to the needs of the students and presented in a manner that will engage students.

Collaboration

- DCF has and will continue its membership on 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
- DCF staff have developed and maintained partnerships with state community colleges to identify housing and educational support resources and have presented at numerous informational meetings for field staff college staff to share information on these resources.

Massachusetts State Financial Aid Programs for Foster Youth

DCF coordinates the ETV Program with other Massachusetts state-funded education and training programs currently offering financial assistance to eligible foster and adopted youth including the State College Tuition and Fee Waiver Program, the Foster Child Grant Program and the William Warren Scholarship Program.

The ETV staff work 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 in an effort 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 477 (b) (3) (J).

Foster Child Tuition and Fee Waiver Program

The Foster Child Tuition and Fee Waiver Program provide waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any one of Massachusetts' 29 state universities and community colleges. Initially approved by the Board of Higher Education in June of 2000 for tuition waivers, this program was expanded to include fees in July of 2008. Youth eligible for the state college undergraduate or certificate tuition and fee waivers include:

- A current or former foster child who was placed in the custody of the DCF and remained in custody through age 18 without subsequently being returned home. The youth must have been in custody for at least six months immediately prior to age 18;
- Youth adopted through DCF; and
- Youth who have been in the custody of the DCF and whose guardianship was sponsored by DCFs through age 18.

Massachusetts Foster Child Grant Program

The Foster Child Grant Program was developed in January 2001 and provides up to \$6000 of financial aid for current and former DCF youth (in custody via a C&P) who have left care at age 18 or older without returning home. This aid may be used at any IV- E eligible public or private college. The MA Board of Higher Education manages these grants, determining the level of funding per student.

William Warren Scholarship Program

The Department issued five William Warren Scholarships this year to youth served by the agency who were attending four-year colleges and who demonstrated need beyond financial support programs available at the state and federal level. These scholarships were financed with donated funds and nominally by the State Ward account. Many of the youth who apply for the program are also eligible for the Massachusetts Tuition and Fee Waiver and other higher education support programs such as ETV. Applicants who qualify for other forms of student aid are supported by DCF workers to access such aid.

Hope Worldwide Dr. Martin Luther King Essay Contest

DCF has continued its partnership with Hope Worldwide, an agency that sponsors an essay contest annually to celebrate the birthday of Dr. Martin Luther King. College students from foster care are invited to compete in an essay contest where they reflect on their public service. More than \$3000 in scholarships was awarded to foster youth enrolled in college. The winners were honored at a service dedicated to Dr. King.

C6 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 Annual Progress and Services Report for FFY 2020.

Overview of Efforts Related to the Compliance of the ICWA Act

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

Coordination with Tribes

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

Throughout the FFY2020 period, MA DCF has maintained meaningful contact and coordination with Massachusetts' two federally recognized Tribes.

The current Tribal contact for the WTGH (A) is Chief of Staff, Lee Ann Wander. Catherine Edwards served as the Human Services Director and Tribal contact of WTGH (A) until October 2019. Catherine Hendricks is the ICWA Director and contact for the MWT. Sarah Spruill is the contact and Program Manager of MWT's Child and Family Service (CFS) Program.

The DCF ICWA team convened with both Tribes for an annual meeting at the Mashpee Government Center on September 19, 2019. The purpose of the 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. As a result of this meeting, further cooperative development in these areas will continue. Also, a preliminary discussion took place around the development and implementation of the Mashpee Wampanoag Tribe's Child and Family Services (MWTCFS) Program. The MWT is designated to supervise and administer a title IV-E program and a Child Welfare Service Plan as outlined under subpart 1 of title IV-B.

Successive meetings took place with DCF and the MWT on October 22, 2019 and November 19, 2019. On October 22, 2019, DCF and the MWT ICWA and CFS teams met to discuss how DCF could support MWT's CFS program and focused on questions DCF and MWT had regarding collaboration. MWTCFS was able to share their Child and Family Ordinance (CFO) as well as discuss their policies and procedures.

A larger meeting took place on November 19, 2019 to focus on coming to agreements on practices that would support the MWTCFS Program. This meeting expanded to include additional essential stakeholders. DCF's General Counsel, Deputy General Counsel, Regional Director for the Southern MA region, Area Director of the Cape and Islands Area Office, and ICWA Coordinator attended. Participation from the Regional Director from the Southern Region and the Area Director of the Cape and Island Area Office fostered cooperation and support for areas where MA tribal populations are most heavily located. Also attendance of both the General Counsel and Deputy General Counsel promoted discussion on important legal considerations in meeting shared objectives. Attendees from the Tribe included the Human Service Director and full ICWA and CFS Departments. Also in attendance were representatives from the Children's Bureau. Action items included providing the Tribe with a DCF organizational chart, developing material to train front line workers and other DCF staff on the MWTCFS structure and responsibilities in working with MWTCFS, and drafting an MOU for DCF and MWTCFS joint investigations. During this meeting, DCF and

MWT acknowledged that barriers in this process could be overcome through objective and open communication and a willingness to remain actively engaged in the process of developing and refining processes. An additional meeting to follow up on planned developments is currently being scheduled.

DCF currently utilizes a direct consultation feedback model for input. Collaborative discussions such as meetings and routine contact via phone and email is the preferred method of MA DCF and the Tribes, as it provides an opportunity to actively generate ideas and solve problems while expanding the relationships between stakeholders. MA DCF is also open to the possibility of introducing more formal feedback tools such as surveys or evaluations in the future.

Status on Intergovernmental Agreements with Tribes

The negotiations for the Intergovernmental Agreement (IGA) began in April 2017 between MA DCF and the MWT. Meetings occurred twice monthly through August 2017. At that time, the MWT communicated that its next step was to incorporate the agreed-upon changes to the first draft of the IGA. Currently, DCF and the Tribe agree regarding focuses such as services (current, post-placement and pre-placement), child placement, notice, training, inter-agency coordination, amendments and terminations to agreements, confidentiality, ICWA compliance, and consent to adoptions. DCF is currently in discussion with the Tribe's attorney to clarify any additional updates to the existing draft.

In addition to the IGA, MA DCF and MWTCFS are working collaboratively on drafting an MOU to address procedures for the identification, reporting, and co-investigating of reports of children who are enrolled members or eligible for membership with the Mashpee Wampanoag Tribe that are not within the Tribes exclusive jurisdiction.

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

Plan for Ongoing Coordination with Tribes

DCF and the MA Wampanoag Tribes meet throughout the year, both formally and informally. In Massachusetts, a large annual meeting takes place each summer in Martha's Vineyard or Mashpee. This meeting includes representatives from both Tribes and the MA DCF ICWA Team. An annual meeting for MA DCF and both MA Tribes is currently being scheduled for the third quarter of FY2020. Additional formal and informal meetings take place throughout the year. When attendees are unable to attend in person, accommodations will be made to include attendees virtually.

Virtual quarterly meetings will continue to take place with DCF and MWTCFS to follow up on progress toward mutual objectives. When in-person meetings cannot be conducted safely, meetings will convene virtually.

The MA DCF ICWA team welcomes contact from any Tribe to ask questions, provide feedback, or troubleshoot potential areas of concern. Phone contact and emails are everyday mediums to discuss the implementation of ICWA and case-specific matters with the ICWA Coordinator and ICWA Liaisons in each region of the state. As the MWT has been operating their CFS Program, increased communication with DCF has allowed for timely problem solving as issues arise.

MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. Both Wampanoag Tribes have been and will continue to be invited to participate in the Steering Committee and the Advisory Group at the Children's Cove Multi-

Disciplinary Team (MDT). The MDT is made up of medical and mental health professionals, law enforcement, child protective services, victim advocacy, and others to address human trafficking.

DCF has previously proposed the formation of a Qualified Expert Witness (QEW) Committee, which will be made up of tribal, state, and legal representatives. The committee will clarify and create standards for QEW's in the areas of qualifications, recruitment, selection, preparation, training funding, sustainability, and oversight. This project will draw on national QEW standards and current practice. DCF has communicated that input from the tribes is essential to ensure that the areas of tribal interest are included. ICWA representatives from both MA Wampanoag Tribes responded optimistically to the proposal and informed DCF that final approval to participate in this work comes from their Tribal Council. Work toward the formation of this committee will be the focus of the upcoming annual discussion.

As part of an ongoing initiative to strengthen state-tribal relationships, the Eastern Regional Bureau of Indian Affairs invited the MA DCF ICWA Coordinator to speak at the May 14, 2020 Annual Leadership Academy for Tribal Managers about the importance and strategies of building collaborative relationships between tribes and states. Massachusetts is currently under an emergency declaration that suspended all out-of-state work-related travel. This opportunity will continue to be reviewed considering any changes to work-related travel orders.

Sharing the APSR with Each MA Tribe

DCF ICWA Coordinator will provide a digital copy of the APSR with both tribes upon finalization.

Care of Children under State and Tribal Jurisdiction

The Department and the tribes understand that when a tribal child is placed in the custody of the Department, the Department must meet all the requirements for that child under 42 USC § 622(b)(8), and §§ 675(5) and 675A. The Department and MWT have had discussions during the negotiations on the IGA as to who would meet these requirements if a child is placed in the custody of the tribe, and if the case is removed to the tribal court. This subject will also be a focal point in IGA negotiations with the WTGH (A). If a tribal child comes to the attention of the Department as a result of abuse or neglect, the Department will treat the tribal child as it does any other child in the Commonwealth and provide pre-placement preventative services. In cases where the MWT has transferred legal jurisdiction of tribal children from state to tribal court, the MWTCFS will provide the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act. These services include the operation of a case review system (as defined in section 475(5) of the Act) for children in foster care, a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families, a service program for children in foster care to facilitate reunification with their families, and placement of a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take jurisdiction of protective cases. With the development of its CFS Program, Mashpee communicated intent to increase its jurisdictional transfer. In FFY 2020, the Tribe has taken jurisdiction of six cases.

DCF has proposed facilitating a meeting between state and tribal judges to establish connections that will support the cohesive and efficient jurisdictional transfer of cases.

State Measures to Comply with ICWA

Support

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

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

The ICWA Coordinator and the Deputy General Counsel will continue to be a part of monthly calls facilitated by the Child Welfare League of America and the National Indian Child Welfare Association. These calls are attended by ICWA representatives from each state and provide updates on legislation and policy impacting ICWA. The calls also serve as an opportunity for states to share information on ICWA compliance and best practice. This year, topics focused on the support of Tribes and state social workers through supervisor training, funding avenues, data sovereignty, training curriculum, feedback loops, inter-agency support, and the legal challenges to the constitutionality of ICWA in both the state and Federal Courts.

Field staff is supported in a variety of ways. Each (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 Massachusetts Tribes and to educational material that stresses the importance related to the ICWA law. Each DCF team that receives this information is urged to share it with their colleagues in order to increase DCF knowledge and compliance with ICWA. The ICWA Coordinator and regional ICWA Liaisons are available daily via telephone and email for any ICWA related questions.

DCF maintains an ICWA intranet page to further inform and support staff. This page serves as a great reference for staff to submit ICWA inquiries in a timely manner, increases the understanding of ICWA, and offers Supervisors agenda topics for unit meetings that result in improved compliance. Staff is encouraged to visit the page in trainings and during each ICWA inquiry.

Guides for field staff that include topics on active efforts, data collection for ICWA notices, and ICWA clinical considerations are regularly included in trainings and for distribution.

Inquiry

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

DCF will continue to also monitor compliance through its use of language on administrative forms connected to ICPC, six-week placement meetings (following court custody), and Permanency Planning. Six-

week placement, foster care reviews, and permanency planning meetings will also provide an opportunity for DCF to ensure compliance is met if the question has not been addressed.

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

The inquiry will continue to extend toward diligent efforts to uncover genealogy necessary for an ICWA notice. Family tree collection always begins with the immediate and extended family and can include an Accurant search for missing family tree information as needed. Accurant is a database that searches public records for information such as names, dates of birth, addresses, and phone numbers when demographic information is added. DCF also enlists the assistance of the attorney representing the appropriate parent identifying potential NA/AN heritage to impress the need to share needed genealogical information to comply with this federal law. Ongoing work will continue to ensure that family trees in ICWA notices include the most comprehensive and accurate information obtainable.

