Commonwealth of Massachusetts

Annual Progress and Services Report

FFY 2023

June 30, 2022

MASSACHUSETTS DEPARTMENT OF Children & Families

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FFY 2023 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. As of June 2022, there are currently 8,200 children in foster care across Massachusetts and more than 42,000 children in total served by the Department. With the understanding that every child is entitled to a home that is free from abuse and neglect, DCF's vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support the child's growth and development into adulthood.

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

DCF has an operating budget of over $1 billion and a staff of more than 4,200. Over 3,200 of the staff are direct service personnel including: social workers, social technicians, social worker supervisors, adoption workers, and family resource workers. DCF also employs approximately 200 attorneys and 50 foster care reviewers. DCF provides services to over 22,500 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 (95%). Additionally, families can come to DCF as a result of their child being truant from school or running away (2%), families may request voluntary services (1%), or DCF may provide services to families after a court orders a child into DCF custody (2%).

Mission

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

- providing supports and services to stabilize and preserve families when it is safe to do so;
- providing quality temporary alternative care when necessary to keep children safe from harm;

- working to safely reunify families, when appropriate; and

- when necessary, creating new families through kinship, guardianship, or adoption.

DCF's Priorities for Creating an Equitable Child Welfare System

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

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

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

Summary of DCF's Goals and Priorities

- Continue to increase DCF staff diversity and inclusion at all levels through recruitment, improved retention, and promotional opportunities. Strategies include:
    - Job fairs and recruitment events geared toward building a candidate pool and supporting the hiring of diverse professionals and managers
    - Training and consultation with DCF's hiring managers on best practices in recruiting, interviewing, and hiring staff.
    - Support for more succession planning and promotions for existing, talented, proven and aspiring staff via DEI leadership development training and mentorship programs.

- Ensure the appropriate identification of children and caregivers with disabilities who are served by DCF, as well as continued improvement of individualized service delivery for DCF clients, who are disabled. Strategies include:
    - Drafted and implemented a dedicated policy for children and caregivers with disabilities to improve service delivery and intervention for persons with disabilities.
    - Utilize the statewide disability coordinator and regional disability liaisons to enhance early identification of individuals with a disability and continued compliance with the Americans with Disabilities Act (ADA).
    - Hired a Director of Disability Services to further enhance identification of timely and appropriate service delivery to parents and children with disabilities.
    - Hiring Regional Disabilities Services Specialists who will be available to social workers and supervisors to consult on cases where specialized assessments and/or

services may be vital to ensure that the safety, permanency and well-being needs of the child and family are met. To date three specialists have been hired while two are in the hiring process.

- Increase the agency's capacity to provide culturally competent care and affirming services to youth and families who are Lesbian, Gay, Bisexual, Transgender, Gender Non-Conforming and Questioning (LGBTQ). Strategies include:
    - Ensure that appropriate training and resources are made available to new and existing staff in order to improve awareness of services needs and resources, for youth and families who are LGBTQ.
    - Expand Area Office level training for staff to develop knowledge and skills needed to talk with youth about gender identity and sexual orientation.
    - Review and update Sexual Orientation and Gender Identity (SOGI) data fields in the iFamilyNet system. Require the collection and improve the quality of this data to increase understanding of disproportionality and disparate outcomes for LGBTQ youth.
    - At least two LGBTQ liaisons will represent each DCF Area Office at the quarterly LGBTQ Liaison Statewide Meeting ensuring that ongoing LGBTQ information, training, and resources are disseminated to the local area office.
    - When making policy and practice updates, DCF will continue to embed LGBTQ guidance where relevant. DCF LGBTQ liaisons, service providers and supporters including the Massachusetts LGBTQ Youth Commission will be considered Subject Matter Experts (SMEs) and consulted in policy and practice guidance development as needed.
    - The Department will develop and implement a new policy outlining the Department’s values and principles in its work with LGBTQ children and families.
    - The Department will continue outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to LGBTQ adolescents and children. The DCF recruiters, with the assistance of the LGBTQ liaisons, will actively engage the LGBTQ community to strengthen recruitment efforts and generate new approved foster homes for DCF.
    - As the Department re-writes its foster parent training curriculum, the Massachusetts Approach to Partnership in Parenting (MAPP), DCF will work with LGBTQ Liaisons to ensure that it reflects DCF’s commitment to providing culturally competent care to LGBTQ youth and that foster parents are aware of the specialized needs.
    - DCF will offer additional training opportunities to expand foster parents’ capacity to care for LGBTQ youth.
    - DCF’s new congregate care network will offer specialized and supportive residential services that include clinical services tailored to the needs of LGBTQ children and youth.

