

Commonwealth of Massachusetts



Annual Progress and Services Report FFY 2022

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FFY 2022 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 8,500 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 23,000 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-B, Title IV-E program, and Title XX programs.
- The Services Network Unit, led by the Assistant Commissioner for Services Network, which oversees our provider network and implementation of the Families First Act.
- The Program Support Unit, led by the Assistant Commissioner for Program Support, which oversees programmatic support services to field operations.
- The Continuous Quality Improvement Unit, led by the Assistant Commissioner for Continuous Quality, which oversees statistical/outcomes report.
- The Division for Administration and Finance, led by the Chief Financial Officer, which provides financial reporting support for the programs
- The Office of General Counsel, led by the General Counsel, which oversees required state plans and provides legal support for the programs

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



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

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The FFY2022 Annual Progress and Services Report will be posted upon approval on the DCF website: www.mass.gov/dcf.

REQUIREMENTS FOR THE 2022 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 field staff including program and clinical managers who provide input, lead problem solving 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 regular 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 Care18 Degrees (formerly Berkshire Children and Families)
- Casey Family Programs
- Center for Adoption Support and Education (CASE)
- Children and Family Law Project
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- Department of Children and Families Family Advisory Counsel
- Department of Children and Families Youth Advisory Council
- Department of Developmental Disabilities
- 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
- Evident Change (formerly the National Council on Crime and Delinquency and Children's Research Center)
- Executive Office of Health and Human Services
- Executive Office of Housing and 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 Commission for the Deaf and Hard of Hearing
- 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
- North American Council on Adoptable Children
- Office of the Child Advocate
- Quality Improvement Center on Domestic Violence in Child Welfare
- 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

The Department continues to work closely with the Juvenile and Family Court to implement the Pathways initiative, which was launched in the winter of 2018-2019. With technical assistance provided by the National Center for State Courts, Pathways is designed to provide a forum for collaboration around permanency planning for children and youth in DCF custody. County-based teams led by judges and including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, and others 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. A second Pathways conference was scheduled to occur in May of 2020, however, was cancelled due to COVID. Instead, the Department participated in county-wide virtual trainings which included Judges, DCF attorneys, CPCS attorneys and clinical staff in October 2020, December 2020 and February 2021. Trainings will continue in additional counties in FFY2022 and are tailored to the needs of each county, with a focus on elevating the level of practice in court and trial readiness. The Department has also collaborated in a second Pathways initiative, which began in April 2021, Child Welfare Mapping. A mapping summit was convened where 55 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. This mapping project is expected to continue across other counties over FFY2022. Enhanced services for children and families leads to more timely permanency. These collaborative efforts to improve permanency are a priority for the Department and will extend to our work with the Court Improvement Project.

Department of Youth Services/Juvenile Detention Alternative Initiative

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 has continued to allow 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 FFY2022, the Department will continue to work with DYS to develop a plan on how it can further address the needs of dually involved youth.

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 refine guidance and strengthen collaboration regarding best interest determinations related to 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, including the Family Resource Centers (FRCs) and Community Connection Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve.

Additionally, DCF staff 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 (EEC). During 2020 and going forward the two agencies have worked together to establish a program designed to ensure that short term childcare is immediately available for children entering care. This model is designed to ensure that children are able to set new supportive care routines that will aid in their adjustment to placement.

Promoting Safe and Stable Families Community Collaboration

The Department of Children and Families' continued partnership with key organizations allows for improvement of family engagement practices, while also setting standards for future policies and system development. Inter-agency collaboration will allow agencies to seek training opportunities that support staff development and increase professional knowledge of other systems, while increasing resources for families. Listed below are agencies who are partnering with DCF, offering helpful resources to parents.

- Family Advisory Committee (FAC)
- Parents Helping Parents (PHP)
- Grandparents Raising Grandchildren (GRG)
- Family Resource Centers (FRC)
- Massachusetts Children Trust (CT)

- Family Nurturing Center (FNC)
- Baby Safe Haven (BSH)
- Federation for Children with Special Needs (FCSN)
- Juvenile Detention Alternative Initiative (JDAI)
- Department of Public Health (DPH)
- Community Behavioral Health Initiative (CBHI)
- Department of Education (DOE)
- Department of Youth Services (DYS)
- Department of Mental Health (DMH)
- Parent Professional Advocacy League (PPAL)
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC) KidsNet Program
- The Massachusetts Association for Families
- Mental Health Advocate Program (MHAP)

Foster Care Support and Recruitment Collaboration

The Department instituted Regional Foster Parent Forums in the fall of 2017. These annual forums have brought together clinical and legal staff with foster parents to gather input and ideas for addressing the challenges that caregivers face as they care for children who have experienced chronic and acute stress and trauma. During COVID-19, DCF has pivoted to virtual foster parent forums at the regional and statewide level conducted in partnership with the Massachusetts Association for Families (MAFF) and Regional Leadership, The DCF medical team, the Commissioner and other leadership staff. This interaction has identified training and vital support needs for foster, adoptive and kinship families including training and town hall sessions designed to educate families about testing, quarantine and isolation requirements, health concerns for vulnerable populations, along with information regarding vaccine efficacy. These communications and collaboration activities have continued to improve partnership between foster families and DCF Area Offices. The Department has implemented a listserv for foster parents to support the need to provide timely information about payment, foster parent supports, and community opportunities for youth including recreation memberships, fun outings, and after-school activities. With input from foster families, the Department recently launched *Foster MA Connect*, the Departments new social Internet portal for foster parents. A new Orientation Program for kinship caregivers was developed in 2019 to ensure that these families have the information they need to effectively provide care and a revised curriculum is currently being implemented.

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 childcare, respite, and annual training conferences.
- Recruitment collaborations with Fostering Hope and The Forgotten Initiative to provide support, training, and recruit new foster families. Both are faith-based organizations working in partnership with DCF.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- Boston Children's Hospital 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 levels in becoming foster and adoptive parents.
- Foster Parent Recruitment Ambassadors: current foster parents selected by their area offices to represent DCF at recruitment events and assist regional recruiters with the planning and selection of events.
- Community based recruitment events will continue to be held in each Region in support of the Departments Foster MA campaign. All DCF Area Offices participate in the event which is advertised statewide.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices will continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes. While many FFY 2020-21 events were postponed, some Area Offices conducted socially distanced drive through/drop off events to thank foster parents.

Adoption Promotion

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

- National Training Initiative – 20-hour interactive, web-based, permanency curriculum for child welfare workers; 25-hour interactive, web-based, curriculum for child welfare supervisors and managers; now available to all DCF staff through Center for Adoption Support and Education (CASE) and University of Maryland portal.
- Parent Leadership Training: DCF is collaborating with NACAC to present parent leadership training to foster/adoptive parents/staff who lead or are planning to lead foster/adoptive parent support groups. To date, two cohorts have completed the training; additional training will be provided for DCF staff.
- Permanency Roundtable Trainings: DCF continues to collaborate with Casey Family Programs to implement Permanency Roundtables. The first cohort of five Area Offices trained and implemented Permanency Roundtables from March – August 2019. Originally planned for spring of 2020, training for the next five Area Offices was postponed due to COVID-19 until April 20 – 23, 2021. Five additional Area Offices (Greenfield, Harbor,

Haverhill, New Bedford, North Central) are now beginning Permanency Roundtables for youth ages 14 and 15 for whom adoptive or guardianship resources have not been identified.

- 10 Session Permanency Series (workshops for DCF staff and contracted providers):
- The Department is presenting a series of 10 workshops on topics related to permanency for children. Having originally planned an in-person conference for June 2020, DCF modified plans with the onset of the pandemic and switched to individual workshops ranging from 90 minutes to 4 hours. DCF has collaborated with community providers, consultants, and North American Council on Adoptable Children (NACAC) to present the Permanency Series. Six workshops have been presented to date, with four more planned in the coming months. The topics include:
 - What Every Worker Needs to Know About Fetal Alcohol Spectrum Disorders from a Trauma Lens.
 - Thriving! Moving Beyond Trauma-Informed to Nurturing Resilience
 - Seven Core Issues of Adoption and Permanency
 - Hitting the Mark! Targeted Recruitment Strategies for Foster and Adoptive Families
 - Adoption and Other Options for Teens
 - Private Agency Adoption – What Intake and Response Staff Need to Know
 - Sibling Relationships are for Life: Nurturing and supporting connections.
 - Cultivating Cultural Humility in Permanency Planning
 - Promoting Positive Racial/Ethnic Identity for Youth in Placement
 - Serving LGBTQ+ Youth and Resource Families

Planning and Service Coordination

The Department is collaborating with Casey Family Programs to continue the roll-out of its revised Initial Placement Review (formerly Six Week Review) protocol to the remaining 19 Area Offices. Initial Placement Review Training includes the Initial Placement Review process, facilitation training, and coaching, and follow-up with AILT Permanency Team members to monitor implementation.

Support and Stabilization Services – Prevention and Intervention

The Department's Support and Stabilization services are provided by 100 agencies that offer 280 different services across the Commonwealth. Support and Stabilization Services are available at any point in the life of a case – for intact families, foster families, adoptive families and kinship families. These services are also available to support reunification after a period of out-of-home placement. Support and Stabilization Services are obtained through the Commonwealth's public procurement process.

Consistent with the Commonwealth's requirements for procuring services, the Department is developing a new Request for Responses (RFR) for Support and Stabilization Services. The Department's Title IV-E Prevention Program 5-Year Plan will influence the types of services sought through the RFR, which will include both supportive services and evidence-based clinical

supports. Supportive services are practical, effective ways to strengthen families' capacities for caring for their children. These services include a wide range of offerings, including specialized afterschool programs for youth not served in regular childcare programs, counseling, peer mentors for youth, and homemaking assistance and training. To make decisions about which evidence-based practices will be the best match for the families and children, the Department is reviewing the evidence-based practices on the Title IV-E Prevention Clearinghouse and demographic data about families and children served in different geographic areas of the Commonwealth.

During the COVID-19 pandemic of 2020, which required reductions in face-to-face contacts with families and children as well as the implementation of health and safety protocols whenever face-to-face contacts did occur, the Department worked with Support and Stabilization Service providers to increase virtual methods of connecting with and supporting families. Though not a substitute for face-to-face contacts, virtual connections were found to have benefits and will be incorporated into the Department's new Support and Stabilization RFR. Examples of the value of virtual connections include:

- The ability to connect parents and children more frequently and to increase connections for siblings who are in different geographic locations. The reduced reliance on transportation as the only way to connect parents, children, and siblings expanded opportunities for more frequent family time visits by providing more flexible meeting schedules and eliminating the barriers of lack of transportation, traffic delays, and the costs and frustrations of parking.
- The tendency of some youth and parents to engage more willingly in talk therapy when delivered virtually rather than in person.

The Department's plans for incorporating virtual service delivery into the Support and Stabilization RFR are to use virtual service delivery as a complement to, not a substitute for, in-person service delivery, which allows for a more comprehensive assessment of safety and risk factors for children.

In sum, the Department will approach the re-procurement of Support and Stabilization Services with the following guiding principles:

- Continue to procure supportive services while increasing availability of evidence-based interventions in a measured way that ensures the provider community is supported to deliver evidence-based practices with sustained fidelity,
- Match services to the demographic characteristics of families and children, which varies across the Commonwealth;
- Incorporate lessons learned from the pandemic about the benefits and drawbacks of virtual service delivery; and

Include requirements for service providers to assess safety and risk for children and to communicate the results of these assessments to the Department regularly and in an agreed-upon format that Department staff understand and can incorporate into updated clinical formulations, action plans for families, and decision-making processes.

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 Roadmap Collaboration

The Department has continued to participate as a member of the interagency work group established by the Secretary of Health and Human Services in 2018 to re-imagine behavioral health services 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 roadmap 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 behavioral health 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 roadmap includes a plan to increase the quality of crisis responding through funding and through implementation of quality assurance 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 a 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. 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 continues its focus on increasing kinship placements for children who cannot remain safely in their homes, increasing family finding activity for children in care. The Department and MA CIP discussed specific projects that collaboration would be beneficial to obtaining permanency for children. The Department and MA CIP continue to pursue its 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 had planned for it to occur in FFY2021, however, the COVID pandemic postponed this plan. This training should occur within the FFY2022 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 cancelled in response to the COVID-19 pandemic. Through the Court Improvement Program, the Juvenile Court was able to hire a full-time coordinator of Pathways, who came on board in March 2020. In collaboration with the Pathways Coordinator, county-wide virtual trainings have occurred which included Judges, DCF attorneys, CPCS attorneys and both CPCS and DCF clinical staff in October 2020, December 2020 and February 2021. Trainings will continue in additional counties in FFY2022 and are tailored to the needs of each county, with a focus on elevating the level of practice in court and trial readiness. The Department has also collaborated in a second Pathways initiative, which began in April 2021, Child Welfare Mapping. A mapping summit was convened where 55 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. This mapping project is expected to continue across other counties over FFY2022. The Department, CPCS and MA CIP have had a number of discussions regarding trainings that would ultimately benefit children. In December 2020 a training was held regarding child welfare through the Massachusetts Continuing Legal Education program. The training, held virtually due to the pandemic, was conducted by multiple individuals, including DCF staff and CPCS attorneys with a focus on tackling racial injustice in child welfare and delinquency matters. CIP supported this training including sending 47 DCF attorneys to the training. A training presented by Therese Roe Lund on Child Safety: A Guide for Judges and Attorneys, from the National Resource Center for Child Protective Services was initially postponed due to the pandemic. It was held virtually over four dates in January and February 2021 where CPCS Attorneys, DCF Attorneys and clinical staff attended. Additional examples of future trainings discussed 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 increasing the number of joint trainings during the upcoming year. The goal of these joint trainings will be improving permanency outcomes for children and increasing the quality of legal representation.

- 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.
- Evident Change (formerly the National Council on Crime & Delinquency and Children's Research Center) - Embedding evidence and research-based assessment of safety and risk into daily practice was a core MA CFSR PIP strategy. The Department worked with Evident Change to develop a set of MA CFSR PIP Key Activities targeted at validating the Department's current risk assessment tool and/or developing and validating a new tool. Working with the DCF Child Welfare Institute and the Policy and Practice Unit, NCCD/CRC developed a train-the-trainer curriculum and set of E-Learning modules to support the

September 2019 i-FamilyNet rollout of the revised risk assessment tool. This training began its rollout in FY21.

- Department of Public Health Bureau of Substance Addiction Services an - 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.
- University of Southern Maine/Muskie School of Public Service/Cutler Institute - A key MA CFSR PIP strategy was to improve the training provided by DCF Child Welfare Institute (CWI). Toward this end, the Department contracted with the USM Muskie School of Public Service and completed a new pre-service curriculum with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization.
- DCF continues to partner with Solomon, McCown, and Cence, a Boston-based marketing and communications firm that provides creative and strategic support for the Department's statewide foster parent recruitment campaign, Foster MA. During its 4-year history the campaign has reached millions through online and television advertising, driving traffic to the foster care recruitment website. During the COVID-19 pandemic, Foster MA expanded its digital presence, finding success on Pinterest and by targeting viewer demographics on streaming or OnDemand services.

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

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 1 working day 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 2021) and the 2019 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

	FFY2014		FFY2015		FFY2016		FFY2017		FFY2018		FFY2019		FFY2020	
Total CA/N Reports Disposed	47,591		46,116		48,252		45,366		45,686		43,923		37,505	
Substantiated	22,282	46.8%	22,079	47.9%	22,387	46.4%	17,835	39.3%	18,297	40.0%	17,856	40.7%	15,888	42.4%
Unsubstantiated	13,771	28.9%	14,235	30.9%	18,137	37.6%	19,122	42.2%	19,532	42.8%	18,987	43.2%	15,322	40.9%
Other	11,538	24.2%	9,802	21.3%	7,728	16.0%	8,409	18.5%	7,857	17.2%	7,080	16.1%	6,295	16.8%
Children Served in Placement*	14,907		15,899		16,801		16,904		16,862		16,273		14,622	
*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													

Year-over-year decreases in total disposed CA/N reports were evidenced between FFY2016 and FFY2019 (9.0% decrease). This downward trajectory was further impacted by the COVID-19 pandemic as evidenced by an additional 14.6% decrease between FFY2019 and FFY2020. During the extended time period between FFY2014 and FFY2020, a 9.5% decrease in substantiation rates was also observed. 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. The number of children served in placement increased 13.4% between FFY2014 and FFY2017. By FFY2020 end, the number of children served in placement decreased and additional 13.5% 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.
- Item 1 ongoing CQI Review (Feb-May 2021): 68.8% – continued improvement evidenced.
 - This represents a 60.0% improvement over the 2015 CFSR3 results.

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 care (victimizations 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
			21.43	28.34	26.49 – 30.33	18AB, FFY18

			19.47*	not available	19AB, FFY19*	
			19.69*	not available	20AB, FFY20*	
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
			17.0%	22.1%	21.5% – 22.7%	FFY18-19

*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%.
- Maltreatment in Foster Care (victimization per 100,000 days in care) has been calculated for FFY2019 and FFY2020 utilizing the Department's case management system. FFY2020's (20A–20B) observed performance was 19.69 per 100,000 days in care. While below the national performance, Massachusetts evidenced a 22.5% improvement over FFY2014's observed performance.
- FFY18-19's Recurrence of Maltreatment observed performance was 17.0%. Though below the national performance, this is a 15.0% 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 10.2% between FFY2014 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 16.4% decrease in referrals in FFY2020 relative to FFY2019.

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

Chart S3.	Counts of Referrals Received by DCF per CB Child Maltreatment Report						
	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020*

Referrals received by CPS	77,974	80,435	82,851	82,828	85,794	85,911	71,818
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*Source: MA DCF case management system

Referral Rates

As evidenced in Chart S4 below, referral rates per 1,000 in Child Population increased 13.2% between FFY2014 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 16.4% decrease in referral rates per 1,000 in FFY2020 relative to FFY2019.

Chart S4.	Rate per 1,000 in Child Population per CB Child Maltreatment Report						
	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020*
Referral rate	56.1	58.0	60.1	60.5	62.8	63.5	53.1

*Source: MA DCF case management system

Victimization Rates

As evidenced in Chart S5, victimization rates per 1,000 in Child Population decreased 19.2% between FFY2014 and FFY2019. During the COVID-19 pandemic an additional 9.7% decrease was observed in FFY2020 relative to FFY2019. 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						
	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020*
Victimization rate	22.9	22.4	22.9	18.2	18.9	18.5	16.7

*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 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.
- Item 2 ongoing CQI Review (Feb-May 2021): 85.7% – exceeds the closed-PIP Goal.
 - This represents a 38.2% improvement over the 2015 CFSR3 results.

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.
- Item 3 ongoing CQI Review (Feb-May 2021): 93.8% – continued improvement evidenced.
 - This represents a 42.1% improvement over the 2015 CFSR3 results.

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 (entries). While re-entry rates continue to lag behind national performance, improvement is evident. Placement stability is moving toward a closer alignment with national performance.

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)	42.7%	Higher	44.4%	42.7% – 45.3%	18A – 20B
Perm in 12 months (12-23 months)	45.9%	Higher	33.7%	31.9% – 35.6%	20A – 20B
Perm in 12 months (24+ months)	31.8%	Higher	24.6%	23.4% – 25.8%	20A – 20B
Re-entry to foster care in 12 months	8.1%	Lower	10.7%	9.5% – 12.0%	18A – 20B

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 exceeding the national performance of moving children to permanency within 12 months of entering care.

While evidencing improvement over prior review periods, the Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

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						
	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B	17B-20A	18A-20B
Re-entry to foster care in 12 months (lower is better)	12.9%	11.1%	10.2%	11.6%	12.3%	12.4%	10.7%

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 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.
- Item 4 ongoing CQI Review (Feb-May 2021): 88.9% – continued improvement evidenced.
 - This represents an 11.1% improvement over the 2015 CFSR3 results.

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	5.18	5.01 – 5.34	20A – 20B

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 45.4% since the AFCARS cohort period 17A-17B.

Chart P4.

	Risk Standardized Performance (RSP) CFSR3 Data Profile						
	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B
Placement Stability (moves per 1,000 days in care)	9.49	9.05	9.04	8.50	7.13	6.35	5.18

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’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16	SFY’17	SFY’18	SFY’19	SFY’20
Kinship Care Rate Kinship as a % of all children in out-of-home placement	≥ 28.5%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%	39.5%

Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2020, 39.5% of all children in out-of-home placement were placed with kin. This represents a steady increase over time, and a 61.2% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin (i.e., Kin First). At the end of SFY2020, 24.0% of children within this cohort were placed with kin at entry into care.

	DCF Target	SFY’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16	SFY’17	SFY’18	SFY’19	SFY’20
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%	56.1%	57.8%

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

At the end of SFY2020, 57.8% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents a 20.2% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is also tracked

by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin for children whose initial placement is in a foster family home setting (i.e., Kin First). By the end of SFY2020, 31.6% 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.
- Item 5 ongoing CQI Review (Feb-May 2021): 83.3% – continued improvement evidenced.
 - This represents a 51.5% improvement over the 2015 CFSR3 results.

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.
- Item 6 ongoing CQI Review (Feb-May 2021): 33.3% – performance has been directly impacted by the COVID-19 pandemic.
 - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 an 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 17.6% improvement over baseline.
- Item 7 ongoing CQI Review (Feb-May 2021): 71.4% – continued improvement evidenced.
 - This represents an 11.6% improvement over the 2015 CFSR3 results.

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 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 16.4% improvement over baseline—approaching a solid area of strength.
- Item 8 ongoing CQI Review (Feb-May 2021): 75.0% – performance has been directly impacted by the COVID-19 pandemic.
 - This represents a 27.1% improvement over the 2015 CFSR3 results.
 - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 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.
- Item 9 ongoing CQI Review (Feb-May 2021): 94.4% – while performance has been maintained at a high rate, it is likely impacted by the COVID-19 pandemic.
 - This represents a 27.6% improvement over the 2015 CFSR3 results.
 - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 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 10.9% improvement over baseline—nearing a solid strength.
- Item 10 ongoing CQI Review (Feb-May 2021): 77.8% – performance has been directly impacted by the COVID-19 pandemic.
 - This represents a 9.6% improvement over the 2015 CFSR3 results.
 - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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.
- Item 11 ongoing CQI Review (Feb-May 2021): 71.4% – continued improvement evidenced.
 - This represents an 11.6% improvement over the 2015 CFSR3 results.

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 deserve to experience a sense of well-being that includes the opportunity to grow and to develop a sense of mastery in their home, school and community.

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

- A trauma informed clinical practice model guides casework practice.
- Positive Youth Development approaches are integrated into casework practice.
- Domestic violence, substance abuse and mental health 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.

- Item 12 ongoing CQI Review (Feb-May 2021): 78.1% – continued improvement evidenced.
 - This represents a 105.5% improvement over the 2015 CFSR3 results.

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.
- Item 13 ongoing CQI Review (Feb-May 2021): 80.0% – continued improvement evidenced.
 - This represents a 37.9% improvement over the 2015 CFSR3 results.

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 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.
- Item 14 ongoing CQI Review (Feb-May 2021): 93.8% – continued improvement evidenced.
 - This represents a 26.8% improvement over the 2015 CFSR3 results.

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 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.
- Item 15 ongoing CQI Review (Feb-May 2021): 79.3% – continued improvement evidenced.
 - This represents an 80.2% improvement over the 2015 CFSR3 results.

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 ongoing CQI Review (Feb-May 2021): 100% – solid area of strength.
 - This represents an 11.1% improvement over the 2015 CFSR3 results.

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	2013	2014	2015	2016	2017	2018	2019	2020
4-Year Graduation Rate	≥ 67.0%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%
5-Year Graduation Rate		62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	aging

While the Four-Year Graduation Rates between academic years 2013 and 2020 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 11.4% of cohort students receiving acknowledgment for graduating in 2019. Of note, the Four-Year Graduation Rate increased by 10.5% between 2015 and 2019. During the COVID-19 pandemic the Four-Year Graduation rate decreased by 10.9% relative to FFY2019.

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		63.7%	68.2%	58.7%	67.2%	66.8%	68.1%	64.3%	57.5%
Mathematics – proficient or higher		42.5%	43.0%	33.1%	40.3%	35.0%	42.7%	40.0%	34.3%
*Science/Tech./Eng. – proficient or higher		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. The MCAS was not administered in 2020 due to the COVID-19 pandemic.

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 10th-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 7.3% improvement over baseline.
- Item 17 ongoing CQI Review (Feb-May 2021): 83.3% – performance has been directly impacted by the COVID-19 pandemic.
 - Performance is anticipated to improve as case/health provider practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 an 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 15.9% improvement over baseline.
- Item 18 ongoing CQI Review (Feb-May 2021): 75.0% – performance has been directly impacted by the COVID-19 pandemic.
 - This represents a 21.0% improvement over the 2015 CFSR3 results.
 - Performance is anticipated to improve as case/mental health provider practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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. Between FFY 2020 and FFY 2021, DCF rolled out 4G enabled Surface Pro devices to all Department social workers, supervisors and their managers. These Surface Pro devices 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, iPad, or Surface Pro. 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 full rollout is anticipated to be completed within CY2021.

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

- Documentation of race/ethnicity.
- Documentation of SOGI.
- 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 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's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current 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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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 Department's CFSR4 Statewide Assessment will assess current performance.

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.

- The Department's CFSR4 Statewide Assessment will assess current 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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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 childcare institutions receives training that effectively prepares them to carry out their duties.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

Responsive to the identified needs of the agency, the Department posted the Request for Responses (RFR) for the procurement of a new congregate care service array in early FFY2021—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 accreditation requirements as outlined 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 RFI planned for mid 2021 followed by a full-service procurement in SFY22. 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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.

- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current 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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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's CFSR4 Statewide Assessment will assess current performance.

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.

- The Department's CFSR4 Statewide Assessment will assess current performance.

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	SFY2017	SFY2018	SFY2019	SFY2020
Children in the care of the Department or its agents during the previous fiscal year.	18,253	16,057	15,507	15,164	13,934
Children who were in DCF care for more than 6 months.	13,584	14,051	13,742	13,441	12,455
Number of foster care reviews convened.	11,770	14,478	14,093	13,547	12,420

**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 decreased 8.3% between SFY2016 and SFY2020, the number of reviews conducted increased a 5.5%. In response to the COVID-19 pandemic, the FCRU pivoted to convening FCRs through videoconference technology. Consequently, family, youth, substitute care provider, and legal

participation increased significantly.

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.
- The Department's CFSR4 Statewide Assessment will assess current performance.

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.
- The Department's CFSR4 Statewide Assessment will assess current 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.

- The Department's CFSR4 Statewide Assessment will assess current performance.

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

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

Child welfare organizations are 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

The concept that all individuals, communities, and organizations must work together to protect children was driven home in Massachusetts during the past year after the untimely and heartbreaking death of a teenager with disabilities. The case, which was reviewed by the Massachusetts Office of the Child Advocate (OCA) and was the subject of a hearing by the legislature’s Joint Committee on Children, Families, and Persons with Disabilities points to the need to further deepen collaboration among service providers, state agencies, courts, and school systems. DCF is in the process of responding to the OCA’s Report ², which touches many of the issues already in process via our Strategic Plan.

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

² Investigative Report, Office of the Child Advocate, March 2021, <https://www.mass.gov/doc/office-of-the-child-advocateinvestigative-reportmarch-2021/download>

In 2016, DCF committed to develop Principles of Practice, based upon CWLA's National Blueprint³, which CWLA's Report introduced to DCF, as it was the foundation of CWLA's findings and recommendations; those findings and recommendations drove the Department's last Strategic Plan. In our Child and Family Services Review Round 3 Program Improvement Plan, the Department committed itself to developing and implementing Principles of Practice with the intent of guiding child welfare practice, increasing family engagement and the involvement of communities, providers, and other agencies. The intended outcome was that children of the Commonwealth 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.

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

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

³ CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April 2013

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

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

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

RACE, ETHNICITY, AND CULTURE – The Department works with individuals, families, communities, organizations, and systems to understand and promote equality, cultural humility, and strong racial, ethnic, and cultural identities of service recipients, staff, and providers, while showing consideration for individual differences, and respecting the sovereign rights of tribes. MA DCF has convened a Racial Equity Work Group which has been charged with developing a strategic plan which will be completed in the second half of 2021.

The Racial Equity Work Group is tasked with developing a strategic plan for the agency to ensure that DCF's policy, practice and work environment honor, respect and equitably treat all individuals, regardless of their racial, ethnic and/or cultural backgrounds.

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

Some of this work will include, but is not limited to:

- Collaborative work with a diversity consultant
- Staff engagement and listening sessions
- Targeted focus groups
- Assessing the department's capacity and areas for improvement
- Developing strategies to ensure that this work is woven into our policy and practice and how our staff engages with one another
- CWI will continue to offer training, resources and tools to support DCF's capacity in the area of Racial Equity and Inclusion
- Continued work with DCF's Diversity Officer and existing affinity groups (DLT, RELMA, LGBTQ, etc.)

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 completed. ✓ Fidelity outcome metrics completed. ○ Baseline and targets to be developed. • Family Resource Policy <ul style="list-style-type: none"> ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ○ Training/implementation underway. ○ Fidelity outcome metrics in development. ○ Baseline and targets to be developed.