ICWA compliance has been and will continue to be incorporated into current and updated policies. The current ICWA policy will be updated to include practice around supervision, investigation, and implementation. Previous incorporations have occurred in the Protective Intake policy, Missing or Absent Children policy, and the Family Assessment and Action Planning policy.

MA DCF has also provided comments in support of proposed Foster Care Analysis and Reporting System (AFCARS) data elements to capture additional data points in DCF's internal database related to the ICWA.

Notification of Indian Parents, Tribes, and BIA

DCF's efforts to educate staff about ICWA through training, its Intranet page, and outreach by Regional ICWA Liaisons have significantly increased ICWA compliance and will continue. In the recent 12-month period (3/1/2019-3/1/2020) 1087 notices to Tribes for 260 families were sent across the county. MA DCF received 292 ICWA inquiries between March 1, 2019 and March 1, 2020. As of March 1, 2020, 184 inquiries were in process. ICWA inquiries are considered in process when DCF is either working with a family to collect family tree information or waiting for a response from the identified Tribe(s).

In response to the national Covid-19 pandemic, many tribal partners across the country are working remotely. To ensure effective and timely delivery of ICWA notices, MA DCF is offering ICWA notices via secure email to designated tribal ICWA contacts in addition to legal notification via certified mail.

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

DCF will continue to notify Tribes of trials in cases where ICWA applies, in accordance with BIA guidelines. DCF will diligently work to obtain responses to notices sent through sending additional notices, emails, or follow-up phone calls.

In addition to notice, DCF mails formal requests for tribes to assign or recommend Qualified Expert Witnesses (QEW's) in cases where ICWA applies.

DCF will continue to monitor and assess its compliance with ICWA using a database maintained by the ICWA Coordinator. The Coordinator will track all components of an ICWA case. This record keeping provides essential oversight and tracking of all ICWA cases.

Education

Trainings are regularly held throughout the state and will continue. Both MA Wampanoag Tribes are provided updates on scheduled training and are invited to co-lead trainings. These trainings are at both the area office level and larger in-service trainings. This year two area office trainings took place in Cambridge, MA on December 20, 2019 and Taunton, MA on December 2, 2019. Area office trainings are currently being expanded and updated to include procedure on working with the MWT's CFS Department.

An in-service training took place on November 5, 2019. It was co-facilitated by the several members of the Mashpee Wampanoag Tribe and the DCF ICWA Coordinator. Members of MWT shared important cultural and historic experience and presented and discussed tribal regalia. In addition, members shared tribal child-rearing practices. Members of the MWT ICWA and CFS team also discussed the work they perform 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.

Two specialized trainings took place this year. The first took place with the Southern MA DCF Foster Care Review (FCR) Team on November 21, 2019 to discuss ICWA and how FCR can assist in ensuring ICWA compliance. The second specialized training took place on December 27, 2019 with a new member of DCF's Medical Social Work team. This training focused on the clinical and medical aspects of ICWA, working with Indian Health Services (HIS), and active efforts that take place in medically complex cases where ICWA applies.

Several additional specific presentations are currently being planned for MA DCF personnel. A training that is specific to Permanency Planning and ICWA, with an emphasis on active efforts, which will be co-facilitated by DCF and the MWT was scheduled for June 1, 2020. A DCF statewide legal meeting presentation on Qualified Expert Witnesses with a breakout session is being planned to assist in further clarifying the role of the QEW. This training was cancelled due to the Covid-19 pandemic and is in the process of being rescheduled.

The DCF ICWA team is also committed to continual opportunities to learn to enhance understanding and processes. Through the sponsorship of the Massachusetts Supreme Judicial Court's Court Improvement Project, the ICWA team has been represented at the annual National Indian Child Welfare Association's (NICWA) conference for many years. This conference brings together professionals from a cross-section of fields that serve Native American and Alaskan Native children who are sharing the latest research and best practice in service delivery. DCF Deputy General Counsel, the ICWA Coordinator, and the Northern Regional ICWA Liaison attended the conference in March 2019. Attendance in this conference enhanced knowledge in ICWA related matters and informed trainings. The conference presented new technologies and data collection being utilized in ICWA cases, the development of ICWA Courts around the country, and trends on the horizon in Native American child welfare cases. Additionally, attendance in sessions around Qualified Expert Witnesses informed new practice for MA DCF informally requesting QEW's.

The MA DCF ICWA Coordinator and Deputy General Counsel attended the 2020 virtual NICWA Conference in March 2020. The Conference sessions provided the latest information on promising practices in state-tribal relations, optimizing wellness outcomes in Native communities, tribal participation in the Family First Prevention Act, Wellness Courts, legal and legislative updates, and research on indigenous populations and evidence based cultural programs.

The MA DCF ICWA team has also met to share information, learn from one another about best practices, and discuss ways to support staff and Tribes. The last meeting took place on November 12, 2019 to discuss ICWA related matters that have occurred at the area office level and plan for training area offices for the upcoming year. Meetings with the MA DCF ICWA team will continue to take place virtually.

Communication and learning take place daily via email with the MA DCF ICWA team as updates are shared.

Placement Preference

DCF is dedicated to helping children remain with their families, familial 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 employ diligent searches for relatives to ensure placement preference is followed. Placement preference is explained at ICWA trainings, and further information can be always found on the ICWA Intranet page. Guidance on placement preference is also provided and reinforced by the ICWA Coordinator and ICWA Liaisons.

DCF's five ICWA Liaisons across the state serve as contacts to address any questions or concerns that arise with placement preferences for the Tribes, and DCF's family-find teams across the state have greatly assisted with kin-related searches in cases where ICWA applies.

DCF has offered to work collaboratively with WTGH (A) and MWT to recruit and train tribal foster parents and has reached out to both Tribes to plan MAPP training to increase tribal foster homes. MWT has expressed interest in planning events in the future. Currently, the MWT can train and license their foster homes. DCF will continue to work with both Tribes in recruiting additional foster homes.

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

In order to identify all potential Tribal foster homes, DCF will ask foster parents about tribal affiliation. A request to include tribal affiliation on future revisions of foster care applications has been made by the MA DCF ICWA Coordinator and Regional ICWA Liaisons.

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

Active Efforts

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

DCF recognizes that active efforts are an interconnected endeavor and that all DCF employees can provide a family with active efforts within their roles. Specialized training always includes a component that discusses active efforts within respective positions. 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 in ensuring active efforts by identifying and supporting higher levels of social work in medically complicated ICWA cases. Supervisors are encouraged to focus on active efforts in supervision with social workers.

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.

Future implementation of the Family First Prevention and Services Act (FFPSA) will serve to reinforce the implementation of these shared values.

Once ICWA applies in a case, social workers receive information from the ICWA Coordinator that impresses the requirement for observation of active efforts, placement preference, close coordination with the family's Tribe, and incorporation of cultural elements into the action plan. Regional ICWA liaisons are available to assist area office teams in enrolling eligible children in their Tribes and are available for consultation and support of field staff at any time.

Once eligibility in a Tribe is confirmed, the ICWA Coordinator reaches out to area office teams to obtain tribal enrollment numbers for recordkeeping. Regional ICWA liaisons are available to assist area office teams in enrolling eligible children in their Tribes. To this end, MA DCF recordkeeping has expanded in the iFamilyNet demographic screen to now include a value stating when a child's enrollment status with a Tribe is "pending". This allows for improved tracking of enrollment and is utilized by DCF staff to capture enrollment status

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

Adolescent outreach in the Southeast Region continues to provide support and consultation on issues related to transition-age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. Training and consultation on Chafee funded services including the availability of adolescent outreach are made available to Tribe serving professionals and Tribal youth in placement. Tribal youth are eligible for all Chafee benefits and services and Tribes are provided with annual updated staffing and referral information. At times, Mashpee Wampanoag Tribe has designated staff that is focused on youth and young adult programming and services. These designees have worked directly with DCF staff to understand and access Chafee funded benefits and services. In FFY 2020, 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 access to them. Currently, the Tribes are invited to contact Adolescent outreach at any time to schedule a meeting and were provided with information via email about resources and Chafee benefits.

At this time, neither MA tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program with respect to eligible Indian children. Neither tribe has requested to receive an appropriate portion of the state's allotment for such administration or supervision.

SECTION D. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

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.)

Massachusetts has come into compliance with the new CAPTA provisions per the Victims of Child Abuse Reauthorization Act of 2018. State law (Massachusetts General Law St.2020, c.31, §7) was amended to extend legal immunity to any person who, in good faith, provides information – including diagnoses – to DCF in connection to a report of abuse or neglect. The provision is effective as of March 4, 2020. Exact language from the legislation can be accessed at:

<https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter31>

This statutory change does not affect Massachusetts' eligibility for CAPTA, as it only extends legal immunity to reporters of abuse and neglect who do so in good faith.

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 Department intends to use a portion of CAPTA State Grant funds in FFY21 to support the hiring of a Director of Disability Resources. This position will focus on support the coordination of culturally competent services and program resources for children and families served by DCF including identifying, mitigating, and making recommendations to eliminate any barriers children and families may experience in service delivery.

This position will support the following CAPTA Priority Areas:

- Improving 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, including— (A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption (section 106(a)(10));
- 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 (section 106(a)(14)).

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).

1. Policy Implementation

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.

FY19 Expenditures, Activities and Accomplishments

For FY2020, DCF spent \$46,669.00 in CAPTA funds to support training, coaching, facilitating and other critical implementation needs for practice and policy changes.

The breakdown is as follows:

Implementation Coaches:	\$33,840
Implementation Coaching Fringe:	\$12,829

The Implementation Coaches trained and coached on the following policies in FY20:

- Family Assessment and Action Planning
- Supervision
- Protective Intake
- Missing or Absent Children
- Foster Care Review
- Family Resource

Their training and coaching activities included area office training as well as unit and social worker specific coaching. Additionally, they worked on coaching around clinical formulations.

DCF is currently reorganizing the agency’s policy and practice implementation framework to ensure social workers, supervisors and managers have access to consistent practice supports tailored to regional and local needs. In the 2019 CAPTA Update, DCF allotted an additional \$50,000 to support hiring a policy implementation manager that will oversee this work. This initiative is in progress.

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.

FY2020 CAPTA Expenditures, Activities and Accomplishments

During FY2020 DCF used CAPTA funds at approximately \$89,631 to support this critical Central Office Nurse position.

The breakdown is as follows

Salary:	\$73,000
Fringe:	\$27,732

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, 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 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.

Focuses in FY2020 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, BMC Health Plan (BMCHP). The Nurse is the DCF clinical lead for the Special Kids Special Care Program.
- 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 often is 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 consults to Ascentria social work staff regarding medical and behavioral health questions about youth in the program and assist 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, have a history of communicable and other diseases and chronic medical conditions that require medical specialty care.
- The Nurse worked with the Director of the Massachusetts/Rhode Island Make a Wish Foundation to access "Wishes" for eligible children and youth. Many children in DCF custody have complex or life threatening medical conditions that make them eligible to receive Wishes and many children have been referred by the Nurse and have received Wishes. Examples of Wishes that children have received are trips to Disney and other locations, shopping sprees, meeting players on sports teams and other celebrities and bedroom makeovers.

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.

FY2020 CAPTA Expenditures, Activities and Accomplishments

During FY2020 DCF used CAPTA funds at approximately \$42,000 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 review of 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

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

FY2020 CAPTA Expenditures, Activities and Accomplishments

During FY2020, DCF spent approximately \$68,972 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 and so far this year has received referrals from 10 different DCF Area Offices. 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.

In FY2020, Children’s Charter and DCF focused on strategies to increase funding in order to accommodate the increased need of forensic evaluations but also to clarify and expand the support they can offer to DCF staff, families and foster parents to address the clinical needs of children and implement recommendations in those evaluations.

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.

FY2020 CAPTA Expenditures, Activities and Accomplishments

During FY2020 DCF spent approximately \$45,000 of CAPTA funds to support a Parents Helping Parents (PHP), a parental stress line [1-800-632-8188] in Massachusetts. The Parental Stress Line (PSL) is a confidential helpline for parents that operates 24-hours a day, 365 days a year. PSL uses a multi-faceted approach in assisting callers, providing support to draw on callers’ inner resources and information and referrals to link callers to external resources. In each call, volunteer counselors attempt to look at the holistic nature of the caller’s concerns, and then tailor the information and support provided to fit the unique needs of the caller’s situation. Counselors use a reflective listening model to support the caller’s emotional needs and ask open-ended questions to empower the caller to develop their own plan of action. Rather than providing callers with advice, counselors assist them in thinking through the steps that will help them move toward their identified goal.