- Continue to reduce disparities in outcomes for children and families of color involved with DCF. Strategies include:

- CWI, DCF's training institute, in collaboration with DCF's Racial Equity and Inclusion Work (REI) Group, will offer a robust menu of training and resources that focus on diversity, equity and inclusion.
- DCF's Racial Equity and Inclusion Work Group and the DCF policy team will work together to develop a protocol to assess the racial and ethnic impact of new policy initiatives.
- CWI will continue to incorporate Racial Equity Inclusion (REI) training into new social worker training.
- REI Work Group will continue to update and enhance DCF's intranet page to provide resources and tools that support the education of staff on REI and the implementation of best practices in their work with families, staff, and stakeholders.
- Create and implement a plan to ensure regular distribution of the DCF publication, Me, Naturally - How to Care for My Hair and Skin -A Guide for the Hair and Skin Care of DCF Foster Children of Color, to staff, contracted service providers, parents, guardians, and youth.
- Train Area Offices on how to engage families about their race, ethnicity and culture, so that the Department may better address their needs.
- The Department will continue to prioritize the completion of demographic screens to help DCF identify disproportionality and mitigate disparate outcomes for children and youth of color.
- Ensure that all DCF regions develop and/or maintain employee resource groups (ERG) that focus on matters of racial equity and inclusion; support the sharing of REI resources and training with staff; and partner with office leadership to develop REI priorities and goals, as detailed in an annual Diversity Action Plan.
- As the Department rewrites its MAPP training curriculum, language and documents will reflect DCF's vision that all foster parents are trained in cultural humility and can demonstrate an awareness and openness to youth from various cultural, ethnic and religious backgrounds.
- ERGs, contracted providers and Family Advisory Committee (FAC) members, among others, will serve as SMEs and be consulted in any policy and practice development as needed.
- Engage one or more diversity consultants to build capacity/readiness among agency leaders and to support policy development that advances racial equity more systematically and strategically within the Department.
- The Department will continue outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to children and adolescents of color. The DCF recruiters, with the assistance of members of REI-focused ERGs, will actively engage with diverse communities to strengthen recruitment efforts and generate new approved foster homes for DCF.

DCF 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.

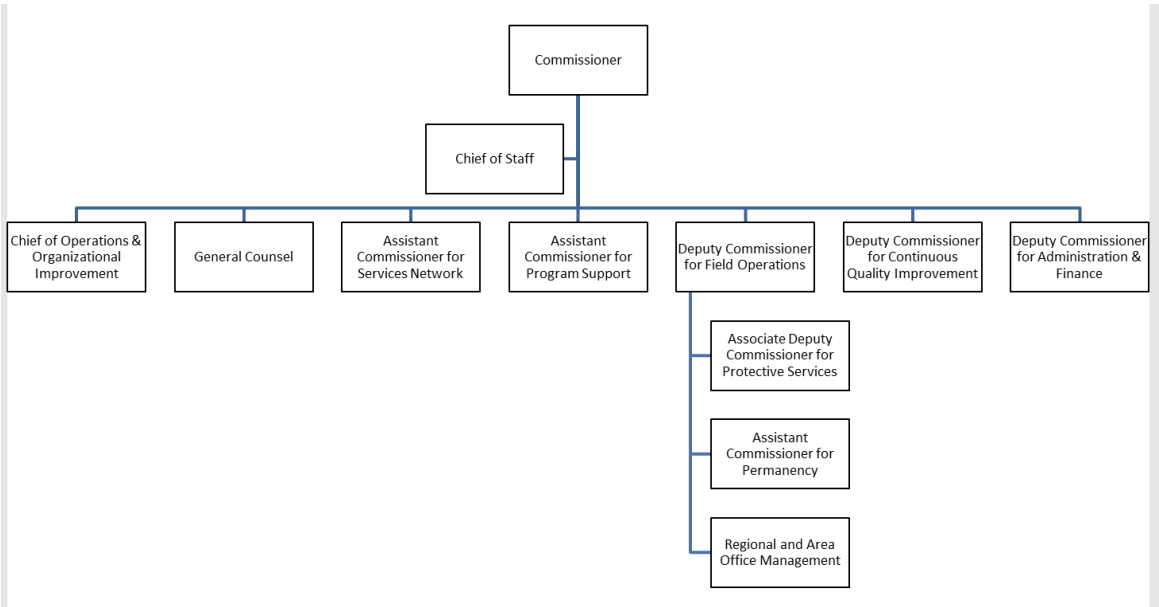
- The Program Support Unit, led by the Assistant Commissioner for Program Support, which oversees programmatic support services to field operations.

- The Continuous Quality Improvement Unit, led by the Deputy Commissioner for Continuous Quality, which oversees statistical/outcomes reporting.

- The Division for Administration and Finance, led by the Deputy Commissioner for Administration and Finance 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 FFY2023 Annual Progress and Services Report will be posted upon approval on the DCF website: www.mass.gov/dcf.

REQUIREMENTS FOR THE 2023 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 Child and Family Services Plan (CFSP), and future Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs).

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

The partnership of DCF staff at all levels is vital in Agency Improvement efforts and 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 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 can 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, and the CFSR Round 3 PIP.