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.
	2. By end of FFY2021, implement Phase II of Safe Sleep initiatives with sister agencies.	<ul style="list-style-type: none"> • Safe Sleep e-learning: <ul style="list-style-type: none"> ○ Developed; and ○ Implemented. • Medical Social Workers and Substance Abuse Specialists 	<ul style="list-style-type: none"> • Safe Sleep e-learning module: <ul style="list-style-type: none"> ○ Developed; ○ Rolled-out; and ○ 100% of workers trained. 	<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

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>will be integrated into Safe Sleep campaign.</p> <ul style="list-style-type: none"> • Convene meetings with sister agencies (e.g., DPH, 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"> • Links include: <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 sFY20, 24.0% of entries into care were first placed with Kin. <ul style="list-style-type: none"> ▪ By Apr-2021/sFY21, 27.3% of entries into care were first placed with Kin. ○ By end of sFY20, 31.6% of entries into DFC were first placed with Kin. <ul style="list-style-type: none"> ▪ By Apr-2021/sFY21, 32.9% of entries into DFC were first placed with Kin. ○ By end of sFY20, 39.5% of all children/youth in care were placed with Kin. <ul style="list-style-type: none"> ▪ By Apr-2021/sFY21, 40.0% of all children/youth in care were placed with Kin. ○ By end of sFY20, 57.8% of children/youth in DFC were placed with Kin. <ul style="list-style-type: none"> ▪ By Apr-2021/sFY21, 58.5% 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 Foster Care Reviews (i.e., Periodic Reviews). ○ Lifelong Connections rate targets to be established in early 	<ul style="list-style-type: none"> ○ Baselines established—standard range: <ul style="list-style-type: none"> ▪ 27%-30% of entries into care will be first placed with Kin. • 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 Feb 2021/sFY21, 96.9% of children/youth/young adults in care had one or more documented Lifelong Connections <ul style="list-style-type: none"> ○ While DCF continues to ensure that each child/youth/young adult in care has a Lifelong Connection, this is a

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			FFY2020 and reflected in APSR.	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 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—plan to rollout to remaining 19 Area Offices by end of sFY2021. ✓ Reviewed 60 IPR meetings—findings summarized. ✓ IPR findings compared with previously collected 6-week review baseline data. • Permanency Planning Conference review is underway, next steps include: <ul style="list-style-type: none"> ○ Complete PPC questions and meeting process ○ Pilot PPC questions • Permanency Roundtables planning underway and to be rolled out in each Area Office by end of sFY2021.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<ul style="list-style-type: none"> • Placement Stability improved – see Sec. C.2. • Timeliness to Permanency improved – see Sec. C.2.
	<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 sFY20, 78% of cases with 2 or more siblings in DFC had at least 2 or more siblings placed together. <ul style="list-style-type: none"> ▪ Target = 85% (10% increase over baseline) ○ ALL Sibling Placement Rate: By end of sFY20, 62% had ALL DFC placed siblings placed together. <ul style="list-style-type: none"> ▪ Target = 67% (10% increase over baseline)

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	6. By end of 2020-2024 CFSP, the Department will establish strategies and mechanisms for reducing disproportionality and disparity.	<ul style="list-style-type: none"> • New Social Worker Pre-Service Training launched with curriculum and learning objectives targeted at: <ul style="list-style-type: none"> ○ Training on and reinforcing cultural humility; ○ identifying and addressing systemic implicit/explicit bias; and ○ addressing/reducing disproportionality and disparity. • Ongoing in-service trainings on managing unconscious (implicit) bias and cultural humility. • Forums held with stakeholders, partners, and citizen review panels to collaboratively identify barriers and solutions for reducing disproportionality and disparity. 	<ul style="list-style-type: none"> • All new social workers are trained in newly enhanced curriculum. • Increase alignment of statistics of DCF population served with general MA population. • Metrics developed and CQI activities indicate decreased disproportionality and disparity in screening, response, and service delivery. <ul style="list-style-type: none"> ○ Baselines and targets to be established in early FFY2020 and reflected in the APSR. • Metrics include: <ul style="list-style-type: none"> ○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI) for Consumer Children Open with DCF ○ Out-of-Home Care by Race/Ethnicity (RoD & RRI) 	<ul style="list-style-type: none"> • New Social Worker Pre-Service Training curriculum which includes cultural humility and systemic implicit/explicit bias was completed in early sFY21. • At end of SFY20, disproportionality was evidenced for children of color (exception of Asian) on two indicators: Rate of Disproportionality (RoD) and Relative Rate Index (RRI). <ul style="list-style-type: none"> ○ Targets to be developed. ○ Open with DCF (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 0.6 / na ▪ His/Lat = 1.8 / 2.9x ▪ Black = 1.6 / 2.5x ▪ NatAm = 0.7 / 1.2x ▪ 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 / 2.6x ▪ Black = 1.6 / 2.5x ▪ NatAm = 1.3 / 2.0x ▪ Asian = 0.1 / 0.2x

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> ○ Exits from Care by Race/Ethnicity (RoD & RRI) ○ Exits to Permanency by Race/Ethnicity (RoD & RRI) ○ Reunification by Race/Ethnicity (RoD & RRI) ○ Exits to Adoption by Race/Ethnicity (RoD & RRI) 	<ul style="list-style-type: none"> ○ Exits from Care (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.0 / na ▪ His/Lat = 1.1 / 1.0x ▪ Black = 1.0 / 1.0x ▪ NatAm = 0.5 / 0.5x ▪ Asian = 1.4 / 1.4x ○ 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 ▪ NatAm = 0.5 / 0.5x ▪ Asian = 1.3 / 1.3x ○ Reunification (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.0 / na ▪ His/Lat = 1.1 / 1.1x ▪ Black = 0.9 / 0.9x ▪ NatAm = 1.4 / 1.4x ▪ Asian = 1.1 / 1.1x ○ Exits to Adoption (RoD / RRI): <ul style="list-style-type: none"> ▪ White = 1.2 / na ▪ His/Lat = 0.9 / 0.7x ▪ Black = 0.6 / 0.5x ▪ NatAm = 0.3 / 0.3x ▪ Asian = 2.0 / 1.7x

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
II. Engagement and Participation - The Department will establish trauma responsive strategies for interaction and collaboration to support successful engagement and improved outcomes for those engaged in our work.	1. By end of 2020-2024 CFSP, the Department will expand staff and vendor knowledge regarding Trauma-informed models and the effects of trauma on brain development. ^ *	<ul style="list-style-type: none"> • Applied research findings on the “Science of Brain Development” discovered/established by the Harvard University/Center on the Developing Child are embedded and incorporated into DCF’s casework practice. <ul style="list-style-type: none"> ○ Successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i> will train /consult with two (2) pilot DCF area offices so that they can support foster parents in recognizing and mitigating the impact of trauma experienced by children prior to and as they enter care. • Trauma-informed approaches and cultural humility concepts are integrated, and incorporated into DCF’s casework practice. • DCF staff knowledge of and skills to address toxic stress and acute stress on brain development are enhanced. 	<ul style="list-style-type: none"> • Metrics developed and CQI activities indicate increase in trauma-informed casework practice. <ul style="list-style-type: none"> ○ Baselines and targets 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. ○ Postponed due to COVID-19 pandemic.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>2. By end of 2020-2024 CFSP, DCF will utilize the lessons learned from the pilot conducted by the successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i>, retrain staff regarding the traumatic effects of home removal episodes, and strategies for mitigating negative impact.</p>	<ul style="list-style-type: none"> • Utilize lessons learned from the pilot to develop training on the traumatic effects of home removal episodes. <ul style="list-style-type: none"> ○ Implement training. • Develop a trauma-informed home removal casework practice improvement plan. <ul style="list-style-type: none"> ○ Implement plan. 	<ul style="list-style-type: none"> • Metrics are developed and CQI activities indicate increase in trauma-informed casework practice during home removals. • Baselines and targets to be established in early 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. • Increase in youth/family participation in policy development process. 	<ul style="list-style-type: none"> • Baselines will be established in early FFY2020, and targets will be reflected in the FFY2020 APSR for the following metrics: <ul style="list-style-type: none"> ○ Citizen Review Panels report an increase in youth/family participation. ○ Increase in the number of meetings where youth /family participates. 	<ul style="list-style-type: none"> • Baselines delayed due to COVID-19 pandemic—to be established FFY2021 <ul style="list-style-type: none"> ○ DCF’s Family Advisory Council (FAC) which includes biological parents, kinship care providers, and foster and adoptive parents meet regularly to provide valuable input. ○ Representatives of the FAC are an active part of the agency’s statewide managers group which convenes monthly to review performance and provide input on agency improvements. ○ DCF Area Boards include parents, foster parents, youth, community service providers and other

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				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 reviewed revised and implemented statewide. • Staff are retrained/refreshed on Family Assessment and Action Plan (FAAP) Policy. <ul style="list-style-type: none"> ○ Strategy to increase family participation in the development of Action Plans is developed and implemented. 	<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. • Increased rate of family participation in development of Action Plans as measured by signed FAAPs. 	<ul style="list-style-type: none"> • Revised Initial Placement Review process rolled out to 10 Area Offices—plan to rollout to remaining 19 Area Offices by end of sFY2021. • Reviewed 60 IPR meetings—findings summarized. • IPR findings compared with previously collected 6-week review baseline data. • Permanency Planning Conference review is underway, next steps include: <ul style="list-style-type: none"> ○ Complete PPC questions and meeting process ○ Pilot PPC questions • FAAP retraining and strategy for increasing

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> 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 and youth participation in Foster Care Reviews. 	<p>family participation in the development of the Action Plan is under development.</p> <ul style="list-style-type: none"> Increased family participation in the development of Action Plans is warranted. In sFY2020, 72.5% of parents/caregivers participated/engaged in the activities outlined in the Action Plan. <ul style="list-style-type: none"> By end of sFY20, 99.7% of youth/young adults in out-of-home care were invited to Foster Care Reviews (FCR). Of these, 38.9% attended. By Feb-2021/sFY21, 99.9% were invited to FCRs; 40.3% attended. <ul style="list-style-type: none"> 97.3% of their non-placed siblings were invited to a FCR. Of these 12.6% attended.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<ul style="list-style-type: none"> o 99.2% of their parents/legal guardians were invited to FCRs. Of these, 65.3% 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 custody of the Department.</p>	<ul style="list-style-type: none"> • Work with Registry of Vital Records (RVRS) to implement electronic birth certificates for the Juvenile Court and DCF, which will facilitate earlier identification of fathers. • Conduct joint paternity trainings with MA CIP, DCF, the Juvenile Court and attorneys who represent parents and children. • Participate in Pathways follow-up conference-May 2020. • Convene conference for attorneys, Juvenile Court judges, and DCF staff to further roll-out the 	<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"> o APSR (ffy2020-24) will document progress/implementation. • Number of joint paternity trainings conducted each year as documented in the ffy2020-24 APSRs. • DCF participation in the May 2020 Pathways follow-up conference as documented in the ffy2020 APSR. 	<ul style="list-style-type: none"> • DCF and CIP continue to engage RVRS regarding electronic birth certificates. In order to proceed, RVRS needs to complete the update of its system. • CIP, CPCS and DCF continue to work on a paternity training which was put on hold due to the pandemic; DCF reached out to DOR who is willing to participate in the training, anticipated to occur in Fall 2021. • The May 2020 Pathways conference was postponed due to the pandemic. In its place, virtual trainings have started to occur on a county-wide basis. Trainings were held in three counties in October 2020, December

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>Department's revised Initial Placement Review Process (formerly 6-week review)—December 2019.</p> <ul style="list-style-type: none"> • Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings. 	<ul style="list-style-type: none"> • December 2019 Initial Placement Review Process conference as documented in the ffy2020 APSR. • Work plan and number of joint trainings convened with MA CIP and CPCS as documented in the ffy2020-24 APSRs. 	<p>2020, and February 2021. Additional trainings will occur during ffy2022.</p> <ul style="list-style-type: none"> • An Initial Placement Review conference was scheduled for June 4, 2020; however, due to pandemic it was postponed. This conference is likely to be rescheduled during ffy2022. • 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. The training, held virtually due to the pandemic, was conducted by multiple individuals, including DCF staff and CPCS attorneys. CIP supported this training including sending 47 attorneys to the training. The Training subcommittee continues to work on a paternity training, additional immigration training as it relates to children in the

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				child welfare system. A safety training presented by Therese Lund was initially postponed due to the pandemic and was held virtually over four dates in January and February 2021. It is anticipated that in state FY 2022 trainings will occur as the need is identified.
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 tasks, develop protective factors, and strengthen coping strategies.	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.	<ul style="list-style-type: none"> • Vendor selected and service go-live with a mechanism for tracking fidelity to contract performance specifications and the quality of service delivery. • Increased clinical capacity of Hotline vendor to assist DCF in making informed and timely decisions about removal and placement. 	<ul style="list-style-type: none"> • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR. <ul style="list-style-type: none"> ○ Hotline vendor meets or exceeds contract performance specifications. 	<ul style="list-style-type: none"> ✓Hotline After-Hours Coverage re-procured and operational. ✓Vender/DCF meetings convened. ✓Fidelity metrics aligned to contract performance specifications and quality of service delivery and case review module developed and tracked. ✓Quarterly QI reviews of after-hours screening activities are underway. Three quarterly reviews completed—most recent quarter ending Mar-2021. ✓Continuous improvement evidenced.
	2. By end of 2020-2024 CFSP, the Department will support Family Resource Centers (FRC) to accomplish their identified goals; assess performance annually, and	<ul style="list-style-type: none"> • Funding for FRCs maintained in state budget. • Evidence based parenting supports continue to be available. 	<ul style="list-style-type: none"> • Compliance with FRC contract performance specifications are reviewed 2x/year. <ul style="list-style-type: none"> ○ PIPs are established and tracked as needed. 	<ul style="list-style-type: none"> • Working with UMass Medical Center, a quality review was conducted and benchmarks were established in sFY19.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	increase access for under-served communities. ^	<ul style="list-style-type: none"> • Management oversight provided to FRCs in the provision of services to the community. • Quantify and assess services provided and need for under-served populations. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Pilot program was launched to establish baseline life domains. ✓ In sfy19, four (4) micro FRCs were converted to full FRCs. ✓ In sfy20, one (1) full FRC site and two (2) micro FRCs were procured.
	3. By end of 2020-2024 CFSP, the Department will increase targeted recruitment of Resource Families to meet the cultural, linguistic, health, educational, geographic, and spiritual needs of children and youth entering care. *	<ul style="list-style-type: none"> • Ongoing assessment of the demographics of children/youth entering care to align Resource Family recruitment efforts as needed. • Ongoing alignment of family resource staffing levels according to established workload standards. • Alignment of foster care recruiter staffing levels 	<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.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>according to established need.</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Implemented targeted resource recruitment for under-represented populations: teens, medical needs, LGBTQ, and sibling groups ○ Family Resource Recruitment – 1,604 non-kin resources recruited/approved between Jan-2017 and May-2021. As of end of May-2021, there are 1,781 approved non-kin resources. ○ 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. 	<ul style="list-style-type: none"> • Metrics and CQI activities will be developed in ffy2021. • Baselines will be established in early ffy2021, and targets will be reflected in the ffy2022 APSR for the following metrics: <ul style="list-style-type: none"> ○ Increased family resource retention rates. 	<ul style="list-style-type: none"> • MAPP training review is underway. • Kinship Orientation pilot underway in four (6) area offices—full implementation targeted within sFY2021. ✓ <i>FosterMA Connect</i> (foster parent interactive website)

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • Increased quality and quantity of communication with family resources by leveraging the family resource intranet (FosterMA Connect) and e-mail distribution list. • Completed survey of the clinical support needs of family resources. • New procurement for support and stabilization services includes clinical supports for family resources. 	<ul style="list-style-type: none"> ○ Decreased complaint calls to the DCF Ombudsman regarding family resources. ○ Assess Family Resource satisfaction and ongoing needs. 	<p>is live and continues to add members on a rolling basis.</p> <ul style="list-style-type: none"> ○ <i>Foster Parent Portal</i> was piloted with a small group of foster parents—currently within the first phase of implementation. ✓ 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 sFY2022. ✓ 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. ✓ Evidence-based services incorporated into support and stabilization procurement. 	<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 	<ul style="list-style-type: none"> • Procurement delayed due to COVID-19 pandemic. • Metrics and CQI activities to be developed to support procurement. • Baseline to be established.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> • Trauma-informed approaches and cultural humility concepts are integrated, and incorporated into casework practice. 	targets will be reflected in the FFY2022 APSR.	<ul style="list-style-type: none"> • Newly established <i>Trauma Coaches</i> program through UMASS Medical Center is available to foster parents in the North Central Area Office.
IV. Quality Improvement - The Department will develop its capacity to provide evidence-based and evidence-informed service approaches; data collection will be focused on measuring outcomes and achieving success.	1. Throughout the 2020-2024 CFSP, the Department will ensure consistent review and analysis of current data and metrics to inform decision-making and measure agency progress.*	<ul style="list-style-type: none"> • Key metrics continue to be presented at weekly AILT meetings to evaluate progress on ongoing work/initiatives. • New metrics (weekly/monthly) are identified as needed and developed to measure effectiveness of future prioritized work. • Key metrics and data reports are distributed to the field to guide decision-making and strengthen practice. • External stakeholders provide feedback on DCF metrics and reports. 	<ul style="list-style-type: none"> • As part of a robust ongoing QA & QI system, metrics and reports are developed/distributed and used to inform decision-making, monitor fidelity to policies and procedures, encourage accomplishment of identified goals and objectives, and document outcomes. 	✓ Key metrics continue to be refined/developed/distributed to all appropriate stakeholders and presented at weekly AILT meetings. Metrics include the following broad areas: <ul style="list-style-type: none"> ○ Safety ○ Permanency ○ Well-being ○ Caseload/workload ○ Policy fidelity ○ Compliance with timeframes ○ Provider/Family Resource capacity

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	2. Throughout the 2020-2024 CFSP, the Department will employ comprehensive case record reviews as a valuable tool to assess quality of practice and promote a culture of learning at DCF *	<ul style="list-style-type: none"> Continue CQI case record reviews utilizing the Federal On-Site Review Instrument (OSRI). Develop Area Office (AO) case review process to promote on-the-job learning (OJL). 	<ul style="list-style-type: none"> As part of a robust ongoing QA & QI system, findings inform management decisions and policy changes. 	<ul style="list-style-type: none"> ✓ DCF CQI Unit continues to conduct comprehensive case record reviews utilizing the OSRI– see Sec. C.2. OJL case review process in development.
	3. By end of 2020-2024 CFSP, the Department will solidify mechanisms for soliciting and considering feedback from youth, families, collaborators, and other stakeholders. *	<ul style="list-style-type: none"> Continue use of surveys, focus groups, and individual interviews. Utilize family resource intranet to solicit feedback. 	<ul style="list-style-type: none"> As part of a robust ongoing QA & QI system, CQI efforts are informed by youth, families, collaborators, and other stakeholders 	<ul style="list-style-type: none"> In development.
	4. Throughout the 2020-2024 CFSP, the Department will publish/present AILT results/findings in an effort to contribute DCF learning to the field of child welfare. * ^	<ul style="list-style-type: none"> Presentations at conferences and other like forums. Publish methodology and outcomes of reform efforts. 	<ul style="list-style-type: none"> Opportunities to present and/or to publish successful methodologies and quality improvement efforts will be documented in DCF's APSRs. 	<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, 100% 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 CWI training events. This is a significant resource for the CWI as it creates a permanent physical space that is designed specifically to support professional learning opportunities.

Desired Outcomes

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

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

Framework for Professional Development

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 discipline 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 supervisor training with the creation of a Peer-to-Peer Child Welfare Supervisor Practice Improvement Model. Each learning program run by CWI is informed by 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

- 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:
 - 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.
 - New Supervisor Training (NST) for all new DCF social worker supervisors. NST content gives a new supervisor the necessary administrative, educational, supportive, and clinical practice skills to direct the case management of social workers.

- New Area Program Manager Training (NAPMT) is a series that supports APMs as they assume their roles as leaders and managers of case practice. The content included in this series walks through administrative, educational, supportive, and clinical expectations at a middle management level with broader oversight and decision-making responsibilities.
- Master of Social Work (MSW) Fellowship and Professional Certificate Programs offer professional education opportunities and professional growth for qualified staff.
 - 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.
 - The professional certificate programs are offered to staff through several university and college partnerships.
- 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 through a monthly newsletter, posting on the CWI Intranet page, and through the DCF Learning Management System.
- 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.
- 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, addressing the following dimensions of learning:
 - Clinical practice: enhancing critical thinking, clinical formulation, analysis, and risk assessment skills
 - Supportive leadership: applying trauma informed supervision and decision making
 - Educational: acting as a coach, facilitator, and teacher
 - Administrative: using data and available tools to support staff, improve consistency of practice, and meet policy expectations
- b. DCF leadership and CWI staff will pursue resources available through the National Child Welfare Workforce Institute (NCWWI) and other national resource centers to expand the continuum of professional development and training for supervisors and managers.

Evaluation and Research Activities

- a. CWI will develop and implement a structured process to evaluate 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 feedback process will assess the transfer of learning around key practice elements.
- b. CWI will develop and implement a consistent tool 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.
- d. CWI will construct evaluation tools for all training activities using a new Learning Management System (LMS) being implemented during the first half of SFY2022. This new LMS will allow CWI to integrate evaluation tools, gather data, and analyze trends to inform upgrades to future training and provide direct feedback to trainers about their work.
- e. CWI will gather compliance data utilizing a new Learning Management System to be implemented in SFY2022. CWI will be able to monitor staff compliance with mandatory training and required training hours.

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

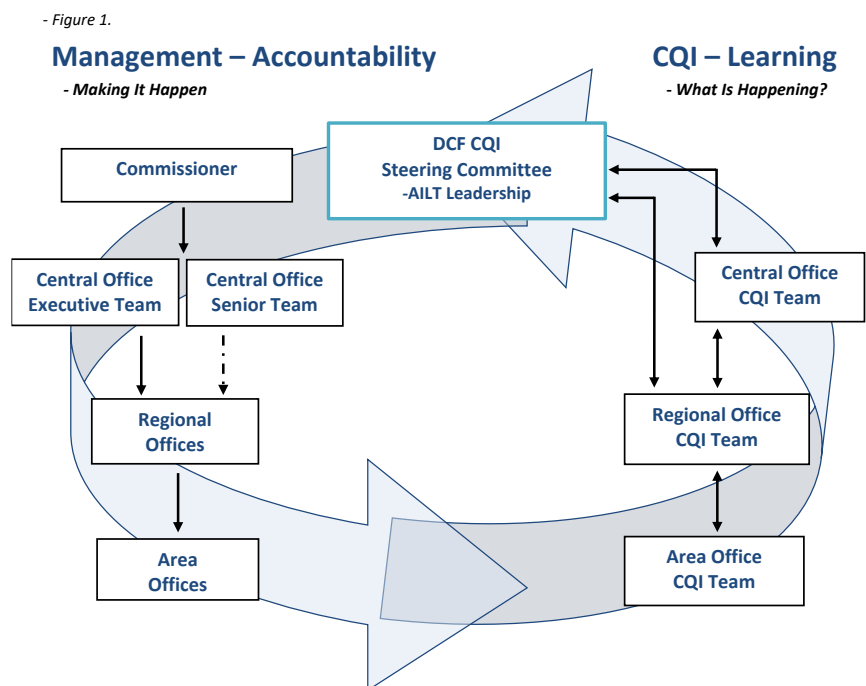
structures hold the responsibility for facilitating access to quantitative and qualitative information about those processes, practices and outcomes, and ensuring that this information is used to enhance practice knowledge and promote learning throughout the agency.

- 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. 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.



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.

- 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.
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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.

	<ul style="list-style-type: none"> • 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.
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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 7:* 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.

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 FFY2022 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 FFY2022, the Department will continue to use grant funding to achieve the following key outcomes. This funding allocation is consistent with FFY2021:

- *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	129,267 Children	All children 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	12,344 Families	Families in the Commonwealth in need of services	Statewide (there is an FRC in every county of the Commonwealth)
Supporting At-Risk Families – FSS	454 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 can provide support to a broader array of adoptive families and is less threatening than requiring families to work directly with the state's child protection agency.

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

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem solving, coordination of services, and home-based counseling.
- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers, or clinicians. Most meet once a month and some are co-sponsored with other organizations. All support groups are open to new members and additional support and psycho-educational groups are formed as needs are identified.
- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison are matched as closely as possible according to the needs, interests, and expectations of all involved. Geography, life experiences, diversity, and the family's style of relating are some of the areas considered in making a match. Ongoing support and training are offered to families participating in this program.
- *Adoption Competency Training:* Training opportunities are available for professionals interested in enhancing their work with adopted children and their families.
- *Respite Care:* Respite care is available on a time-limited and planned basis for hourly, daily, or overnight care. These brief supports can help to alleviate stress, strengthen family relationships, or respond to an unanticipated family event. Limited respite services are available to families in or out of their homes. These services are matched as closely as possible to the needs and ages of the child(ren), geographic area, family characteristics, and dynamics. Ongoing support is offered to families participating in respite. Group respite activities, as well as family social activities, are also available statewide throughout this component.

Any family who resides in Massachusetts that has legalized an adoption or permanent guardianship can access the post-adoption services. Approximately 18% of the families working with Adoption Journeys in 2020 were inter-country adoptions.

The number of new intercountry adoptions by families in Massachusetts had been declining. However, according to State Department data, there were 43 inter-country adoptions in Massachusetts in 2019, down from 60 in 2018 and 49 in 2017. This decrease has not decreased demand for post-adoption support services for new inter-country adoptive families. The primary demand is from families with teenagers who were adopted from other countries anywhere from one to ten or more years ago. MA DCF does not anticipate changing its post-adoption support model, as Adoption Journeys continues to be successful for families in this demographic.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

DCF's Permanency Planning Policy 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 whenever it is safe to do so. 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 SFY2020

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
	2020	2020
Child Returned Home	1036	64.5%
Child Adopted	476	29.6%
Guardianship	71	4.4%
Custody to Other Individual	23	1.4%
Grand Total	1606	100.0%

Table 1B: Unique count of children under the age of five by Home Removal Event (HRE) end reason SFY2021 YTD (July 2020-March 2021)

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5)	Percentage of Children (Under Age 5)
----------------------------------------	----------------------------------------	-----------------------------------------

	2021 YTD*	2021 YTD*
Child Returned Home	635	70.4%
Child Adopted	216	23.9%
Guardianship	22	2.4%
Custody to Other Individual	29	3.2%
Grand Total	902	100.0%

*SFY2021 YTD
(July 2020-March
2021)

When possible, the Department encourages and assists parents to reunify and reduce the length of time their child is in care by building on 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 and after school programs
- Substance misuse counseling and treatment resources
- Domestic violence services, including services for victims and offenders
- Mental health treatment 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
- Nursing staff and 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 Subsidies:

As of May 2021, there were approximately 6,000 children (aged 0-5) with an open DCF case enrolled in childcare throughout the state. Of that number, approximately 30% are in DCF custody and the other 70% are living at home. Massachusetts' childcare system largely shut down from March-July 2020 due to the COVID-19 pandemic. During those months only a limited number of providers were permitted to offer emergency childcare. EEC has been working since July to rebuild capacity and DCF has been working to ensure children are enrolled and attending. In 2019, DCF hired six additional staff who work fulltime on early education and childcare which has been a great asset during this time of much flux.

Placement Process:

The decision to place a child in foster care is 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.

Initial Placement Review (formerly Six-Week Placement Review):

An Initial 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. Following a pilot in 2019 and 2020 of a revised protocol for Initial Placement Review Meetings, the new guide for meeting facilitation is being implemented statewide in June, 2021.

The Initial Placement Review is scheduled by the 72-hour hearing and the family is provided with a flyer describing the meeting. 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 team discusses the reasons that the child came into care, including any discrepancies between the family's and Department's perceptions, any cultural influences, and the family's resources and supports.

The child-specific information gathered during the first few 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 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 Initial Placement Review Meeting is an opportunity for the parents, family, and foster/pre-adoptive parents or other placement providers to participate in open discussion. At this meeting, the family's and the child's strengths and needs, 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 few weeks of placement and the parents' participation in services and completion of tasks identified in the Action 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 Initial 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 five 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.

The goals of the 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
- 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 determined by the FCR panel
- The projected date for achieving the child, youth or young adult's Permanency Plan

Improvement:

Between 2016 and 2020 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 SFY21 has three additional months to consider providing a direct comparison with previous fiscal years, the average length of HRE will be an increase from SFY19.

Table 2: Average number of days in placement for children under age 5 exiting by HRE end reason by SFY.

Home Removal Event (HRE) End Reason	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	Average of Number of Days in HRE 2021 YTD*
Child Returned Home	285.2	289.0	299.3	321.4	301.4	325.2
Guardianship	756.0	774.7	824.8	806.0	807.0	979.7

*FY2021 YTD
(July 2020-
March 2021)

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.
- 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. Short Term Child Care

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 in need of short-term

childcare while awaiting placement stability. 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 FFY2020. Thus far it has expanded to twenty-seven offices, but the initiative came to a standstill due to COVID-19. Plan remains to move forward with a statewide model in FFY2022. Currently four area offices have a short-term program available.

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

The following lists are preventive efforts and services targeting types of fatalities. Although these measures do not directly prevent child fatalities, it helps in the overall efforts to prevent child fatalities in Massachusetts.

- **Office of the Child Advocate (OCA)** – The OCA is an independent agency that serves children and families across the Commonwealth. The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. The OCA works with families, legislators, social workers, and other professionals to improve state services for children and families. When a child receiving services from a state agency organized under the Executive Office of Health and Human Services dies or is seriously injured, the agency involved is required to report the critical incident to the OCA. OCA staff carefully reviews each critical incident report and, in many instances, follow up with the agency to learn from the situation and promote accountability. Toward this end, the OCA and DCF are working collaboratively to develop strategies aimed at protecting children and youth from preventable injury and death.

- **Family Resource Centers** – Launched in 2015 and recently expanded, FRCs are overseen and supported through funding by the Executive Office of Health and Human Services (EOHHS) and DCF. Serving in a primary prevention role in each of the 14 counties within the Commonwealth, the 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 Massachusetts Department of Public Health has partnered with DCF to implement this federal requirement in Massachusetts. Accordingly, all DPH Bureau of Substance Addiction Services (BSAS) licensed and/or treatment providers who serve women and/or parenting clients for a period of longer than 30 days are required to initiate and coordinate POSC. When/if a CA/N report is filed at birth, DCF will ask the reporter whether or not a POSC exists for that client/family and whether referrals to services have been made. BSAS providers are responsible, with client consent, to inform the hospital social worker, or whoever will be reporting the substance-exposed birth to DCF, that a POSC exists. If a parenting client becomes the subject of a CA/N filing, the reporter is advised to inform DCF that a POSC exists for that client as well. BSAS providers are encouraged to educate pregnant/parenting clients on the positive impact that sharing their POSC with DCF could have on the Department’s decision-making process, and written consents are encouraged.
- **Infant Safe Sleep Campaign** – Joint campaign between the Massachusetts 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 Massachusetts 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 after-hours responses.