During FY2020, 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 offers support, empathy, and crisis intervention counseling to parents and caregivers who are having difficulty coping with the stresses of parenting.

PHP is committed to supporting parents in their efforts to ensure the safety and well-being of their children. PHP provides a safe supportive environment that gives parents non-judgmental emotional support. This support, through a combination of trust, mutual support, honesty and collective wisdom can become the foundation and catalyst for a parent's own personal growth and change. PHP's approach is preventative – once the emotional support of the parent has been strengthened, a parent is better able to actively guide and nurture the family and deal effectively with parenting crises. PHP provides parents with immediate access to services by telephone or in group where they get the support they need to strengthen their family relationships in a proactive, constructive and healthy way.

Additionally PHP operates a statewide network of mutual support group for parents who are isolated, overwhelmed, or concerned about their anger toward their children. Our mission is “empowering parents to nurture children in a safe home.”

The parent support group is free, weekly, ongoing and focused on the prevention of child abuse through a mutual support model. Group leadership is provided by volunteer facilitators, often from a health or human services background, teamed with parent leaders who are recruited from the group's parent members. The number of groups fluctuates. However, approximately 15 to 20 PHP groups are active across Massachusetts during the course of the year, serving about 60 to 80 parents in any given week. Parents access groups by calling PHP's toll-free number or by calling the local contact person or local collaborating partner agency. Groups that meet in prisons or shelters are open only to inmates or shelter residents.

6. Family Engagement and Voice

CAPTA Priority Area

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

FY2020 CAPTA Expenditures, Activities and Accomplishments

In FY2020, approximately \$22,000 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 and Commission on the Status of Grandparents Raising.

The Family Advisory Committee (FAC): FAC is a diverse group 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 youth. Their viewpoint is necessary as DCF strives to assist children and youth in achieving permanency/forever homes.

Parent Leadership Trainings: The FAC members participated in 18 professional and Para-professional conferences and over 150 training opportunities related to initiatives on the action plan. These trainings provide parent education, information on program development, and skill building modules on group dynamics and facilitation. The primary area of training needs this year focused on two-generation approaches to addressing needs of both children and their adult caregivers together and finding better ways to support grandparents and kinship caregivers in the face of the opioid crisis.

Fatherhood Initiative: The 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 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 the DCF Office 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.

Commission on the Status of Grandparents Raising Grandchildren: In FY2020, 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 increased outreach to grandparents and relative caregivers by collaborating with several community partners, including Family Resource Centers, Elder Services, and the Kinship Navigator Program. The Commission planned an ambitious agenda for FY2020 to include additional community workshops throughout the Commonwealth, increased training opportunities for grandparents and service providers, improve and a plan to increase participation at the Commission's annual conference for grandparents raising grandchildren and service providers. The Commission supported the 50+ support groups throughout the state with trainings and other supports like scholarships to run groups and plan intergenerational activities.

For FY2020, The Commission had several events scheduled for spring 2020; however, due to COVID-19 these plans and programs needed be revised. Unfortunately the six community workshops throughout Massachusetts were cancelled, as was the 9th annual conference for grandparents raising grandchildren. This was very disappointing to all involved, especially to cancel the annual conference which is the Commission's largest event each year with 250 grandparents raising grandchildren and service providers. The Commission quickly adapted and purchased a zoom account in order to connect grandparents raising grandchildren with their support groups and to offer trainings and webinars to these caregivers who are home caring for children under very difficult circumstances. The Commission is now assisting 10 support groups to maintain their connections and support group meetings via zoom. The Commission has also held bi-monthly zoom meetings with support group facilitators to support them during this time and provide up to date information and resources during this difficult time. The Commission continues to feel strongly that maintaining these connections during this time is critical. As one grandparent from the community of Fall River stated to the facilitator that "sometimes she feels like she loses her adult self and the group gives that back to her."

Also during COVID-19 stay-at-home-advisory, the Commission partnered with the Federation for Children with Special Needs to offer a webinar to caregivers on helping cope with children's anxiety. Additional webinars scheduled to be offered in FY2020 include "Taking Care of the Caregiver" and "The Benefits of Support Groups."

In addition to the events previously mentioned, the Commission needed to revise other programs due to COVID-19. The Commission partnered with Massachusetts Councils on Aging (MCOA) and developed a scholarship program that had awarded 22 support groups a grant to plan an intergenerational activity for grandparents and grandchildren to enjoy together. Due to COVID-19, these activities were unable to be scheduled. The Commission and MCOA revised the scholarship program in response to COVID-19 and purchased supermarket gift cards for grand-families and purchased intergenerational activities for grand-

families to do at home with grandchildren or due as a support group in the future when they start meeting again.

The Commission received additional state funding in FY2020 and collaborated with UMass Medical School to develop a strategy to enhance the outreach and collaboration efforts of the Commission moving forward. The outcome of this project will include developing 8 regions in Massachusetts to create “Regional Roundtables.” The purpose of the roundtables includes bringing community partners and stakeholders together to share information and resources for grandparents raising grandchildren both at the state and local level. UMass is also developing an efficient and effective strategy for the Commission to improve outreach to grandparents and relative caregivers. Partners for collaboration in this project will likely include the courts, elder services, schools, and more. The outcome of this project will help the Commission develop a work plan for the next 2-4 years.

The Commission is hopeful to build upon the work during FY2020 that was temporarily paused due to COVID-19 and expand its efforts to improve outreach and services to grandparents and relative caregivers throughout Massachusetts. Many events that were cancelled in Spring 2020 due to COVID-19 will likely be rescheduled and continued on an annual basis. Having the ability connect with caregivers remotely will expand the Commission’s outreach and offerings of trainings and collaborations with community partners.

7. 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;

FY2020 CAPTA Expenditures, Activities and Accomplishments

In FY2020, the Department spent approximately \$435,500 in CAPTA funds to hire five Substance Abuse / Plan of Safe Care Coordinator positions in order to increase agency capacity to address Plans of Safe Care. Additionally, a full-time Director of Substance Abuse Services was hired to lead this work for the agency and be the primary liaison with the Department of Public Health.

The Department enhanced collaboration with the Department of Public Health/ Bureau of Substance Addiction Services to ensure coordinated service delivery across state agencies. FY2020 activities included:

- Participating in cross system meetings and developing trainings with stakeholders across multiple disciplines, statewide and regionally
- Implementing a streamlined Plan of Safe Care procedure and template birthing hospitals can utilize
- Providing case consultations to DCF social workers on cases where impact parental substance use is of concern.

Additionally, the Department’s SACWIS system, i-FamilyNet, developed a more consistent and reliable recording of Plan of Safe Care information. Modifications were made to the platform to prompt users to ask specific questions related to Plan of Safe Care during Screening and Response stages and also facilitate

necessary aggregate data collection. The Protective Intake policy was also updated to include Plans of Safe Care.

The Department continues to plan and develop more robust training to improve wellbeing outcomes for postpartum mother's, caregivers and their infants. This includes strategies for engaging reporters and families to better inform family's assessment and action plan. Lastly, in FY2021 the Department plans to develop training and support materials focused on supporting infant safe sleeping, particularly for substance exposed newborns.

8. Engaging the Harvard Center on the Developing Child to train DCF staff on applying the science of early childhood development to enhance child protection practice (\$200,000)

CAPTA Priority Areas

- Developing, strengthening, and facilitating training including training on early childhood development

The development of this training is currently in progress.

9. Creating and disseminating a video on “A Day in the Life of a DCF Social Worker” to illustrate the key aspects of the job and aide in the recruitment and retention of social workers (\$50,000)

CAPTA Priority Areas

- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

The development of this video is currently in progress.

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.

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.

The 2019 Statewide Child Fatality Review Team the local CFR teams reviewed 135 child deaths and made 103 recommendations to the state CFR Team. Based on recommendations received from local teams, the state CFR team made formal recommendations in 2019 related to

- Continued education/training for licensed mental health clinicians and social workers across the state (not exclusive to DCF) on suicidality, assessment, and prevention
- Resources for schools in addressing suicide prevention and awareness

While these recommendations are not exclusive to DCF, the Department plans to continue statewide and regional efforts to address and prevent suicides through regional clinical consultations, area clinical reviews and training in coordination with the Department's Mental Health Director.

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 experience and open protective cases with DCF, people who were involved with DCF as youth, and 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 Community and Family Engagement Managers. 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

Key work in FY2020 included:

- Increasing representation of parents on the FAC
- FAC Leadership Team attending monthly Statewide Managers meeting
- Increasing the number of FAC members serving on the DCF Area Boards

- FAC members serve on interagency work groups at the Department of Mental Health and Department of Youth Services
- Supporting fatherhood engagement through support groups and the Sixth Annual Fatherhood Leadership Summit

CITIZEN REVIEW PANEL THREE

DCF Joint Youth Advisory Committee

The Joint Youth Advisory Committee is comprised of:

- The DCF Youth Advisory Board
 - This Board has been active for more than 20 years and is made up of 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.
 - In FY20 two Youth Advisory Board Members served as the connecting members of the two groups, attended meetings of the MassNFCA board and Youth Advisory Board to ensure the groups were supporting one another's mission.

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 FY2020, the Joint Community focused on multi generational connection through opportunities for mentorship and sharing of ideas in formal and informal ways that are responsive to the needs of different life stages and stages of development.

Activities of the Youth Advisory Board in FY2020 included:

- Responded to requests for feedback on issues relevant to DCF such as policy review
- Worked with their regional DCF foster parent recruiters to recruit and train new foster and adoptive families.
- Assisted in planning for the 2020 Youth Leadership Summit, which was scheduled to take place in June 2020 but was postponed due to COVID-19.
- Participated in a training series for DCF leadership focusing on the importance of connections and permanency through the life course.
- Participated in pre-service and in-service training for social workers and supervisors, discussing the needs of youth in the care/custody of DCF
- Ran workshops and activities for younger foster youth during foster parent support group meetings, holiday celebrations, and public awareness functions.
- Engaged in new mentoring opportunities that became available in the Western Region of Massachusetts.
- Represented Massachusetts as Youth Ambassadors at the Children's Bureau annual convening of Independent Living and ETV Coordinators.
- Participated in virtual connection activities sponsored by the MassNFCA during COVID-19 stay home directive.

- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the FYI-TPV program.

In an effort to strengthen the Committee's work, the following activities will continue in FY2021:

- Activities and opportunities for mentorship and leadership development will pivot to online platforms as to not lose momentum during the time of COVID-19;
- Work to continue providing youth voice in training and capacity building in creative ways, both virtually and in person when possible
- Provide guidance and perspective on newly developed housing and homelessness prevention programs.
- Review of NYTD data to determine areas of focus and advocacy opportunity

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:

- *The plans for 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.*

In FY2020, the Department utilized CAPTA funds to hire five Substance Abuse / Plan of Safe Care Coordinator positions and a full-time Director of Substance Abuse Services to support successful implementation of Plans of Safe Care and increase agency capacity for collaborative work in this area. The Department plans to utilize CAPTA funds going forward to support enhanced training statewide to improve clinical practice and wellbeing outcomes for postpartum mother's, caregivers and their infants.

The Protective Intake Policy was reviewed in 2019 and is on target for implementation in 2020. The policy includes updated information on Plans of Safe Care, including a clinical guide to support screening and response workers in work with children and families.

The Department continues collaboration with the Department of Public Health/ Bureau of Substance Addiction Services to ensure coordinated service delivery across state agencies. FY20 activities included:

- Participating in cross system meetings and developing trainings with stakeholders across multiple disciplines, statewide and regionally
- Implementing a streamlined Plan of Safe Care procedure and template birthing hospitals can utilize

- Providing case consultations to DCF social workers on cases where impact parental substance use is of concern.