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

- Administrative Office of the Juvenile and Family Court
- Association of Behavioral Health Care
- Casey Family Programs
- Center for Adoption Support and Education (CASE)
- Children and Family Law Project
- Children's League of Massachusetts
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- 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 Commission on LGBTQ Youth
- Massachusetts Council of Human Service Providers
- Massachusetts Network for Foster Alumni
- Massachusetts Council of Human Service Providers
- Massachusetts Society for the Prevention of Cruelty to Children
- MassHealth
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- North American Council on Adoptable Children
- Office of the Child Advocate
- Quality Improvement Center on Domestic Violence in Child Welfare
- Parent Professional Advisory League
- 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 on several initiatives. The Pathways initiative was launched in the winter of 2018-2019 with technical assistance provided by the National Center for State Courts. Pathways is designed to provide a

forum for collaboration around permanency planning for children and youth in DCF custody. County-based teams led by judges and including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, and others were established and are working on implementing Pathways. 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. The Department continues to participate in county-wide virtual trainings that include Judges, DCF attorneys, CPCS attorneys and clinical staff, which began in October 2020, December 2020, and February 2021. Trainings will continue in additional counties in FFY 2023, and the trainings will be 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, "Upstream". Upstream is a Child Welfare Resources Mapping Model supported by the National Center for State Courts and the Casey Family Programs. A mapping summit was convened in Hampden County where 69 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. The needs assessment was provided to all participants in September 2021 which included a proposed action plan. A third initiative on which the Department and Court continue to collaborate is Family Treatment Courts. There is currently one Family Treatment Court located in Berkshire County which has received over 100 referrals. The average time to reunification of children whose recovering parent participated in the program is 18 months. With an additional $1.5 million that the Massachusetts Trial Court/Juvenile Court Department was awarded in January 2022, the grant will fund the establishment of additional Family Treatment Court Sessions in the Juvenile Court, where indicated by an Upstream assessment. 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. The Department continues to work with JDAI to address the needs of Dually Involved Youth (DIY) through its participation in a multiagency DIY subcommittee. This past year the participants worked on standardizing a Memorandum of Understanding (MOU) template which allows information to be shared between DCF, DYS, the District Attorney's Office and the Juvenile Court for county-wide case conferencing projects. Through standardization of an MOU, any county may use the template in developing a dually involved youth program in their particular county. In FFY2023, the subcommittee will work to develop a best-practices manual for courts or counties seeking to use a multi-disciplinary team approach to serving DIY 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 Elementary and Secondary Education (DESE), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Developmental Services (DDS), Department of Public Health (DPH) and the Executive Office of Health and Human Services (EOHHS).

In FFY 2022, the Department collaborated with DYS in their data collection/verification methodology of youth entering detention who had an open case with DCF (either through a Care and Protection Petition or Application for a Child Requiring Assistance). In previous years, DCF involvement data was gathered through self-report by the youth. In FFY 2021, DCF assisted in verifying the DYS data which has resulted in more accurate reporting of this population of youth that was underreported in prior years.

The Department of Elementary and Secondary Education (DESE) 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 DESE and local school systems to assist local school districts and DCF Area Offices as they further refine guidance and strengthen collaboration regarding best interest determinations related to the Every Child Succeeds Act of 2015, which prioritizes the enrollment for foster children in their home school and the related process for transportation decision-making.

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

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

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.

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

DCF has also worked with the Department of Public Health as a member of the Interagency Health Equity Task Force. The task force has been a vehicle for coordinating each agency's efforts to address disparities impacting individuals served by public human service agency. DCF utilizes the data shared by MDM and DYS by verifying their role as a DCF consumer. By adding DCF consumer demographics to the detention file and distributing it to the regions, DCF can ensure timely entry of the non-referral location into I-FamilyNet. This process, which occurs weekly, has improved the ability to report on dually involved youth at a greater frequency and has improved the ability to report across the spectrum of both their DCF and DYS involvements. The data has been utilized by both agencies to inform specific internal projects on racial disproportionality.

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

DCF in FFY 2021 continued meaningful exchange with a range of system partners and individuals with vested interest in 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)
- Massachusetts Children Trust (CT) /MA Family Support State Collaborative
- Family Nurturing Center (FNC)
- Coalition Against Period Poverty (CAPP)
- Federation for Children with Special Needs (FCSN)
- Juvenile Detention Alternative Initiative (JDAI)

- Department of Public Health (DPH)
- Worcester Police Department (Car Seat Course)
- Fatherhood Research Institute (Addressing Black Fathers and Mental Health)
- Department of Youth Services (DYS)
- Department of Mental Health (DMH)
- Parent Professional Advocacy League (PPAL)
- The Charter Oak Group LLC
- 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. The Department tracks the use of Foster MA Connect by MA foster parents and works to increase the number of families engaging with this valuable source of information.