SUPPLEMENTAL FUNDING TO PREVENT, PREPARE FOR, OR RESPOND TO, CORONAVIRUS DISEASE 2019 (COVID-19)

The Department used the supplemental Title IV-B, subpart1 funds provided through the CARES Act in the following ways to respond to the coronavirus and ensure the provision of vital services to children and families.

1. Purchasing technology for families (\$257,272)

- Due to COVID-19, many activities that used to be in-person shifted to taking place online. These funds were used to purchase technological tools to ensure biological families, foster parents and youth are able to participate in:
 - Virtual caseworker visits with social workers
 - Virtual family time visits with parents and siblings
 - Remote health care or mental health care services
 - Remote learning and related supports
- The Department purchased 330 Microsoft SurfaceGo's with headsets and hard case and a one-year service plan.

2. Pilot project to provide behavioral health support to foster families (\$200,000)

- Due to COVID-19 many children are unable to attend childcare and school and are therefore spending much more time at home. Without the usual supports and services, many children have experienced even more severe behavioral health needs during this time. Foster parents are eager for additional sources of mental health support.
- This funding is being used to provide support to a non-profit to launch a new peer support program for foster and adoptive parents who are struggling with their children's behavioral health needs.
- This funding has allowed the non-profit organization to train existing Family Resource Liaisons on behavioral health issues (processes for accessing care, delivery of trauma-informed care, and crisis mitigation and management strategies) so they can serve as mentors and support to other foster parents.
- As of February 2021, four of the five regions of the state have staff participating in the pilot. Kinship and unrestricted foster families are being served.
- The pilot is being used to test the program design and effectiveness.

Data and Outcomes on the Behavioral Health Family Resource Liaison (FRL) Pilot

The Behavioral Health FRL pilot program was developed from the idea that foster parents are in need of additional support in accessing services specifically to address behavioral health services. The development of the pilot included that this support would come from former or current foster parents who go through training to assist current foster parents in accessing trauma-informed treatment and providing additional supports. The goal of this pilot was to increase placement stability, increase access to support services, and provide the necessary support to foster parents that can affect the retention of foster parents. Staffing includes five Behavioral Health FRL's (two hours a week), one clinical supervisor (ten hours a week), and one program director (ten hours a week).

The pilot started on January 8, 2021, and has provided services to 85 foster families since that time. The breakdown has been approximately 60% unrestricted and 40% kinship families and 80% of families have fostered for less than 2 years. The majority of foster families were caring for children ages 12 and under.

Preliminary findings from families involved reported that 73% reported an increase in feeling comfortable navigating systems and resources, 47% reported feeling like they had more support

overall, 40% reported an increase in the ability to manage the behavioral needs of the children, and an increase in their desire to continue to foster.

This pilot program is highlighting the collaborative work that has gone into the program. They cite DCF, school personal, and medical providers as some of the important collaborations.

Additional Proposed Spending

The Department received federal approval to use \$396,272 of the supplemental funds provided through the CARES Act to purchase technology for families. Due to less families than expected requesting cellular services on their devices, the Department plans to reallocate \$139,000 of these funds to the following projects which all relate to the mental health needs of children and youth. Unfortunately, we have seen mental health crises including suicidality, intensify and increase due to the additional stress and isolation during the pandemic. For children who are LGBTQ, Transgender or gender expansive, this has been a particularly difficult time and we are committed to ensuring that our staff are best equipped to support the needs of the children and youth.

- Additional funds for the pilot project (described above) to increase their capacity to provide behavioral health support to foster families (\$64,000).
- Purchasing copies of *Strategies for Child Welfare Professionals Working with Transgender and Gender Expansive Youth* by Gary Mallon (\$4,500)
- Purchasing lock boxes for foster parents to ensure medications are safe stores (\$35,000)
- Education training materials to support the Department's Family Advisory Committee members becoming trained in an evidence-based suicide prevention model, QPR - Question, Persuade, Refer (\$2,500)
- Suicide 101 Training for staff (\$10,800)
- Mental Health 101 training for new social workers (\$21,600)

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 including the most recent CFSP submission covering Federal Fiscal Years 2020-2024. This Annual Progress and Services Report (APSR) provides the second annual report of this current cycle. The report will focus on addressing the goals set forth for year two while continuing to emphasize the strengthening families' philosophies.

The Department of Children and Families, through the Family and Community Engagement Unit in FFY 2021, continued to invest resources from the PSSF grant to increase efforts focused on preventive programming. The approach to the work includes an integrated strategy that helps assess organizational capacity and preventive efforts to deliver programming which promote ongoing family support, family preservation, time limited family reunification and adoption promotion support services.

The emphasis on the intersection between data and practice development, rather than solely focusing on prioritizing one over the other, will help streamline practice models that can influence the prevention of child abuse and maltreatment in the future. The overarching goal is to ensure that child safety and the wellbeing of families are the building blocks to prevent unnecessary engagement of families in child protective services. The Department remains committed to following the plan submitted in the most recent CFSP report 2020- 2024. The road map outlined in the plan clearly focuses on strengthening family-centered philosophies and community engagement.

The deliberate partnership between child welfare practices and community-based intervention is important to ensure positive outcomes for children and families. The ability to strengthen community engagement for families who have entered a complex system of care supported by state and federal governmental agencies, the courts and their providers, can drastically reduce further trauma.

Promoting strengthening family practices in child welfare work can help influence policies and shift the practice approaches of child welfare professionals. The work in reassessing policies and practices created opportunities for infusing protective factors in the overall work of the Department. Additionally, programs such as Kinship Navigator are responding to the need of the Department for going involvement where protection meets prevention. The recent partnership with probate courts and community-based programs has allowed for better coordination of services for kinship families.

Protecting children from abuse and neglect cannot be the sole responsibility of child welfare services. DCF must continue to develop internal and external practices that allow for the best practice interventions. Community Connections Coalition network has been the vessel to support practice-informed initiatives in community child welfare work. Since the initial implementations of the grant in 1994, the programs have been an incubator for community-based programming.

The Department's response to COVID-19 demanded a greater reliance on partnership with sister agencies and community partners. Community Connections instantly pivoted to enable the transition from providing in-person resources to a network that supports telework. Programs, although with limited staff and technology capabilities, maximized their operational productivity and assured that families received the highest level of service while at times putting their own safety needs secondary to those they served.

The health crisis the entire country continues to experience made an unprecedented impact on families, resulting in many families facing an overwhelming need for basic essentials in order to survive. For families already struggling, especially those residing in areas where reduced resource availability already existed, the crisis added a new level of unfathomable stress. Tackling struggles resulting from lack of mental health support while coming to grips with the devastation of organization/program closure that provided resources to support families, required coalitions to engage in creative strategies that could better meet the needs of families. The Department of Children and Families has foundational relationships with communities and funds twenty-one Community Connections across the Commonwealth with long-standing partners' including:

- HSSCO-a substance misuse agency that provides training opportunities that support families and young children affected by opioid and substance misuse.

- YCC- supports maternal, infant, early childhood and home visiting programs
- Essential for Childhood- advocates working to improve resources for families with young children. Advocated for paid family leave for families who did not receive this benefit
- Boys and Girls Club- provide families with a variety of resources such as summer programs, especially during the health crisis.
- YMCA- provides well-being programs for families and facilitates the distribution of meals to address food insecurity. Additionally, they provide young adults and children with the opportunity to participate in physical activities.
- FNC- this collaboration has created a statewide network of providers, and informed the work with fathers who are involved with DCF
- Laugh, Learn to Let Go- families participate in activities that helps de-stress using a curriculum that help skill building for families to learn to let go.
- Father Bill' and Main Spring Homeless Shelter- a program that provides support to unaccompanied homeless youth and family members.
- Faith-Based organizations- families are able to access counseling and pastoral support. An example is the Salvation Army, an organization that provides food through a network of food pantries and responds to other basic needs of families.
- Safe and Successful Youth Initiative (SSYI)- community-based youth and young adult violence prevention and intervention initiative that combines public health and public safety approaches to eliminating serious violence among high-risk youth ages 14-24 operating in cities with the highest juvenile crime rates. Additionally, other resources are available through the Shannon Grant, administered by the Executive Office of Public Safety and Security
- Cradle to Crayons- an organization that provides school materials and clothing to families.
- Community Baby Shower- a community organization that collaborates with the community to provide materials to families with young children
- Parent Wisely-coalitions participated in a “train the trainer” facilitator training to provide additional parenting groups for families who needed the extra support

DCF continued partnership with these key organizations encourages improvement of family engagement practices, while also setting standards for future policies and system development. Inter-agency collaboration facilitates access to training opportunities that support staff development and increase professional knowledge of other systems while increasing resources for families. Listed are some agencies or groups who are partnering with DCF, offering helpful resources to parents.

- Family Advisory Committee (FAC)
- Parents Helping Parents (PHP)
- Grandparents Raising Grandchildren (GRG)
- Family Resource Centers (FRC)
- Children Trust (CT)
- Family Nurturing Center (FNC)
- Baby Safe Haven (BSH)
- Federation for Children with Special Needs (FCSN)
- Juvenile Detention Alternative Initiative (JDAI)
- Department of Public Health (DPH)
- Community Behavioral Health Initiative (CBHI)

- Executive Office of Education (EOE)
- Department of Youth Services (DYS)
- Department of Mental Health (DMH)
- Parent Professional Advocacy League (PPAL)
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC)
- Mental Health Advocate Program (MHAP)

Parent Helping Parents (PHP)

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.

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. Since the beginning of the pandemic, parents and caregivers have been calling the Stress Line to share stresses and anxiety unique to parenting during these unprecedented times.

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 a 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 groups for parents who are isolated, overwhelmed, or concerned about their anger toward their children. 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. Due to COVID-19, in March 2020, PHP closed all in-person groups and expanded the number of online groups from 2 to 18. These groups include five community groups operated by the staff of Family Resource Centers; seven groups in sober recovery centers; six groups with targeted populations, including one with parents receiving services from DCF.

In past years, groups were offered to inmates or shelter residents. Most prisons, jails, and sober recovery homes have not allowed in-person programming during COVID. Groups were able to continue in-person at Middlesex House of Corrections and a Suffolk House of Corrections for Women, where groups have continued intermittently following safety guidelines

Commission on the Status of Grandparents Raising Grandchildren

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

Due to the COVID-19 pandemic, events and programs scheduled to be in-person were redesigned. Virtual workshops, training opportunities for grandparents and service providers, and legislative and policy advocacy were able to occur. Over 25 virtual workshops for grandparents, relative caregivers, and service providers were offered with approximately 700 people participating. Topics covered in these workshops included “How Trauma Impacts Children,” and “Understanding Special Education,” as well as “Steps to De-Stress.”

Additionally, the Commission continued to support an existing network of 50+ support groups throughout the state with trainings and other supports like scholarships to plan intergenerational activities.

During FFY2021, the Commission hosted two “Virtual Resource Fairs” with service providers such as the Kinship Navigator and Women, Infants, and Children (WIC) and a dozen other service providers to present information about services and resources that could be helpful to grandparents and relative caregivers.

The Commission also continued to work on legislative and policy advocacy on behalf of grandparents and relative caregivers during COVID-19. After several years of legislative advocacy with state and local leaders, the Commission achieved a legislative victory with the passing of H.4924, also known as the “Right-to-Counsel” bill for indigent guardians during custody hearings. This bill, which was signed into law in early 2021, provides for legal counsel for guardians if they qualify financially and have been in this role for a significant amount of time.

The Commission also worked with the Department of Transitional Assistance (DTA) to begin advocacy on issues raised by grandparents and relative caregivers with regards to the Temporary Assistance to Families with Dependent Children (TAFDC), in particular, the child-only grant. The Commission met several times with the Commissioner of DTA and the team at DTA to consider different proposals to increase access and awareness of this benefit for guardians. These conversations have been fruitful, and the Commission is hopeful that improvements can be made within DTA regulations to increase access to this much need financial resource for guardians.

In addition to the programming previously mentioned, the Commission needed to make adjustments to other programs due to COVID-19. The Commission partnered with Massachusetts Councils on Aging (MCOA) and developed a scholarship program that had awarded 220 grand-

families a one-year membership to various outdoor venues, such as zoos and botanical gardens. The goal of this program was to provide grand families a safe and enjoyable opportunity to be with the children they are raising and provide a brief respite for the caregiver.

During FFY2021 and the COVID-19 pandemic, the Commission provided Personal Protective Equipment (PPE) and other needed items and services for grandparents and relative caregivers. The Commission provided over 5,000 masks and 1,000 bottles of hand sanitizer to over 30 support groups for grandparents raising grandchildren. The Commission also provided 20 grandparents with I-pads to enable them to participate in virtual support groups. The Commission worked with local food banks and food service providers to assist grand-families struggling with food insecurity during COVID-19. Towards the end of FFY2021, for example, the Commission partnered with Lasagna Love, a non-profit organization that matches volunteer chefs with families in need of a hot meal. Over 100 grand families currently participate in this program.

The Commission is hopeful to build upon the work during FFY2021 that was temporarily paused and adjusted due to COVID-19 and expand its efforts to improve outreach and services to grandparents and relative caregivers throughout Massachusetts. Many events that were canceled in spring 2020 due to COVID-19 will likely be rescheduled and continued on an annual basis in FFY2022. Having the ability to connect with caregivers remotely will expand the Commission's outreach and offerings of trainings and collaborations with community partners.

Family Advisory Committee

The Family Advisory Committee (FAC) is dedicated to ensuring that the voices of families with firsthand experience are heard across the child welfare system. It brings together the voices of young people, birth parents, foster and adoptive parents, and relative caregivers – to inform and advise the Department of Children and Families as well as others in the child welfare field.

The calendar year of 2020 was a challenging time for us all. The pandemic, a tumultuous summer of civil unrest, and racial injustice forced us all to pivot and redirect our work as parents and professionals. With patience, social distancing, and technology, the FAC managed to continue an aggressive work plan with DCF.

The Family Representatives of the FAC is a diverse group of formerly involved birth parents, youth, and foster, kin, and adoptive parents, and community activists who embrace engagement and inclusion of families. This year, the standing committees of the group (Membership, Governance, Budget, Training, and Leadership Team) focused our attention on supporting families and social workers to work through the challenges of the pandemic. In addition to the standing committees, the subcommittees listed also did a great deal of work during 2021

Diversity Sub Committee: The Family Representatives of this workgroup came together for a conversation on systemic racism and discrimination in the aftermath of the murder of George Floyd -- not only focusing on the intentions of those who developed the system but also discussing their experiences with the child welfare system. The Sub Committee continues these conversations virtually and as the state opens up plans to hold with in-person town hall-style meetings to deepen the dialogue on race and equity.

The Committee Chairs also met with MA Commission for LGBTQ Youth to review their recommendations for 2021. The Diversity Sub Committee provided feedback and the Commission offered to help update the DCF Guide for LGBTQ Youth and Families. The guide was written in 2015 and requires revision to several sections. Other work includes advocacy and training for DCF and FRC staff through the Child Welfare Institute as well as an update to the LGBTQ Guides will be available on t FRC Connect at <https://www.frcma.org/>.

Fatherhood Sub Committee: A significant challenge to families during the pandemic has been high unemployment and loss of monetary support. The Fatherhood Subcommittee focused its efforts on compiling emergency service information and resources for fathers from existing programs and access to state and federal emergency programs. Using social media and video communications, the group provides information for fathers on housing and eviction prevention, supplemental income, workforce development, job training, and career opportunities.

The Kinship & Foster Care Subcommittee: With so many families isolated due to the numerous COVID-19 restrictions, the FAC focused its attention on the primary caregivers of children in state custody. The Kinship and Foster Care Subcommittee listened to foster parent struggles and walked them through resolution with the Department with a virtual team meeting, family conferences, and virtual support groups. With the support of the DCF Kinship Navigator program, the group learned about the additional supports and services for kin and Grandparents Raising Grandchildren statewide. The group has committed the FAC to assist in marketing and advertising this program throughout the Commonwealth.

Mental Health & Trauma Subcommittee: This working group initiated a project to help DCF acknowledge the commitment of all the foster parents and kinship caregivers in the unanticipated position of fostering during the pandemic. The team sent out over 10,000 handwritten appreciation cards to every single foster parent across the state of Massachusetts to thank them for all the hard work and dedication during the COVID-19 crisis.

The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression. With reports of increased suicides and attempted suicides across the Commonwealth, the Subcommittee began researching the need for suicide prevention training for foster parents, biological parents, and social workers. Eleven members of the FAC became certified Question Persuade Refer (QPR) trainers and are actively facilitating support groups with local and regional Suicide Prevention Coalitions.

Education Subcommittee: School Engagement has been a challenge with 404 School Districts that operate autonomously of the state in many areas. The FAC created the Education Subcommittee to look at some of the common issues the schools and the Department share in providing a nurturing learning environment for the children in our care.

The Juvenile Justice (JJ) Subcommittee: In 2019, the JJ Subcommittee introduced Seeing Racial and Ethnic Disparities (RED) in the Juvenile Justice System to the rest of the Family Advisory Committee to educate the Committee on the topic of Disproportionality. During the pandemic, the Subcommittee hosted a series of virtual community conversations about the film.

Substance Use Prevention/Addiction & Opioids: The pandemic also saw an increase in overdose fatalities. Opioid-related deaths drove increases, specifically synthetic opioids such as fentanyl. Opioids accounted for around 75% of all overdose deaths during the early months of the pandemic; around 80% of those included synthetic opioids. The Subcommittee met to set goals for the upcoming year and agreed that they would reach out to the Department Director of Substance Use Prevention to see how the FAC can partner around opioid misuse concerns in the DCF caseload. In addition, the Subcommittee will reach out to DPH about opportunities for training and certification for becoming a Recovery Coach. use

A few of the parents in the FAC took advantage of trainings to become Recovery Coaches. Some of them are actively facilitating groups and working with programs as Recovery Coaches. The group would like to purpose avenues for having Family Representatives in a pilot program that might partner in one of the DCF Family Resource Centers.

Community-Based Family Support

The Dorchester Coalition worked to facilitate community conversation meetings with local governmental entities, such as Boston City Councilor Andrea Campbell's office. They connected constituents with resources for parenting programs, the Welcome Baby program and other parenting supports. Additionally, as a member of the Dorchester Neighborhood Trauma Team with the Boston Public Health Commission and the Mayor's Office, the coalition quickly mobilized community partners and responded to family's mental health needs.

The coalition played a significant role in the community- and continues to do so. They created, delivered food bags & basic essentials to meet the needs of families, assisted with the unemployment application process, delivered prepared meals to the elderly, trouble-shot virtual school/Chromebook & internet concerns, and addressed trauma, domestic violence and community violence. The mayor met with the Task Force to directly supports the initiative. A representative attends the monthly Cape Verdean Providers meeting.

The Mayor's Office supplied care kits, masks and continuously addressed issues families were facing. The coordinator works closely with the community liaison from the mayor's office especially around issues with housing, shelter access and any concerns that require intervention at the City level. This partnership is extremely important for FNC/Dorchester CARES families. We have a seat at the table to amplify the voices of our community residents. We receive an invitation to the "State of the City" address. We have direct contact with Housing Stability, MOIA (Mayor's Office for Immigrant Advancement) and AGE Strong Commission, to name but a few. They have supported these efforts and meetings when faced with what seemed to be endless community violence, especially in the Cape Verdean community.

This past Thanksgiving, the community liaison from the mayor's office called asking how many turkeys we needed for our families. One hundred were requested because the Coalition, collaborated with United Way. The mayor's office hosted a toy drive, once again they were in direct contact with the coalition. The City's 211 line referred countless families to FNC/Dorchester CARES for support.

Worcester Community Connection Coalition partnered with The Cares for Kids babysitting project is a collaborative effort that began in May of 2020. The Worcester CCC and FRC Program Managers met with the Area Director of the Worcester East Area Office to touch base on how we can be of assistance to her office and the families they serve at this time of COVID. The director mentioned their great concern for supervision needs of young children, due to remote learning and many parents needing to leave the home to work. She offered that a babysitting training program would be of great assistance – where their older siblings could be trained to support their families, as a means of prevention. WCCC then reached out to community partners including the City of Worcester’s Division of Youth Services and the Boys’ & Girls’ Club of Worcester, with whom they had developed longstanding relationships, to see if they could assist. We also involved local parent leaders who could best inform us of the need and provide guidance in the program planning. The Together for Kids Coalition, which focuses on the needs of parents of young children also lent their assistance and eventually, so did the Red Cross. We began to convene planning meetings and working together were able to secure funding for one cohort after another. To date we have held four sessions and trained over 200 children. The City of Worcester has been a key partner in this effort as they provide the staff to help coordinate the project and to train the youth. The Boy’s and Girl’s Club agreed to serve as the fiscal agent – helping to secure and administer any funding, ordering supplies and distributing stipends to the children who participate through the end of the program. They also provided the all-important curriculum and training videos. The parents helped with the planning, the recruitment of families and putting together the supply bags. Together for Kids and their partner group, the Investing in Girl’s Alliance provides funding, and the Red Cross offers free CPR classes. WCCC and our MSW intern, have assisted with the convening and facilitation of program planning meetings, grant writing and funding solicitation. Local leaders have been enlisted to provide mini trainings to the youth on the topics of career exploration and resume writing. It has been a great, collaborative effort with everyone pitching in.

This effort could not have been accomplished without everyone involved. One of the key components is the use of ‘Parent Ambassadors’ who are provided a stipend to help with recruitment, focused on reaching families with the greatest need. This has proved to be very effective. As an incentive to participate a stipend has been provided to youth who graduate. A secondary success of this effort has been the development of great collaborative relationships, and a more of a seamless service system. The City of Worcester appears to be taking this on as a longer term commitment of theirs. The hope is that this effort will continue into the months and years to come.

Family Nurturing Center continued to plan and support ongoing Fathers and Family Nurturing Programs throughout the state. Additionally, other state agencies and providers have continued to inquire and discuss the implementation of new Nurturing Programs or the expansion of existing programs. Based on that interest, FNC has created several new trainings (i.e., Facilitating Nurturing Programs with Young Fathers, Effective Group Facilitation, Facilitating Nurturing Programs Virtually, etc.) and continues to evolve its flagship trainings (i.e., Developing Nurturing Families and Communities; Nurturing Birth, Foster and Kinship Families; and the Nurturing Father Program Facilitator Training, etc.).

Sue Parker, Maxine Hall, Heather Bialecki-Canning and Paul Melville (all nationally recognized Trainer/Consultants for the Family Nurturing Program) continue to work with DCF and UMass

Medical School in developing the strategy to implement the Adult Adolescent Parenting Inventory (AAPI) across the state's Family Resource Centers and to address issues of program fidelity. John O'Neil, Paul Melville and LaWaun Curry (all Master Trainer/Consultants recognized by Mark Perlman's Center for Growth and Development) have continued to work with Mark Perlman and the Nurturing Father' Program national staff.

Over the past year, FNC:

- Delivered training for Family Resource Center staff on the AAPI 2.1 using the Zoom platform and is scheduled to deliver two more of these in June.
- Continued to work with Boston Region Area Directors and Coastal Regional staff to build interest and capacity in the BFK Nurturing Program. Provided twelve (12) Nurturing Programs for the Boston Regional office virtually. Nurturing Families Programs were offered in English, Spanish, and Cape Verde Creole, and Nurturing Fathers' Programs were offered in Spanish and English.
- Continued to develop their Fatherhood Ambassadors program, adding additional ambassadors and presenting to DCF's Regional office staff and other venues as requested.
- Planned and convened quarterly statewide Family Engagement Leadership Team (FELT) meetings for area office FELTs from across the state.

FNC is the approved Training and Technical Assistance Center for Nurturing Parenting Programs in the Commonwealth of Massachusetts. Throughout this fiscal year, FNC has continued to build capacity by working closely with the Central Office and Regional Community Support Managers to identify program needs of area offices throughout the state. We have offered twenty Nurturing Programs and Parent Education Programs: eleven Nurturing Fathers' Programs, six Nurturing Families Programs, three Breakthrough Parenting Programs, and one Seven Skills Program throughout the Boston Area. Twelve of these programs were offered in collaboration with DCF Area Offices. FNC works closely with DCF, UMass, Community Connections, and Family Resource Center leadership to strengthen existing Nurturing Programs and develop new Nurturing Programs throughout the Commonwealth.

In addition, FNC continued to prioritize the Coastal Area Office's training and TA needs related to Nurturing Programs, helping them prepare to launch another Birth/Foster/Kinship NP in Spring 2021. Less frequent in-person interaction between workers and families, primarily due to the COVID-19 pandemic, resulted in fewer referrals and it was determined to postpone the program until Fall 2021. Work will continue with that office to plan and implement the program.

FNC has supported numerous Regional and Area Offices in myriad ways. During this year's pandemic, the state-wide demand for Nurturing Programs has been unusually high. FNC has helped FRCs, Community Connection Coalitions, and DCF Area offices implement programs, convert existing programs to a virtual space, and has accepted referrals into its programs from nearly every county in the Commonwealth. Some of the Area Offices for which it has been most supportive include Springfield, Haverhill, Framingham, Plymouth, Coastal, Salem, and Cape Cod and Islands.

Throughout the year, FNC has worked to strengthen and support existing FELTs and has helped expand them to every corner of the Commonwealth. To help facilitate this goal, FNC has begun hosting quarterly statewide FELT meetings (three held to date) and inviting social workers and

leadership from every Area Office. FNC has also convened representative committees to launch a FELT Newsletter and to survey as many DCF staff as practical on their FELT interest and experience. A new FELT has begun in the Framingham Office, and new FELTs are about to start in Jackson Square, Plymouth, and Lynn. By agreement FNC offered ten trainings for DCF social workers and Community Connections staff. It expanded on the work done last year to offer all trainings virtually on Zoom and provided five Family Program Facilitator Trainings and five Fathers Facilitator Trainings. One of the Family Trainings was offered in Spanish and one focused specifically on the Birth/Foster/Kinship Program. Thirty-seven people completed Family Trainings and forty-five people have completed Fathers Trainings.

FNC's Fatherhood Ambassadors Program remained popular throughout the year. The program successfully transitioned to fully virtual presentations in FFY2021. There are currently five Ambassadors. Two more have been recruited to the team and are in the process of being trained and oriented. Four significant Ambassador events and several other presentations were augmented by the replaying of one or more recorded Ambassador stories. Ambassadors have also been participating in FNC's *Fathers Helping Fathers* after care group (a monthly support group with fathers who have graduated from a Nurturing Fathers program). Twenty unique fathers have attended these groups with an average attendance of twelve men per month.

FNC continues to develop data analysis and outcome measurement strategies to support program implementation. A separate training in understanding and using the AAPI 2.1 was developed and piloted and trainings is scheduled for two groups of FRC staff in June 2021 as well as additional groups throughout Fiscal Year 2022. This work with the FRCs to provide additional training and consultation to help them begin to use the AAPI 2.1 to fidelity.

FNC has provided technical assistance and consultation related to fidelity of Nurturing Programs to numerous entities throughout the Commonwealth. Individual and group consultation has been provided, strengthening the follow-up to the signature trainings, and adding additional trainings that speak directly to the "how's" and whys" of fidelity when it comes to implementing Nurturing Programs.

In response to multiple requests from constituencies, and to ensure that they continue to provide trainings that ensure fidelity to the national model, FNC expanded its offerings to include specific trainings for the Birth/Foster/Kinship Program, the Parent and Teen Program, the Nurturing Skills model, Facilitation of Adult Groups, and Facilitation of Children's Groups. FNC now provides consultation in the delivery of all of these programs as requested

FNC was awarded a new contract to fulfill Nurturing Program curriculum material orders for FRCs. As part of this process, FNC provides consultation to the FRCs regarding which curriculum is the best fit and what additional materials may or may not be appropriate for them, providing (10% discount to all FRCs). In the first few months of this new program, seven FRCs have already sought consultation and placed curriculum/ materials orders.

National Family Nurturing Program and Nurturing Fathers Program conferences were canceled this year due to COVID-19. Family Development Resources (FDR) Recognized Trainer/Consultants at FNC have been engaged (virtually) in nationwide committees and

discussion groups working to update training criteria, fidelity measures, and the national credentialing/recognition process.

Throughout this pandemic year, FNC has maintained and strengthened the Statewide Nurturing Network by planning, hosting, sponsoring, and collaborating on a variety of local, statewide, and regional events for Nurturers and other family support professionals. Virtual events include regional Nurturing Fathers Institutes, New England Fathering Conference presentations, Regional Fatherhood Ambassador presentations, and a forthcoming Nurturing Network Meeting.

FFY2021 was a momentous year for the Family Nurturing Center of Massachusetts (FNC). As it was faced with the incredible task of helping families, front-line workers, and our own staff cope with the challenges of COVID-19, FNC pivoted quickly to rethink all of its offerings, to respond to needs using virtual technology, arranging to get program supplies and curriculum materials to people both virtually and in person. FNC will enter the coming fiscal year responding and adapting to whatever needs are presented as the pandemic changes and develops.

Outreach

- FNC will continue to focus on developing the capacity of people throughout the state to offer Nurturing Programs to fidelity.
- FNC seeks to expand the Birth/Foster/Kinship NP to at least one new Area Office.
- FNC will continue to expand the Fatherhood Ambassadors program by identifying and training new Ambassadors in a wider geographic area throughout the state.

Training

- FNC will offer a foundation of ten trainings, five for Fathers programs, and five for Family programs.
- FNC will expand trainings in other Nurturing Program models such as the Nurturing Skills program and the Birth/Foster/Kinship (BFK) program.
- FNC will work with the National Family Nurturing Center to update the system of training and recognizing new Trainer/Consultants and to offer a national Training of Trainers (ToT).