Additionally, the Department's SACWIS system, i-FamilyNet, developed a more consistent and reliable recording and monitoring of Plan of Safe Care information. Modifications were made to the platform to prompt users to ask specific questions related to Plan of Safe Care during Screening and Response stages and also facilitate necessary aggregate data collection. The Substance Abuse/Plan of Safe Care Coordinators are able to provide regional consultations to ensure local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

The Department continues to plan and develop more robust training to improve wellbeing outcomes for postpartum mother's, caregivers and their infants. This includes strategies for engaging reporters and families to better inform family's assessment and action plan. Lastly, in FY2021 the Department plans to develop training and support materials focused on supporting infant safe sleeping, particularly for substance exposed newborns.

The Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) amended the provisions of section 106(b)(2)(B)(vii) of CAPTA. By June 30, 2019, states were required to submit the signed Governor's Assurance Statement of compliance, or if unable to provide the assurance, a Program Improvement Plan (PIP). The PIP addressed the specific steps the state will take to come into compliance with the provision by no later than June 30, 2020. For those states whose PIP concludes on June 30, 2020, submit a copy the signed Governor's Assurance Statement of compliance.

In 2019, Massachusetts submitted a PIP seeking approval to come into compliance with this new law by June 30, 2020.

Massachusetts has come into compliance with the new CAPTA provisions per the Victims of Child Abuse Reauthorization Act of 2018. State law (Massachusetts General Law St.2020, c.31, §7) was amended to extend legal immunity to any person who, in good faith, provides information – including diagnoses – to DCF in connection to a report of abuse or neglect. The provision is effective as of March 4, 2020. Exact language from the legislation can be accessed at:

<https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter31>

Massachusetts is now in compliance with the Reauthorization Act and will be submitting the signed Governor's Statement of Compliance and the completed PIP with the APSR on June 30, 2020.

Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

Rebecca Brink
Assistant Commissioner, Program Support
600 Washington Street
Boston, MA 02111
617-748-2046
Rebecca.brink@state.ma.us

SECTION E. UPDATES TO TARGETED PLANS WITHIN THE 2020-2024 CFSP

States were required to submit the following four plans as discrete section of their 2020-2024 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

As set forth in the Administration for Children and Families (ACF) Program Instruction, ACYF-CB-PI-20-02, if there are changes to the plan state must submit that change as a separate document.

DCF will be submitting updates to all the targeted plans as appendices to the APSR.

SECTION F. STATISTICAL AND SUPPORTING INFORMATION

The following must be reported in the 2021 APSR:

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.

Incumbents 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.

Incumbents 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 chart below provides data on the higher education of social workers and the levels of licensure held.

Higher Education of Social Workers		FY2020 Data	Agency Comments
1. Number of social workers and supervisors who have a Bachelors’ degree in social work or related field	3,223	Count of Social Worker Technician (A/B), Social Worker (D)/(G), and Social Worker Is, IIs, IIIs, and IVs FTEs who have a bachelor’s degree or higher. Data as of PPED as of 5/23/2020	
2. Number of social workers and supervisors who have a masters’ degree in social work	936	Count of Social Worker Technician (A/B), Social Worker (D)/(G), and Social Worker Is, IIs, IIIs, and IVs FTEs who have a master’s degree or higher. Data as of PPED 5/23/2020	

Licensure of Social Workers		FY2020 Data	Agency Comments
1. Total number of social workers		3,309	Count of Case Reviewer (A/B), Clinical Social Worker (A/B), Clinical Social Worker (C) Clinical Social Worker (D), Social Worker (D)/(G), Social Worker Is, IIs, IIIs, and IVs FTEs. Data as of PPED 5/23/2020
2. Total number of social workers holding licensure by level			212 staff members were within the probationary period from hire within which they can obtain their license. Data as of PPED 5/23/2020
LICSW		126	
LCSW		403	
LSW		610	
LSWA		1958	
Total		3097	

Demographic Information of Personnel

The chart below provides data on the demographics of our personnel.

Workforce Summary Report for DSS, 2020 Q 3

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	317	72	22.8	245	77.2	79	24.9	1	0.3	11	3.5
Professionals	3661	674	18.4	2979	81.4	1315	35.9	17	0.5	76	2.1
Technicians	42	6	14.2	36	85.8	14	34.4	0	0.0	3	7.1
Office/Clerical	222	20	9.0	201	90.5	104	46.8	1	0.5	9	3.9
Grand Total	4241	772	18.2	3460	81.6	1512	35.7	19	0.4	99	2.3

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 February 2020, it has dropped to 15.42 with an average family count of 15.7 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 2019 (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. (See section 106(d)(14) of CAPTA.)

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. In April 2020, DCF matched its records with children committed to DHS during federal fiscal year 2019. DCF had custody of 38 (35 distinct) youth on the same day that they were committed by the courts to DHS. For 6 of these youth, DCF custody ended on the same day DHS was granted custody. The remaining 32 were in joint DCF/DYS custody for some period of time. The

Department does not track discharge dates for DYS youth on its FamilyNet system, so is unable to determine how long joint custody continued.

2. Education and Training Vouchers: Identify the number of youth (unduplicated count) who received ETV awards from July 1, 2018 through June 30, 2019 (the 2018-2019 school year) and July 1, 2019 through June 30, 2020 (the 2019-2020 school year). States may estimate a total if they do not have the total number for the 2019-2020 school year.

- Report the number of youth 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: Massachusetts

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2018-2019 School Year</u> (July 1, 2018 to June 30, 2019)	521	249
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	498	202

3. Inter-Country Adoptions: Report the number of children who were adopted from other countries and who entered into state custody in FY 2019 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. (See section 422(b)(12) of the Act.)

The Department reviewed the cases of children who entered care during federal fiscal year 2019 and who were previously adopted. The Department identified three children who were adopted from other countries and entered state custody in 2019 as a result of a disruption of a placement for adoption or dissolution of an adoption. In Summary:

- Family One: 17 year old (currently) adopted at age four from Living Hope Adoption Agency and 13 year old (currently) adopted as an infant from Small World Adoption Agency. The adoptive mother passed away several years ago and custody of the children went to kin as per mother’s will. Due to a supported Report of Abuse and Neglect, the Department obtained custody in 2019. Both children are currently placed with alternative kin foster homes and permanency plans are being explored.
- Family Two: 16 year old (currently) adopted by a couple in Germany from an orphanage in Russia. It appears this adoption dissolved due to the child’s aggressive behaviors and was then placed with a family in Florida. This adoption dissolved and he was then adopted at age six by the family in Massachusetts. Although extensive services were provided to the child and family, the child came into care in 2018 and the family signed adoption surrenders in February 2019. The name of the agencies involved in the three adoptions is unknown to the Department. Permanency Through Care with Kin is currently being explored.

4. Monthly Caseworker Visit Data: States are required to collect and report data on monthly caseworker visits with children in foster care (section 424(f) of the Act).

Data for FY 2020 is to be reported separately from the 2021 APSR and will be due for submission to CB by December 15, 2020. 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.*

The Department will submit the required Monthly Caseworker Visit Data by December 15, 2020.

G. FINANCIAL INFORMATION

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

1. Payment Limitations

Title IV-B, Subpart 1

Include information on the amount of FY 2005 title IV-B, subpart 1, funds that the state expended for childcare, foster care maintenance, and adoption assistance payments for comparison purposes

The Department has never used, nor does it plan to use, IV-B, subpart 1 funds to support childcare, foster care maintenance, or adoption assistance payments.

Include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005.

In FY2005, non-federal foster care maintenance funds used as a match totaled \$227,427.

States may spend no more than ten percent of title IV-B, subpart 1, federal funds for administrative costs (section 424(e) of the Act).

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 1, as shown in our CFS-101 submission.

Title IV-B, Subpart 2

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the APSR a rationale for the disproportion.

The Department provides a rationale for FY2021 service categories that do not receive the minimum 20% funding level in section C.5 of our APSR response.

States may spend no more than ten percent of federal funds under title IV-B, subpart 2 for administrative costs (section 434(d) of the Act). This limitation applies to both the PSSSF program and the Monthly Caseworker Visit grant.

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 2, and the Monthly Caseworker Visit Grant as shown in our CFS-101 submission.

States must provide the FY 2018 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

The FY2018 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$68M. This is in comparison to the 1992 base year amount of \$41.7M.

Chafee Program

States are required to certify that no more than 30 percent of their allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 21.

The Department adheres to the thirty percent limitation on room and board expenditures for youth 18 years of age and greater.

2. Current Year Funding

Reallotments

The Department is not requesting any reallotment of funds.

Revisions

N/A

3. FY2021 Budget Request (CFS-101, Parts I and II)

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

4. FY2018 Title IV-B Expenditure Report (CFS-101, Part III)

Complete Part III of the CFS-101 workbook to report the actual amount of FY 2018 funds expended in each program area of title IV-B funding by source

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

If the state's expenditure of FY 2018 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the narrative on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2018; and 2) the rationale for the disproportion in the actual expenditure of FY 2018 grant funds.

The Department did not achieve the minimum 20% spending levels for all four PSSF grant service categories in FY2018. The disproportion was requested when the state submitted our estimated expenditures for FY2018. As explained in our FY2018 APSR (and current APSR), when originally awarded PSSF grant funds, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities.

Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY18, the State had annual expenditures in excess of \$68 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 \$1.8 million in State funds targeted for time-limited reunification services, \$3.6 million in adoption services and over \$20 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several

years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

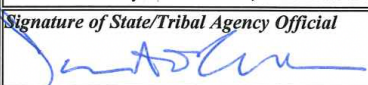
We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth is expected.

5. Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

The Department is in compliance with the submission of required 425 reports.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	1-046002284-K5	
Commonwealth of Massachusetts - Massachusetts Department of Children and Families		4. DUNS:	878509116	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
600 Washington Street - 6th Floor		<input checked="" type="checkbox"/> NEW		
Boston, MA 02111		<input type="checkbox"/> REALLOTMENT		
a) Email address for grant award notices: Nathan.Landers@mass.gov		<input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2021:				
Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$4,076,964	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$242,873	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	Total	
a) Family Preservation Services		27%	\$1,159,528	
b) Family Support Services		23%	\$1,010,758	
c) Family Reunification Services		13%	\$577,576	
d) Adoption Promotion and Support Services		20%	\$857,613	
e) Other Service Related Activities (e.g. planning)		9%	\$376,299	
f) Administrative costs				
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>		9.0%	\$393,802	
g) Total itemized request for title IV-B Subpart 2 funds:				
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100%	\$4,375,576	
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$280,761	
a) Total administrative costs (not to exceed 10% of MCV request)			\$0	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$1,701,294	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$3,472,248	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$0	
11. Requested Education and Training Voucher (ETV) funds:			\$1,150,771	
REALLOTMENT REQUEST(S) for FY 2020:				
<i>Complete this section for adjustments to current year awarded funding levels.</i>				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Federal Children's Bureau Official</i>		
				
<i>Title</i>		<i>Title</i>		
CFO				
<i>Date</i>		<i>Date</i>		
8/13/2020				

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

Name of State or Indian Tribal Organization:

0 For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 2,769,193			\$ -				\$ 120,991,425	44,392	-	all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,159,528		\$ -				\$ 74,591,159	35,760	-	children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 1,064,898	\$ 1,010,758		\$ 1,701,294				\$ 99,284,746	95,504	-	abused and neglected children	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 577,576		\$ -				\$ 29,908,470	8,632	-	children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 857,613						\$ 39,080,903	1,528	-	children in placement with goal of adoption who are legally free and matched with a family	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 376,299						\$ 78,232,210	-	-	-	
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 47,892,812	\$ 110,080,744	8,181	-	children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 25,549,981	\$ 269,109,305	1,909	-	children in congregate care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 46,614,876	\$ 31,569,274	8,278	-	adoption subsidies	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 14,954,853	\$ 22,007,021	3,746	-	guardianship subsidies	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 3,472,248		\$ -	\$ 18,316,385	1,000	-	adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 1,150,771	\$ -	\$ -	500	-	adolescents	Statewide
12.) ADMINISTRATIVE COSTS	\$ 242,873	\$ 393,802	\$ -				\$ 25,856,777	\$ 25,856,777				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 850,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 100,000				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 2,364,958				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 280,761				\$ -	\$ 262,773				
18.) TOTAL	\$ 4,076,964	\$ 4,375,576	\$ 280,761	\$ 1,701,294	\$ 3,472,248	\$ 1,150,771	\$ 160,869,299	\$ 922,606,150				