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

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

- Recruitment collaborations with Fostering Hope and The Forgotten Initiative to provide support, training, and recruit new foster families. Both are faith-based organizations working in partnership with DCF.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- The Department continues to collaborate with Children's Hospital regarding the recruitment of foster families. Due to the pandemic, events have been virtual in have occurred in May 2021 and May 2022. During these events, we have included current foster families to share their experiences and highlighted the need for all foster parents and especially those who can work with children who have medical needs. We anticipate continued collaboration with Children's Hospital and to return to in-person events when able.
- Foster Parent Recruitment Ambassadors: current foster parents selected by their area offices to represent DCF at recruitment events and assist regional recruiters with the planning and selection of events.
- Community based recruitment events continue to be held in each Region in support of the Departments Foster MA campaign. All DCF Area Offices participate in the event which is advertised statewide. Although there was a temporary reduction in the number of in-person events during the height of the pandemic, virtual recruitment activities continued throughout the pandemic and in-person events resumed in the Spring of 2022.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes. While many FFY 2020-21 events where 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. All DCF staff are encouraged to enroll in this free training program.

- Parent Leadership Training: DCF is collaborating with North American Council on Adoptable Children (NACAC) to present parent leadership training to foster/adoptive parents/staff who lead or are planning to lead foster/adoptive parent support groups. To date, two cohorts have completed the training; an additional training was provided for DCF staff.

Planning and Service Coordination

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

Offices. Initial Placement Review Training includes the Initial Placement Review process, facilitation training, and coaching. The AILT Permanency Team conducted follow-up check-in sessions with all 29 Area Offices to provide support and to monitor implementation.

Building on the successful roll-out of the revised Initial Placement Review process, in May 2022, the AILT Permanency Team conducted training workshops for Clinical and Legal Managers from five Area Offices to use a new Managers' Tool for Preparation for Permanency Planning Conferences. The new tool will help Managers to ensure that Social Workers and Supervisors are well-prepared for these crucial meetings and have gathered all the necessary information to facilitate informed decision-making.

Support and Stabilization Services – Prevention and Intervention

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

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.

In October 2021, the Department issued a Request for Information (RFI) to obtain stakeholder input on topics related to the design of the S&S re-procurement. More than 50 individuals and organizations submitted responses to the RFI, representing stakeholder input from diverse sources including current and former foster children, advocacy organizations for parents and special interest groups, trade associations for community-based providers, Department staff, Departmental Area Office citizen boards, and staff from community-based providers. The Massachusetts Office of the Child Advocate (OCA) sponsored focus groups for people with lived experience with the Department, with a focus on individuals from diverse ethnic, linguistic, and racial backgrounds. The OCA shared the feedback from these focus groups with the Department. The key points from the feedback included consumers' desire to work with individuals who share lived experiences similar to those of consumers, to receive supportive services that will allow them to keep their children safe at home without the need for out-of-home placement, and to work with staff who receive professional development and on-going support in delivering services with cultural humility and respect for each consumer's racial, ethnic, and cultural experiences.

The Department is in the process of developing the S&S Request for Responses (RFR). The Procurement Management Team, which is tasked with the RFR development, will rely on stakeholder responses to the RFI as well as the input from the OCA sponsored focus groups to inform the RFR development work. The Department plans to post the RFR in the fall of 2022.

The Department will use the re-procurement of support and stabilization services as the method for adding more evidence-based practices into the service array for children and families. As described in the Department's Title IV-E Five-Year Prevention Services Plan, which was submitted to the Administration for Children and Families (ACF) in February 2022, the Department is approaching the addition of evidence-based practices in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- 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.

Permanency Related Collaboration

10 Session Permanency Series (workshops for DCF staff and contracted providers):

The Department collaborated with several organizations to present 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 collaborated with community providers, consultants, and North American Council on Adoptable Children (NACAC) to present the Permanency Series. The topics included:

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

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

- Reasonable Efforts - What are they? How do we make them? What is enough? (Monica Murphy, Aimee Cameron-Browne?) (2/8/22)
- Attachment with a Trauma Lens (4/6/22)
- Keeping Siblings Together (6/8/22) NACAC
- Role of Culture in Permanency Decisions (7/27/22) 10:00 AM – 11:30 AM

- Attending to child's permanency preferences (9/13/22) 2:00 PM – 4:00 PM
- Helping Children To Be Ready for Permanency (11/10/22) 10:00 AM – 12:00 PM

In collaboration with Casey Family Programs, the Department is continuing the rollout of Permanency Roundtables (PRTs) to additional Area Offices. In 2019, five Area Office completed training and began PRTS for 15-year-old youth with a goal of adoption, but without a match with a prospective adoptive family. An additional five Area Offices were scheduled to complete training in March 2020; however, the training was postponed due to COVID-19. DCF and Casey Family Programs developed a virtual PRT training for five additional Area Offices in 2021.

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 Behavioral Health Roadmap Collaboration

The Department has continued to participate as a member of the interagency work group established by the Secretary of Health and Human Services in 2018 to re-imagine behavioral health services. This increased access 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

Massachusetts has recognized the need for urgent mental health services that are readily accessible to the community. As in physical health care, it is not unusual for children and youth to experience behavioral health care needs that may not require an emergency room visit or

hospitalization, but also best addressed sooner than a routine referral and appointment may be available. The interagency group is working to address the need for behavioral health services that require immediate attention. Our goal is to create access to help when an individual needs it and address the unique needs of individuals struggling with behavioral health conditions in an outpatient setting.