Collaboration

- FNC will work with Family Development Resources, the national publisher of curriculum materials, to explore making the BFK curriculum available to others.
- FNC will work with DCF and UMMS to train, consult with and mentor staff at FRCs statewide to implement the AAPI 2.1 in Nurturing Programs and other parenting interventions.
- FNC will continue to support DCF in their goal of having a well-functioning Fatherhood Engagement Leadership Team (FELT) in each Area Office.

Communication

- FNC will deliver a statewide Nurturing Network meeting, hopefully in person or alternatively as a hybrid in-person/virtual event.

- FNC will continue to expand the Fatherhood Ambassadors program by identifying and training new Ambassadors in a wider geographic area throughout the state.
- FNC will continue to host quarterly Statewide FELT meetings, produce a quarterly FELT newsletter, and survey DCF staff for their thoughts about the FELT work in their Area Offices.

Family Preservation

Families face multiple challenges when attempting to keep children safe and provide a stable environment. The past year has seen further complications in goals prompted by three major factors: COVID-19, social/ racial disparities, and the opioid crisis. The misuse of substances (particularly opioid addiction) has continued to have a major and enduring impact on the lives of families for a number of years. The opiate pandemic was one of the leading factors in destabilizing the family structure and bringing a large number of children to the attention of child protective services in the not-so-distant past.

Social connections have been identified by the Center for the Study of Social Policy (CSSP) as one of the pillars of society that has a positive impact on families/children's lives. Social connections reduce stress levels and help decrease the number of reports of child abuse and neglect. However, when families are faced with social instability and isolation their own survivability is at stake. The death of Gorge Floyd and the subsequent social uprising gave light to many social injustices that impact the communities and families served through the use of PSSF dollars.

Although the previous social factors have had a major impact on families, the single greatest challenge facing communities and families was the COVID-19 health pandemic. The pandemic was such a destructive force, that it altered the very fabric of the social infrastructure upon which families depended for survival.

To keep families engaged and to provide the needed support, community child welfare had to drastically reimagine the way it delivered services to families. In partnership with Community Connections Coalitions, service networks had to be more responsive and inclusive than ever imagined. Programs had to pivot in short-order and evaluate how best to meet family needs in ways that engaged them in remote and hybrid services. The importance of partnering with caregivers to problem solve, have clear lines of communication, build trust and reduce anxiety became the focus for supporting families.

Coalitions in many parts of the state were seen as lifelines for families who were struggling with the added responsibility of having to be the bridge between the schools and their children. Coalitions were able to evaluate their practices and explore creative ways to deliver groups and support to families in their quest to be the bridge between schools and home teaching. Through the partnership with the Pathways for Parents program, the Department was able to support parents who connected with the coalitions seeking support. Parents received a multitude of trainings ranging in topics from how to manage child anxiety, childhood trauma in education and the impact it has on learning, to hands-on guidance about how remote learning works. Fathers seeking help were able to participate in Nurturing Fathers' groups via Zoom. Families with young adults attended mental health groups and participated in recreational activities. While maintaining all safety protocols families came together in local parks for support groups.

Time-limited Reunification

Over time, Community Connections Coalitions have continued to be a strong partner of the Department when it comes to addressing the needs of families whose children have been placed in foster homes. Through ongoing partnerships with the Family Nurturing Center, Area Office staff and community partners are being trained in various family intervention models that support reunification. This has allowed for an increase in services to families whose children are in foster placement with the goal of returning home. The birth parent and foster parent group model approach that brings families together to engage in problem-solving has been a successful strategy. This has allowed for shorter placement times and more stable reunifications.

Several coalitions have continued to sponsor Parenting Journeys groups and Parenting in America regional groups. The use of technology by coalitions allows for Zoom groups to reach a greater number of participants. Parents who reside in different parts of the state can take advantage of groups being offered outside of their immediate area. These groups are offered in many different languages. This approach offers a preventative alternative to parents whose native language is not English. Capitalizing on their success, parents are less likely to require the intervention of child welfare services.

Adoption Promotion

The Department of Children and Families continues to recognize the need to improve services for pre-adoptive families in order to increase adoptions in Massachusetts. DCF has made a considerable effort to increase the number of children placed with Kinship families. Kinship placements are provided by persons who are related by either blood, marriage or adoption to the child or where there is another significant relationship. Placing children with a family member who has a familiar bond increases the possibility of the child being adopted into an existing family structure, thus minimizing the possibility for a failed adoption. The Department is making a considerable effort to target specific families that can adopt older children, LGBTQ, Latinx and children who are black, indigenous or other people of color. Support from the coalitions has been an important resource in this regard. Coalitions have hosted community events in diverse communities in an effort to support DCF recruitment efforts. The Department's Foster Care Ambassadors (foster parents who partner with DCF staff to recruit new families) have been invited to the events resulting in resources increasing to provide foster/pre-adoptive homes. Additionally, coalitions are a resource for families with children who are in Pre-Adoptive Foster Care Homes.

Planning and Service Coordination

The uneven impact of opioid addiction, social/racial disparities and COVID-19 laid bare the existing social infrastructure that families had come to rely on during community and family crisis. The Department in addition to families and community partners were under tremendous pressure to safely provide services to families in a landscape that was shifting, at times, on daily basis. Community child welfare services through the efforts of the DCF, Community Support Managers were a critical resource in the delivery of meaningful support to communities. The partnership that developed with the Department of Public Health increased the capacity of substance abuse programs to provide access for community families, grandparents and foster parents who otherwise would have been unknown to them.

Massachusetts like the rest of the country saw an increase in the demand for racial equality. Even prior to the racial tensions that gripped the entire country coalitions, had been setting the stage for communities to have necessary conversations and given voice to the impact systematic racism has had in families who were predominantly in underserved communities. In partnership with Juvenile Detention Alternative Initiative (JDAI), coalitions, Family Resource Center staff, and community providers have participated in ongoing continuous learning sessions to explore how structural racism impacts staff and practices. The Family and Community Engagement Unit staff has embraced this learning cohort approach and plans to integrate lessons learned into a strategic plan that will foster dismantling structural racism practices.

Over the year's coalitions have been supporting families in a variety of ways that allows family units to remain intact. This work could not continue to be possible without the positive relationships that are developed with other providers who serve families. The Family Resource Centers have been one of the leading partners utilized by families who seek resources from the coalition. Through this partnership families who have experienced housing, food and basic needs insecurities have been able to receive the needed support.

While there has been an increase in the demand for services as a result of the public health crisis, DCF, by planning and working together with coalitions and other community stakeholders can support a community infrastructure that:

- Facilitates community-wide involvement, dialogue, and action on behalf of families and children,
- Mobilizes formal and informal resources to integrate resources to fill gaps and ensure that families have access to needed support,
- Educates the public about the importance of family support and advocates for needed resources, and
- Engages the local DCF Area Office, its network of contracted services providers and other state and local agencies in a process to improve community connected child welfare practice that aligns with DCF's strategic priorities.

Title IV-B, Subpart 2 Rationale for the Disproportion

Marylee Allen Promoting Safe and Stable Families (PSSF) funds support an array of community initiatives with the objective of strengthening families and reducing child maltreatment. Since 1994, when the funds first became available, the Department of Children and Families (DCF) has focused its efforts on creating strong community infrastructures that serve as a vessel for best practice and evidence-informed practice in response to community and family needs.

In FFY2022, PSSF dollars are expected to be used to support and enhance culturally competent, family-centered, and community-focused practices that increase and promote prevention. The Community Connections strategic approach relies on opportunities where child welfare and community interests intersect and provide DCF with an opportunity to participate in community-wide involvement and action-driven dialogue. Aligning the strategic priorities of the Department with its network of contracted services enhances and improves community-based child welfare practices.

The deliberate partnership between child welfare practices and community-based organization (Community Connections Coalitions) has evolved over time to address societal priorities that

impacts the life of children and involved with the Department. The over-arching goal is to create a social network support system that has its base on protective factors research outcomes.

Massachusetts, along with the rest of the country, is still dealing with the ongoing impact of the opioid crisis, social unrest and a health pandemic. Coalitions remain a key ally in providing resources, information and referrals to organizations who provide needed resources to families. It is anticipated that families will continue to struggle with housing, food and other basic needs insecurities. The current prevailing trend is projected to continue to grapple the country and resulting in further isolations of families, generally increasing the potential for child abuse and neglect.

DCF continues its work to ensure that grant funds are expended 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, 27% in Family Preservation, 20% in Adoption Promotion, 13% in Family Reunification, 9% in Administration and 9% in Planning / Other Services based on our actual FFY19 program reporting.

Our rationale for not achieving 20% in each category is that the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. In addition, DCF spends significant state funds in support of the program. In SFY19, the State had annual expenditures in excess of \$74 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel costs in these programmatic areas. This total includes over \$1.9 million in State funds targeted for time-limited reunification services, \$3.5 million in adoption services and over \$24 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

The Department plans to spend the additional funds in the supplemental budget, in accordance with the program instructions, in the following categories:

- Community and Family Support Services
- Family Prevention
- Adoption and Promotion
- Family Reunification

The Department expects 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. As additional federal dollars become available and the local partnership with DCF both deepen and expand, we expect a continued evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of the families in communities across the Commonwealth is expected.

SFY2022 Proposed Supplemental Funds Expenditures

Since 1994, DCF has partnered with a network of Community Connections Coalitions that are in underserved communities in MA. This has allowed the Department to provide families with easy access to a collective of network service providers that provide resources to families. Using this approach, the Department developed an additional partnership with several other programs that have provided a lifeline to families. The work has focused on primary prevention and casting a wide net that focuses on community-based family support, family preservation, family reunification, adoption promotion, and using data to identify risk.

The Department is proposing allocating \$420,000 to be distributed among 21 Community Connections Coalitions. Additionally, another \$40,000 to PATCH programs a collaborative initiative between DCF and the community that imbeds a child welfare unit in the community. This will allow programs to focus on current prevention programs, addressing racial equity for Black Indigenous People of Color (BIPOC) groups. Coalitions and PATCH programs will provide parenting education programs that will help parents acquire and internalize parenting and problem-solving skills necessary to build healthy families.

- All twenty-one Coalitions will host at least one forum per community to discuss the importance of vaccination. They will invite families, community partners, and governmental agencies
- Coalitions will host six regional lectures on Advancing Racial Equity in underserved communities (BIPOC) throughout Massachusetts
- One coalition per region will host a “Drug Endanger Child group” event within FFY22. Six coalition staff and ten parents will be trained as group facilitators.
- Each coalition will purchase ten lockboxes for storing prescribed medication to be distributed to families who are involved with the coalitions

The Department is proposing engaging in an Interservice Agreement (ISA) with UMMS to upgrade the current data platform for Coalitions. The estimated cost is \$100,000. The model will focus on descriptive and predictive analytic data related to the likelihood of maltreatment or foster care placements. The analysis will help provide data on factors that contribute to placement, lack of resources, and community-level risk.

- Development and drafting of database platform to replace the current system (spreadsheets)
- Purchase of CRM licenses
- Input data elements in the database fields
- Review and train coalition and DCF staff in the new CRM platform
- On-going support and maintenance

The Department is proposing contracting with Family Nurturing Center and investing \$120,000 in promoting positive family interaction. The Birth, Foster and Kinship Family nurturing program. This program is designed specifically to support birth families and their foster or kinship families as they work through the placement experience.

Adopted and following an internationally recognized, evidence-based curriculum, BFK Nurturing Parenting Programs bring biological parents, foster or kinship parents, and children together for

structured weekly sessions, during which parents learn about child development and effective communication.

Special emphasis is placed on improving communication and increasing empathy among all family members and prioritizing the needs of the child or children involved. The goal of this program is not reunification of the child with their birth parents, but instead a sense of consistency, openness, and understanding that relieves children of the burden of navigating family conflict. Caregivers in this situation often deal with feelings of jealousy, frustration, anger, disappointment, anxiety, and isolation. The children they care for deal with similar difficulties due to the uncertainty of the situation, conflict or competition between caregivers, and the presence of past or current traumatic events. The goal will be to have the program implemented in the four PATCH programs.

- Hire FNC to train PATCH workers to become facilitators
- Pay for four new programs to be pilot with PATCH programs
- Purchase all needed materials for families
- Pay for space to host the program

The Department is proposing contracting with Charter Oak Group to develop a strategic plan that will prioritize system development that supports interagency coordination, resource leveraging and data sharing that promotes fatherhood engagement and a better understanding of the importance of involving fathers. The estimated cost is \$50,000.

- Develop a strategic plan for the Interagency Fatherhood Work (IFW) group.
- Complete focus group and needs assessment with Dads and key stakeholders
- Identification of priority target population by conducting a survey with group members
- Develop smart goals for involved organizations
- Recommend structure for the IFW group

The Department is proposing allocating \$80,000 and contracting with Health Resources In Action (HRia) to produce Welcome Family Bags. The bags will contain materials that are associated with protective factors, Family Resource Center, DCF, substance misuse, and trauma-informed brochures. The goal is to provide concrete information to families at a time when they are struggling with a family crisis.

- Research and gather information for material for the Welcome Families Bags
- Produce and assemble bags
- Distribute and store the Welcome Family Bags to DCF 29 area offices, 27 Family Resource Centers, and 21 Community Connections Coalitions

The Department is proposing investing \$100,000 on strength-based and family-centered trainings that will support relationship-building and peer-to-peer support.

- Contract with Boys and Girls Club of Worcester to train family members and siblings to provide childcare in-home. (The Babysitter project). The cost will include training, mentorship, materials. The estimated cost is \$50,000

- Train approximately 20 parents and providers on the “Parents Empowering Parents” curriculum to provide mentorship to families in underserved communities
- Purchase curriculum and all materials for the parenting groups

The Department is proposing investing \$174,000 in the Child Welfare Institute (CWI) to train community partners and family members in the Family Group Conference, Better Together curriculum. The goal is to build capacity and partner child welfare staff with community and family resources.

- Train parents in group conference curriculum and increase the number of parent facilitators
- Train social workers in the “Better together” model that support relationship building between families and child welfare professional
- Have parents trained in the case assessment simulator for new social workers

SERVICE DECISION MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Support and Stabilization Services

The Department’s Support & Stabilization (S&S) procurement provides an array of services specifically for children and families on the Department’s formal caseload, which means there has been an incident of abuse or neglect that has been supported or has a finding of substantiated concern following an investigation. The current S&S procurement, which was issued June 1, 2006, establishes contracts with more than 100 community-based providers across the Commonwealth.

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

Currently, S&S services are grouped into seven broad categories:

1. Parent support
2. Youth Support
3. Family Stabilization
4. Placement Diversion
5. Reunification
6. Assessment
7. Comprehensive Model

The Department is reviewing the S&S procurement as part of the research and stakeholder engagement underway to prepare a Title IV-E prevention services plan for review by the Children’s Bureau. The re-procurement of S&S will be the vehicle through which the Department obtains the contracted evidence-based prevention services described in the prevention plan along with other supportive services designed to support intact families.

In addition to assessing the type of contract services that will be procured, the Department is reviewing the cultural competency requirements for service providers, how prevention services are selected for a family, how contracted service providers communicate with Department social workers about family progress, the ways that Department social workers use those communications to update clinical formulations, and how child safety and risk will be continuously monitored in families receiving contracted prevention services procured through S&S.

The Department will submit the five-year Title IV-E prevention plan to the Children's Bureau prior to posting a Request for Responses (RFR) to re-procure S&S services. The timeline is to post the RFR in the first part of 2022.

Massachusetts Medicaid Behavioral Health Redesign

In February 2021, The Massachusetts Executive Office of Health and Human Services (EOHHS) announced a four-year Behavioral Health Roadmap for transforming the Commonwealth's ambulatory services for mental health and substance use, referred to collectively as "behavioral health." The goal is to improve access to ambulatory behavioral health services, funded by both public and private insurances, so that all Massachusetts residents are able to receive behavioral health treatments when and where they are needed. The Commonwealth will invest more than \$200 million dollars to support the multi-year rollout of the public sector components of the behavioral health redesign.

This initiative includes restructuring the Commonwealth's behavioral health crisis response system for adults and children, which is available to residents regardless of insurance. For residents enrolled in the Medicaid entitlement, called "MassHealth," the redesign will include incentives for providers to integrate behavioral health services with delivery of primary health care. Redesigned Community Behavioral Health Centers will be available throughout the Commonwealth with expanded urgent care hours on par with those available for physical health conditions and availability of same-day evaluations and referrals for treatment.

The plan is for the Community Behavioral Health Centers to serve individuals of all ages, provide evidence-based behavioral health treatments and be responsive to the cultural and linguistic needs of their communities. There will be specialty Community Behavioral Health Centers, where there will be a concentration of services for children, adolescents, and families. The estimated launch date for the Community Behavioral Health Center system in summer of 2022.

Insurance coverage for behavioral health needs can be life-changing support for families. Realizing the full potential of the support requires that families know about and can access the behavioral health treatments and that the treatments are effective in reducing symptoms of mental disorders and promoting well-being. As the availability of behavioral health crisis responding and treatment increases through the Behavioral Health Design Roadmap, the Department will develop processes for incorporating these new services, when appropriate, into action plans for families where behavioral health treatments can increase safety and reduce the risk for children and increase parenting capacity of caregivers.

Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) funding supports 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 FFY2022, PSSF dollars will be used to support and enhance community-driven practices that increase and promote preventive practices. Through ongoing community asset mapping, the Community Connections Coalition approach has provided DCF with the opportunity to 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 have 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 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 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 evacuated to Massachusetts and settled in cities 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

Each of these populations is a focus of the Department's quality improvement efforts during Initial Placement Reviews (improved process rolled out in 10 Area Offices in 2019 and in the remaining 19 Area Offices in 2021), permanency planning conferences, Area Clinical Reviews, and Central Office Incident Notification (COIN) Review Team, an interdisciplinary team that meets weekly to review critical incidents.

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.

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

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs, and the community at large to raise awareness of this aspect of human trafficking. A training video, A Foster Parent's Guide to Human Trafficking with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall of 2017. A link to the training video and Support Guide has been added to FosterMA Connect, the Department's web portal for foster parents. It is also posted for staff on the Department's Intranet page on Human Trafficking. Additional training has been provided to DCF staff and providers; Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, 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. During weekly COIN (Central Office Incident Notification) Review Team meetings, as many as a third of the cases for review may involve fatal overdoses or drug-related incidents of parents or other caregivers. In response, the COIN Team recommends Area Clinical Review Team meetings that include substance abuse specialists, as appropriate.

DCF has continued to collaborate with statewide task forces and initiatives focused on parental substance misuse and the impact it has on children. DCF is a primary partner with the Institute of Health and Recovery in the Worcester County Family Recovery Project. There also continues to be strong collaboration between DCF and the Massachusetts Department of Public Health (DPH) to address the needs of families impacted by opioids. This includes the expansion of home-based services to address parental substance misuse and trauma, partnering on federal grants, improving access to resources and communication between systems, developing a statewide structure for Plans of Safe Care, identifying the needs of substance exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF made a commitment to support frontline social work practice by increasing the capacity of its statewide Substance Abuse Unit. 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.

During the COVID-19 pandemic, the Department has provided staff with current information about telehealth resources available to provide Substance Abuse treatment and intervention, including individual and group options. The Department is acutely aware of the increased stress that the pandemic and consequential job losses, school closures, reduction in availability of child care, and increased food insecurity has placed on children and families served by DCF.

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 and a Director of Mental Health at the Central Office. 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 caregiver's ability to safely care for their children.

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

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

During 2018 the DCF was selected as one of three sites across the country to participate in a ground-breaking project funded by the U.S. Children's Bureau. The project is testing 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), is 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. The capacity building and research project, which continues through 2021, is addressing the following questions:

1. Does a collaborative Adult & Child Survivor-Centered Approach—that includes safely engaging and establishing accountability of the domestic violence offender—improve adult and child survivor safety, child permanency, and child and family well-being for child welfare involved families experiencing domestic violence?
2. For which families, and in which social contexts, does an Adult & Child Survivor-Centered Approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an Adult & Child Survivor-Centered Approach?
4. What are the costs associated with the implementation and maintenance of an Adult & Child Survivor-Centered Approach, and how do these compare to the costs of “practice as usual”?

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 Directors of Mental Health, Substance Abuse Unit, and Domestic Violence are key members of the Department’s Central Office Incident Notification (COIN) Review Team, which meets weekly to review critical incident reports, advises Area Offices concerning COIN report content and critical thinking, and make recommendations for practice improvement and policy/procedure enhancement.

The DCF After-hours Hotline Contract has been 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 offers improved services to our most vulnerable populations and is 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.

Each DCF region has an assigned Housing Stabilization Unit specialist. distribution of housing and Economic self-sufficiency information is distributed to staff through 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 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 shelters.

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.
- Updated Protective Intake, Family Assessment and Action Planning, Permanency Planning and Family Resource policies to reflect improvements to our work with children, parents and caregivers with a disability. The updated policies are posted on the Intranet [here](#) and our public facing Mass.gov/DCF page.
- Developed new guidelines for considerations when planning reunification of children with disabilities;
- Planning to hire new Disability Specialists; Posted and hiring in process for new Director.
- Completed review of all trainings available for DCF staff regarding children with disabilities; added new topics related to children with autism and autistic spectrum disorders.
- Finalizing policy on working with parents with disabilities.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Secured a Language Line service as of January 1, 2019.
- Numerous onboarding, ongoing, and professional development opportunities are provided by

the Child Welfare Institute, DCF's training unit. Additionally, the Diversity Officer provides diversity, anti-discrimination, sexual harassment, and ADA trainings, both on a voluntary and remedial basis, to area offices and staff throughout the state and throughout the year.

- Partnerships with other agencies including Department of Mental Health, Commission for the Deaf and Hard of Hearing, Commission for the Blind and MA Office on Disability.
- Training presented by MCDHH at Statewide Managers' Meeting.

Youth Transitioning from Foster Care

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

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

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

With the onset of the COVID-19 pandemic, the Department has increased its outreach to this vulnerable population to ensure that youth and young adults are aware of the services available to them, that they have access to emotional supports and connections, and that they are in safe living situations if possible. Youth who have left care have been contacted to offer them services, support, and financial assistance during this very challenging time. Youth and young adults in care have been offered additional financial assistance.

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

MASSACHUSETTS KINSHIP NAVIGATOR PROGRAM OBJECTIVE:

The Massachusetts Department of Children and Families' (DCF) priority is to identify kinship resources when out-of-home placements are 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 the internet and social media resources including Accurant/Lexis Nexis to identify possible connections for a child. 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 to 11 area offices, and with the goal of taking the pilot statewide (29 area offices) in the future. Due to these deliberate efforts by our staff, approximately 57.2 of the Department's active foster homes are kinship or fictive kin. DCF prioritizes early and continued exploration of kin and has worked to ensure that wherever possible a child's first placement is 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 DCF 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 to 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. Our target population is the following:

- Kinship foster parents and third-party Juvenile Court Custody Caregivers caring for children involved with the Massachusetts Department of Children and Families
- Kinship caregivers involved with Probate and Family Court
- Families with informal caregiver arrangements

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 kinship caregivers 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.

On the next page we provide the budget expenditures for FFY2021

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

Budgetary Note:

Mathematica's Scope of Work totaled \$199,853. The Department of Children and Families supplemented \$132,533.60 to the KNP budget to support our development of an evidence-based program model. Please see below for more information on the Department's collaboration with Mathematica.

Massachusetts DCF has approved and finalized the FFY21 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 FFY2020 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
- Present Kinship Navigator information at trainings, workshops and other kinship caregiver related events

- *Helpline Liaison (1.0 FTE)*

The MKNP has put a hold on the hiring of this position to focus on the development of an evidence-based practice model and evaluation. We will resume the hiring process after January 2022. (Note: the manager and coordinator are currently responsible for the Helpline Liaison duties until the position is filled.)

The Kinship Navigator Helpline 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 such as:
 - 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, for example:
 - 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)
 - MA Department of Early Education and Care (EEC) (in development)
 - Family Resource Centers (in development)
 - Substance Misuse (in development)
- MKNP Probate and Family Court Collaboration Project: Barnstable, Bristol, and Essex Counties
 - Caregiver Custody Guide (Developed in Partnership with CIP, completed)
 - Pilot Rollout Framework (completed)
 - Pilot Rollout Orientation for Court Judges, Probation and Registry Department
 - Pilot Introduction Letter (English, Spanish, Portuguese)
 - Permission to Contact Form (English, Spanish, Portuguese)
- 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)
- MKNP 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, 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.

The MKNP has also collaborated with the DCF Policy and Foster Care Support units to produce a Kinship Foster Parent Orientation Program and Guide for all new Kinship Foster Parents with DCF, which is currently being piloted in five DCF area office locations. Our collaboration with the Probate and Family Courts has expanded to three counties (Essex, Bristol, and Barnstable),

Probate and Family Courts Administrative Office and the Court Improvement Program. This KNP collaboration has created a pilot Rollout Framework, that includes orientation for Court Judges, Probate and Family Court Probation Department, and the Probate and Family Court Registry. Registry Pilot Introduction Letter, Permission to Contact Form and Caregiver Guide for Children Caregivers for each of the three counties. The Introduction Letter, Permission to Contact Form and the Caregiver Custody Guide is available in three languages (English, Spanish and Portuguese). The Court Improvement Program has translated, printed and distributed its Caregiver Guide for Children Caregivers it is available to all kinship caregivers across the Commonwealth and will be distributed via the Probate and Family Courts, Juvenile Courts, Grandparents Commission, Family Resource Centers and Kinship Caregiver Support Groups. In addition to full web access on the CIP and MKNP websites. The Custody Guide for Child Caregivers is designed to help caregivers obtain information on the different types of legal arrangements that may be available when a non-parent provides care for a child and the benefits and limits of each. The Kinship Navigator Program is using the new resource to provide valuable legal information to caregivers who apply for guardianship in the Pilot Programs which have been established in Bristol, Barnstable and Essex Counties. The collaborative program is working with court personnel to integrate seamlessly into the process of obtaining a legal guardianship in Probate and Family Court and provide a valuable referral resource for caregivers who need additional supports to provide safe and stable homes for the children in their care.

Equipment

To promote kin access to MKNP statewide, the Kinship Navigator staff are currently working in a hybrid approach combining remote and in-person activity. Though the MKNP operates from the DCF Central Office located in Boston, 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. DCF 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, FFY20 funds and will continue to use FFY21 funds for the monthly service charges for all remote equipment.

Collaboration/Stakeholders

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 can 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 Requirements: 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 2020 Annual, Report indicates that 57.2% 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
 - Participation in bi-weekly FRC and CC Statewide Network Meetings
 - Probate and Family Court Pilot Program Presentation
 - Development of FRC/CC Kinship Care Guided Subcommittee
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
- The Commission on the Status of Grandparents Raising Grandchildren: providing statewide workshops, support groups and legislative advocacy to kinship caregivers
 - Probate and Family Court Pilot Development
 - Weekly Collaboration Meetings
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
- The Court Improvement Program: (CIP) encourages and supports systemic improvements, programmatic initiatives, and ongoing training designed to lead to better outcomes for children involved in child welfare cases in Massachusetts. This is accomplished through close collaboration with key Massachusetts child welfare stakeholders, including the Juvenile Court, the Probate and Family Court, the Department of Children and Families, and the Committee for Public Counsel Services.
 - Probate and Family Court Pilot Development
 - Weekly Collaboration Meetings

- Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
- Five-year strategic planning
 - Expanding the Probate and Family Court pilot statewide
 - Expanding the pilot program to Juvenile Courts to support third party custody kinship caregivers
 - CIP funding for additional Kinship Navigator Juvenile Court Position
- Probate and Family Court Probation Department (Barnstable, Bristol and Essex Counties)
 - Probate and Family Court Pilot Development
 - Monthly Collaboration Meetings
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
- Probate and Family Court Registry
 - Probate and Family Court Pilot Development
 - Weekly Collaboration Meetings
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
- Probate and Family Court Administrative Office
 - Probate and Family Court Pilot Development
 - Monthly Collaboration Meetings
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
 - Development of MassCourt tracking system for all Probate and Family Court cases referred to the KNP
 - Expanding and Replicating the Probate and Family Court pilot statewide
- DTA
 - Collaborators and Contributors to the KNP's Development of an Evidence-Based Practice Model
 - Collaborative outreach to Kinship Caregivers eligible for TAFDC Child Only Grant

Court Service Centers: help people navigate the court system. Centers are available to all court users without lawyers, and there are no income or immigration status requirements. All the services in the Court Service Centers are free, but there may be other fees associated with your case, such as filing fees.

Federation for Children with Special Needs provides information, support, and assistance to parents of children with disabilities, their professional partners, and their communities. We are committed to listening to and learning from families and encouraging full participation in community life by all people, especially those with disabilities

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.

Evidence-Based Practice Development in Consultation with Mathematica

The MKNP began working with Mathematica in February 2021 to evaluate whether the newly developed Massachusetts Kinship Navigator Program can produce sufficient evidence according to standing U.S. Department of Health and Human Services (HHS) federal regulations to be deemed an evidence-based program or if development of an evidence informed program would be more appropriate. Mathematica's Scope of Work consists of the following deliverable stages:

1. Deliverable Stage 1 (Start Date February 2021 – Completed March 31, 2021)

Provide a detailed report on whether DCF's newly developed Kinship Navigator Program can produce sufficient evidence to be deemed an evidence-based program pursuant to the HHS guidelines, if evidence-based programming is possible or if the Department should suggest an evidence informed model to HHS. Report to include but not limited to:

1. Details on other states' submissions who have not received ratings.
2. Assessment of data elements essential for meeting HHS requirements to receive Title IV-E reimbursement.
3. Necessary enhancements and changes to capture the proper data elements during the intake and assessment process to reach targeted outcomes.
4. Necessary enhancements and changes to the data collection tool to best review and analyze said collected data.

2. Deliverable Stage 2 (Start Date February 2021 – Completed March 31, 2021)

Work with the Kinship Navigator Program Manager to provide a narrative describing:

1. The target population and service area for the program
2. How the IV-E agency plans to implement the kinship navigator program (i.e., directly or through contracted service providers)
3. How the program is coordinated with other state or local agencies that promote service coordination or provide information and referral services
4. How the development and operation of the program has been and will be informed by consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith-based organizations

3. Deliverable Stage 3 (Start May 2021 – Scheduled Completion September 30, 2021)

The MKNP and Mathematica will be utilizing the newly drafted Kinship Navigator Program logic model as a foundation for next steps. The logic model is essential to help identify outcomes for the program, and the outcomes will in turn guide our work related to data collection and program enhancements to support future evaluation.