19.) TOTALS FROM PART I \$4,076,964 \$4,375,576 \$280,761 \$1,701,294 \$3,472,248 \$1,150,771

20.) Difference (Part I - Part II) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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

21.) Population data required in columns I - L can be found:
 On this form
 In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

1. Name of State or Indian Tribal Organization: Commonwealth of Massachusetts - Massachusetts		2. Address: 600 Washington Street - 6th Floor Boston, MA 02111				3. EIN: 1-046002284-K5	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION						4. DUNS: 878509116	
Description of Funds	(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	(B) Actual Expenditures for FY 18 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 3,732,463	\$ 3,627,675	1,860	465	open cases	Statewide	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 288,443	\$ 108,445					
7. Total title IV-B, subpart 2 (PSSF) funds:	\$ 4,518,775	\$ 4,117,719	20,613	17,787	families with concrete needs	Statewide	
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.							
a) Family Preservation Services	\$ 903,755	\$ 976,214					
b) Family Support Services	\$ 1,581,571	\$ 1,471,192					
c) Family Reunification Services	\$ 451,878	\$ 302,486					
d) Adoption Promotion and Support Services	\$ 723,004	\$ 617,892					
e) Other Service Related Activities (e.g. planning)	\$ 451,877	\$ 379,340					
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 406,690	\$ 370,595					
g) Total title IV-B, subpart 2 funds:							
NO ENTRY: This line displays the sum of lines a-f.	\$ 4,518,775	\$ 4,117,719					
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 284,639	\$ 254,490					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -					
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 3,143,968	\$ 3,202,195					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ -	\$ 71,340	63	-	adolescents	Statewide	
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,020,225	\$ 1,062,206	481	-	adolescents	Statewide	
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official 			Signature of Federal Children's Bureau Official				
Title CFO	Date 8/13/2020	Title	Date				

APPENDICES

CITIZEN REVIEW PANELS ANNUAL REPORTS:

**Family Advisory Committee
Joint Youth Advisory Committee
Massachusetts Child Fatality Review Team**

Commonwealth of Massachusetts



Family Advisory Committee

Citizen Review Panel
Annual Report

July 1, 2019 – June 30, 2020



DCF Family Advisory Committee 2019 Annual Report (July 1, 2019 – June 30, 2020)

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 experience and open protective cases with DCF, people who were involved with DCF as youth, and 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 Community and Family Engagement Managers. 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 2019, the Family Advisory Committee (FAC) Leadership Team expanded its Recruitment and Retention Plan to develop a Family Representative in each Area Office in the Commonwealth. The plan is designed to identify parents with lived experience as consumers of service with DCF.

Nine of the 30 DCF Offices have a Family Representative that provides support as Foster Care Case Reviewers. DCF offers a unique opportunity for community volunteers to make a difference in a foster child's life. For a few hours of time each month, they can participate on a panel that helps plan for the future of children in DCF care.

The FAC is comprised of Birth Parents, Foster Parents, Adoptive Parents, Kinship Caregivers, Alumni of Foster Care, Community Advocates and Youth Representatives. To bring “Family Voice” to DCF’s work, the FAC worked to diversify its membership and lend support to Area Offices to increase awareness and cultural competence in family engagement.

In 2020, we continued to increase the representation of parents on the FAC and began an orientation and a mentoring program to support new members. The current composition of the FAC is rich with experience and talent. The 12 women and 10 men who comprise the core of Family Representatives are a culturally diverse group of seven African Americans, fifteen Caucasian and one Latinx parent 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.

Family Advisory Action Plan

The FAC has pursued an aggressive Action Plan to address several issues. The FAC coordinates five Sub-Committees to work on issues related to Addiction and Opioid Prevention, Juvenile Justice, Kinship Care, Fatherhood Engagement, Mental Health/Trauma Informed Practice, and Governance and Leadership.

Addiction and Opioid Prevention

The ongoing Opioid Epidemic reached a tipping point in 2018, where the impact of the epidemic increased in white rural and suburban communities, had a major effect on public service and community education campaigns to raise awareness. In Massachusetts, about 88% of drug overdose deaths involved at least one opioid in 2018—a total of 1,991.

FAC engaged in several hours of educational opportunities and training to begin working with DCF's Statewide Substance Abuse Coordinator to recruit, train and retain Choice Recovery Coaches and develop Recovery 101 Day-Long presentations for social workers, worker, providers, and parents.

Recovery 101 is an evidence-based model to implement the Recovery BASICS program to serve a diverse audience of staff and providers. It is our goal to create a platform where person-centered, forward-facing, solutions-focused and trauma-informed practices are standard. Individuals are guided in addressing what is pressing for them, exploring their purpose by allowing them their process and, in the end; they find that they have the strengths to attain higher levels of sobriety than ever before.

Transitional Remedies Solutions and Choice Recovery Coaching have created a partnership to assist communities and professional supports in connecting with the individual who has been separated from the family, community and ultimately him/ herself. The model works towards making Recovery more than a possibility. It can make Recovery THE expectation for families. The first step will be to spend the day together focusing on Recovery Basics. Recovery 101 is a promising practice to incorporate into DCF's family engagement training offerings in the coming years.

Juvenile Justice

The FAC continues to work with parent leadership groups. The Juvenile Justice Policy and Data Board subcommittee chaired by the Office of the Child Advocate has been charged with evaluating juvenile justice system policies and procedures and making recommendations to improve outcomes. As members of a subcommittee working in Boston, the FAC has worked to bridge the service gaps that exist among non-profit organizations. There has been a lot of work done on racial equity, but disparities continue to be a concern.

The FAC continues to represent family voice in the Juvenile Detention Alternative Initiative (JDAI). JDAI is an initiative of the Department of Youth Services (DYS) with the support of the Annie E. Casey Foundation and Massachusetts juvenile justice leaders. Two FAC representatives participate in the Suffolk County and Hampden County Collaborative.

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; and
- Replicate JDAI with fidelity at a local level.

JDAI Massachusetts produced 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.

In 2019, members of the FAC co-facilitated Seeing RED with community providers and DCF Area Office staff. The facilitators provided training, support and a peer network of individuals to share experiences and reflections. To date, the team has conducted screening and discussions in twelve communities.

Additionally, the DYS Metro Region FAC, in partnership with Northeastern University's Institute on Race and Justice, invited the FAC to its Third 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.

Kinship Care

The FAC continues its work to support families and bring family voice to DCF on permanency through father engagement and kinship/grandparent support: Grandparents Raising Grandchildren and Kinship Care -- Opioid use in the Commonwealth has had a significant impact on the lives of grandparents and other relatives raising related children.

In 2019, the FAC launched 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 DCF staff to support and provide guidance for kinship families.

The newly established Kinship Navigator has been a helpful resource to parents. In the coming year, the FAC hopes to provide additional supports for Grandparents and Kin.

Fatherhood Engagement

Fatherhood Engagement has been a primary area of family support for the FAC. Two new dads who are members of the FAC have enhanced the group's capacity to provide some direct and comprehensive father engagement work:

- Five of the FAC members co-facilitate Nurturing Father programs and Fathers' Support Groups at DCF offices, local Head Start programs and Family Resource Centers;
- Eight Family Representatives participate in the Fatherhood Ambassadors Program, an in-service presentation to DCF Area Office staff;
- Two FAC members actively participate in DCF Area Office Fatherhood Engagement Leadership Teams (FELTs) and the Inter-Agency Fatherhood Work Group; and
- Several Members of the FAC participated in the 2019-20 Massachusetts Fatherhood Summit and 2th Annual New England Fathering Conference.

On September 16, 2019, DCF along with the Inter-Agency Fatherhood Workgroup (IFW) featured Dr. Jerry Milner, DSW, Commissioner of the Children's Bureau, as our Keynote Speaker at our annual Massachusetts Fatherhood Leadership Summit. The conference was hosted by DCF and seven state agency partners: MA Departments of Youth Services, Transitional Assistance, Housing and Community Development, Public Health, Revenue, Early Education and Care, and the Children's Trust) and the US Department of Health and Human Services and the Administration for Children and Families welcomed several family and community providers for a day of workshops and shared conversations.

This highly successful event drew a diverse group of participants, including DCF staff, fathers who have had experiences in Massachusetts' systems, and representatives from agencies that work with and serve fathers including community organizations and providers, schools, high level leadership and policy representatives from state and federal agencies and judges from the juvenile and probate courts.

As the host state of the 25th New England Fathering Conference (NEFC), Massachusetts provided parent volunteers and presenters to the conference. Most of the FAC participated in and offered their time to support the NEFC Planning Committee.

Mental Health/Trauma Informed Practice

In past surveys with parents, the FAC found inconsistency in practice and communication between agencies for families who have children that are dually - 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 with 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 to improve communication and promote 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 actively served on DMH's Caring Together FAC. 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 eighty-member learning group on Permanency Practice Dialogue.

Family engagement is a mutual and respectful partnership between families and service providers to ensure a child's health and safety and the well-being of the family. This is one of the foundational principles of Caring Together. 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 with the child's services.

The FAC has collaborated with the Caring Together FAC and the DMH Parent Partners. The two groups continue to cross-train and share ways to bring family voice to DCF and DMH.

Parent Survey

In past years, the FAC has conducted a parent survey to get input and 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 information helped to frame the agency's input from parents

One of the challenges with doing the surveys is identifying and engaging families after case closing. The process of conducting the survey also requires extensive-staffing time hours making it difficult to complete the survey in a timely fashion. Thus, the need for additional support for conducting the survey is a priority.

In 2019, we looked 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

- getting better contact information;
- using cell phones and iPads instead of landlines; and
- utilizing web-based data collection resources to reach families.

We are refining the data collection inquiries to get accurate responses and partnering with local Family Resource Centers to do key informant interview and focus groups to administer surveys.

Area Board Support

Following the 2008 agency reform legislation and its mandate that specified Area Boards, many DCF offices reactivated or initialized their local DCF Area Boards. Some have had sustained membership and are active in their support of the community. Others have required additional support to activate, engage and maintain their membership to support the affiliated office and community that is served by the DCF Area Office. In 2019, the FAC will form a Board Governance Committee to assist DCF with recruitment, retention and support of Area Board members.

The Board Governance Committee Leadership team met to discuss the proposed actions, supports and needs. It is the intended purpose of the FAC to:

- Create a framework to guide the development, function and provide support for the 29 DCF Area Advisory Boards;
- Collect, maintain and share participation and contact information for DCF Area Advisory Boards;
- Assess, plan and deliver statewide training opportunities for Board membership;
- Develop and implement an annual statewide summit for Board leadership;
- Implement an application support process for all applicants and participate in an appeal process for non-selected applicants.

The Board Governance Committee constructed a prototype data collection tool. Noted enhancement included a comprehensive field list and resolution of data security (at the database level) while still allowing for robust entry, editing and reporting at the individual board level. We believe that this tool will support our intended function. The tool allows each Board designee (Area Board President, Chairperson or executive designee) to enter data and report about individual and aggregate board membership information.

The FAC hosted the first Annual Board Summit on April 10, 2019 at the University of Massachusetts Medical School in Shrewsbury. Given the varying proficiencies, the training for this kick-off event included an overview related to the basics of forming and maintaining an Area Advisory Board, financial structures, working with DCF Area Directors, understanding community resources and offered participants an opportunity to liaise with other board leadership from the thirty Area Offices.

In future years, we will survey Area Advisory Board leadership in advance of the Summit and provide relevant and timely information to best support their collective training needs. We may also host simultaneous break-out sessions to review baseline training needs if new members are requiring a more basic-level of development. The group has also put together a site plan and agenda for the Area Board Summit. This event was designed to meet several expressed requirements for the Board Governance Committee, namely: education, share of best practices and beginning the training required for data collection.

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 129 workshops and in-service trainings, 31 conferences, and several 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. Two of our FAC members resigned from the group to pursue employment with DCF and the Massachusetts Court System.

Going Forward

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 trainings that are relevant and readily available to its members and encourage their participation. Trainings will focus on skill building, engagement strategies and building trust between parents, community providers and DCF.

For the past nine years, DCF has included members of the FAC in its Practice and Policy and Foster Care workgroups and in the Procurement review process. To become a designated Citizen Review Panel, the FAC has focused on diversifying the expertise of its membership by strategically selecting parents who work in the human services field as advocates, social workers, clinicians, juvenile justice professionals and others in the legal and health care 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.