24/7 Mobile Crisis

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 has been hampered by challenges in securing and retaining the workforce needed to maintain a 24/7 crisis response system. The collaborative interagency behavioral health redesign includes a plan to integrate these emergency services into the comprehensive behavioral health network of Community Behavioral Health Centers. This will 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 this system reform and critical crucial behavioral health services 2022 and beyond.

CFSR PIP Related Collaboration

- MA Court Improvement Program (MA CIP) - DCF continues to collaborate with MA CIP on projects increase stability and permanency for children. In FFY 2022, MA CIP facilitated grant funding for pre-petition legal representation designed to stabilize families and thereby avoid the family's entry into the child welfare system. DCF participated in the design of the procurement and the selection of the bidder awarded a contract. DCF continues to assist in furthering the work of the Community Legal Aid organization that provides the pre-petition work and refers families in need of legal aid services on an as-needed basis. DCF also participated in the review and award of two additional grant funded projects to two organizations within the community that provide services to children and families who have Care and Protection Petitions with a goal of alleviating some of the barriers to achieving permanency. MA CIP has also engaged in work with the Capacity Building Center for the Courts, which DCF has been a part of. More specifically, DCF, CPCS, and MA CIP have attended several sessions of a CQI Workshop on Race Equity the purpose of which is to increase the CIP's capacity to develop a race equity program and implement it in a meaningful way. The workshop model combines peer learning/networking, one-on-one coaching, subject matter expertise and delivery of content by CBCC staff and consultants to discuss the CIP's race equity work and move it forward. Thus far the MA CIP team has participated in at least two sessions with CBCC and will also be participating in tailored sessions to determine with specificity a program to move forward.

- The Department, CPCS, and MA CIP have a training subcommittee that meets regularly to plan and implement trainings that would ultimately benefit children. The focus this year was

on racial equity. The Department participated in sponsoring a four-part series between November 2021 and May 2022 which began by exploring the history of white paternalism in the child welfare system and then focused the remaining sessions on racial trauma, the impact it has on those served in the child welfare system and how those involved in the system can promote more equitable outcomes. In December 2021, a training was held regarding child welfare through the Massachusetts Continuing Legal Education program. This annual training, which continues to be held virtually included sessions on education, wellness and trauma informed practice along with a multiagency panel of representatives from DCF, CPCS, DYS and the DA's office who provided relevant updates in the law. CIP supported this training including sending 40 DCF attorneys to the training. CIP also provided the funds for 8 DCF staff to attend the annual NICWA conference in April 2022. MA CIP, DCF, and CPCS are committed to increasing the number of joint trainings during the upcoming year. The goal of these joint trainings continues to be improving permanency outcomes for children and increasing the quality of legal representation.

- Massachusetts Alliance for Families (MAFF) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers was a core MA CFSR PIP strategy. In a collaborative effort with MAFF, the Department identified the MA CFSR Key Activity of increasing training and support for foster and adoptive parents with the goal of reducing the number of disruptions in foster care and adoptive placements.

- Evident Change (formerly the National Council on Crime & Delinquency and Children's Research Center) - Embedding evidence and research-based assessment of safety and risk into daily practice was a core MA CFSR PIP strategy. The Department worked with Evident Change to develop a set of MA CFSR PIP Key Activities targeted at validating the Department's current risk assessment tool and/or developing and validating a new tool. Working with the DCF Child Welfare Institute and the Policy and Practice Unit, NCCD/CRC developed a train-the-trainer curriculum and set of E-Learning modules to support the September 2019 i-FamilyNet rollout of the revised risk assessment tool. This training began its rollout in FY21.

- The Department currently utilizes three structured decision-making (SDM) tools: A safety assessment, a risk assessment and risk reassessment tool. In FFY 2022, DCF contracted with Evident Change to expand its use of SDM tools. Work is underway to update/develop the following with implementation by the end of FFY 2023:
  - Safety Assessment – helps to identify the immediate protective service interventions required during a CPS investigation or assessment, including removal of a child.
  - Substitute Care Safety Assessment – helps workers at all points in a case determine if a child may safely remain in a substitute care setting.
  - Risk Assessment – this research-based actuarial assessment estimates the likelihood of future child welfare system involvement and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.
  - Risk Reassessment – this actuarial tool helps the worker determine when risk has been reduced sufficiently such that the case may be recommended for closure.

- Reunification Assessment – for families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.

- Department of Public Health Bureau of Substance Addiction Services 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. The new curriculum was adapted for online use during the pandemic, and is now delivered in a hybrid format combining, in-person, live web-based, and asynchronous content.

- DCF continues to partner with Solomon, McCown, and Cence, a Boston-based marketing and communications firm that provides creative and strategic support for the Department's statewide foster parent recruitment campaign, Foster MA. During its 4-year history the campaign has reached millions through online and television advertising, driving traffic to the foster care recruitment website. During the COVID-19 pandemic, Foster MA expanded its digital presence, finding success on Pinterest and by targeting viewer demographics on streaming or OnDemand services.