The team will continue to collaborate on this work with relevant stakeholders, including but not limited to the DCF continuous quality improvement (CQI) team, Grandparents Commission, Probate and Family Courts, Court Improvement Program partners, DCF Family and Community Engagement Unit, Department of Transitional Assistance (DTA) and kinship caregivers. This approach will satisfy the HHS requirement to include these types of partners in the development and operation of the program and help ensure the program makes the best decisions for participants.

The following describes in greater detail our tasks and activities for Stage 3, which are designed to advance the KNP as it moves toward becoming an evidence-based model.

Task 1: Enhance data management and collection processes (In Process)

- Improve MKNP processes for collecting and managing data
- Determine priority outcomes
- Explore possible measures
- Identify the data indicators needed to track whether outcomes are being met
- Identify outcome domains of interest
- Developing a data collection instrument (for example, a satisfaction survey or assessment)
- Development of a data management system

Task 2: Develop an evaluation plan (In Process)

- Design an evaluation that will meet the PSC requirements to assess the program's impact
- Implement a study that can then be submitted to the PSC to achieve the status of a promising evidence-based program that would allow for federal reimbursement.
- Quasi-experimental or experimental evaluation, using guidance from the Children's Bureau for developing a quality evaluation plan.
- Evaluation plan will identify the following: A study design (including who will be in the sample, how research groups will be formed, and – if using random assignment – what the process for random assignment is) data collection, outcome measures and analysis.

To complement the Stage 3 tasks, the MKNP will engage with the DCF policy team to complete a program manual in addition to the development of a Stakeholder/Advisory Board which is required to align the program with HHS and PSC requirements.

Our goal will be to have a formalized data management system and study design in place by September 30, 2021, and to complete an evaluation by September 30, 2022.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

In FFY2021, the Department utilized the Caseworker Visit Grant to support the following activities:

Revision and Implementation of Policies and Practice Guidance: The Department has identified a core set of policies fundamental to the agency's mission in working with children and families. In 2020-21, the Department continued revisions and practice implementation work for the following policies:

- Protective Intake Policy
- Licensing of Foster, Kinship and Pre-adoptive Families Policy,
- Placement Support Policy,
- Family Assessment and Action Planning Policy,
- Supervision Policy

- Ongoing Casework and Documentation Policy.

The Department developed training and implementation supports to ensure successful implementation of these policies, including the development of training videos, practice guides and support materials.

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'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.

As a result of this work, in FFY2020, the Department made monthly contact with children in placement 90.2% of the time. 87.2% of visits with children in placement occurred in the child's residence. The pandemic affected DCF's performance on monthly contacts with children in placement particularly in the months of March, April and May 2020. Excluding these three months, performance in FFY2020 was 92.57% and 86.38%. The Department plans to continue its initiative to improve monthly contact performance standards, including additional continuous quality improvement exercises and will continue to utilize the Monthly Caseworker Visitation Grant to support sustainability of the initiative.

As applicable, information on policies, procedures, or training to support quality virtual caseworker visits to ensure children and youth's privacy and safety when in-person visits are not able to be safely conducted.

The Department issued Interim Guidance on Prioritizing Child Safety and Conducting Visits During COVID-19 Outbreak in late March 2020, allowing flexibility for monthly caseworker visits to occur virtually through video conferencing, except for emergent situations. In emergent situations, in-person visits were required. This guidance was updated in April to reflect the use of PPE, updated screening questions and practice guidance on conducting videoconference visits.

As the Commonwealth of Massachusetts commenced reopening, the Department Guidance Regarding In-Person Case Contact for Response and with Intact Families was issued in August, requiring alternating in-person and virtual visits every other month, adjusting this practice as the

community level average daily case rates change in certain communities. In late April 2021, the Department resumed monthly in-person contact for all open cases.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received a notice of award letter in SFY2019, for FFY2018 totaling \$1,155,500 to be expended by 9/30/2021. The unexpended funds carried forward for FFY2017 were \$41,413 (to be expended by 9/30/2020). Total combined awards to be expended for FFY2017 and FFY2018 are \$1,196,913. Additional award letters were received for FFY2019 totaling \$1,746,500 (to be expended by 9/30/22) and FFY2020 totaling \$3,391,500 (to be expended by 9/30/23).

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. During the current year, the Department has been presented with some challenges that affected spending due to the Covid-19 Pandemic. Despite these challenges, the Department hopes to achieve the goal of expending all remaining allotted grant funds.

The Department expended \$41,413 of the remaining FFY2017 funds and projected expenditures for FFY2018 awards by 6/30/2021 total an additional \$240,527. At that time, there were several procurements in process that were not reported on as well. The remaining available funds for FFY2018 totaled \$914,973 to be expended by 9/30/21. The Department will access the FFY2019 for any additional expenses needed. Currently, we are on target to expend these funds in the following manner:

- The Department has continued to work with our contracted vendor for the re-envisioning and redesign of our 30-hour MAPP (Massachusetts Approach to Partnership in Parenting) curriculum for Adoptive and Foster Parents. Progress continues and the costs projected through 9/30/21 are an additional \$60,000.
- In July 2021, the Department sponsored 70 staff and 50 foster and adoptive parents to attend the four-day virtual conference presented by the North American Council on Adoptable Children. This virtual conference allowed for the Department to extend the invitation to this significant number of staff and parents which provided invaluable learning and support. Conference costs were \$24,009.
- The Department is purchasing items related to National Adoption Day and recruitment events for Foster Care and Adoption for a projected total cost of \$15,000.
- The Department assisted several families with expenses related to extraordinary circumstances. These included hiring an attorney in Puerto Rico to resolve legal issues with amended birth certificates for children adopted in Massachusetts but born in Puerto Rico; assisting a family with the cost of a specialized after school program for a sibling group of three; and purchasing a specialized safety bed for an autistic child with Down's Syndrome. Projected costs are \$25,000.
- The Department also expended \$60,000 with a contracted vendor, the Massachusetts Society for the Prevention of Cruelty to Children, for a Behavioral Health Family Resource Liaison.
- The Department has contracted Mathematica, Inc. to continue to assist in our data collection, outcomes and measures development, and evaluation plan for our Kinship Navigator Program (\$60,300)
- To better service our foster and adoptive families, the Department has implemented several comprehensive technological enhancements which enable staff and families more efficient and accurate communications, more timely processing of information and documents, as well as access to training materials. These enhancements advance our business practices for our Adoption & Guardianship Subsidy programs, Interstate Compact for the Placement of Children (ICPC), Foster Care, Family

Resource, Adoption, Recruitment of Foster and Adoptive Families and Kinship Navigator Programs. The Department is making a significant investment in this technology which also supports our work and interactions with families during and post the COVID-19 pandemic. There are several vendors that have been engaged with expertise in each specific area.

Activity/Item	Estimated Cost	Description/Purpose
DocuSign digital application for Foster Care/Adoption	\$42,000	Enables more timely processing of information and documents
Salesforce /telephone integration application contracted with Deloitte	\$110,000	Enables more efficient and accurate communications and documentation of calls to the Adoption/Guardianship Subsidy unit
Upgrade Foster/adoptive Parent Portal	\$392,500	Allows the Department to have a richer set of transactions with foster/adoptive parents and providers. This includes the ability for foster/adoptive parents and providers to input information about the children in their care and that they service.
National Electronic Interstate Compact Enterprise (NEICE) and Salesforce; webservices contracted with xFact	\$70,000	Supports the exchange of cross-state communication and placement information
Foster Care Uis contracted with xFact	\$90,000	User interfaces/documents and related web services to support prioritized business functions for the foster care/adoption business process
UI/UX Design – Resource Search, case Chronological History and related functions	\$40,000	User-centric design for prioritized business functions to help support efforts to achieve permanency for DCF involved children. This includes functionality pertaining to searching for foster/pre-adoptive homes and viewing about key events in a case history.

During SFY21 funds were utilized in the following manner:

- From July 2020 to the present, the Department has continued to work with our contracted vendor for the re-envisioning and redesign of our 30-hour MAPP (Massachusetts Approach to Partnership in Parenting) curriculum for Adoptive and Foster Parents. In response to the Covid-19 pandemic, these plans were accelerated, and the current curriculum was translated for a remote delivery platform to enable our staff and vendors to continue to train families to meet the needs of our children in care. Ongoing weekly support is being offered for our staff trainers in order to assist them in their delivery of the remote curriculum. Our work continues with creating a Virtual MAPP curriculum which will include e-Learnings as well as remote classroom settings. The vendor is also creating a Training of Trainers to assist our staff, providers and parent trainers in implementing and facilitating MAPP with the new curriculum. All “Remote MAPP” materials were translated to Spanish in order to deliver the curriculum to Spanish-speaking recruited families.
- In August 2020, the Department sponsored 120 staff and 81 foster and adoptive parents to attend the four-day virtual conference presented by the North American Council on Adoptable Children. This virtual conference afforded the opportunity for the Department to extend the invitation to this significant number of staff and parents which provided invaluable learning and support. The conference offered 20 workshops which included: “Joy & Sorrow in the Same

Cup: Grief and Loss in Adoption/Permanency”; “Keeping Children Connected Through Adoption or Guardianship With Kin”; “The Depth and Power of an Adoption Belief System”; “Helping Children Heal From Trauma”; “The Ten Things We Need to Know About Permanency”; “Understanding Openness: From Grief and Loss to Navigating Tough Cases”; as well as other topics focused on recruitment and permanency.

- In January through March 2021, the Department engaged the North American Council on Adoptable Children (NACAC) and offered Parent Leadership Training to two cohorts of adoptive/foster parents, professional partners and staff who are leading support groups or plan to do so. The series provided participants with the skills and resources needed to effectively lead a parent support group or network. Each cohort consisted of six sessions entitled: 1) Effective Group Facilitation; 2) Parent Engagement; 3) Trauma-Informed Parenting Strategies; 4) Fetal Alcohol Spectrum Disorders; 5) Virtual Support Groups & Networks; and 6) Understanding the Impact of ACEs - Yours & Your Child’s.
- Beginning in December 2020, the Department commenced a “Permanency Series” of trainings to replace the previously scheduled June 2020 Permanency Conference that was postponed due to the pandemic. These trainings 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. This series included the following trainings: 1) The Missing ACE: Fetal Alcohol Spectrum Disorders and In-Utero Trauma; 2) Thriving!: Moving Beyond Trauma-Informed to Nurturing Resilience; 3) Seven Core Issues in Adoption and Permanency; 4) Hitting The Mark! Targeted Recruitment Strategies; 5) Adoption and Other Options for Teens; 6) Voluntary Adoption Plans – What Intake and Response Staff Need to Know; and 7) Sibling Relationships are for Life: Nurturing and supporting connections. This series will continue with three more trainings in FFY2022. To date, over 900 DCF staff, foster and adoptive parents, provider staff, and attorneys have attended.
- The Department purchased books and “stress gavels” for children finalizing adoptions on National Adoption Day as well as throughout the year.
- 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 for children adopted in Massachusetts but born in Puerto Rico.

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. We will continue to assist families who have already attained permanency with extra-ordinary expenses such as those related to immigration and naturalization services for children not previously resolved.

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. Proposed services include more intensive In-Home Clinical Supports to pre-adoptive families after placement but before finalization; In-Home Clinical Supports to kinship families; innovative approaches and programs for Child Specific Recruitment for our youth that are more challenging to identify resources or lifelong connections; as well as other services focused on the needs of our youth who await

permanency. 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 and FFY2019 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

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 FFY2020 are approximately \$6.1M.

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 was 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.

FAMILY FIRST PREVENTION SERVICE ACT TRANSITION GRANT

The Department plans to use the Family First Prevention Service Act Transition Grant funds for three purposes aligned with implementing the Family First Prevention Services Act of 2018 (FFPSA):

1. Developing and managing procurements aligned with FFPSA,
2. Providing startup funding for selected evidence-based prevention services, and
3. Evaluating the Family First initiatives in the Commonwealth.

Developing and managing procurements aligned with FFPSA

The public procurement process in Massachusetts is time consuming, is governed by strict regulations, and requires the production of lengthy and complicated written materials. Given the Department's reliance on new procurements as vehicles for implementing Family First initiatives, a portion of the Transition Grant will be used to procure consulting services to assist with the strategic planning, project management, writing, and graphic design work required to post and launch two, large procurements, including the internal and external communications work associated with both procurements.

Successful integration of the Family First initiatives in Massachusetts will require initial and sustained communications to both Department staff and to contracted service providers about aligning services with the goals of achieving safety, permanency, and well-being for children and using the services to advance the objectives of the Family First legislation in the Commonwealth. Consultants will assist the Department by creating operations manuals – one for each procurement - that document the purposes of the procurements, explain their relationship with the Family First Prevention Services Act, and describe the processes for obtaining and using the procured services. Without such documentation, the original intentions of procurements are diluted by employee turnover and by the processes through which “new” procurements become status quo. In addition to the operations manuals, the consultants will create job aids (i.e., quick reference tools) that summarize sections of the procurements and serve as supports for implementation.

The Department's current array of support & stabilization services does include two treatments that have qualified as “evidence-based practices” based on the rigorous standards of the Title IV-E Prevention Clearinghouse. However, based on current contractual parameters, the Department does not require providers of these services to demonstrate fidelity to the evidence-based practice models. Nor does the Department require or assess whether providers of support and stabilization services are provided under an organizational structure and treatment framework that is trauma-informed.

The Department's re-procurement of support and stabilization services will add more evidence-based practices to the service array. The addition of evidence-based services will proceed in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- Provider community has capacity for implementing evidence-based practices, and
- Department has the capacity to manage the new evidence-based practices consistent with the expectations of the Family First legislation.

A portion of the Transition Act Grant funds will be used to hire staff to assume the responsibilities for overseeing and managing the portions of the Family First implementation that will be fulfilled by contracted providers. Those portions of the Family First implementation are QRTP and evidence-based prevention services.

Providing Startup Funding for Selected Evidence-Based Prevention Services

Delivering an evidence-based practice requires significant investments of time and funding. An initial step is self-assessment for an organization to determine whether it has the capacity to provide evidence-based treatments. Should an organization have the capacity, there are time and funding requirements for training, and then resource commitments for ongoing assurance of fidelity.

Many community organizations that deliver the Department's support and stabilization services lack the capital to invest in the self-assessments, trainings, and responsibilities for ongoing assurances of fidelity that delivering evidence-based practices requires. A portion of the Transition Act Grant funds will be awarded to community organizations selected to deliver evidence-based practices. The funds will support the organizations' preparations for competent delivery of evidence-based practices. The selection of the community-based organizations for delivery of evidence-based practices will be accomplished through the Department's procurement for support and stabilization services.

Evaluating Family First Initiatives

The Department will use a portion of the Transition Act Grant funds to procure evaluation services for two Family First initiatives – Qualified Residential Treatment Program (QRTP) and evidence-based prevention services. An effective evaluation strategy depends on the ability to collect, store, and retrieve data from the Department's SACWIS, which is called iFamilyNet. Therefore, the first step in being able to evaluate the Family First initiatives is to reprogram iFamilyNet to accommodate data about the initiatives.

iFamilyNet will be updated to capture data about the Commonwealth's Family First initiatives related to implementation of QRTP and evidence-based prevention services. Funding from the Transition Grant will support hiring the additional IT staff required to reprogram iFamilyNet.

Implementation of the Department's Family First initiatives are linked to procurements. The Department's Congregate Care Network Request for Responses (RFR), which was posted in February 2021, is the vehicle for moving toward the Qualified Residential Treatment Programs (QRTP) concept described in the FFPSA. The full array of QRTP requirements includes assessments by qualified professionals, judicial determinations, as well as characteristics of residential programs themselves.

In Massachusetts, QRTP will be implemented in stages. The first stage of QRTP implementation will start October 1, 2021, when programs contracted through the Department's new congregate care network procurement will launch. In the new congregate care network procurement, the Department is offering higher daily rates of payment for selected congregate care programs that achieve all five of the QRTP requirements as described in the Family First Prevention Services Act of 2018.

Until the procurement and contracting process is complete, the Department will not know the capacity within the provider community for achieving QRTP status. The expectation is that there will be both QRTP and non-QRTP versions of the same program model. For example, QRTP Community Treatment Residences and non-QRTP Community Treatment Residences, QRTP Intensive Treatment Residences and non-QRTP Intensive Treatment Residences, and so on for other program models. Those programs that achieve the QRTP standards will be paid the higher QRTP rate.

The changes to iFamilyNet will allow the Department to track which programs achieved QRTP status as well as which youth are served in QRTP programs and which youth are served in non-QRTP programs. If, as anticipated, the new congregate care network has both QRTP and non-QRTP versions of the same program model, there will be an opportunity to compare the outcomes of youth served in QRTP programs as compared to non-QRTP programs. Each of the five standards required for achieving QRTP status has face validity as desirable elements for a congregate care program. However, the assumption that programs achieving those five standards will achieve better outcomes for youth has not been evaluated.

The first stage of the Department's implementation of QRTP will be supported by state funds and include the evaluation of outcomes for youth served in QRTP programs as compared to youth in non-QRTP versions of the same program model. Findings from the evaluation will guide the next stages of QRTP implementation. Should the evaluation demonstrate significantly better safety, permanency, and well-being outcomes for youth served in QRTP versions of programs, the Department will advance to the next stage of QRTP implementation, which will entail the parts of the Family First legislation that contain requirements for evaluations by qualified individuals or professionals to inform decisions about the need for placements in congregate care programs and the involvement of the judiciary in decisions about the particular types of placement for children.

The re-procurement of Support and Stabilization services will be the vehicle for implementing the service acquisition aspects of the Five-Year Title IV-E Prevention Plan. The Department plans to issue a Request for Information (RFI) in the Fall of 2021 that will collect stakeholder input and inform the Support & Stabilization RFR in the first half of 2022.

The Department's Five-Year Title IV-E Prevention Plan will include use of evidence-based practices that appear on the Title IV-E Prevention Clearinghouse, for which the Department will seek Title IV-E reimbursement, as well as use of prevention services that are not listed on the Title IV-E Prevention Clearinghouse. Prevention services not listed on the Clearinghouse include supports such as parent aides, afterschool programs, and concrete supports for food, clothing, and shelter. The changes to iFamilyNet will support the Department's ability to link prevention services to individual children and other family members, which will allow the Department to meet the reporting requirements for Title IV-E reimbursement and to evaluate the effectiveness of prevention services. The Department will use a portion of the Transition Grant to procure an external evaluator to conduct the evaluations of both QRTP and prevention services.

On the next page we provide an annual budget projection over the course of the next five years.

FFPSA Transition Grant Annual Budget 1/1/2021 - 9/30/2025

Starting Balance 6,454,645

FFPSA Total Budget 1/1/2021 - 9/30/2025 2021 2022 2023 2024 2025 Total

Start Up Funding for FFPSA Evidence-Based Practices							Description
Motivational Interviewing		400,000	200,000	200,000	200,000	1,000,000	up to 20 programs; \$20K start up funds, \$10k annual fidelity funds after certification ends
Brief Strategic Family Therapy		676,880	294,840	294,840	40,000	1,391,560	prequal review @ \$5k each for up to 25 programs; 10 programs with 4 clinicians each for 3 year certification process
rt Up Funding for FFPSA Evidence-Based Practices	0	1,076,880	494,840	494,840	240,000	2,391,560	
% of Income	-	-	-	-	-	-	
Developing and Managing Procurements aligned w/FFPSA							
PCG Contract	70,000	350,000	190,000	150,000	50,000	810,000	Deliverables: S&S procurement, S&S intenral manual, Cong Care job aides, Cong Care Internal Manual
Director, Family First Implementation	0	100,000	135,000	135,000	101,250	471,250	To manage day-to-day work on FF initiatives and evaluations
Coordinator, Family First Implementation	0	66,667	80,000	80,000	60,000	286,667	To coordinate regular meetings with providers regarding FF inititaives and evals
Developing and Managing Procurements aligned w/FFPSA	0	166,667	215,000	215,000	161,250	1,567,917	
Evaluation of FFPSA Initiatives							
External Evaluator		250,000	350,000	350,000	400,000	1,350,000	To evaluate QRTP outcomes and S&S outcomes
Internal OMPA Management Analyst, dedicated to QRTP and S&S eval		40,000	80,000	80,000	60,000	260,000	To supplement OMPA capacity to meet workload for QRTP outcomes, S&S outcomes, and External Evaluator data transmission
IT Contracted Staff to Update iFamilyNet	41,040	210,000	210,000	210,000	210,000	881,040	To recode iFamilyNet for QRTP, Cong Care and S&S procurement
Total Evaluation of FFPSA Initiatives	41,040	500,000	640,000	640,000	670,000	2,491,040	

Total 6,450,517

CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

DCF administers the Chafee Foster Program for Successful Transitions to Adulthood (Chafee) to support an array of services with the objectives of preparing youth and young adults ages 14-23 for successful transitions to adulthood, including developing permanent connections to caring and committed adults. The components of the Chafee funded services focus on safety and the many facets of well-being. Educational achievement, life skill development, and successful community integration with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth.

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 Statement of Rights (2020) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment. The DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition age youth to support optimal goal achievement. Over the past 6 months, The Department has been working with two CPCS offices - Brockton and Pittsfield - wherein they are meeting with their clients age 14 or older to share the Foster Child Statement of Rights, review the document, and have them sign it to acknowledge receipt.

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 guardianed or adopted from DCF after age 16 and to former foster youth who discharged from DCF between ages 18-23. The Commonwealth has provided state funded staffing to supplement the Chafee funded staff and has achieved its goal of providing dedicated Adolescent Outreach Program services in all DCF area offices.

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 programs. 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 housing, employment, and post-secondary support program models. 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 the utilization of the Youth Readiness Assessment Tool and focused discussions on decision-making/problem-solving and community-based skill-building activities, youth and young adults work to develop the skills necessary to cope with the challenges of adulthood and live successfully 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 positive development and nurturance. 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.

Chafee 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. 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 18-23 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, and assistance with educational services.

Youth Served

From July 2020 to April 2021, the Outreach staff served over 1400 youth and young adults. Of these, 526 youth and young adults received weekly intensive service. All of these services support the youth in developing life skills and developing capacity for a healthy transition into young adulthood at the conclusion of agency care. Outreach staff assists with job search, education, financial aid/college applications, housing support, SNAP applications, and referral/resource information.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those in Supervised Independent Living care models and youth eligible for guardianship/adoption. Contracts require that youth/young adults in Comprehensive Foster Care or congregate care be provided similar life skill preparatory services and transition support in their placements. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements, but may provide as needed support either directly or through care providers. Also, per Chafee Program guidelines,

youth/young adults who received Outreach services may stop and resume intensive or short-term focused services at any time prior to age 23.

Generally, youth/young adults are referred to the Outreach Program by the primary case managing social worker. Outreach workers also identify prospective clients by reviewing a report of youth in placement provided by the DCF Office of Management, Planning, and Analysis. The weekly intensive model focuses primarily on the needs of youth/young adults ages 16 and older and the PAYA life skills curriculum and incentive program are available to all youth in DCF placements 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 April 2021, was open for case management and placement services with DCF. Other young adults may self-refer or be referred to the program by community service agencies, former foster parents, DCF social workers, etc. Less than 10% percent of the active Outreach cases were closed with DCF, and no longer living in DCF placement.

Staffing and Service Overview

The Outreach Workers are assigned to an area office. The Outreach Supervisors cover an assigned region. The Outreach staff provides weekly service to the youth and young adults on their Active Caseload. When appropriate, youth and young adults move 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. With the increase in state supported staff there are now currently 39 full-time equivalent positions in the Adolescent and Young Adult Services Unit. Chafee supports 21 of these positions including 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 18 full-time equivalent positions.

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

- 50% of the Outreach caseload is enrolled in an educational program. Of these 45% are enrolled in a post-secondary education or vocational training program. The COVID- 19 pandemic had an evident impact on school enrollment particularly among the post-secondary population and the students pursuing a GED.

Employment

- 42% of the Outreach caseload was employed between July 2020-April 2021.
 - * Of these youth and young adults, 29% were employed full-time and 71% were employed part-time. These figures represent a significant increase in employment in the Outreach caseload compared to prior years. This increase may be related to a drop in school enrollment, and/or availability of public facing jobs to the population during the pandemic.
- 5% were enrolled in a career center or other WIA funded employment program

Permanency

- 94% of the youth and young adults on the Outreach caseload report having a permanent connection to the biological family including parents, siblings, and extended family

Efforts to Provide Developmentally Appropriate Services/Activities for Foster Youth

The Department understands the importance of providing services and 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 four (4) life skills modules, each of which incorporates a number of related skill areas as described below:

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

All DCF staff contracted and state agencies, community partners, and foster parents are invited to attend these trainings that 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 aftercare 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 \$75 for each module completed. Until February 2021, a one-time payment of \$750 toward driver education training was provided for the completion of a module. In order to increase access to driver's education programs in 2021, DCF removed the driver's education payment from the PAYA Incentive Program. Qualified youth and young adults may now access funding for driver's education programs and driving lessons without having to complete a PAYA Module. From July 2020 to April 2021, DCF processed PAYA 223 incentives, totaling \$117,000.

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 2020 and April 2021, DCF provided 738 foster youth and young adults a Life Skills Support payment. Total spending during this timeframe in this program was \$776,000.

Employment

The Department has continued its partnership with Cantella, Inc. a Massachusetts based financial services firm. Cantella continues to host Career Night for foster youth. In January 2021, 45 youth attended Virtual Career Night where they listened to professionals who were re-creating business models to sustain success through the pandemic. In addition to resume writing, interview tips, and professional presentation advice, panelists from various fields provided guidance on how to be successful in a virtual work or learning environment.

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.

DCF has also continued 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. Staffs use the PAYA Life Skill Curriculum Module 3 to assist youth with employment readiness skills.

DCF youth are paid a stipend of \$12 an hour, funded through Chafee for their participation in this program. They are able to determine the number of work hours and location that meets their individual needs. The internship program has been a great way to introduce youth to a vocational or professional work setting and to motivate them to continue with their educational goals. As of April 2021, 17 youth were matched with internship placements. Total spending in the internship program was \$5,000. Due to the pandemic, internship opportunities were limited. Because internships needed to be virtual, they provided the youth the opportunity to practice telework skills.

Housing Support, Room and Board Assistance, Homelessness Prevention

Many of the young adults reaching age 18-years-old in DCF custody/care choose to sign a Voluntary Placement Agreement with the agency to continue in care. The state provides the funding for placements for youth/young adults ages 18 and older – either in foster care, or Comprehensive Foster Care (contracted) or independent living programs. In addition, 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, 2020, there were 2208 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 and Young Adult Services Unit of DCF, supports start-up costs (i.e., first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. This past year from July 2020 to April 2021, 220 young adults received discharge payments for housing and related expenses totaling \$659,882. This represents a significant increase in discharge support funds utilization, made possible through increased funding through the Consolidated Appropriations Act. Funds may be paid directly to the young adult or to the landlord or utility provider

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. The Voluntary

Placement Agreement (VPA) that both the young adult and the agency staff must sign has been modified to allow for agreements between the young adult and DCF and to specify the expectations of continued care. This VPA also includes a reference to the Health Care Proxy and the annual credit reviews.

- In addition to foster care and congregate care placements for youth ages 18 and older, the Department provides Young Adult Support Payments directly to young adults that DCF 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. In addition to the assigned DCF Social Worker, the area office Adolescent Outreach Worker may assist with supervision and support. As of April 2021, there were 844 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 Sisters are responding to the community's need for safe, stable housing for DCF post-secondary students who are attending a college or a vocational training school. The Sisters rent to 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, 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 a 36-month period, unlike the standard FUP vouchers. This year 2 of the participants transferred to the Family FUP model as they were parenting at the time of voucher expiration. At this time there are 26 available vouchers that are fully utilized by qualified DCF young adults. The young adults must be eligible for Chafee funding; however, they do not have to be in the voluntary care of DCF.
- *FYI Program* - MA DCF has partnered over the past year with several local housing authorities to implement the FYI Program. DCF currently has agreements with providers and housing authorities in Lowell, Falmouth, Stockbridge, and Springfield, Massachusetts. All of these communities have accessed the FYI Program. Agreements with the Boston Housing Authority and the Department of Housing and Community Development, which will provide statewide access are pending with the expectation of finalization by the end of June 2021. DCF has referred 36 young adults to the program this year.
- *Youth Transition 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. Through this Move to Work funded program, young adults receive a voucher that provides rental assistance based on fair market value of the area where they will be residing, with escalating portions of their rent share through their years in the program. Participants are required to be enrolled in a post-secondary education program and to engage with an Adolescent Outreach Worker for transition Services. This year the program served 30 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. These changes and the increase in outreach staffing have resulted in an increase in survey participation with over 90% of participation from the in-placement 21-year-old cohort from October 2020 - March 2021.
- NYTD data has been made available to agency partners. This year NYTD data was utilized to assist the Massachusetts Office of the Child Advocate in the development of a pilot program to serve young adults who left DCF care voluntarily at age 18 to determine housing needs in specific geographic areas.