The FAC will work closely with the Kinship Navigator and Community and Family Engagement Units to support DCF in the larger community and bring Family Voice to the agency and its partners in the Commonwealth.

2019-2020 Recommendations from the FAC

Recommendation #1:

The FAC will have appointed members by the Commissioner to sit on Citizens Review Panels for the Department of Children and Families. The purpose of this panel is to provide new opportunities for citizens to play an integral role in ensuring that the Commonwealth is meeting their goals of protecting children from abuse and neglect.

It is our goal to establish at least one panel that is composed of volunteer members who are broadly representative of the community including members with expertise in the prevention and treatment of child abuse and neglect. Accordingly, the Massachusetts panels should include membership from across the State; regional and local panels as they are developed, should include membership reflective of those geographic communities.

In order to avoid unnecessary duplication at the State and local level; the statute allows us to utilize existing members of Area Boards to add expertise and diverse representatives, so long as they also fulfill the CAPTA requirements. We will establish mandates that each of the three panels established under CAPTA must perform all the functions required by the statute, it does not prescribe that each panel engage in only these functions nor does it specify the depth or breadth of review.

The FAC will work with the department to create no less than three citizen review panels in accordance with section 106(1)(A) of CAPTA to:

1. Examine different portions of the State's policies and procedures relating to child abuse and neglect, and review of relevant cases, as determined appropriate by the panel, to determine the extent to which the agency is discharging its child protection responsibilities under its CAPTA State plan
2. Review of the operations and system evaluation with different portions of foster care and adoption programs
3. Conducting reviews of child fatalities and near fatalities occurring in different regions of the State based on the findings and recommendations

Department's Response: Family Advisory Committee (FAC) members serve on the Department AILT teams and participate in work groups in reviewing agency policies. Additionally FAC members attend inter-agency work groups providing family voice during planning and strategic policy design.

Recommendation #2:

The FAC is recommending a strategy or plan for meeting the need of a Parent Satisfaction Survey or a process to get feedback from parents.

Department's Response: The Department will review options for development of a topic driven survey that will provide both quantitative and qualitative information that will inform practice and policy. The Department in collaboration with Citizen Advisory Area Board convened several focus groups during the annual meeting. The result of the survey was shared with senior leadership.

Recommendation #3:

The FAC proposes incorporation of the Better Together Program into MA state's training process.

Department's Response: The Department continues to explore training opportunities that will provide a foundation for building blocks and successful partnership with families. One of the models being assessed for possible implementation is a model developed by Casey Family Programs, "Better Together". The facilitator of this program from the New Hampshire Department of Child Welfare was invited to present at our parent and area board annual summit. However as result of COVID-19, the training is postponed for the fall.

With the onset of the COVID-19 emergency, the FAC has initiated periodic meetings with the DCF Commissioner to provide input and share information about issues affecting parents. These sessions have identified concerns regarding foster parent support needs in providing at home Tele-education for children with special needs. It is anticipated that these meetings will continue in the year ahead.

Commonwealth of Massachusetts



Joint Youth Advisory Committee

Citizen Review Panel Annual Report

July 1, 2019 – June 30, 2020



DCF Joint Youth Advisory Committee

2019 Annual Report (July 1, 2019 – June 30, 2020)

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 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

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.

Activities of the Joint Committee in FY20 included:

- Responded to requests for feedback on issues relevant to DCF such as policy review
- Worked with regional DCF foster parent recruiters to recruit and train new foster and adoptive families.
- Assisted in planning for the 2020 Youth Leadership Summit that was scheduled to take place in June 2020 but was postponed due to Covid-19
- Participated in a training series for DCF leadership focusing on the importance of connections and permanency through the life course
- Participated in pre-service and in-service training for social workers and supervisors, discussing the needs of youth in the care/custody of DCF
- Ran workshops and activities for younger foster youth during foster parent support group meetings, holiday celebrations, and public awareness functions
- Represented Massachusetts as Youth Ambassadors at the Children's Bureau annual convening of Independent Living and ETV Coordinators
- Participated in virtual connection activities sponsored by the MassNFCA during COVID-19 stay at home directive
- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the FYI-TPV program

V. Plans for 2019/2020

The Joint Committee joined DCF leadership to engage in efforts to help the workforce better understanding permanency and importance of adult relationships in adolescent and young adult lives. Toward this effort, Committee members participated in the development of a training series for supervisors, managers, and field leaders focused on permanency. These trainings were scheduled to be offered in the spring of 2020 but now will be offered later in the year due to COVID-19.

Two members of the Committee attended regular meetings of the regional Youth Advisory Boards and the MassNFCA. These members shared information and utilized resources of both groups to strengthen the Committee. These same two representatives traveled to Washington DC for the Children's Bureau convening of Independent Living and ETV Coordinators in March 2020.

The Committee swiftly pivoted to WebEx and Zoom platforms in order to meet virtually in the spring and summer of 2020. A positive outcome of this activity was the learning opportunity it provided to better use technology to recruit and retain membership. The Committee has decided to determine ways the agency can support virtual connection of Committee members in addition to in person meeting opportunities and events.

VI. Recommendations from the Joint Committee

Recommendation #1: The Committee asks that the agency continue to be committed to its partnership and value of youth voice in program planning and development. The Department should continue to support the Youth Advisory Board, its connection to the MassNFCA and allocate funds to support activities.

Department's Response: The Department is committed to its partnership with the Joint Youth Advisory Committee. Staffing for meetings and to support initiatives is made available through DCF and the agency funds events and other opportunities for connection. DCF has also engaged community partners to support the boards with meeting space, presentations, and information and referral services.

Recommendation #2: The Committee values the opportunities to provide and participate in opportunities for mentorship and connection with peers from the child welfare system and recommends DCF assists in Committee members and all foster care youth with obtaining these experiences.

Department's Response: The agency currently provides opportunities for peer connection through holiday and graduation celebrations; foster family support programs, volunteer service projects, and social gatherings and events. In response to the Committee's ask, the agency is expanding these opportunities and focusing new events on a local level by creating new capacity for springtime graduation celebrations that are region based.

Recommendation #3: The Committee recommends that efforts to support better permanency attainment consider the wide range in definition of permanency that young adults may apply to their adult relationships.

Department's Response: DCF focused on permanency in its leadership forums in 2020. Joint Committee members were involved in the planning of these forums and participated as speakers to help participants understand the role of life long connections in the lives of young adults. These leadership forums will be held throughout the year and the Committee will remain an important partner in the planning and delivery of the work.

Recommendation #4: Younger foster youth should be made aware of the community that forms as youth and young adults from foster care connect through various activities and events. They should know that we are there for each other.

Department's Response: The Department will work with foster care and congregate care providers to help younger foster youth gain knowledge and exposure to the work of the Joint Committee and other work that supports youth and young adults. Current work that is focused on mentoring (i.e. older foster youth being invited to events focused on younger foster youth as helpers) will be continued and strengthened.

Recommendation #5: The use of technology such as Zoom and Webex has been a vital part of continuing the work of the Joint Committee since the Covid-19 outbreak. The Department should ensure that all youth and young adults that want to have the opportunity to participate, have the proper technology.

Department's Response: The Life Skills Support Program can provide technology to youth and young adults that want to participate in the Joint Youth Advisory Committee. Social Workers and Adolescent Outreach Workers will make youth and young adults aware of this opportunity during their visits.

MASSACHUSETTS
CHILD FATALITY REVIEW
ANNUAL REPORT

State Fiscal Year 19







MASSACHUSETTS

CHILD FATALITY REVIEW

TABLE OF CONTENTS

INTRODUCTION

Message from **The Chairpeople** 4

PREVENTION

Principles of **Prevention** 6

UPDATES

Changes to **Child Fatality Review** 8

DATA

Overview of **Child Fatality Review Data** 10

PROGRAM ACTIVITIES

Map of **Local Teams** 12

Local Team **Meetings & Reviews** 14

State Team **Meetings & Activities** 15

CONCLUSION

State Fiscal Year **19** 17

APPENDICES

Appendix One: **Team Members** 18

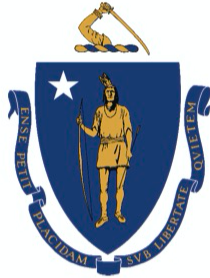
Appendix Two: **Local Team Meetings** 20

Appendix Three: **Suicide Prevention Letter** 21

MASSACHUSETTS CHILD FATALITY REVIEW

MESSAGE FROM THE CHAIRPEOPLE

Dr. Mindy Hull
& Rebekah Thomas



Dear Stakeholders:

A child's death is a sentinel event that should urge communities to identify other children at risk for illness or injury¹. The purpose of Child Fatality Review (CFR) is to conduct a comprehensive, multi-disciplinary review of child deaths, to better understand how and why children die, and to use the findings to take action that can prevent additional deaths and improve the health and safety of children. In Massachusetts, the Child Fatality Review Program is governed by Massachusetts General Laws (MGL) Chapter 38 §2A. Local child fatality review teams examine the circumstances of child deaths under their jurisdiction to determine if the death was preventable and to formulate recommendations outlining education, policy, and prevention action steps that can prevent similar deaths from occurring. These local recommendations inform the statewide prevention efforts of the State CFR Team.

The purpose of the state team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i) developing an understanding of the causes and incidence of child fatalities and near fatalities; and (ii) advising the governor, the general court and the public by recommending changes in law, policy and practice that will prevent child fatalities and near fatalities.

¹ The National Center for the Review & Prevention of Child Deaths, Michigan Public Health Institute. Retrieved on July 16, 2015 from <https://www.ncfrp.org/cdr-process/cdr-principles>

This annual report is a requirement of MGL Chapter 38 §2A. It reviews the changes that occurred during the reporting time period and the activities conducted by local and state teams. Please note that prior to writing this report, the state team determined that reporting on the state fiscal year (SFY) rather than calendar year is more appropriate. Therefore, the present report covers the gap (January through June 2018) between calendar year 2017 (January-December 2017) and SFY19 (July 2018 – June 2019).

Respectfully,



DR. MINDY HULL
State Team Co-Chair



REBEKAH THOMAS
State Team Co-Chair

PRINCIPLES OF PREVENTION

Because the cornerstone of the child fatality review process is the creation of recommendations that prevent similar fatalities from happening in the future, the CFR program guidelines were amended to include descriptions of three different prevention models. While each model presents the information in different manners, members can familiarize themselves with the frameworks in order to develop action oriented and clear prevention recommendations. The three frameworks include:

THE FOUR E'S

This framework can be used to understand what can be done to prevent injury-related deaths. Each of the categories can be acted on individually but have a symbiotic and compounding benefit when approached in multiples.

Engineering: Modifications to the environment or to products to make them safer.

Education: Providing information needed to make safe choices by both the public and professionals.

Enforcement: Implementation or development of laws and policies that prevent death.

Emergency Medical Services: Assuring that injured individuals receive quality trauma management.

THE SPECTRUM OF PREVENTION

The Spectrum of Prevention was originally developed by Larry Cohen and has six levels of intervention to illustrate the premise that prevention is merely education. While each level can be acted upon individually, the effects are greater when used together.





“

**Alone we can do so little;
together we can do so much.**

Helen Keller

THE SOCIO-ECOLOGICAL MODEL

Developed by the CDC, the Socio-Ecological Model addresses the factors that influence health outcomes. The structure of this model emphasizes the relatedness of health outcomes across different areas of influence and can help local teams determine where an action or intervention should take place.



CHANGES TO THE **CHILD FATALITY REVIEW** PROGRAM

PROGRAM REFORM

Needs assessments for the CFR program were carried out by the Office of the Child Advocate (OCA) for the local teams in 2017 and the state team in 2018, resulting in the development of revised guidelines in 2018. Those developments spurred additional program reform in State Fiscal Year (FY) 19. During FY19, the state team:

- Reorganized the structure and content of the state team meetings
- Revised the CFR database
- Assigned recommendations to agencies and organizations
- Added a continuous quality improvement component to the program
- Increased communication to the local teams

It is the hope that these changes in program structure and operations will lead to improved communication among state team members, improved communication with local teams, more actions, and clearer recommendations that will result in the prevention of child fatality.