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 to1working 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.

Protective Intakes (51As) by Race/Ethnicity

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

Chart/Figure 1 show the proportion of children named in protective intakes by race/ethnicity compared to the proportion in the Massachusetts' child population. While Hispanic/Latinx and Black children are 2.3x and 2.2x more likely to be referred to the Department through a 51A report, the screen-in rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

Chart 1. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2021 [(1)]	**51A Intake Distribution**	**RoD**	**RRI**	**Screened In 51A Intake Distribution**	**RoD**	**RRI**
White	45.1%	0.7	n/a	44.0%	1.0	n/a
Hispanic/Latinx (of any race)	33.0%	1.7	2.3x	34.1%	1.0	1.1x
Black	14.4%	1.6	2.2x	14.5%	1.0	1.0x
Asian	1.6%	0.2	0.3x	1.6%	1.0	1.0x
Native American	.2%	0.9	1.2x	.2%	0.9	1.0x
Pacific Islander	.1%	-	-	*	-	-
Multi-Racial (two or more races)	5.7%	-	-	5.7%	-	-
	100%			**100%**		

[(1)] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding.

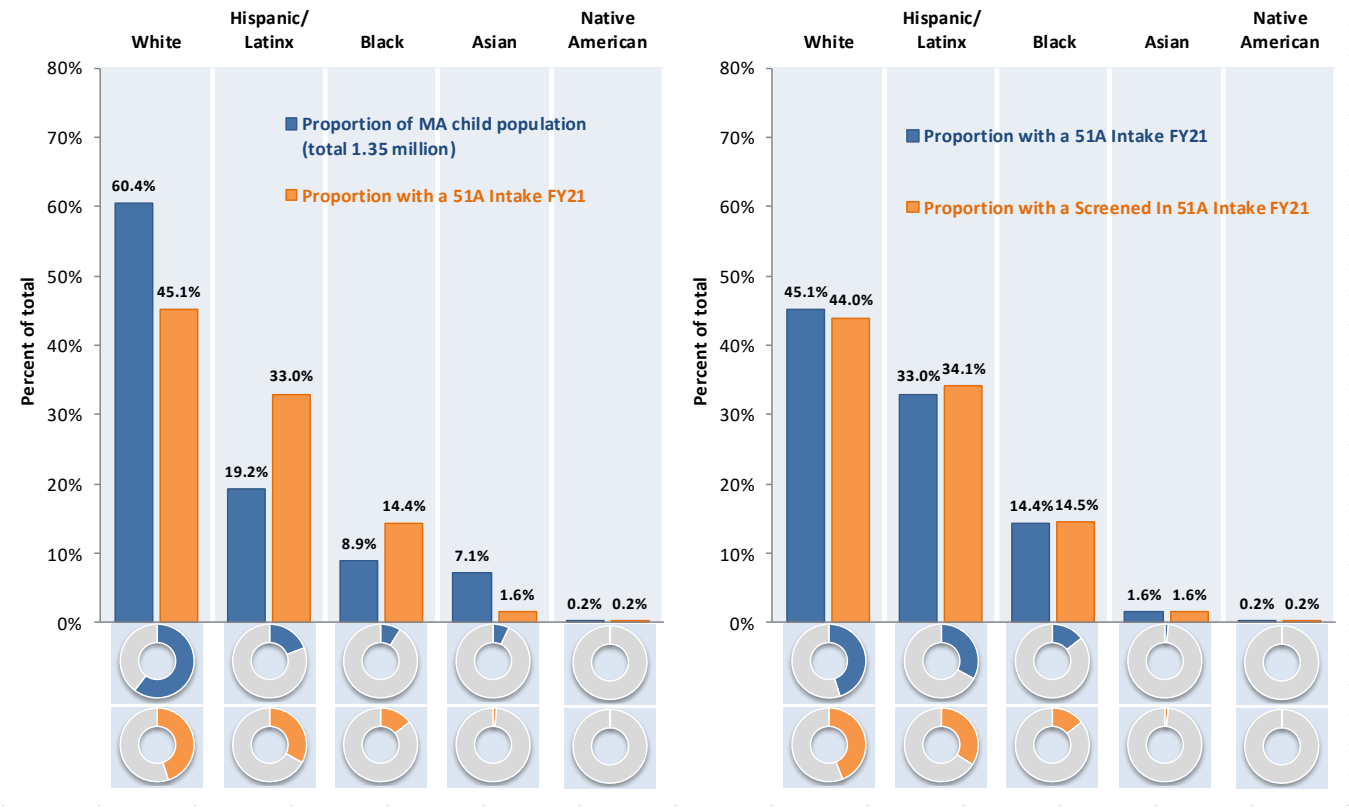
ROD: The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic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