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 42 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. 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. They provide recommendations to the Department on services, policy and practice. Achievements and goals from this year are detailed below:

- The DCF Joint Youth Advisory Committee was critical to agency planning on how to care for youth and young adults during the pandemic. Young adult members participated in Roundtables hosted by the Children's Bureau and joined their national colleagues in highlighting the need for direct payments that are provided on a timely basis, stable housing, and increased support for transportation needs.
- Members of the Committee served as a focus group in the development of a pilot program in the Commonwealth to serve young adults who decline to continue care beyond age 18. A subgroup of the Committee of members that did decline care at age 18 and later re-entered care provided feedback on how to best engage and serve young adults within and outside the DCF system.
- Members participated in a panel presentation through a Court Improvement Program to support preserving cultural identity in out-of-home placement.
- Members of all the regional Boards 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 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 provided technical assistance and leadership to the Massachusetts Office of the Child Advocate in the development of a pilot program in the western and central regions of Massachusetts to provide services to young adults that decline post 18 voluntary services through DCF to be alternatively served by a collaboration of other state agency providers.
- 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. The Wonderfund provided gift cards to youth and young adults in need throughout the pandemic through Adolescent Outreach Workers. In March 2021, the Wonderfund partnered with Old Navy clothing stores and donated seasonal clothing to adolescents and young adults that were distributed by Outreach staff throughout the Commonwealth.
- 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 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 staff has continued to work collaboratively with staff at the Department of Higher Education, the state universities, the community colleges, as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of students from foster care. DCF has continued its presence on campuses and 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 collaborates with the Department of Transitional Assistance to assist transition-age youth to access SNAP benefits and Transitional Aid to Families with Dependent Children (TAFDC) for parents whose children are not in the custody/care of DCF and may qualify. DTA has provided dedicated staff to coordinate with Adolescent Outreach and other 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. The Department of Mental Health offers Impact Centers where youth and young adults can receive drop-in/day assistance for mental and emotional health support. Adolescent Outreach Workers introduce youth and young adults to these Impact Centers to utilize as a resource when in and out of care.
- 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. In 2021, Jordan's Furniture provided assistance with DCF graduation celebrations for foster care students who have graduated from academic programs.
- 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

- In 2021, DCF Adolescent Outreach staff continued to participate in basic and advanced training related to CSEC and exploitation of youth and young adults. Collaboration also began with private adult serving agencies to ensure exploited young adults from care served by these agencies also had access to transition benefits including Chafee funding.
- 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 staffs 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. With the assistance of the Child Welfare Institute, staff was able to utilize technology to transition to remote learning models. Below are two recurring trainings that were offered in 2021:

- *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 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 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 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. Meetings were held in the spring of 2021 and scheduled again for the summer of 2021 to focus on how to ensure tribal young adults and families have access to transition benefits particularly housing resources, which have been identified to DCF as a priority by representatives of the Mashpee Wampanoag Tribe. 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.

The Consolidated Appropriations Act of 2021

The Commonwealth of Massachusetts began to experience the 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. Following the passage of the Consolidated Appropriations Act, 2021 DCF provided intensive Outreach services to all youth and young adults to ensure they had access to care and Chafee-funded benefits. In addition to the efforts mentioned in prior sections, other efforts included:

- Provided notice to 182 young adults who left DCF care through the pandemic with information on procedures to return to care and other transition-related benefits
- Contracted with the Massachusetts Network of Foster Care Alumni to launch an Outreach project directed at 23–27-year-olds alumni from care to assist with housing assistance and support.
- Created a statewide program in response to the Joint Youth Advisory Committee recommendation for immediate direct payments
- Launched a social media, digital, and print ad campaign to educate alumni from care on the availability of benefits.
- Created a dedicated e-mail portal for young adults needing to submit documents to access benefits.
- Young Adults in Supervised Independent Living settings were provided an extra \$1000 to support unanticipated expenses due to COVID.

Post-Secondary Education and the Education and Training Voucher Program

In the academic year 2020-2021, Massachusetts awarded 378 Education and Training Vouchers. There were 144 new vouchers and 234 ongoing vouchers this year and 62% of the vouchers awarded this year were for returning students. The students who received an ETV award this year attended 109 different colleges, universities and vocational training programs in 14 different states. Of the 378 recipients, 88% of the students were enrolled full-time, and 12% were enrolled part-time.

List of activities conducted by dedicated ETV staff:

- ETV staff collects and reviews 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, 20 group check ins were held on 15 campuses this past academic year. Foster youth were served through these events via a virtual check-in with ETV Social Workers and campus support personnel, which was made available to all students. Students were assisted with financial planning, housing, academic and social/emotional support. 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 worked with SPOCS and guidance counselors from across the state on support 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 the MA Educational Financing Authority (MEFA) to present on the unique educational needs of students from foster care and the supports available to them through an interactive webinar for the secondary education community in the fall of 2020.
- In response to the COVID-19 pandemic DCF provided students with resources, tips for successful online learning, and contact information if they need assistance through ongoing email correspondence. In addition, a Pandemic Resource Guide was created for social workers detailing specific Covid-19 practices at major four-year and two-year colleges.

- The ETV Student Advisory Board is a specialized student advisory group that focuses on issues related to post-secondary education for students from child welfare. These students 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 Joint Youth Advisory Committee and the ETV Student Advisory Board will continue to be solicited to ensure the newsletter content is relevant and helpful to the needs of the students.
- Upgraded technology for ETV Social Work staff including Microsoft Surface Pros and I-phones improved the ability to communicate with students, colleges and universities. It allowed for easier access to share documents, conduct virtual meetings, and expedite ETV awards.

Educational 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 has collaborated with college and university personnel to ensure students who were impacted by the COVID- 19 pandemic have access to on campus supports to sustain their education and assist them with housing stability, employment, food security, and student support services.

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 decade-long partnership with Hope Worldwide, an agency that sponsors an essay contest annually to celebrate the birthday of Dr. Martin Luther King. College students from foster care are invited to compete in an essay contest where they reflect on their public service. More than \$4000 in scholarships was awarded to foster youth enrolled in college this year. Four winners were honored at a service dedicated to Dr. King on February 14, 2021.

2020-2021 ETV Program Information	
Total Recipients for 2020-2021	378
Breakdown of Total Recipients for 2020-2021	
Show New Recipients and Ongoing Recipients	
2021	144
2019, 2020, 2021	69
2020, 2021	63

2018, 2019, 2020, 2021	49
2017, 2018, 2019, 2020, 2021	18
2019, 2021	10
2018, 2019, 2021	9
2018, 2021	3
2017, 2019, 2020, 2021	2
2018, 2020, 2021	2
2013, 2019, 2020, 2021	1
2015, 2016, 2020, 2021	1
2015, 2021	1
2016, 2017, 2019, 2020, 2021	1
2017, 2018, 2019, 2021	1
2017, 2018, 2020, 2021	1
2017, 2018, 2021	1
2017, 2019, 2021	1
2017, 2021	1
Total	378
Number of Universities/Colleges/Vocational attended by 378 ETV Recipients	
Number of States	14
Enrollment Status of 378 ETV Recipients	
Full-Time	332
Part-Time	46
4 Year Public	179
2 Year Public	115
4 Year Private	58
2 Year Private	3
Vocational Training	23

The Consolidated Appropriations Act of 2021

The additional \$1,154,979 in ETV funds received through Division X, the Supporting Youth and Families through the Pandemic Act allowed DCF to increase the value of ETV awards to meet the needs of students during the pandemic. These needs included large cash balances, loans, transportation, technology, supplies, and other added expenses. Increased funding and the change in guidelines also provided ETV access to students who otherwise may not have been eligible due to not making academic progress. Massachusetts will continue to use ETV in combination with the Commonwealth's resources to greatly support and often meet the financial need of students at the colleges and vocational training programs they choose to attend. It is the plan of the Department to use most if not all the additional funds in direct support of students

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 2021.

Overview of Efforts Related to the Compliance of the ICWA Act

MA DCF works multilaterally with its federal and tribal counterparts to protect the rights of indigenous families throughout the Commonwealth. This is accomplished through consultation with state Tribes, adherence to the ICW Act and accompanying federal regulations, the continual progress of the MA DCF ICWA program, the care and permanency planning of Native American and Alaskan Native (NA/AN) children in state custody, and adherence to best practice.

Coordination with Tribes

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

Throughout the FFY2021 period, MA DCF has maintained meaningful contact and coordination with Massachusetts' two federally recognized Tribes.

The current contact for the WTGH(A) is Chief of Staff, Lee Ann Wander. Catherine Hendricks, former ICWA Director, was the contact for the MWT until February 8, 2021. The current contact is caseworker Cecila King. Sarah Spruill was the contact and Program Manager of MWT's Child and Family Service (CFS) Program until October 2020. October 2020 until May 2021 Ashley Reeves was the CFS Acting Program Manager. As of May 2021, the CFS Program has discontinued operations and has transferred their remaining cases the MWT ICWA Department for case management.

Two meeting have taken place with leadership from the WTGH (A) via phone conferencing. On August 24, 2020, the DCF ICWA Coordinator contacted the Chief of Staff of the WTGH (A). Discussion at that time focused on DCF coordination with WTGH(A) in investigations and case planning. A follow up phone conference occurred on September 2, 2020, and included federal partners from the Children's Bureau, leadership from the Court Improvement Project, the Chief of Staff at WTGH(A), DCF's General Counsel, DCF's Deputy General Counsel, and the DCF ICWA Coordinator. This discussion served to reinforce ties with all stakeholders, and discuss DCF's commitment to ICWA through compliance, coordination, and training initiatives.

On October 29, 2020, the MWT CFS Program Manager informed DCF that the Tribe may discontinue the operations of the CFS due to funding issues and could no longer accept or manage new cases. DCF and CFS agreed to collaborate on case transfers, including the transfers of necessary court and clinical documents, and ensure that case transfer meetings take place with DCF, MWT CFS and the involved families. The DCF ICWA Coordinator scheduled, planned, and facilitated these meetings, and ensured that attendees received a summary of each meeting.

As of January 2021, DCF has convened and managed all weekly meetings with the MWT's CFS and ICWA Departments. Some meetings are also attended by members of Tribal Council. The

purpose of these meetings is to work closely to plan for the transfer of care and protection cases from Tribal to state court, and from the MWT CFS Program to DCF. These weekly meetings concluded in May 2021.

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 strengthening the relationships between stakeholders. While the Tribes and DCF have an open model of communication where the flow of information can take place at any time, DCF has implemented, for a second time, outreach to the MWT and WTGH(A) via structured monthly emails in order to emphasize the need to collaborate. This complements the current model by ensuring a consistent forum for feedback and continuous improvement specific to increased communication with DCF. MA DCF also welcomes the opportunity to implement 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 on the spirit of the following: 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. The draft has been in the hands of the Tribes attorney since 2019.

In addition to the IGA, MA DCF and MWT CFS were 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 Tribe and DCF agreed to postpone discussions on these initiatives. DCF is committed to collaborating on an agreement pending the Tribes decision to reestablish their CFS Program in the future.

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) indicated to DCF that they were prepared to proceed with an IGA. DCF has not been approached with a plan to proceed to date.

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. For FFY2020 smaller meetings occurred via phone or by virtual conferences to observe Covid-19 protocols. An annual meeting for MA DCF and both MA Tribes is currently being scheduled.

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 there have been changes in staff at the Tribes and DCF, the DCF ICWA Coordinator has ensured the DCF and Tribal ICWA and CFS teams are virtually acquainted and updated with the most current contact information.

MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. In 2014, both Wampanoag Tribes were invited to participate in the Steering Committee and the Advisory Group at the Children's Cove Commercial Sexual Exploitation of Children (CSEC) 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. Participation by either tribe would strengthen the work of the MDT and serve to further educate the tribes re: CSEC.

As of July 2018, DCF has 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. In July 2018 DCF communicated with both tribes that their input would be 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. As the ICWA Departments for both Tribes are currently in transition, plans around the formation of this committee will be the focus of DCF in the upcoming annual discussion.

Sharing the APSR with the Massachusetts Tribes

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, if it continues operations, would provide the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act. These services include the operation of a case review system (as defined in section 475(5) of the Act) for children in foster care, a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families, a service program for children in foster care to facilitate reunification with their families, and placement of a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take jurisdiction of protective cases. The Tribe is not currently taking jurisdiction of protective cases and, as of March 2021, ~~is in~~ began the planning stages of transferring some of the cases from Mashpee Wampanoag Tribal Court jurisdiction to state court. The cases were also being prepared to transfer from MWT CFS case management to case management by DCF. DCF has facilitated weekly meetings with MWT CFS and ICWA staff since March 2021 and coordinated a meeting on April 9, 2021, to include the MWT judge to establish connections that will support the cohesive and efficient jurisdictional transfer of cases. As of May 2020, the MWT has made the decision to transfer the cases from their CFS Program to their ICWA Department for case management and continue to hear the cases in Tribal Court.

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 First 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 First 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 First Deputy General Counsel, when available, 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.

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 of the ICWA law. Each DCF team that receives this information is urged to share it with their colleagues 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 is regularly updated and serves as a great reference. Topics include information re: the importance of asking all families about affiliation, the complete ICWA notice preparation process, tribal engagement, important case management considerations when ICWA applies, contact information for regional

ICWA and Tribal Liaisons, references, and resources. This level of support allows staff to submit ICWA inquiries in a timely manner, increases their understanding of ICWA, and offers Supervisor's 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 are available on the DCF ICWA Intranet page in printable format.

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 moment 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 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 re: ancestry 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 Accurint search for missing family tree information as needed. Accurint 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 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 (5/1/2020-5/1/2021) 731 notices to Tribes for 183 families were sent across the county. MA DCF received 199 ICWA inquiries between May 1, 2020 and May 1, 2021. Currently 145 inquiries are 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).

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. DCF last co-led a training with the MWT in November 2019. The DCF ICWA Coordinator is currently working with each ICWA Liaison to schedule area office trainings virtually. Training is currently being actively planned and facilitated.

An in-service for all DCF staff is scheduled for May 26, 2021. This training will focus on all aspects of an ICWA case. Specialized trainings will be planned and facilitated throughout the year. An ICWA Training for Area Program Managers took place on April 1, 2021.

In addition to live training, the DCF ICWA unit has partnered with the Child Welfare Institute to create a web-based training for orienting all social work staff. This training can also be reviewed as a refresher for seasoned staff. The ICWA Department created and directed five modules, produced additional written content, and assisted web developers in creating knowledge checks. This web-based training was launched on April 29, 2021.

The DCF ICWA Coordinator has partnered with the Court Improvement Project's training committee to develop a statewide training series titled "Cultural Humility/Preserving & Promoting a Child's Identity while in Foster Care." This training includes components of ICWA's active

efforts and cultural promotion to teach service providers and social work staff the concrete steps to take to preserve cultural identity.

The DCF ICWA unit and Court Improvement project are currently working together to plan a statewide ICWA Training for attorneys for the Fall of 2021. This training will include cultural components, will discuss the legal requirements in an ICWA case, and will include a detailed session on Qualified Expert Witnesses.

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. The MA DCF ICWA Coordinator, First Deputy General Counsel, the MA DCF Legal Manager for the Northern region, and the MA DCF ICWA Liaison from the Northern region attended this year's virtual conference in April 2021.

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 January 27, 2021, to discuss ICWA related matters that have occurred at the area office level, plan for training area offices for the upcoming year, update the Liaison team on the status of MA Tribal Departments, and share information about national trends. Meetings with the MA DCF ICWA team will continue to take place virtually and a meeting is being scheduled for June 2021. 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. 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 by identifying and supporting active efforts 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.

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 FFY2021, 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. On May 4, 2021, MA DCF Adolescent Outreach discussed and shared a brochure of Chafee benefits with representatives from the Mashpee Wampanoag Tribe, and are currently scheduling a meeting in Summer 2021 to explore how benefits could be applied in more detail. 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.)

There were no substantive changes to state law or regulation that affect the state's eligibility for the CAPTA State Grant.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

The Department proposed the following new uses of CAPTA funds during SFY2022.

Regional Specialists

CAPTA Priority Areas

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

SFY2022 Proposed Expenditures

The Department proposes spending \$218,000 in CAPTA funds (salary and fringe) to hire two staff to serve as regional education specialists. Improving educational outcomes for children and youth involved in the Department is one of our highest priorities. The Specialists will work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They will build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school.

The Department proposes spending \$218,000 in CAPTA funds (salary and fringe) to hire two staff to serve as regional disability on specialists. The Department has a renewed focus on improving the services we provide to children and families with disabilities. The Specialists will work with field staff to support best case practice in working with families whose children have been diagnosed with challenges such as autism and other intellectual disabilities. These coordinators will be responsible for education of and consultation with DCF staff and will represent DCF as we work with community providers to ensure appropriate service delivery.

The Department proposes spending \$218,000 in CAPTA funds (salary and fringe) to hire two staff to serve as regional implementation specialists. The Department has overhauled many of our policies during the past several years and will continue this work in SFY2022. These Specialists

will improve the Department's ability to implement policy and improve practice. They will work to support the implementation of new policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide.

Information for Parents During Removal

CAPTA Priority Area

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

SFY2022 Proposed Expenditures

The Department proposes spending \$30,000 in CAPTA funds to improve the information provided to families at the time their child is removed. Removing a child is inherently a difficult process and DCF wants to ensure families are provided with an updated guide that explains what they can expect during the process. The new parent's guide will explain in simple, clear language the timeline and process for what will happen next and also explain the parent's rights during this process (e.g., right to counsel, right to a fair hearing.). DCF will work collaboratively with our Family Advisory Committee to ensure this document meets the needs of families. Costs will include writing the document, designing and printing it.

Behavioral Health Initiatives

CAPTA Priority Areas

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training.

SFY2022 Proposed Expenditures

The Department proposes spending \$42,000 in CAPTA funds for several mental health projects as described below.

- Purchase lockboxes to provide to families to ensure medications are safely stored (\$18,000)
- Create laminated cards that list resources for mental health and suicide prevention to provide to families and youth. This will be a compact, easily readable resource that they can use to supporting accessing help (\$6,000)
- Suicide Prevention and Awareness Trainings (\$9,000)
- Autism and Intellectual Disabilities Trainings (\$9,000)

Leadership Training Program

CAPTA Priority Areas

- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

SFY2022 Proposed Expenditures

The Department proposes spending \$54,000 in CAPTA funds to pay for 12 staff to attend the Simmons Strategic Leadership for Women Certificate Program at Simmons University. This

Program supports leadership development in the Department's female managers, allowing them to learn facilitation, teaching and leadership skills needed to motivate staff and ensure sound clinical decision making. Through the use of peer and supervisory feedback (obtained prior to entering the program) areas of challenge are identified and plans are designed to enhance skills in this area. The Department has a strong commitment to supporting our diverse managers with this exceptional program.

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2020 (section 108(e) of CAPTA).

Director of Disability Resources

CAPTA Priority Areas

- Case management, case monitoring and delivery of services to children and their families.
- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions
- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

SFY2021 Expenditures, Activities and Accomplishments

The Department planned to use CAPTA funds in SFY2021 to support the hiring of a Director of Disability Resources. This position will focus on supporting 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.

The Department continues to recruit for qualified candidates with knowledge of disabilities and child welfare practices for the position of Director of Disability Resources and therefore, the allocated funds were not spent. The Department intends to have this position filled by summer 2021 and will again allocate CAPTA funds for this position.

Information Technology (IT) Improvements

CAPTA Priority Areas

- Case management, case monitoring, and delivery of services to families
- Developing, strengthening, and facilitating training

SFY2021 Expenditures, Activities and Accomplishments

The Department used \$781,900 in CAPTA funds for information technology improvements. Funds were used to support and improve the Department's child protective services system by supporting case management activities performed by DCF staff and contracted case management providers. This includes activities to support the ongoing monitoring of cases as well as the authorization and delivery of services to children and families involved in child protective services cases at anytime from anywhere using DCF's web-based i-FamilyNet system. As part of this initiative, a variety of

dashboards and reports were developed to help staff monitor and manage their child protective cases, including the delivery of services to the children and family members involved in those cases. The project also includes work to develop curriculum for and to deliver live and video-based IT trainings to workers, supervisors and managers from the Department and its provider partners.

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.

SFY2021 Expenditures, Activities and Accomplishments

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. The Department has not yet hired a policy implementation manager to oversee this work and therefore the funds allocated in last year's CAPTA plan were not spent. The Department intends to have this position filled in SFY2021 and will again allocate CAPTA funds for this position.

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.

SFY2021 CAPTA Expenditures, Activities and Accomplishments

During SFY2021 DCF used CAPTA funds at \$103,931 (salary and fringe) to support this critical Central Office Nurse position. The DCF Central Office Nurse (Nurse) is a key part of DCF's work to ensure timely access to quality health care for children and youth who are involved with DCF. The Nurse provides consultation to DCF staff and foster and adoptive parents statewide regarding all healthcare and medical issues for children involved with DCF. The nurse is the Supervisor of five Regional Nurses, 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 an 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 assists the Ascentria staff with identifying and obtaining necessary medical services for youth. Many of the youth in the program have suffered physical or emotional trauma, have a history of communicable and other diseases and chronic medical conditions that require medical specialty care.

Since the COVID-19 pandemic, the medical consultations referred to the Nurse have increased. The increased consults include requests for recommendations regarding Ascentria staff or youth who were exposed to or tested positive for COVID-19, providing updates regarding requirements for notification of COVID-19 issues and questions regarding placements.

- The Nurse worked with the Director of the Massachusetts/Rhode Island Make a Wish Foundation to access “Wishes” for eligible children and youth who are in DCF custody. During the COVID-19 pandemic, the Nurse continues to collaborate with the MAW Director to make referrals and grant as many as possible (travel-related Wishes are on hold for now).

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.

SFY2021 CAPTA Expenditures, Activities and Accomplishments

During SFY2021 DCF used approximately \$40,000 of CAPTA funds to continue to purchase clinical consultations and evaluations. Across the state, these consultations and evaluations were used for the following purposes:

- Stabilizing children exposed to multiple and severe trauma
- Prevention of higher-level/higher cost placements
- Identification of clinical needs to keep children at home safely, when possible
- Risk analysis to assist social workers in 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

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

SFY2021 CAPTA Expenditures, Activities and Accomplishments

During SFY2021, DCF spent approximately \$190,000 of CAPTA funds to contract with Children's Charter, a division of Key Program Inc. Children's Charter provides state-of-the-art forensic clinical evaluations for DCF's most complex cases of child maltreatment that need intensive, in-depth assessment and treatment services to children involved in criminal court cases.

Children's Charter provides forensic evaluation services to children, between the ages of 3 and 17, who have experienced and/or witnessed trauma as well as parenting evaluations. Children's Charter accepts referrals from any DCF Area office and so far, this year has received referrals from 12 different DCF Area Offices.

The COVID-19 crisis has been challenging for all client-facing services. Due to the crisis, Children's Charter experienced a decrease in their ability to provide services for a period of time. As all organizations problem solved how to provide services during the pandemic, referrals and the ability to do the necessary one-on-one work with families decreased, impacting utilization from March 2020 to July 2020. As adjustments were made and innovative approaches to the work were developed, utilization began to increase to pre-COVID rates.

In June 2020, Children's Charter services were expanded to include consultation and clinical support post-evaluation. These additional services were added to ensure DCF staff, treating clinicians, parents, and foster parents are not just handed an evaluation, but are also supported as they implement the evaluation's recommendations. These additional services include:

- Supporting foster parents to utilize the evaluation recommendations for children in their care
- Support to DCF staff in interpreting and utilizing evaluation findings
- Support therapists or in-home providers in utilization the evaluation recommendations to support the children's clinical needs.

The services that Children's Charter provides have been, and continue to be, highly valued by DCF Area Offices, courts, healthcare professionals, and other community stakeholders.

Parental Stress Line

CAPTA Priority Area

- Case management, case monitoring, and delivery of services to families
- Developing information to educate the public on the role of the child protection system.

SFY2021 CAPTA Expenditures, Activities and Accomplishments

During FY2021 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. CAPTA funds supported staff PHP salaries and associated costs (space, supplies, etc.) to operate the Parental Stress Line and also to recruit, train and support volunteers.

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.

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. Since the beginning of the pandemic, parents and caregivers have been calling the Stress Line to share stresses and anxiety unique to parenting during these unprecedented times.

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 a 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 groups for parents who are isolated, overwhelmed, or concerned about their anger toward their children. 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. Due to COVID-19, in March 2020 PHP closed all in-person groups and expanded the number of online groups from 2 to 18. These groups include five community groups operated by the staff of Family Resource Centers; 7 groups in sober recovery centers; six groups with targeted populations, including one with parents receiving services from DCF.

In past years, groups were offered to inmates or shelter residents. Most prisons, jails, and sober recovery homes have not allowed in-person programming during COVID. Groups were able to continue in-person at Middlesex House of Corrections and a Suffolk House of Corrections for Women, where groups have continued intermittently following safety guidelines.

Family Engagement and Voice

CAPTA Priority Area

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

SFY2021 CAPTA Expenditures, Activities and Accomplishments

Approximately \$65,000 in CAPTA funds was used to:

- Provide stipends to parents and former consumers to participate in the decision-making processes at the Department by serving on the Family Advisory Committee (FAC).

- Support Parent Leadership Trainings to former consumers to prepare them to be confident participants and productive members of area boards and other forums where the voice of former consumers must be present.
- Provide parent stipends associated with DCF's Fatherhood Initiative
- Provide stipends associated with the Commission on the Status of Grandparents Raising.

The Family Advisory Committee (FAC): 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 the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups. The core member of the Fatherhood Sub-committee works closely with 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 FY2021, The Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers in Massachusetts throughout the COVID-19 pandemic. The Commission collaborated with community partners including Family Resource Centers, Elder Services, and the Kinship Navigator Program.

Due to the COVID-19 pandemic, events and programs scheduled to be in-person were redesigned. Virtual workshops, training opportunities for grandparents and service providers, and legislative and policy advocacy were able to occur. Over 25 virtual workshops for grandparents, relative caregivers, and service providers were offered with approximately 700 people participating. Topics covered in these workshops included "How Trauma Impacts Children," and "Understanding Special Education," as well as "Steps to De-Stress."

Additionally, the Commission continued to support the 50+ support groups throughout the state with trainings and other supports like scholarships to plan intergenerational activities.

During SFY2021, the Commission hosted two "Virtual Resource Fair" with service providers such as The Kinship Navigator and Women, Infants, and Children (WIC) and a dozen other service providers to present information about services and resources that could be helpful to grandparents and relative caregivers.

The Commission also continued to work on legislative and policy advocacy on behalf of grandparents and relative caregivers during COVID-19. After several years of legislative advocacy with state and local leaders, the Commission achieved a legislative victory with the passing of H.4924, also known as “Right-to-Counsel” bill for indigent guardian during custody hearings. This bill provides for legal counsel for guardian if they qualify financially and have been in this role for a significant amount of time.

The Commission also worked with the Department of Transitional Assistance (DTA) to begin advocacy on issues raised by grandparents and relative caregivers with regards to the Temporary Assistance to Families with Dependent Children (TAFDC), in particular, the child-only grant. The Commission met several times with the Commissioner of DTA and the team at DTA to consider different proposals to increase access and awareness of this benefit for guardians. These conversations have been fruitful, and the Commission is hopeful that improvements can be made within DTA regulations to increase access to this much need financial resource for guardians.

In addition to the programming 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 220 grand-families a one-year membership to various outdoor venues, such as zoos and botanical gardens. The goal of this program was to provide grand-families a safe and enjoyable opportunity to be with the children they are raising and provide a brief respite for the caregiver.

During SFY2021 and the COVID-19 pandemic, the Commission provided Personal Protective Equipment (PPE) and other needed items and services for grandparents and relative caregivers. The Commission provided over 5,000 masks and 1,000 bottles of hand sanitizer to over 30 support groups for grandparents raising grandchildren. The Commission also provided 20 grandparents with I-pads to enable them to participate in virtual supports groups. The Commission worked with local food banks and food service providers to assist grand-families struggling with food insecurity during COVID-19. Towards the end of SFY2021, for example, the Commission partnered with Lasagna Love, a non-profit organization who matches volunteer chefs with families in need of a hot meal. Over 100 grand-families currently participate in this program.

The Commission is hopeful to build upon the work during SFY2021 that was temporarily paused and adjusted 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 in SFY2022. Having the ability connect with caregivers remotely will expand the Commission’s outreach and offerings of trainings and collaborations with community partners.

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.

SFY2021 CAPTA Expenditures, Activities and Accomplishments

For SFY2021, DCF spent \$696,681 in CAPTA funds in this area.

In SFY2021, the Department used CAPTA funds to support the salaries of 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 breakdown is as follows:

Staff salaries: \$495,000

Fringe costs: \$189,681

Training: \$12,000

Our training budget was reduced from our proposed plan due to some challenges in engaging with trainers during the COVID-19 pandemic.

Please see more details on this topic below in the question regarding the state's continued efforts to support and address the needs of infants affected by prenatal drug exposure.

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 Area

- Developing, strengthening, and facilitating training including training on early childhood development

The Department has decided not to pursue this training.

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 Area

- 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 Department has decided not to pursue the development of this video.

Provide information on whether and how CAPTA funds have been used, alone or in combination with other funds, such as title IV-E Foster Care administrative claiming, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

The Department has not used CAPTA funds for this purpose.

Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)

DCF's three citizen review panels are:

- **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.

In SFY2020, the local CFR teams held 14 meetings, reviewed 88 child deaths and made 57 recommendations to the state CFR Team. Based on recommendations received from local teams, the state CFR team made six formal recommendations, three of which impact the Department:

1. In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.
2. Commonwealth executive branch agencies should collect gender identity in their data sets.
3. In order to better coordinate care for children across state providers, all Executive Office of Health and Human Services (EOHHS) agencies should use a standard confidential information sharing mechanism for client case records.

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. DCF already collects information on gender identity in our case management system. EOHHS agencies have signed a master data sharing agreement to set common parameters for information sharing. Agency data sharing sub-agreements can then be established to address specific needs.

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 pandemic, a tumultuous summer of civil unrest and racial injustice led the FAC to pivot and redirect its work.

Key work in SFY2021 included:

- The standing committees of the group (Membership, Governance, Budget, Training, and Leadership Team) focused their attention on supporting families and social workers to work through the challenges of the pandemic.