DATABASE REVISIONS

A remarkable amount of information is gathered by the local teams during their review of every child fatality. This information is condensed and collected in a secure database at the Department of Public Health and used for routine child fatality review workflows. In FY19, the Office of the Child Advocate provided funding through an interagency service agreement to the Department of Public Health to revise and improve the database. The database revision resulted in a redesigned database that allows for retention of all historical information and automation of several reports and data entry steps. Maintaining this information in one centralized location will increase opportunity for efficiency and scale of impact.

ASSIGNING RECOMMENDATIONS TO STATE TEAM MEMBERS

Starting in FY19, local teams began to identify which state team member could potentially oversee or implement each recommendation. The Department of Public Health disseminates the recommendations to the named agency/organization and their respective state team member in advance of state team meetings. State team members are asked to review the recommendations to identify what actions their respective agencies can accomplish, the barriers to implementation of the recommendations, context about what is already happening related to the recommendations or whether or not a different agency is better suited to oversee the recommendations. Responses to recommendations are submitted to and captured by the Department of Public Health in the revised database.

CONTINUOUS QUALITY IMPROVEMENT

An expectation of the State Child Fatality Review Team, as written in statute, is to provide training and written materials to local teams to assist them in carrying out their duties. In FY19, the program established a continuous quality improvement mechanism to identify barriers local teams face in carrying out their mandate. Quality improvement matters raised by local teams are discussed at state meetings. To implementation of the recommendations, context about what is already happening related to the recommendations or whether or not a different agency is better suited to oversee the recommendations. Responses to recommendations are submitted to and captured by the Department of Public Health in the revised database.

STRUCTURE AND CONTENT OF STATE TEAM MEETINGS

Fiscal Year 2019 brought a change in the meeting structure to separate the local and state teams so that each could focus on their respective responsibilities. Historically, the state child fatality review team spent a significant portion of the state team meetings reviewing details from each case reviewed by the local teams. While this was an opportunity to contextualize the cases and resulting recommendations, it also took time away from the state team's primary areas of responsibility, as outlined in the Office of the Child Advocate's Needs Assessment: Findings from the State Team, which are to:

- Identify systemic responses to common issues identified by local teams.
- Identify trends or patterns in child deaths based on local teams' recommendations.
- Share information and resources among members that can address issues discussed at state team meetings.
- Identify policies and procedures within each agency that can be modified to reduce child deaths.
- Assist in drafting state team recommendations for the governor and legislature in the annual report.

Beginning in FY19, the state team adjusted their approach to meetings, focusing on specific causes and manners of death, and exploring issues through data and related local team recommendations. The state team selects an area of focus to discuss for two to four meetings. An epidemiologist from the Department of Public Health then provides an overview of the data related to that area of focus, findings from local team case reviews on the same subject, and recommendations that resulted from those reviews leveraging the CFR database. These summaries generate digestible context for team members allowing for more

dialogue about prevention and systems changes. Additionally, state subject matter experts are invited to the respective meetings to better inform team members.

In addition to themed reviews, the standing agenda also calls for a member to report on activities relative to the most recently received recommendations from local teams assigned to their agency/organization, quality improvement issues, and other technical assistance requests or operational improvement matters for the CFR program.

INCREASED COMMUNICATIONS TO LOCAL TEAMS

Citing the need for improved communication between the local and state teams, the state team now provides regular updates to all local team leaders and coordinators following state team meetings. The communication includes an overview of any data that was received, responses to recommendations (barriers, actions, context and next steps), and guidance related to quality improvement issues.

“

It is literally true that you can succeed best and quickest by helping others to succeed.

Napolean Hill

OVERVIEW OF **CHILD FATALITY** DATA

A total of 462 Massachusetts children from birth to 17 years of age died in 2016. The top three leading causes of deaths for birth to 17 years of age are short gestation / low birth weight (LBW) (N=70), congenital malformations (N=58) and unintentional injuries (N=44).

Infants (less than one year of age) had the highest number of deaths (N=283) and accounted for more than 60% of the child deaths in 2016.

For infants, the top three causes include short gestation / LBW (N=70), congenital malformations (N=50) and pregnancy complications (N=28).

Youth between 15-17 years of age experience the greatest risk for injury death (67% of deaths in their age group).

Children between the ages of 5-9 years had the lowest number of deaths followed by children ages 1-4 and 10-14 years of age. Additional Massachusetts death data is [available here](#).



“

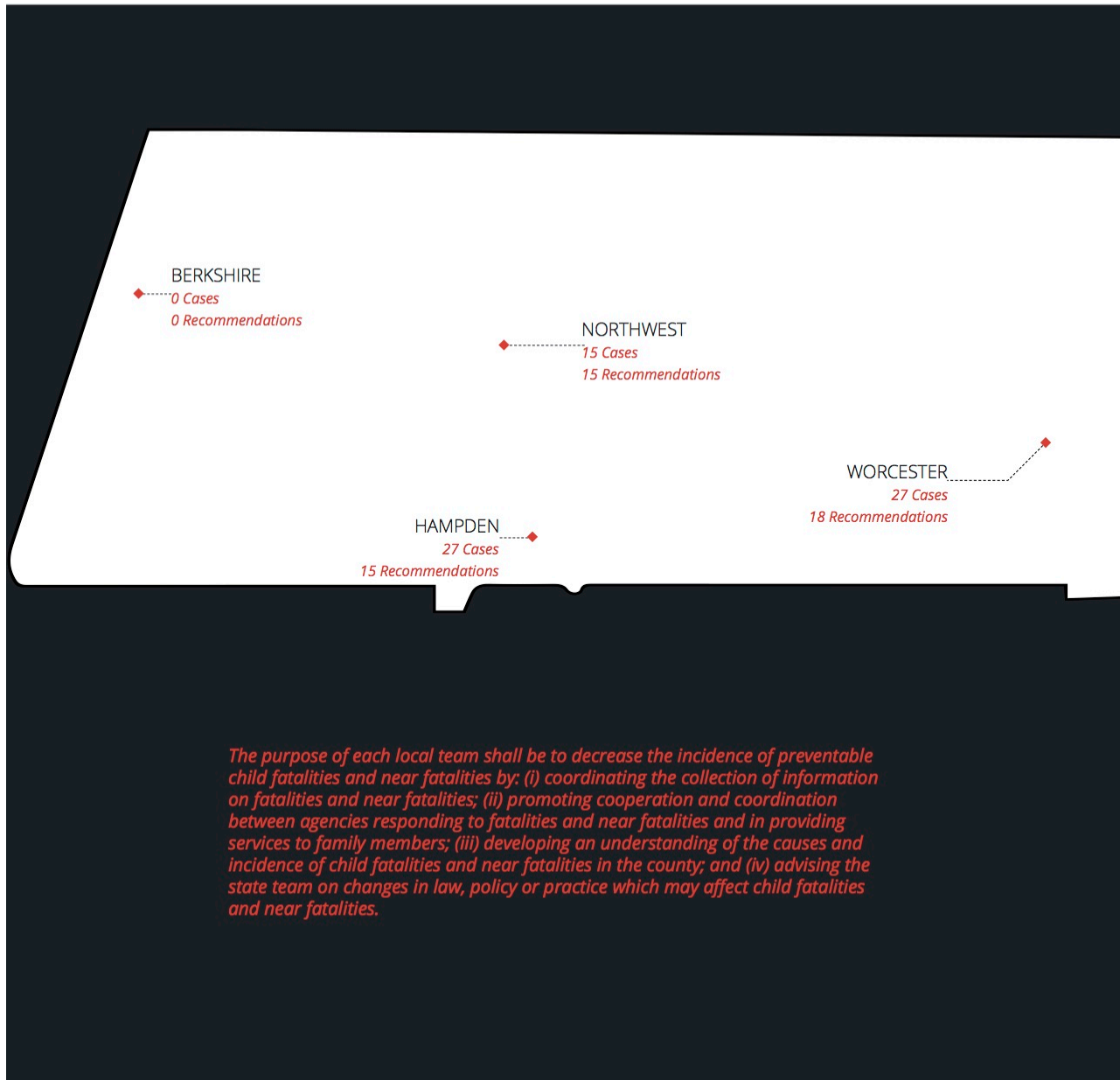
But most days, if you're aware enough to give yourself a choice, you can choose to look differently at this...

David Foster Wallace

Table 1: Leading Causes of Death Among Massachusetts Children 0-17 Years, by Age Group, for 2016

Rank	<1 Year	1-4 Years	5-9 Years	10-14 Years	15-17 Years	All Ages
1	Short Gestation/Low Birth Weight (LBW) [n=70]	Unintentional Injuries [n=8]	Unintentional Injuries [n=11]	Cancer [n=11]	Unintentional Injuries [n=17]	Short Gestation/Low Birth Weight [n=70]
2	Congenital Malformations [n=50]	Congenital Malformations [n=5]	Cancer [n=9]	Unintentional Injuries [n=8]	Suicide [n=15]	Congenital Malformations [n=58]
3	Pregnancy Complications [n=28]	Heart Disease [n=4]	Congenital Malformations [n=3]	Suicide [n=7]	Homicide [n=10]	Unintentional Injuries [n=48]
4	Sudden Infant Death Syndrome [n=14]	Ill-Defined Conditions - Signs and Symptoms [n=4]	Influenza and Pneumonia [n=1]	Heart Disease [n=4]	Cancer [n=7]	Pregnancy Complications [n=28]
5	Complications of Placenta [n=11]	Other Infections [n=3]	Chronic Lower Respiratory Disease [n=1]	Stroke [n=2]	In situ Neoplasms [n=2]	Cancer [n=27]
6	Respiratory Distress [n=9]	Cancer [n=3]	Perinatal Conditions [n=1]	Ill-Defined Conditions - Signs and Symptoms [n=1]	Diabetes [n=2]	Suicide [n=22]
7	Necrotizing Enterocolitis [n=8]	In situ Neoplasms [n=3]	Ill-Defined Conditions - Signs and Symptoms [n=1]	Other Infections [n=1]	Heart Disease [n=2]	SIDS [n=14]
8	Intrauterine Hypoxia [n=6]	Homicide [n=3]	Medical Complication [n=1]	Meningitis [n=1]	Septicemia [n=1]	Homicide [n=13]
9	Pulmonary Hemorrhage [n=4]; Neonatal Hemorrhage [n=4]	Influenza and Pneumonia [n=1]; Hernia [n=1]	-	Chronic Lower Respiratory Disease [n=1]	Ill-Defined Conditions - Signs and Symptoms [n=1]; Medical Complication [n=1]	Complications of Placenta [n=11]
10	Unintentional Injuries [n=4]	Injuries of Undetermined Intent [n=1]	-	-	Injuries of Undetermined Intent [n=1]	Heart Disease [n=10]
Totals	283	41	33	41	64	462

Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health



The purpose of each local team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i) coordinating the collection of information on fatalities and near fatalities; (ii) promoting cooperation and coordination between agencies responding to fatalities and near fatalities and in providing services to family members; (iii) developing an understanding of the causes and incidence of child fatalities and near fatalities in the county; and (iv) advising the state team on changes in law, policy or practice which may affect child fatalities and near fatalities.



REVIEWS

135
CASES

103
RECOMMENDATIONS

PROGRAM ACTIVITIES

LOCAL TEAM
MEETINGS & REVIEWS

In FY19, 9 of the 11 local teams met at least once. In total, 23 meetings occurred resulting in the review of 135 cases and 103 unique recommendations. See Appendix 2 for details on the teams that met, meeting dates, number of cases reviewed, manner of death for those cases, and number of unique recommendations received by the teams.



STATE TEAM

MEETINGS & ACTIVITIES

In FY19, the State Child Fatality Review Team focused on Sudden Unexpected Infant Death (SUID) and suicide, two of the most prevalent causes of child death in Massachusetts.