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

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

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

FIGURE 1. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2021



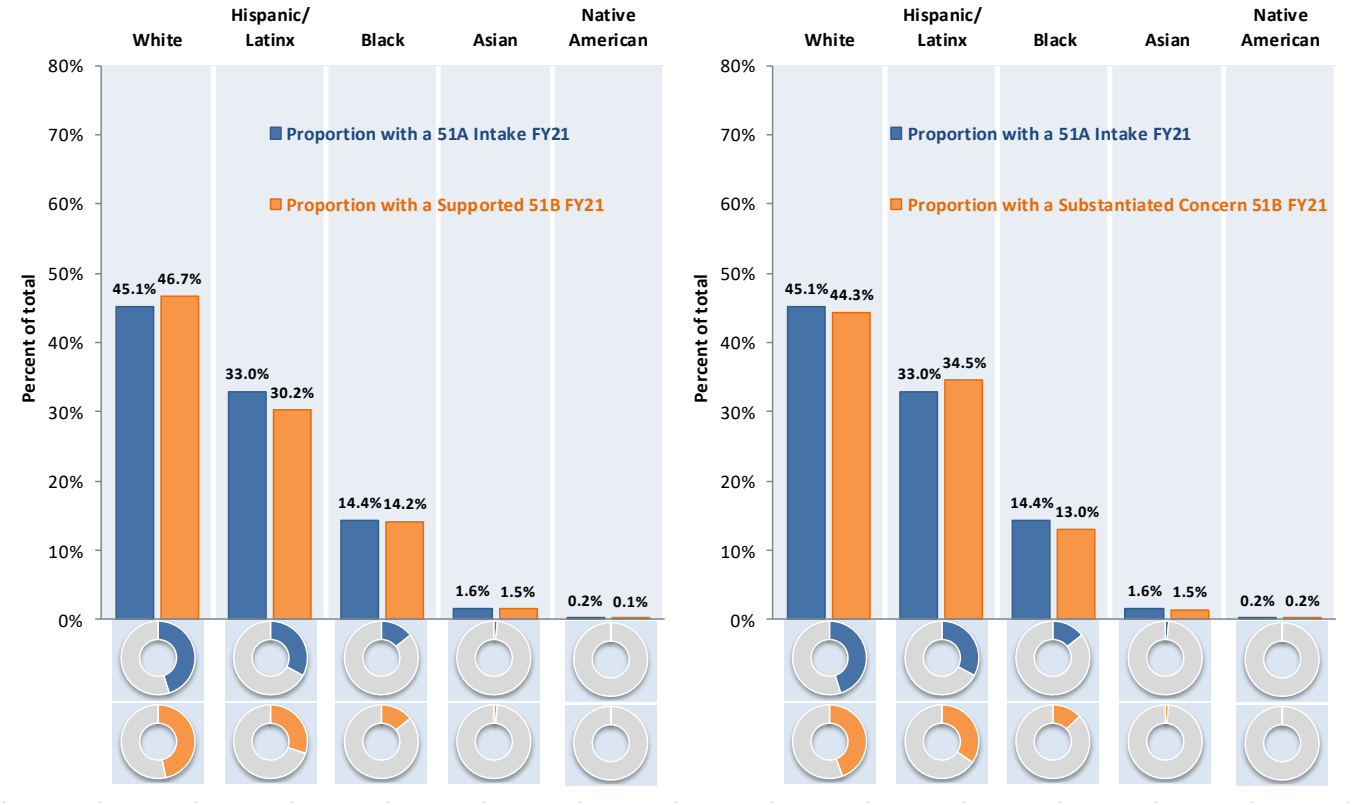
Protective Response (51B) Determinations by Race/Ethnicity

Chart/Figure 2 display the proportion of response (51B) determinations of children subject to a protective response by race and ethnicity compared to the proportion of children with a protective intake (51A). While Hispanic/Latinx and Black children are 2.3x and 2.2x more likely to be referred to the Department through a 51A report (see Chart/Figure 1), support and substantiated concern rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting. At this juncture of DCF intervention, the data shows that the Department screens at equivalent relative rates across race and ethnicity and investigates families of all races and ethnicities at relatively the same rates.

Chart 2. Response Determinations by Race/Ethnicity – Unduplicated by Child FY2021 (1)	**51B Response Support Distribution**	**RoD**	**RRI**	**51B Response Substantiated Concern Distribution**	**RoD**	**RRI**
White	46.7%	1.0	n/a	44.3%	1.0	n/a
Hispanic/Latinx (of any race)	30.2%	0.9	0.9x	34.5%	1.0	1.1x
Black	14.2%	1.0	1.0x	13.0%	0.9	0.9x
Asian	1.5%	1.0	0.9x	1.5%	0.9	0.9x
Native American	.1%	0.7	0.7x	.2%	1.1	1.1x
Pacific Islander	.1%	-	-	*	-	-
Multi-Racial (two or more races)	7.2%	-	-	6.5%	-	-
	100%			**100%**		

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

FIGURE 2. Response Determinations by Race/Ethnicity – FY2021



SAFETY OUTCOME 1:
Children Are First and Foremost, Protected From Abuse and Neglect

To address the APSR requirement of assessing current performance in improving outcomes, the Department utilized the most up-to-date Children's Bureau Massachusetts Child and Family Services Review (CFSR3) Data Profile (February 2022) and the 2020 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