- *Diversity Subcommittee* held conversations on systemic racism and discrimination in the aftermath of the murder of George Floyd. The Subcommittee plans to continue these conversations virtually and hold in-person meetings to deepen the dialogue on race and equity when it's safe to do so. The Committee chairs also met with MA Commission for LGBTQ Youth to review their recommendations for 2021.
- *Fatherhood Subcommittee* used social media and video communications to provide information for fathers on housing and eviction prevention, supplemental income, workforce development, job training, and career opportunities.
- *The Kinship & Foster Care Subcommittee* assisted foster parents in coming to resolution with the Department over various problems via virtual team meeting, family conferences, and virtual support groups.
- *Mental Health & Trauma Subcommittee* sent out over 10,000 handwritten appreciation cards to foster parents across the state. The group sponsored virtual support groups on various topics including school engagement and managing depression. The subcommittee began researching the need for suicide prevention training for foster parents, biological parents, and social workers. Eleven members of the FAC became certified Question Persuade Refer (QPR) trainers and are actively facilitating support groups with local and regional Suicide Prevention Coalitions.
- *Education Subcommittee* is newly formed to look at issues in the schools and the Department's role in providing a nurturing learning environment for the children in our care.
- *The Juvenile Justice Subcommittee* hosted a series of virtual community conversations about a film on disproportionality.
- *Substance Use Prevention/Addiction & Opioids Subcommittee* set goals for the upcoming year and is working with the Department's Director of Substance Use Prevention. Several members became Recovery Coaches.

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, promoting a healthy peer community, and 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 SFY2020 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 SFY2021, the Joint Committee focused on ways to connect virtually through the COVID-19 pandemic. They participated in virtual gatherings that provided social connection and opportunities to focus on wellness. Activities included:

- Reviewed the National Youth in Transition Database outcomes for Massachusetts and provided feedback to DCF on relevant issues such as practice related to young adult care.
- Served on a focus group to determine better ways to engage young adults to remain in care voluntarily after age 18. This focus group informed a pilot project that is using state resources to provide additional programming young adults outside the DCF system.
- Participated in Children's Bureau meetings and webinars related to care during the COVID-19 pandemic.
- Provided feedback at the agency level for planning and practice related to supporting youth and young adults through the COVID-19 pandemic.
- Assisted in virtual trainings for DCF staff including pre-service training for new social workers.
- Created video messages for other foster care youth to offer words of encouragement and congratulations for achievements.
- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the Foster Youth to Independence Program.

In an effort to strengthen the Committee's work, the following activities will continue in SFY2022:

- Activities and opportunities for mentorship and leadership development
- Participate in the planning and execution of a new young adult development and achievement training
- Continue to provide guidance and perspective on newly developed housing and homelessness prevention programs.
- Review of NYTD data to determine areas of focus and advocacy opportunity
- Plan and lead a youth and young adult wellness conference

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) - (iii) of CAPTA), including information on:

- *How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.*
- *Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*
- *Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
- *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*
- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*

- *If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*

As noted above, during SFY2021, the Department utilized CAPTA funds to support five Substance Abuse / Plan of Safe Care Coordinator positions. A full-time Director of Substance Abuse Services also supports the successful implementation of Plans of Safe Care and increase agency capacity for collaborative work in this area.

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

The below activities occurred during SFY2021 and will continue into SFY2022.

- DCF staff participate in twice-monthly Perinatal-Neonatal Quality Improvement Network leadership team meetings. Other attendees include obstetricians, neonatologists, pediatricians, recovery support staff and infant-child development program staff. The meetings focus on best practices and collaboration.
- Local cross system trainings with substance use providers to increase awareness of impact of parental substance use disorders on children, child welfare approaches and the benefits of PoSC as a tool.
- DCF staff participates in all statewide Perinatal Substance Use and Recovery Coalitions.
- PoSC coordinators have initiated partnerships with local hospital maternal child health programs. Teams meet at least quarterly to address, and problem solve system and communication challenges.
- Co-developed with DPH/BSAS an updated PoSC training for Treatment Providers. Substance Use Coordinators attend all trainings to ensure effective communication and collaboration.
- A PoSC tool kit was created by BSAS with DCF collaboration. This resource is available to the general public on the [Massachusetts Health Promotion Clearinghouse](#).
- Developed a partnership with the Massachusetts (Child) Psychiatry Program for Moms. MCPAP will provide training and consultation to DCF staff on co-occurring perinatal mental health and substance use disorders. DCF staff in our medical unit, mental health and substance use coordinators and social workers will be trained.
- DCF is working with community partners and the recovery community to develop and fund PoSC educational materials for families.

It's important to note that the COVID-19 pandemic has created an unprecedented strain on families and the multiple systems that provide care to them. The changes which were required by our Department of Public Health led to staffing limitations and social distancing which presented challenges for robustly implementing Plans of Safe Care. Close collaboration with our partners has been crucial to supporting families and children's safety and well-being.

Planned Use of Supplemental CAPTA Funds

Per the requirements set forth in ACYF-CB-PI-21-07, the Department is providing this brief narrative description of our planned use of the supplemental CAPTA funds we have received under the *American Rescue Plan Act of 2021*.

Massachusetts received \$1,834,757 in SFY2021 CAPTA State Grant Supplemental funds. We plan to use these funds by September 2025 in the following ways:

- Hiring three additional regional education specialists (in addition to the two proposed above) so the Department has an education specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000. The Specialists will work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They will build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school.
- Hiring three additional regional disability specialists (in addition to the two proposed above) so the Department has a disability specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000. The Specialists will work with field staff to support best case practice in working with families whose children have been diagnosed with challenges such as autism and other intellectual disabilities. These specialists will be responsible for education of and consultation with DCF staff and will represent DCF as we work with community providers to ensure appropriate service delivery.
- Hiring three additional regional implementation specialists (in addition to the two proposed above) so the Department has a implementation specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000. These Specialists will support the Department's continual policy and practice implementation work. They will work to support the implementation of new policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide.

State CAPTA Coordinator

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-20-13, 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 2022 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		FY2021 Data	Agency Comments
	1. Number of social workers and supervisors who have a Bachelors' degree or higher in social work or related field	3,206	Daily licensure report does not include the titles of SW Tech A/B or Comm Dev A/B or C and individuals who had a note in their record indicating that they did not require a license in their specific roles
	2. Number of social workers and supervisors who have a masters' degree or higher in social work	968	Daily licensure report does not include the titles of SW Tech A/B or Comm Dev A/B or individuals who had a note in their record indicating that they did not require a license in their specific roles
Licensure of Social Workers		FY2020 Data	Agency Comments
	1. Total number of social workers	3,368	Daily licensure report does not include the titles of SW Tech A/B or Comm Dev A/B or individuals who had a note in their record indicating that they did not require a license in their specific roles
	2. Total number of social workers holding licensure by level		The total number of licensed Social Workers of 3,368 does not match the total licensed staff of 3,087 because the balance of 281 are social workers who are within their 9 months probationary period where they are allowed to work without a license.
	LICSW	130	
	LCSW	393	
	LSW	594	
	LSWA	1970	
	Total	3087	

Source: MA DCF: HR Data Analytics daily license report as of April 5, 2021

Demographic Information of Personnel

The chart below provides data on the demographics of our personnel.

Workforce Summary Report for DSS, 2021 Q 1

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	319	70	22.0	249	78.0	85	26.6	1	0.3	12	3.7
Professionals	3729	679	18.2	3050	81.8	1386	37.2	14	0.4	74	2.0
Technicians	43	5	11.7	38	88.3	14	32.8	0	0.0	3	7.0
Office/Clerical	218	21	9.6	197	90.4	100	45.8	1	0.5	8	3.5
Grand Total	4309	776	18.0	3533	82.0	1584	36.8	16	0.4	97	2.2

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 January 2021, it has dropped to 14.38 with an average family count of 15.3 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 2020 (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 March 2021, DCF matched its records with children committed to DYS during federal fiscal year 2019. DCF had custody of 14 distinct youth on the same day that they were committed by the courts to DYS. For 1 of these youth, DCF custody ended on the same day DYS was granted custody. The remaining 13 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, 2019 through June 30, 2020 (the 2019-2020 school year) and July 1, 2020 through June 30, 2021 (the 2020-2021 school year). States may estimate a total if they do not have the total number for the 2020-2021 school year. Report the number of youth who were new voucher recipients in each of the school years.

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Massachusetts

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2019-2020 School Year</u> (July 1, 2019 to June 30, 2020)	498	202
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	378	144

3. Inter-Country Adoptions: Report the number of children who were adopted from other countries and who entered into state custody in FY 2020 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution:

The Department reviewed the cases of children who entered care during federal fiscal year 2020 and who were previously adopted. The Department is not able to identify children who meet the criteria for entering as a result of a disruption of an intended international adoption and found no children who experienced a dissolution of an international adoption.

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 2021 needed to determine whether states met these performance standards must be reported separately from the 2022 APSR and will be due for submission to the state's CB Regional Office by **December 15, 2021**.*

- 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, 2021.

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 PSSF program and the Monthly Caseworker Visit grant.

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 2, and the Monthly Caseworker Visit Grant as shown in our CFS-101 submission.

States must provide the FY 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 FY2019 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$74M. 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 FY2019. The disproportion was requested when the state submitted our estimated expenditures for FY2019. As explained in our FY2019 APSR (and current APSR), when originally awarded PSSF grant funds, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities.

Our rationale for not achieving 20% in each category is that the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. In addition, DCF spends significant state funds in support of the program. In SFY19, the State had annual expenditures in excess of \$74 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services, but does not include any direct service personnel costs in these

programmatic areas. This total includes over \$1.9 million in State funds targeted for time-limited reunification services, \$3.5 million in adoption services and over \$24 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

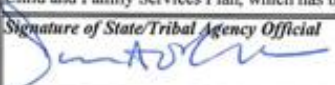
We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen 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 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division: Commonwealth of Massachusetts		3. EIN: 1-046002284-K5		
2. Address: (insert mailing address for grant award notices in the two rows below) Massachusetts Department of Children and Families 600 Washington Street, 6th Floor, Boston, MA 02111		4. DUNS: 878509116		
a) Email address for grant award notices: Nathan.Landers@mass.gov		5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT		
<p align="center">REQUEST FOR FUNDING for FY 2022:</p> <p>The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.</p>				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		\$3,578,870		
a) Total administrative costs (not to exceed 10% of the CWS request)		\$240,482		
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		26.5% \$1,127,116		
b) Family Support Services		22.5% \$956,986		
c) Family Reunification Services		13.0% \$552,925		
d) Adoption Promotion and Support Services		20.0% \$850,654		
e) Other Service Related Activities (e.g. planning)		9.0% \$382,794		
f) Administrative costs		9.0% \$382,794		
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>				
g) Total itemized request for title IV-B Subpart 2 funds:		100.0% \$4,253,269		
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)		\$268,391		
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)		\$1,659,892		
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		\$3,080,984		
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:		\$1,033,685		
REALLOTMENT REQUEST(S) for FY 2021:				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW"				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 2021 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.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title CFO		Title		
Date 6/15/2021		Date		

2022 APSR

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

Name of State or Indian Tribal Organization: Commonwealth of Massachusetts

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

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, TRIBAL, & 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	\$ 2,363,234			\$ -				\$ 120,214,305	43,699		all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,127,116		\$ -				\$ 74,067,827	35,160		children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 975,154	\$ 956,986		\$ 1,659,892				\$ 97,409,527	85,568		abused and neglected children	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 552,925		\$ -				\$ 29,750,519	8,539		children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 650,654						\$ 38,923,549	1,006		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)	\$ -	\$ 382,794						\$ 77,942,368	-			Statewide
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 44,522,268	\$ 111,253,082	7,918		children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 24,710,349	\$ 282,591,060	1,954		children in congregate care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 43,268,015	\$ 33,789,081	7,939		adoption subsidies	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 13,403,091	\$ 21,980,270	3,476		guardianship subsidies	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 3,080,984			\$ 16,812,330	1,000		adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 1,033,685		\$ -	500		adolescents	Statewide
12.) ADMINISTRATIVE COSTS	\$ 240,482	\$ 382,794	\$ -				\$ 25,750,126	\$ 25,750,126				
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	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 2,376,857				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 268,391				\$ -	\$ 264,073				
18.) TOTAL	\$ 3,578,870	\$ 4,253,269	\$ 268,391	\$ 1,659,892	\$ 3,080,984	\$ 1,033,685	\$ 151,653,849	\$ 934,074,774				

19.) TOTALS FROM PART I

\$3,578,870 \$4,253,269 \$268,391 \$1,659,892 \$3,080,984 \$1,033,685

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.) ☒ On this form
☐ In the APSR Narrative

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

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020

1. Name of State or Indian Tribal Organization: Commonwealth of Massachusetts		2. Address: Massachusetts Department of Children and Families 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) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 3,704,062	1,816	454	open cases	statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 198,086				
7. Total title IV-B, subpart 2 (PSSF) funds:					
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 3,977,796	16,329	12,344	families with concrete needs	statewide
a) Family Preservation Services	\$ 835,337				
b) Family Support Services	\$ 1,511,562				
c) Family Reunification Services	\$ 358,002				
d) Adoption Promotion and Support Services	\$ 636,447				
e) Other Service Related Activities (e.g. planning)	\$ 318,224				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 318,224				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 3,977,796				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 253,813				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 3,063,835	-	-	-	statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 98,502	79	-	allotments	statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,046,154	558	-	allotments	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 6/15/2021	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, 2020 – June 30, 2021



Family Advisory Committee

2020 Annual Report (July 1, 2020 – June 30, 2021)

The Family Advisory Committee (FAC) is dedicated to ensuring the voices of families with firsthand experience are heard across the child welfare system. We bring together the voices of young people, birth parents, foster and adoptive parents, and relative caregivers to inform and advise the Department of Children and Families as well as others in the child welfare field.

The calendar year of 2020 was a challenging time for us all. The pandemic, a tumultuous summer of civil unrest, racial injustice, forced us all to pivot and redirect our work as parents and professionals. With patience, social distancing, and technology, the FAC managed to continue an aggressive work plan with DCF.

The Family Representatives of the FAC is a diverse group of formerly involved parents, youth, and foster, kin, and adoptive parents, and community activists who embrace Family Engagement. This year, the standing committees of the group (Membership, Governance, Budget, Training, and Leadership Team) focused our attention on supporting families and social workers to work through the challenges of the pandemic. In addition to the standing committees, the subcommittees listed below also did a great deal of work during 2020.

The Committee Chairs also met with MA Commission for LGBTQ Youth to review their recommendations for 2021. The Diversity Subcommittee (the Family Representatives of this workgroup) provided feedback and the Commission offered to help update the DCF Guide for LGBTQ Youth and Families. The guide was written in 2015 and requires revision to several sections. Other work includes advocacy and training for DCF and FRC staff through the Child Welfare Institute as well as an update to the LGBTQ Guides will be available on the FRC Connect at <https://www.frcma.org/>.

Fatherhood Subcommittee: A significant challenge to families during the pandemic has been high unemployment and loss of monetary support. The Fatherhood Subcommittee focused its efforts on compiling emergency service information and resources for fathers from existing programs and access to state and federal emergency programs. Using social media and video communications, the group provides information for fathers on housing and eviction prevention, supplemental income, workforce development, job training, and career opportunities.

The Kinship & Foster Care Subcommittee: With so many families isolated due to the numerous COVID-19 restrictions, the FAC focused its attention on the primary caregivers of children in state custody. The Kinship and Foster Care Subcommittee listened to foster parent struggles and walked them through resolution with the Department with a virtual team meeting, family conferences, and virtual support groups. With the support of the DCF Kinship Navigator program, the group learned about the additional supports and services for kin and grandparents raising children statewide. The group has committed the FAC to assist in marketing and advertising this program throughout the Commonwealth.

Mental Health & Trauma Subcommittee: This working group initiated a project to help DCF acknowledge the commitment of all the foster parents and kinship caregivers in the unanticipated position of fostering during the pandemic. The team sent out over 10,000 handwritten appreciation cards to every single foster parent across the state of Massachusetts to thank them for all the hard work and dedication during the COVID-19 crisis.

The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression. With reports of increased suicides and attempted suicides across the Commonwealth, the Subcommittee began researching the need for suicide prevention training for foster parents, biological parents, and social workers. Eleven members of the FAC became certified Question Persuade Refer (QPR) trainers and are actively facilitating support groups with local and regional Suicide Prevention Coalitions.

Education Subcommittee: School Engagement has been a challenge with 361 School Districts that operate independently of the state in many areas. The FAC created the Education Subcommittee to look at some of the common issues the schools and the Department share in providing a nurturing learning environment for the children in our care.

The Juvenile Justice Subcommittee: In 2019, the Juvenile Justice Subcommittee introduced *Seeing Racial and Ethnic Disparities (RED), in the Massachusetts Juvenile Justice System* (<https://www.mass.gov/service-details/seeing-red>); to the rest of the Family Advisory Committee to educate the Committee on the topic of Disproportionality. During the pandemic, the Subcommittee hosted a series of virtual community conversations about the film.

Substance Use Prevention/Addiction & Opioids: The pandemic also saw an increase in overdose fatalities. Opioid-related deaths drove increases, specifically synthetic opioids such as fentanyl. Opioids accounted for around 75% of all overdose deaths during the early months of the pandemic; around 8% of those included synthetic opioids. The Subcommittee met to set goals for the upcoming year and agreed that they would reach out to the Department's Director of Substance Use Prevention to see if there is any interest in developing a Recovery Coach program to support families in recovery.

A few of the parents in the FAC took advantage of trainings to become Recovery Coaches. Some of them are actively facilitating groups and working with programs as Recovery Coaches. The group proposed having Family Representatives in a pilot program in one of the DCF Family Resource Centers. The representatives are trained to assist DCF involved parents in recovery that have a goal of reunification. The pilot will focus on facilitating a parent support group and parent education group for parents in recovery.

Recommendations

- Recommendation #1: The Family Advisory Committee continues to bring Family Voice to the Department of Children and Families. Among recommendations the group has to DCF is to include increased parent and citizen input in the governance of DCF at the Area Office level. In 2008, the legislature passed Chapter 176, "*An Act Protecting Children in the Care of the Commonwealth*" which amended the original enabling legislation, and affirmed the mandate that citizens play a significant role in the function and governance of the Department. Member of the FAC, recommend that

Area Board Citizen Representatives and FAC Family Representative (on the Area Board) participate in the hiring process for newly hired Area Directors

The Department agrees that increasing the family voice is a critical to the success of DCF mission. Through partnership with FAC and Area Offices, Community Support Managers will be recommending FAC members to serve on local Area Boards. DCF legal department is in the process of reviewing the current Area Board Guide. Regional/Area Directors will be informed of the legislation mandating citizens play a role in the hiring process for newly hired Area Directors.

- Recommendation # 2: One area needing improvement for High School-aged youth in DCF custody is graduation rate. Recognizing that many students need longer than four years to graduate from high school and that it is important to acknowledge this major accomplishment, DCF and Department of Elementary and Secondary Education (DESE) calculates a five-year graduation rate. The five-year graduation rate for children in DCF custody in the 2018 school year was 63.6% while the statewide rate of all students in the Commonwealth was 75%. The FAC feels strongly that better education outcomes for children in foster care need to be a priority for the Department of Children & Families.
- Department's Response: The Department agrees that improving the graduation rate for children in our custody, as well as other educational outcomes, is a priority. The Department's Education Manager looks forward to working with FAC members as we work to improve our education policy, procedures and services. In addition, the Department plans to hire 5 new Education Coordinators to support school attendance, best interest determinations, and school success for you in the care and custody of the department.
- Recommendation # 3: Increasing the number of options to assist people with mental health & substance abuse issues. Services and resources such as recovery coaches/family support workers/parent partners with necessary lived experience have a profound effect on parents. Improved interagency communication and supports for the children who have multiple agency involvement and working with other agencies to develop comprehensive guides for ALL families in their consumer base.

Department's Response: The Department hired a Mental Health Director who recently met with members of FAC to discuss ways to partner and support families. To increase family voice, the chairs of the FAC mental health committee were invited to participate in the interagency task force with the Department of Public Health. Additionally, some FAC members have been trained in QPR, and plan to facilitate groups at Family Resource Centers for parents and foster parents.

Commonwealth of Massachusetts



Joint Youth Advisory Committee

Citizen Review Panel *Annual Report*

July 1, 2020 – June 30, 2021



DCF Joint Youth Advisory Committee 2020 Annual Report (July 1, 2020 – June 30, 2021)

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

IV. Meetings and Activities

During FY2021, the Joint Committee focused on ways to connect virtually through the COVID-19 pandemic. They participated in virtual gatherings that provided social connections and opportunities to focus on wellness.

Activities of the Joint Committee in FY2021 included:

- Reviewed the National Youth in Transition Database outcomes for Massachusetts and provided feedback to DCF on relevant issues such as practice related to young adult care.
- Served on a focus group to determine better ways to engage young adults to remain in care voluntarily after age 18. This focus group informed a pilot project that is using state resources to provide additional programming young adults outside the DCF system.
- Participated in Children's Bureau meetings and webinars related to care during the COVID-19 pandemic.
- Provided feedback at the agency level for planning and practice related to supporting youth and young adults through the COVID-19 pandemic.
- Assisted in virtual trainings for DCF staff including pre-service training for new social workers.
- Created video messages for other foster care youth to offer words of encouragement and congratulations for achievements.

- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the Foster Youth to Independence Program.

V. Plans for 2021/2022

In an effort to strengthen the Committee's work, the following activities will continue in FY2022:

- Activities and opportunities for mentorship and leadership development
- Participate in the planning and execution of a new young adult development and achievement training
- Continue to provide guidance and perspective on newly developed housing and homelessness prevention programs.
- Review of NYTD data to determine areas of focus and advocacy opportunity
- Plan and lead a youth and young adult wellness conference

VI. Recommendations from the Joint Committee

Recommendation #1: The Committee requests that the Commonwealth support its capacity building by providing resources to support and sustain meetings and identified initiatives.

Department's Response: The Department is committed to its partnership with the Joint Youth Advisory Committee. This year, in response to prior recommendations, the Department has added significant staffing in its' area offices to support transition age youth and young adults. These staff provide support to the Youth Advisory Boards and the Alumni Association.

Recommendation #2: The Committee feels that life skills training could be more effective by utilizing young persons with lived experience in training videos such as filling out a FAFSA or obtaining groceries for a week's worth of meals.

Department's Response: The Department has begun to partner with Committee members to identify areas where video clips could be helpful and plans to have several modules completed in the next nine months.

Recommendation #3: The Committee recommends that social workers be further trained on adolescent and young adult development and that youth and young adults with lived experience inform and participate in the delivery of these trainings.

Department's Response: The Department is in the planning phase of creating training and professional support targeted at social workers who serve transition age youth and young adults. The Department commits to involving the Committee and its specific members in the development and delivery of the training.

Recommendation #4: Through the pandemic youth and young adults need swift response to emergency needs for cash to supplement budget shortfalls to support their living and development costs.

Department's Response: The Department has examined ways to make direct payments to youth and young adult more efficient. Funding through the Consolidated Appropriations Act has allowed for a pilot program to engage private entities to serve as emergency assistance providers.

Recommendation #5: The Committee again requests a Wellness Conference geared toward well-being and health of young people. The Committee requests an in-person youth conference as soon as is feasible.

Department's Response: The Department is committed to organizing and hosting this conference with the support and collaboration of the Joint Committee in person as soon public health protocols allow for it.

MASSACHUSETTS
CHILD FATALITY REVIEW
ANNUAL REPORT

•
State Fiscal Year 2020







MASSACHUSETTS **CHILD FATALITY REVIEW** ANNUAL REPORT



State Fiscal Year 20

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MESSAGE FROM
THE CHAIRPEOPLE

♦
Dr. Mindy Hull
&
Rebekah Thomas

Dear Stakeholders:

A child's death is a time for grieving within a community. It is also a time for a community to come together and reflect on how it can best protect the health and safety of children in the future. The purpose of the Massachusetts Child Fatality Review (CFR) program is to help the Commonwealth accomplish that goal by conducting comprehensive reviews of the circumstances surrounding child deaths. This Fiscal Year 2020 (FY20) Annual Report of the CFR program describes its activities for the period from July 1, 2019 through June 30, 2020 and is released in compliance with the program's authorizing statute (M.G.L. Chapter 38 § 2A).

The Massachusetts CFR program has two elements—local CFR teams and a State CFR Team, both of which bring together health practitioners and government officials. Eleven local teams meet under the leadership of their local District Attorney's office to conduct multidisciplinary reviews of individual child deaths. Local teams examine the circumstances of a child's death under their jurisdiction, determine if a death was preventable, and recommend actions that could stop similar deaths from occurring in the future. Grounding its work in data and recommendations from the local teams, the State Team advises the Governor, the state legislature, and the public on changes in law, policy, and practice that could prevent child fatalities and near fatalities.

The most recent calendar year for which Massachusetts child fatality data is available is 2017. There were four fewer deaths among Massachusetts children from birth to age

17 in 2017 (n=458) compared to 2016 (n=462). For infants, the leading cause of death was congenital malformations, such as heart, lung, or genetic abnormalities. The leading cause of death for children ages 1–17 years was unintentional injuries, such as injuries from motor-vehicle crashes and drownings. Notably, Massachusetts had the lowest infant mortality rate (3.66/1,000 births) compared to all other states and to the overall US rate (5.79/1,000 births).¹ Still, racial and ethnic differences in child mortality continue to exist in Massachusetts, for which structural and systems-level changes are necessary to improve children’s wellbeing.²

The State Team occasionally considers fundamental changes to the organization of the CFR program that will improve how the program functions. Accordingly, the Team offers the following structural recommendation:

- The State Team continues its support for legislation moving the responsibility for administrating the CFR program from the Office of the Chief Medical Examiner (OCME) to the Office of the Child Advocate (OCA), with the OCA and the Department of Public Health (DPH) representatives becoming designated co-chairs of the State Team.

Furthermore, for FY20, the State Team offers the following policy recommendations:

- Recommendation 1: The Commonwealth should study the feasibility of requiring that public and semi-public swimming pools have emergency service activation systems or call boxes within the pool’s fence perimeter and in a form that complies with ADA accessibility guidelines.
- Recommendation 2: The Commonwealth should work with providers to increase cell phone coverage in underserved areas, particularly along roadways.
- Recommendation 3: In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.
- Recommendation 4: Commonwealth executive branch agencies should collect gender identity in their data sets.
- Recommendation 5: In order to better coordinate care for children across state providers, all EOHHS agencies should use a standard confidential information sharing mechanism for client case records.

- Recommendation 6: Adults operating a motorboat or other motorized personal watercraft in Massachusetts should be required to take a boating safety course

This year also saw significant changes to the CFR program. DH hired a full-time coordinator to support CFR activities, and CFR staff initiated an effort to better integrate public health evidence into its technical assistance to teams. In the latter quarter of the year, the program adjusted its operations in light of the COVID-19 pandemic, moving state and local team meetings and technical assistance activities online.

As the CFR program enters FY21, there are opportunities to reflect on the twenty years since the program's inception, to identify lessons from team members and program stakeholders, and to shape the future of child fatality review in Massachusetts by continuing and strengthening the program's commitment to equity and reflective, evidence-based practice.

Respectfully,



DR. MINDY HULL
State Team Co-Chair



REBEKAH THOMAS
State Team Co-Chair





OVERVIEW OF CHILD FATALITY DATA

The most recent calendar year for which Massachusetts child fatality data is available is 2017. A total of 458 Massachusetts (MA) children from birth to age 17 died in 2017. There were four fewer deaths among Massachusetts children from birth to age 17 in 2017 compared to 2016 (n=462).

Among all children birth to age 17, the three leading causes of deaths in 2017 were:

1. Congenital malformations (n=62)
2. Unintentional injuries (n=49)
3. Short gestation/low birth weight (LBW) (n=44)

This is consistent with the leading causes of childhood deaths in 2016. However, the order of ranking varied between 2017 and 2016.

1. Short gestation/LBW (n=70)
2. Congenital malformations (n=58)
3. Unintentional injuries (n=48)

In 2017, infants—children less than one year of age—had the highest number of deaths (n=263) and accounted for more than half (57%) of the child deaths. The

leading cause of infant death in MA was congenital malformations (n=54), which mirrors overall US data.³ In MA, congenital malformations accounted for a fifth (21%) of all infant deaths in 2017. The leading cause of death for children ages 1–17 years in MA was unintentional injuries, such as motor-vehicle crashes and drowning (n=45), making up almost a quarter (23%) of the deaths in that age group. Similarly, in age groups 1–19 unintentional injuries was the leading cause of death in the US.³

Of the 458 child deaths in MA in 2017, 39% were female (n=178) and 61% were male (n=279) children. The death rate was 1.5 times higher for male children compared to female children. However, in the 15–17 age group, the death rate was 2.6 times higher for male children compared to females. Higher number of homicides and suicides are noted in male children compared to females in this age group, contributing to higher death rates in males in this age group. Similarly, in the US³, the male children's death rate was higher than female children's death rate across all age groups. Additional 2017 Massachusetts death data are available in the [Massachusetts Deaths 2017 report](#) and 2017 US death data can be found in the [CDC Deaths: Final Data for 2017 report](#).