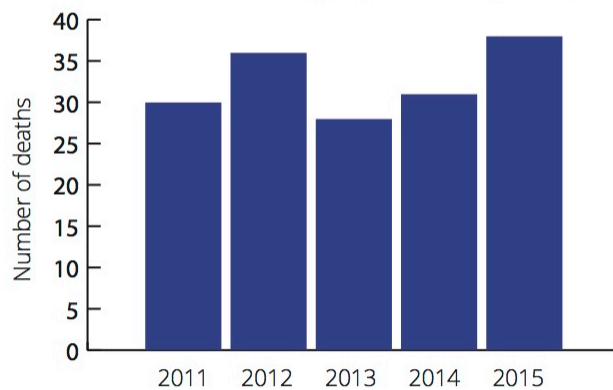
SUMMARY OF SUID REVIEW AND FINDINGS

Sudden Unexpected Infant Death (SUID) is the sudden and unexpected death of an infant under the age of 1 year where a cause is not immediately known before investigation. Often these deaths occur during sleep. The following causes of death are classified as SUID:

- Accidental suffocation and strangulation in bed (ASSB)
- Sudden infant death syndrome (SIDS)
- Undetermined cause

In Massachusetts, SUID is the leading cause of death among infants between the ages of 1-11 months and the 3rd leading cause of death among all infants under one year of age.¹ During the 5-year period of 2011-2015, there were a total of 163 SUID cases in Massachusetts – an average of 33 cases per year. Additional SUID data is available in the Data Brief: Sudden Unexpected Infant Death (SUID) released by Department of Public Health in March 2019.

Figure 1: Sudden Unexpected Infant Deaths, MA Residents <1 year, 2011-2015 (n=163)



Source: MA Registry of Vital Records & Statistics, 2011-2015

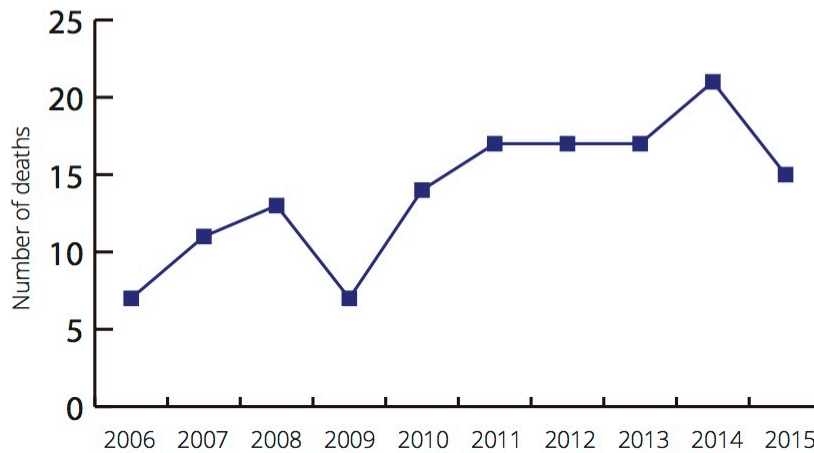
¹ The leading cause of death among infants less than one month of age are perinatal causes and congenital malformations.

PROGRAM ACTIVITIES

YOUTH SUICIDE IN MASSACHUSETTS

The number of suicides among youth (10-17 years) went up from 2006 (n=7) to 2015 (n=15). In 2015, Suicide was the leading cause of death among 15-17 years age group. [Additional suicide data is available here.](#)

Figure 2: Number of suicides, youth 10-17 years by year, MA occurring, 2006-2015 (n=139)



Source: Compiled and extracted by the Massachusetts Violent Death Reporting System of the Injury Surveillance Program in the Massachusetts Department of Public Health (July 2017), FINAL2003_2015

ADDITIONAL STATE TEAM ACTIVITIES

Occasionally, the state team and its members have the capacity to carry out activities based on the recommendations they receive from the local teams. This section captures those activities; however, it does not represent the full scope of related work each member agency is conducting.

In September 2018, as a result of a recommendation made by local teams that schools should be educated on the resources available to them to prevent suicide, the state team circulated a letter to all superintendents through the Department of Elementary and Secondary Education; see Appendix 3 for the letter.

In November 2018, the representative from the State Police worked with his agency to recirculate the mandate to complete the Sudden Unexpected Infant Death Investigation (SUIDI) form. This was a request from local teams, who noted more reliable data and information when a SUIDI form is on file.

ANNUAL REPORT
CONCLUSION

**MASSACHUSETTS CHILD
FATALITY REVIEW**

A total of 103 unique recommendations were generated by the local teams during Fiscal Year 2019. Historically, the cases were reviewed in depth at the local team level and then elevated to the state team with general recommendations. The state team would briefly review the case and recommendation, and then discuss which agency it should be assigned to. Recommendations are now routed directly to the respective agencies represented at the state team level.

Local team activity, recommendations, and data are presented to the state team in aggregate with the intention of providing a comprehensive picture of child fatality in Massachusetts. Based on the findings from the local team reviews and the discussion of the state team, the state team recommends the following to prevent childhood fatalities in Massachusetts:

RECOMMENDATION: In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, assessment, and prevention

BACKGROUND: Social work and mental health professionals are not required to have training and education specifically related to suicide. While these professionals are tasked with addressing a myriad of facets that individuals are enduring, both the finality and preventability of suicide commands attention.

RECOMMENDATION: Schools should receive additional resources to carry out the provisions of [MGL Chapter 71 595](#) relative to suicide awareness and prevention training

BACKGROUND: The responsibilities and expectations of schools have exceeded the conventional model of academic enrichment. Schools are a constant in a child's life and are often presented with situations that require training outside of standard curriculum. Currently, there is a compiled list of "[School-Wide Suicide Prevention and Intervention Training Programs](#)" that explains training opportunities and their cost to schools.

In addition to the regular review and recommendation activities of the child fatality review program, this fiscal year included operational changes. Both the state and local teams will use the operational changes to inform established processes of identifying opportunities to prevent childhood fatalities.

APPENDIX 1:
CHILD FATALITY REVIEW
TEAM MEMBERS

STATE TEAM

CHIEF MEDICAL EXAMINER (CO-CHAIR)

COMMISSIONER OF THE DEPARTMENT OF PUBLIC HEALTH, OR DESIGNEE (CO-CHAIR)

ATTORNEY GENERAL, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF MENTAL HEALTH, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF CHILDREN AND FAMILIES, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF YOUTH SERVICES, OR DESIGNEE

REPRESENTATIVE OF THE MASSACHUSETTS DISTRICT ATTORNEYS ASSOCIATION

COLONEL OF THE MASSACHUSETTS STATE POLICE, OR DESIGNEE

DIRECTOR OF THE MASSACHUSETTS CENTER FOR UNEXPECTED INFANT AND CHILD DEATH, OR DESIGNEE

**REPRESENTATIVE OF THE MASSACHUSETTS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
WITH EXPERIENCE IN CHILD ABUSE AND NEGLECT**

REPRESENTATIVE OF THE MASSACHUSETTS HOSPITAL ASSOCIATION

CHIEF JUSTICE OF THE JUVENILE DIVISION OF TRIAL COURT, OR DESIGNEE

THE CHILD ADVOCATE, OR DESIGNEE

OTHER INDIVIDUALS WITH INFORMATION RELEVANT TO CASES UNDER REVIEW

LOCAL TEAMS

DISTRICT ATTORNEY OF COUNTY (CHAIR)

CHIEF JUSTICE OF THE JUVENILE DIVISION OF TRIAL COURT, OR DESIGNEE

CHIEF MEDICAL EXAMINER, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF PUBLIC HEALTH, OR DESIGNEE

COMMISSIONER OF THE DEPARTMENT OF CHILDREN AND FAMILIES, OR DESIGNEE

DIRECTOR OF THE MASSACHUSETTS CENTER FOR UNEXPECTED INFANT AND CHILD DEATH, OR DESIGNEE

PEDIATRICIAN WITH EXPERIENCE IN CHILD ABUSE AND NEGLECT

LOCAL POLICE OFFICER FROM THE COMMUNITY WHERE THE FATALITY OCCURRED

STATE LAW ENFORCEMENT OFFICER

OTHER INDIVIDUALS WITH INFORMATION RELEVANT TO CASES UNDER REVIEW

APPENDICES

APPENDIX 2:
LOCAL TEAM
 MEETINGS, REVIEWS, AND
 RECOMMENDATIONS

Team	Meeting Dates	Case Review Forms Submitted	Manner of Death						Unique Recommendations
			Accident	Homicide	Natural	Suicide	Undetermined	Pending	
Berkshire	-	-	-	-	-	-	-	-	-
Bristol	09/26/2018	4	-	-	3	-	1	-	12
Cape & Islands	-	-	-	-	-	-	-	-	-
Essex	07/18/2018	4	1	-	-	1	2	-	15
	10/17/2018	1	1	-	-	-	-	-	
	05/01/2019	1	1	-	-	-	-	-	
Hampden	10/03/2018	8	2	-	6	-	-	-	17
	12/05/2018	4	4	-	-	-	-	-	
	03/06/2019	5	-	-	2	3	4	-	
	04/03/2019	10	-	-	10	-	-	-	
Middlesex	09/28/2018	3	1	-	-	2	-	-	17
	12/13/2018	3	1	-	-	1	-	1	
	03/15/2019	8	-	-	-	-	4	4	
	06/14/2019	12	-	-	3	-	8	1	
Norfolk	12/12/2018	6	1	-	5	-	-	-	5
	06/12/2019	7	-	-	5	1	1	-	
Northwest	07/10/2018	7	6	-	1	-	-	-	15
	10/09/2018	4	-	-	4	-	-	-	
	04/09/2019	4	-	-	4	-	-	-	
Plymouth	10/18/2018	10	-	-	10	-	-	-	3
	12/10/2018	2	-	-	-	1	1	1	
	05/10/2019	4	2	-	1	-	1	-	
Suffolk	02/25/2019	1	1	-	-	-	-	-	1
Worcester	10/24/2018	14	3	-	4	-	7	-	18
	06/20/2019	13	4	-	5	-	4	-	
TOTAL	23	135	28	-	63	9	33	7	103

APPENDIX 3:
SUICIDE PREVENTION
LETTER TO SCHOOL
SUPERINTENDENTS & PRINCIPLES



Mindy J. Hull, MD
Chief Medical Examiner
Chair, MA State Child Fatality Review Team

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Massachusetts Child Fatality Review Team



Rebekah Thomas
Director, Injury Prevention and Control Program
Department of Public Health
Co-Chair, MA State Child Fatality Review Team

September 25, 2018

Re: Youth Suicide Prevention Information

Dear Superintendent/Principal,

In Massachusetts, suicide is tragically the second leading cause of death for 15--24 year olds. Suicide is preventable, and schools and their personnel can play a key role in prevention and intervention efforts.

As Massachusetts students begin a new school year, we wanted to take the opportunity to remind you of helpful youth suicide prevention resources that are available to you and your students, as well as the requirement that all licensed school personnel should receive two hours of suicide awareness and prevention every three years in accordance with Massachusetts General Laws.

The following resources may be helpful in your effort to assist faculty, parents, and students in preventing, intervening, and referring you and their families for services:

MA Department of Public Health Suicide Prevention Program

<https://www.mass.gov/suicide-prevention-program>

MA Department of Elementary and Secondary Education

<http://www.doe.mass.edu/sfs/safety/>

MA Coalition for Suicide Prevention

<https://www.masspreventsuicide.org>

Suicide Prevention Resource Center (SPRC) - A Toolkit for Schools

<http://www.sprc.org/settings/schools>

SAMHSA (Substance Abuse & Mental Health Services Administration) - Preventing Suicide: A Toolkit for High Schools
<https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

CDC Injury Prevention & Control
<https://www.cdc.gov/violenceprevention/suicide/>

For further assistance, please contact Darlyn Beaujour, Program Coordinator, at the Massachusetts Department of Public Health's Suicide Prevention Program, at darlyn.beaujour@state.ma.us or 617.624.5438.

Sincerely,



Mindy J. Hull, MD
Chief Medical Examiner



Rebekah Thomas
Director, Injury Prevention and
Control Program/MDPH

ACKNOWLEDGEMENT

We would like to take a moment to acknowledge the hard work and dedication that every participant of both the State and Local teams contributes to the efforts of child fatality review. Reviewing circumstances surrounding any death is never easy and it is that much more difficult when it is a child.

Through your commitment to this program, recommendations are created in an effort to prevent similar unfortunate circumstances from occurring again.

Thank you.





**MASSACHUSETTS CHILD
FATALITY REVIEW**
Annual Report
Fiscal Year 19

Photos Credit: pexels.com