OVERVIEW OF CHILD FATALITY DATA



Table 1: Top Five Leading Causes of Death Among Massachusetts Children Ages 0–17 Years by Age Group, 2017

Rank	<1 Year	1–4 Years	5–9 Years	10–14 Years	15–17 Years	1–17 Years	0–17 Years (Total)
1	Congenital malformations (n=54)	Ill-defined conditions-signs and symptoms ^b (n=9)	Cancer (n=9)	Cancer (n=9)	Unintentional injuries (n=25)	Unintentional injuries (n=45)	Congenital malformations (n=62)
2	Short gestation/low birth weight (n=44)	Cancer (n=8)	Unintentional injuries (n=6)	Unintentional injuries (n=8)	Suicide (n=16)	Cancer (n=32)	Unintentional injuries (n=49)
3	Sudden Infant Death Syndrome (SIDS) (n=24)	Unintentional injuries (n=6)	Heart disease (n=3)	Suicide (n=6)	Homicide (n=9)	Suicide (n=22)	Short gestation/low birth weight (n=44)
4	Ill-defined and unknown cause of mortality ^a (n=15)	Stroke (n=3)	Stroke (n=3)	Congenital malformations (n=3)	Cancer (n=6)	Ill-defined conditions-signs and symptoms (n=14)	Cancer (n=34)
5	Pregnancy complications (n=14)	Congenital malformations (n=2)	Congenital malformations (n=2)	Heart disease (n=2)	Ill-defined conditions-signs and symptoms (n=3)	Homicide (n=10)	Ill-defined conditions ^c (n=29)
Total	263	46	33	43	73	195	458

Data Source: Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017

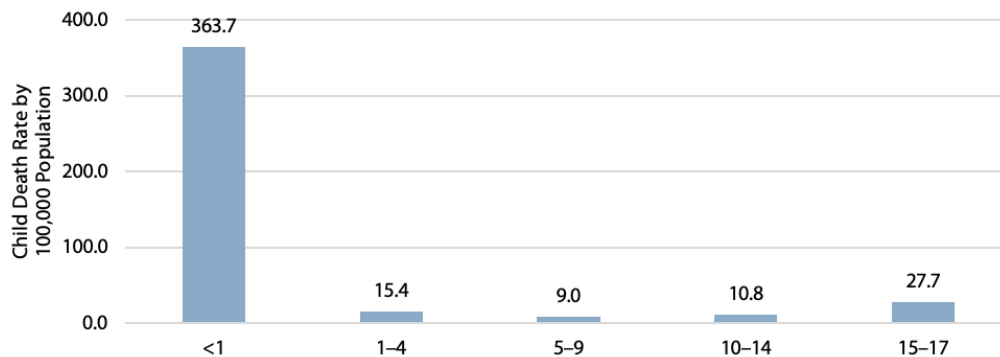
Note:

- a. Ill-defined and unknown cause of mortality includes ICD-10 code R99
- b. Ill-defined conditions-signs and symptoms includes ICD-10 codes R00-R99
- c. Ill-defined conditions include both unknown cause of mortality and signs and symptoms



*Figure 1: Death Rate Among Massachusetts Children
Ages 0–17 Years by Age Group, 2017*

In 2017, the Massachusetts death rate for children ages 0–17 years was 32 per 100,000 population. Children under the age of one had the highest death rate (363.7) in MA. Among children ages 1–17, children in the 15–17 age group had the highest death rate (27.7), followed by children in 1–4 (15.4) and 10–14 (10.8) age groups. Children in the 5–9 age group had the lowest death rate (9.0) in MA.



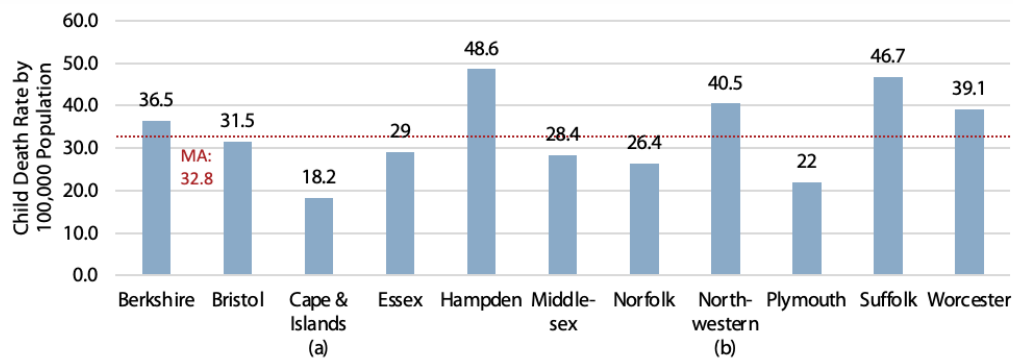
Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

OVERVIEW OF CHILD FATALITY DATA



*Figure 2: Death Rate Among Massachusetts Children
Ages 0–17 Years by District, 2017*

The Districts of Hampden (48.6), Suffolk (46.7), North-western (40.5), Worcester (39.1) and Berkshire (36.5) had higher death rates than overall MA child death rate (32.8). The Cape and Islands (18.2) had the lowest child death rate in MA.



Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

Note: Red line indicates 2017 MA Statewide child death rate/100,000 population.

- a. Includes Barnstable, Dukes, and Nantucket counties
- b. Includes Franklin and Hampshire Counties



*Table 2: Deaths Among Massachusetts Children
Ages 0–17 Years by Race/Ethnicity, 2017*

Overall, the number of deaths is highest among White non-Hispanic children followed by Hispanic, Black non-Hispanic, Asian non-Hispanic and other, non-Hispanic/Unknown race/ethnicity children. However, when child death rates are compared racial/ethnic disparities exist and are shown in Figures 3 and 4 below.

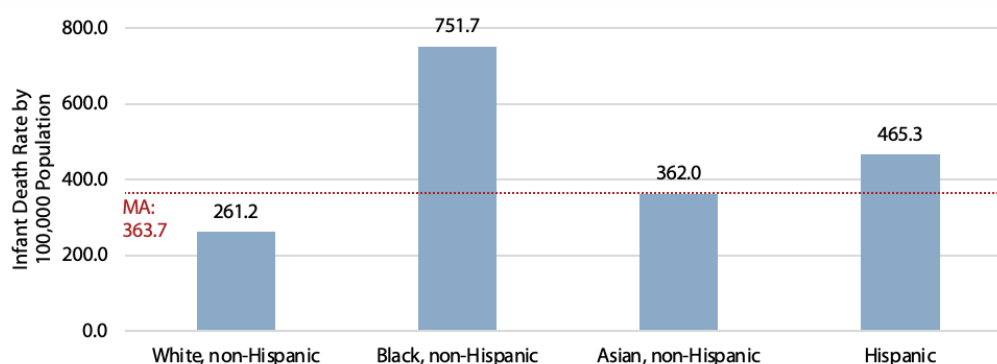
Race/Ethnicity Categories	<1 Year	1–4 Years	5–9 Years	10–14 Years	15–17 Years	1–17 Years	0–17 Years (Total)
White, non-Hispanic	109	25	19	24	44	112	221
Hispanic	71	7	8	10	12	37	108
Black, non-Hispanic	49	8	2	6	10	26	75
Asian, non-Hispanic	19	4	3	3	5	15	34
Other, non-Hispanic/Unknown	15	2	1	0	2	5	20
Total	263	46	33	43	73	195	458

Data Source: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017

Note: Other, Non-Hispanic/Unknown- Includes American Indian/Alaska Native, Non-Hispanic; Other, Non-Hispanic; Unknown Race/Ethnicity.



*Figure 3: Death Rate Among Massachusetts Infants (<1 year)
by Race/Ethnicity, 2017*

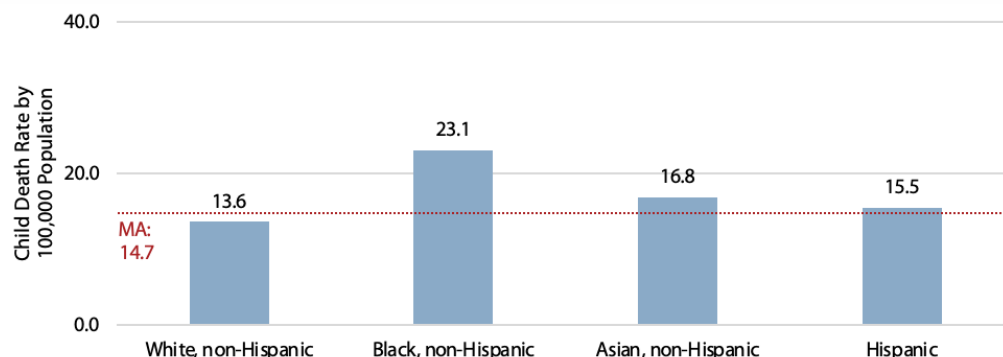


Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

OVERVIEW OF CHILD FATALITY DATA



*Figure 4: Death Rate Among Massachusetts Children
Ages 1–17 Years by Race/Ethnicity, 2017*



Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

In 2017, the MA infant death rate was 363 per 100,000 population. However, the Black, non-Hispanic infant death rate (751) was almost three times higher than the White, non-Hispanic (261) infant death rate in MA. Hispanic (465) infant death rate was also higher than the White, non-Hispanic infant death rate in MA. The Asian, non-Hispanic infant death rate (362) was slightly lower than the overall MA infant death rate.

Massachusetts had the lowest infant mortality rate (36/1,000 births) compared to all other states and to the overall US rate (59/1,000 births). However, the inequities in the infant death rates in MA

are similar to those seen at the national level. Lack of access to quality health care, socioeconomic disparities and structural racism contributes to persistent racial/ethnic disparities in birth outcomes and infant mortality. To reduce racial/ethnic disparities in infant deaths, investments in under resourced communities to address social determinants of health are necessary.

In 2017, the death rate for MA children ages 1–17 was 14 per 100,000 population. However, the Black non-Hispanic child death rate (23) was 1.7 times higher than the White non-Hispanic child death rate (13). The Asian non-

Hispanic (16.8) and Hispanic (15.5) child death rates were also higher than White non-Hispanic child death rate. For overall US child death rates for ages 1–19, similar disparities exist.⁵ Similar to infant mortality, racial/ethnic differences in child mortality continue to exist in MA. Delays in seeking medical care indicating poor access to health care or lack of health insurance is one of the contributing factors for racial/ethnic differences in child mortality.⁶ In addition, parental socioeconomic status (education, income, wealth) influences the safety and wellbeing of children. Structural and systems-level changes such as residential segregation and neighborhood level socioeconomic status need to be addressed to impact children's wellbeing and reduce racial/ethnic disparities in child mortality.²





PROGRAM ACTIVITIES, UPDATES, AND **OUTCOMES**

PROGRAM OVERVIEW

The Massachusetts CFR program involves the work of several groups: there are 11 local teams—one in each of the Commonwealth’s judicial districts—and one state team. The local teams conduct fatality reviews that aim to understand the circumstances and causes of individual child deaths. In these reviews, local teams bring together a multidisciplinary group of state agency representatives, health care experts, and law enforcement officers to analyze birth and death records, medical records, social service case files, autopsy reports, and police records. (See Appendix B for team membership.) When a review reveals an opportunity to improve policy or practice, the local team issues a recommendation to the State Team. The State Team—comprising a similar set of stakeholders—reviews these recommendations and gathers evidence from outside experts. The State Team then works to implement local team recommendations and issues its own recommendations for consideration by the Governor and state legislature.

STATE AND LOCAL TEAM ACTIVITIES

In FY20, the State Team held six meetings—starting in July 2019 and meeting every two months thereafter. The local teams held 14 meetings, reviewing 88 fatalities and issuing 57 recommendations to the various member agencies of the State Team, the State Team as a whole, and other organizations. Appendix A lists the number of meetings, fatalities reviewed, and recommendations issued by each team.

Starting in March 2020, the COVID-19 pandemic resulted in restrictions on public gatherings in Massachusetts, requiring both the state and local teams to adjust their plans for scheduled meetings. Three local teams held modified virtual meetings where cases were discussed through a secure videoconference. The State Team also held its March and May meetings virtually.

UPDATES AND OUTCOMES

State Team Focus on Water-Related Fatalities and Suicide Prevention

Historically, the State Team has devoted its meetings to detailed reviews of individual fatalities. Beginning in FY19 and continuing into FY20, the State Team focused some of its meetings on specific causes and manners of death, exploring issues through public health data and related local team recommendations. One meeting was devoted to studying suicide data presented in FY19 and discussing opportunities for improving service coordination around suicide prevention. (For a detailed description of the reviewed suicide data, see the FY19 Annual Report.) The State Team also devoted two meetings to studying data on water-related fatalities and explored opportunities for interventions with representatives from agencies that regulate public and private pools and swimming at bodies of water. (See page 21, "State Team Focus: Unintentional Drowning Data Among Massachusetts Children Ages 0–17 years.")

State Team Review, Implementation, and Issuance of Recommendations

In FY19, local teams began to assign recommendations either to the State Team as a whole or to a State Team member that could best implement a given recommendation. The State Team addressed the 44 outstanding recommendations assigned to it by local teams; some require further input from local teams, others have been addressed by existing programs, and others are assigned to specific State Team members for further action. Six of them are included here as the State Team recommendations for the fiscal year (See page 25, "State Team Recommendations").

Individual State Team members worked with local teams, the Office of the Chief Medical Examiner (OCME), and the Department of Public Health (DPH) to implement agency-specific recommendations and action items. Highlights include:

- The Department of Children and Families (DCF) distributed water safety



**Real strength has to do
with helping others."**

Fred Rogers
Television Host

messages and materials through Family Resource Centers (FRCs). These community-based FRCs are located across the Commonwealth, including at least one in each county, and provide a variety of services to all families—not just those with DCF involvement. For more information on FRCs, visit www.frcma.org.

- DPH and OCME drafted a letter on behalf of the State Team to two municipalities offering recommendations on how local governments can reduce the risk of drowning within their communities.
- DCF began a collaboration with the Suicide Prevention Program at DPH to develop a DCF protocol for responding to youth suicide risk and ideation when identified by response workers.

Continuous Quality Improvement

The State Team continued its quality improvement process aimed at identifying barriers local teams face in carrying out their mandate. Quality improvement matters raised by local teams are addressed at state meetings. In FY20, the State Team collaborated with local teams to establish a regular representative from the OCME; clarified the process for

determining that death resulted from Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID); adopted a program-wide set of definitions around safe sleep terminology; and revised the case review form used by local teams.

New State Child Fatality Review Coordinator

To address previously identified program needs, the Office of the Child Advocate (OCA) provided funding to the Department of Public Health to hire the CFR program's first full-time coordinator in December 2019. In 2017 and 2018 needs assessments, OCA found that state and local team members wanted to define program roles more clearly, improve communications within the program, and receive more technical assistance. To support these goals, DPH hired the new coordinator, who has revised program guidelines to clarify the structure, purpose, and roles within the review process; disseminated regular messages to the state and local teams; provided research and analytical support around recommendation development; and arranged the logistics of the State Team meetings. Moving forward, the coordinator will guide strategic planning efforts and provide additional technical assistance to the state and local teams.



Pilot Approach to Supporting Teams in Developing Evidence-Based Recommendations

In January 2020, the CFR program staff adapted its technical assistance to local teams on drafting recommendations to integrate a review of public health evidence. As local teams have submitted draft recommendations for review, CFR program staff have examined the readily available peer-reviewed literature and relayed insights on the effectiveness and feasibility of recommended interventions. Program staff anticipate that with the hiring of a full-time CFR epidemiologist, which is planned for FY21, this pilot project can be expanded to support all local teams and the State Team.

Temporary Transition to Remote Operations

Due to the COVID-19 pandemic, the state and local teams did not conduct in person reviews for part of the fiscal year. Between March and June 2020, the State Team held two meetings virtually. Due to the sensitive, identifiable information discussed during case reviews, local teams faced more complex considerations about how to proceed with their work during the pandemic. Some opted to delay scheduled meetings until FY21; others held modified virtual meetings that convened stakeholders while safeguarding case data.

STATE TEAM FOCUS: UNINTENTIONAL DROWNING AMONG MASSACHUSETTS CHILDREN AGES 0–17 YEARS

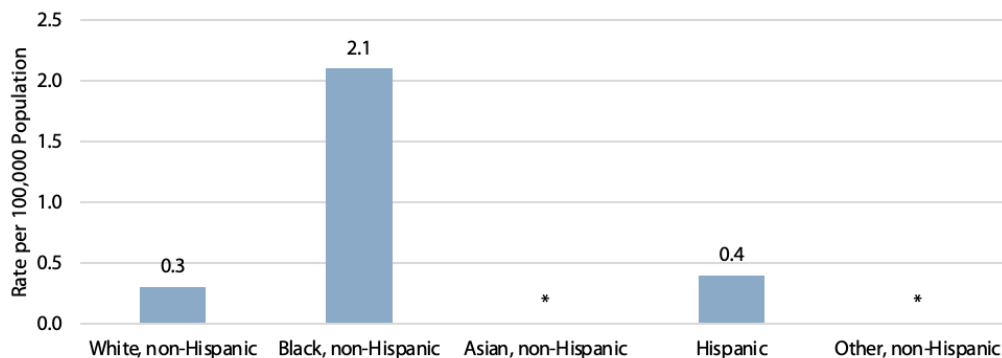
Injury deaths are divided into four categories by intent: unintentional, homicide, suicide, and injuries of undermined intent. The data shown here is for unintentional drowning deaths. Over a five-year period (2013–2017), MA had 34 unintentional drowning-related deaths among children ages 0–17 years. The highest number of deaths were in the 10–14 age group (n=11) followed by 1–4 (n=9) and 15–17 (n=8) age groups. Across the

US, one in five drowning deaths are among children 14 and younger. In MA, Black non-Hispanic children had the highest rate of drowning deaths (2.1 per 100,000), followed by Hispanic (0.4 per 100,000), and White non-Hispanic children (0.3 per 100,000). Black non-Hispanic children are 7 times more likely to die due to drownings compared to White, non-Hispanic children.

Nonfatal emergency department (ED) visits data from Fiscal Year 2011–2015⁹ for unintentional drowning showed a much higher rate among children in the 1–4 year age group (8.4 per 100,000) than



Figure 5: Unintentional Drowning Death Rate Among Massachusetts Children Ages 0–17, by Race/Ethnicity, Combined Years, 2013–2017



Data Source: Death Data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2013–2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

Note: * Suppressed rates due to counts < 5

STATE TEAM FOCUS: UNINTENTIONAL DROWNING AMONG MASSACHUSETTS CHILDREN AGES 0–17 YEARS

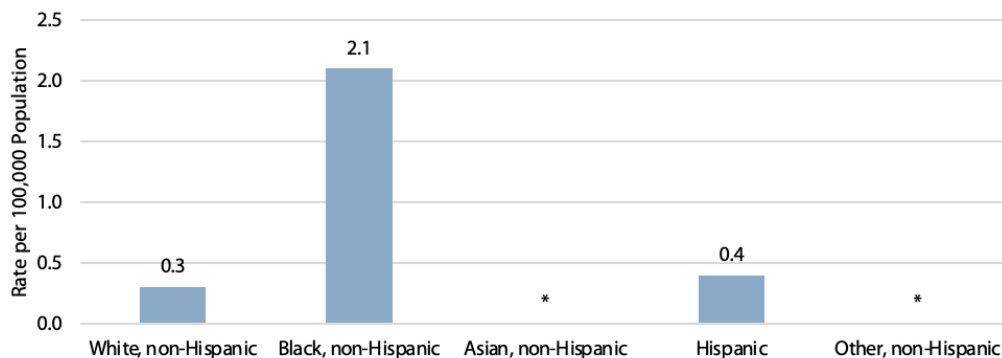
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Note: * Suppressed rates due to counts < 5





STATE TEAM RECOMMENDATIONS

The State Team offered one structural recommendation and six policy recommendations in FY20 that address an array of problems.

Although population-level data on the burden of the problems addressed by the recommendations are not always available, all recommendations are based in part on confidential reviews of individual child fatalities. To preserve the confidentiality of that information, case details are not discussed in this report.

As a new practice starting with this year's report, the State Team will republish previous recommendations that have not been addressed through changes in policy or practice.

STRUCTURAL RECOMMENDATION

The State Team continues its support for legislation moving the responsibility for administering the CFR program from OCME to OCA, with OCA and DPH representatives becoming designated co-chairs of the State Team.

Having OCA assume responsibility from OCME for the CFR program would allow for closer coordination between CFR activities and the OCA's work to ensure the well-being of vulnerable and at-risk children in the Commonwealth. State Team members and stakeholders from OCME, OCA, and DPH supported the change as proposed in the FY21 Governor's budget and in separate legislation during the 2019–2020 legislative session. The State Team maintains its support for this change.

“Safety is something you should be thinking about from the beginning, rather than after people have been hurt.”

Sue Baker
*Injury prevention
researcher*

POLICY RECOMMENDATIONS

■ *Recommendation 1*

The Commonwealth should study the feasibility of requiring that public and semi-public swimming pools have emergency service activation systems or call boxes within the pool's fence perimeter and in a form that complies with ADA accessibility guidelines.

Public pools are pools accessible “by the general public with or without the payment of a fee.” Semi-public pools are pools “on the premises of, or used in connection with a hotel..., apartment house, condominium, country club, youth club, school, camp, or similar establishment.” Although the Massachusetts sanitation code currently requires such pools to have “convenient, immediate and toll-free communication with emergency medical services,” such communication options are often too difficult to use in an emergent situation. The State Team recommends that the General Court explore a requirement for such pools to have emergency callboxes—like “Blue Light” boxes frequently seen on university and hospital campuses—that are immediately adjacent to the pool and directly connect callers to emergency services.

■ *Recommendation 2*

The Commonwealth should work with providers to increase cell phone coverage in underserved areas, particularly along roadways.

Immediate access to emergency medical services is critical to preventing deaths from medical emergencies: the sooner first responders can reach a person in crisis, the sooner they can provide needed care and transportation, and the better the outcome for the patient.^{13,14} In particular, using a cell phone to call for emergency services during a medical crisis can facilitate this process, leading to shorter response times and improved outcomes.^{15,16} Unreliable cell phone coverage can hinder such calls; Massachusetts has a number of “dead zones” that prevent communication during an emergent situation and have resulted in delayed emergency medical care. A 2010 analysis of Massachusetts cell phone service found that “zero coverage areas are prevalent across the Berkshire and Pioneer Valley regions.”¹⁷ In subsequent years, coverage has improved, but remains unreliable in many places.^{18–22} The State Team recommends remedying this issue by improving cell coverage in underserved areas, with a focus on the Commonwealth’s roads due to challenges faced by those involved in car crashes in rural areas.

Recommendation 3

In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.

Social work and mental health professionals—including psychologists, psychiatrists, and licensed mental health counselors—are not required to have training and education specifically related to suicide. (For an overview of relevant professions, see the Division of Professional Licensure’s [Licensed Mental Health Professionals Consumer Fact Sheet](#).) Although these professionals are tasked with addressing an array of mental health issues that individuals face, both the finality and preventability of suicide commands special attention. 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.²³ The State Team previously issued this recommendation in its [FY19 Annual Report](#).

Recommendation 4

Commonwealth executive branch agencies should collect gender identity in their data sets.

Gender identity is an important characteristic for public health agencies to track. Such data can help agencies better serve transgender individuals with culturally responsive, and patient- and family-centered care; that data can also help agencies identify and ameliorate health disparities across the transgender population.^{24,25} Compared with their cisgender peers, transgender youth report generally poorer health and lower rates of preventive health care utilization, and are at higher risk for depressive disorders, suicidality, and bullying and violence victimization.^{26–29} Currently, EOHHS agencies lack complete data on the gender identity of children served. Accordingly, the State Team recommends EOHHS collect this data consistently across the Secretariat. The data should be collected in a manner that would not put children served by EOHHS agencies at risk and that would protect against disclosure of that data to a child’s parents, guardians, or caregivers. Some EOHHS agencies have data standards around sexual orientation and gender identity that may be of use in implementing this recommendation.

STATE TEAM RECOMMENDATIONS

■ *Recommendation 5*

In order to better coordinate care for children across state providers, all EOHHS agencies should use a standard confidential information sharing mechanism for client case records.

Some Massachusetts children receive services from a number of agencies within the Executive Office of Health and Human Services. Recordkeeping systems vary greatly across individual programs and agencies, and there is no standardized mechanism for tracking children's interactions across the secretariat. Such systems have shown great promise in improving outcomes in healthcare settings, reducing documentation time, medication errors, and adverse drug effects and improving adherence to clinical guidelines.³⁰ Furthermore, other states have successfully implemented systems that integrate data on an individual child from across agency silos.³¹ EOHHS should explore the possibility of sharing data and tracking interactions across the secretariat whenever applicable laws governing privacy allow for the sharing of information.

■ *Recommendation 6*

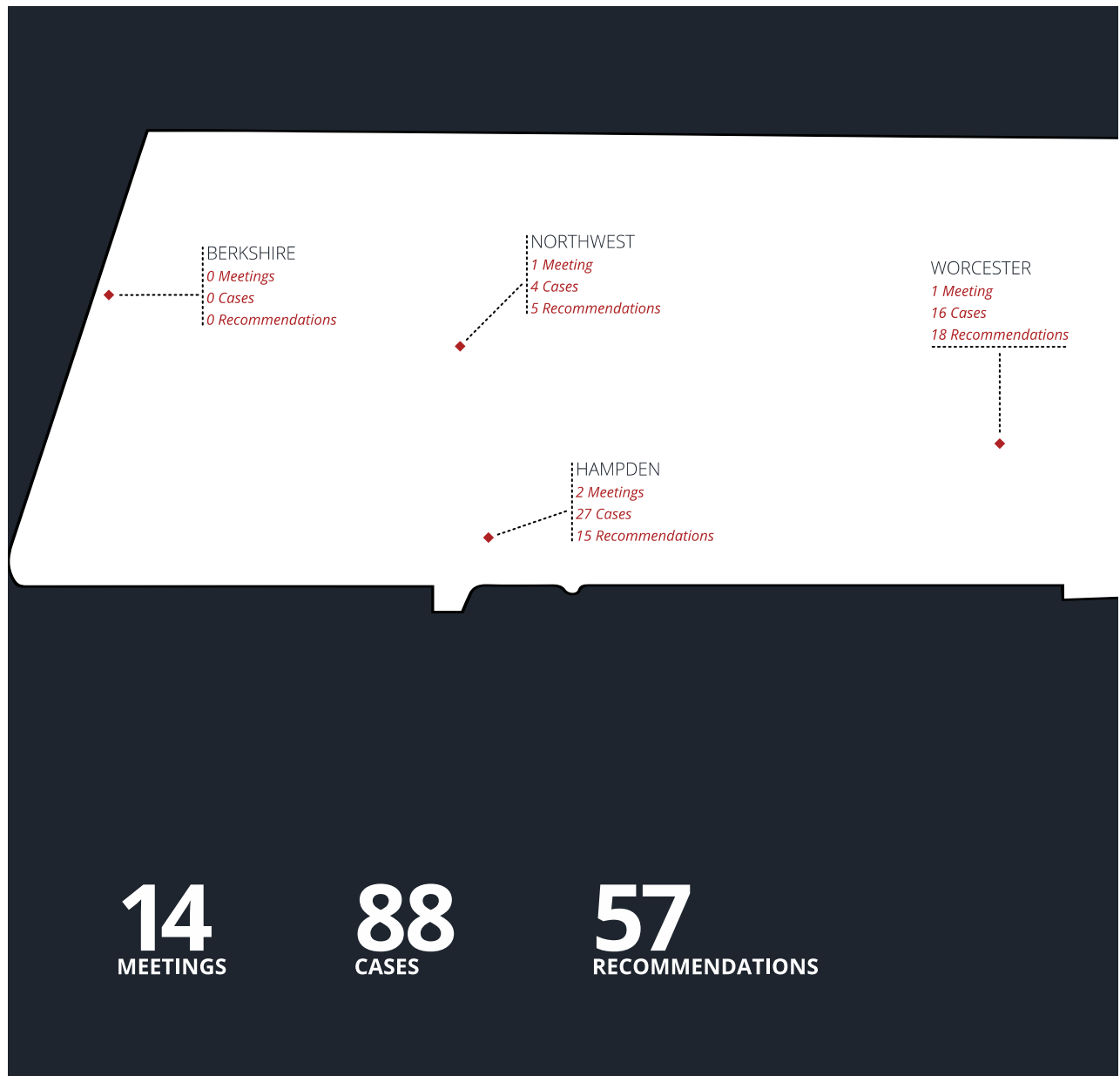
Adults operating a motorboat or other motorized personal watercraft in Massachusetts should be required to take a boating safety course.

Between 2015 and 2019, there were 45 boating-related deaths in Massachusetts.³² However, Massachusetts is one of the few states that does not require adults to take a boating safety course as a requirement for operating a motorboat, jet ski, or other motorized personal watercraft.³³ Although such legislation has been pending in Massachusetts for over ten years, it has never been enacted. The State Team notes that it would be most practical to have incremental implementation of such a law that offers boaters a grace period during which they can complete the education requirement. Similar strategies have been successful in New Hampshire, Connecticut, and New York.



APPENDIX A:

MAP OF LOCAL TEAM MEETINGS, CASES, AND RECOMMENDATION







APPENDIX B:
FY20 STATE AND LOCAL TEAM
MEMBERSHIP

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 Health & Hospital Association
- Chief Justice of the Juvenile Division of the Trial Court, or designee
- The Child Advocate, or designee
- Other individuals with information relevant to cases under review

LOCAL TEAMS

- District Attorney of the Judicial District (Chair)
- Chief Justice of the Juvenile Division of the 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

APPENDIX C:
MEMBER VOTES ON THE APPROVAL OF THE FY20
STATE TEAM ANNUAL REPORT AND RECOMMENDATIONS

Agency represented	Annual Report	Structural Recommendation	
			1
Office of the Chief Medical Examiner	Yes	Yes	Yes
Dept. of Public Health	Yes	Yes	Yes
Dept. of Children and Families	Yes	Yes	Yes
Dept. of Developmental Services	Absent	Absent	Absent
Dept. of Early Education and Care	Yes	Yes	Yes
Dept. of Elementary and Secondary Education	Absent	Absent	Absent
Dept. of Mental Health	Absent	Absent	Absent
Dept. of Youth Services	Yes	Yes	Yes
Juvenile Division of the Trial Court	Vacant	Vacant	Vacant
Mass. Center for Unexpected Infant and Child Death	Yes	Yes	Yes
Mass. chapter of the American Academy of Pediatrics	Yes	Yes	Yes
Mass. Chiefs of Police Association	Absent	Absent	Absent
Mass. District Attorneys Association	Yes	Abstain	Yes
Mass. Health & Hospital Association	Yes	Yes	Yes
Mass. State Police	Yes	Yes	Yes
Office of the Attorney General	Yes	Yes	Yes
Office of the Child Advocate	Yes	Yes	Yes

Policy Recommendations					
	2	3	4	5	6
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
:	Absent	Absent	Absent	Absent	Absent
	Yes	Yes	Yes	Yes	Yes
:	Absent	Absent	Absent	Absent	Absent
:	Absent	Absent	Absent	Absent	Absent
	Yes	Yes	Yes	Yes	Yes
:	Vacant	Vacant	Vacant	Vacant	Vacant
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
:	Absent	Absent	Absent	Absent	Absent
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes

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