	FFY2015		FFY2016		FFY2017		FFY2018		FFY2019		FFY2020		FFY2021	
Total CA/N Reports Disposed	**46,116**		**48,252**		**45,366**		**45,686**		**43,923**		**37,505**		**39,811**	
Substantiated	22,079	47.9%	22,387	46.4%	17,835	39.3%	18,297	40.0%	17,856	40.7%	15,888	42.4%	16,191	40.7%
Unsubstantiated	14,235	30.9%	18,137	37.6%	19,122	42.2%	19,532	42.8%	18,987	43.2%	15,322	40.9%	15,756	39.6%
Other	9,802	21.3%	7,728	16.0%	8,409	18.5%	7,857	17.2%	7,080	16.1%	6,295	16.8%	7,864	19.8%
Children Served in Placement*	**15,899**		**16,801**		**16,904**		**16,862**		**16,273**		**14,622**		**12,746**	

*Children in Placement on the Last Day of the Year + Discharges During the Year.

Source: MA DCF case management system (AFCARS & NCANDS) – includes approved methodology adjustments

As shown in Chart S1, 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. By FFY2021, CA/N reports evidenced a partial rebound of 6.1% relative to FFY2020. During the extended time period between FFY2015 and FFY2021, a 15.1% 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 or a victim. As such they are classified within the "Other" category on Chart S1 above. The number of children served in placement increased 6.3% between FFY2015 and FFY2017. By FFY2021 end, the number of children served in placement decreased 24.6% 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 (Oct-2021 – Apr-2022): 64.6% – continued improvement over PIP goal evidenced.
    - This represents a 50.2% 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	RSP 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
			21.52	not available		19AB, FFY19
			19.69*	not available		20AB, FFY20*
			24.84*	not available		21AB, FFY21*
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
			16.9%	22.0%	21.4% – 22.6%	FFY19-20

*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 FFY2020 and FFY2021 utilizing the Department's case management system. FFY2021's (21A–21B) observed performance was 24.84 per 100,000 days in care. While Massachusetts evidenced a 22.5% improvement between FFY2014 and FFY2020, there was a marked decrease in observed performance in FFY2021.
- FFY19-20's Recurrence of Maltreatment observed performance was 16.9%. Though below the national performance, this is a 15.5% improvement over FFY14-15's observed performance.

SAFETY OUTCOME 2:

Children Are Safely Maintained In Their Homes Whenever Possible and Appropriate

- Status: As evidenced in the 2015 CFSR3, the Department 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, CPS referrals increased 6.8% between FFY2015 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 16.4% decrease in referrals in FFY2020 relative to FFY2019. By FFY2021, referrals evidenced a partial rebound of 3.5% relative to FFY2020.

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

Chart S3.	Referrals Received by DCF per CB Child Maltreatment Report						
	FFY2015	**FFY2016**	**FFY2017**	**FFY2018**	**FFY2019**	**FFY2020**	**FFY2021***
Referrals received by CPS	80,435	82,851	82,828	85,794	85,911	71,818	74,355

*Source: MA DCF case management system

Referral Rates

As evidenced in Chart S4 below, referral rates per 1,000 in Child Population increased 9.5% between FFY2015 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 15.7% decrease in referral rates per 1,000 in FFY2020 relative to FFY2019. By FFY2021, referral rates evidenced a partial rebound of 3.6% relative to FFY2020.

Chart S4.	Rate per 1,000 in Child Population per CB Child Maltreatment Report						
	FFY2015	**FFY2016**	**FFY2017**	**FFY2018**	**FFY2019**	**FFY2020**	**FFY2021***
Referral rate	58.0	60.1	60.5	62.8	63.5	53.5	55.4

*Source: MA DCF case management system

Victimization Rates

As evidenced in Chart S5, victimization rates per 1,000 in Child Population decreased 17.4% between FFY2015 and FFY2019. During the COVID-19 pandemic an additional 9.2% decrease was observed in FFY2020 relative to FFY2019. In FFY2021, victimization rates showed a 0.6% increase relative to FFY2020. 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						
	FFY2015	**FFY2016**	**FFY2017**	**FFY2018**	**FFY2019**	**FFY2020**	**FFY2021***
Victimization rate	22.4	22.9	18.2	18.9	18.5	16.8	16.9

*Source: MA DCF case management system

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

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after 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 (Oct-2021 – Apr-2022): 78.9% – performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 27.3% improvement over the 2015 CFSR3 results.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 (Oct-2021 – Apr-2022): 67.4% – performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 2.2% improvement over the 2015 CFSR3 results.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 continues to exceed national performance 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	RSP Interval	Data Period Used for Performance
Perm in 12 months (entries)	42.7%	Higher	44.4%	42.3% – 45.0%	19A – 21B
Perm in 12 months (12-23 months)	45.9%	Higher	32.3%	30.5% – 34.2%	21A – 21B
Perm in 12 months (24+ months)	31.8%	Higher	24.8%	23.6% – 25.9%	21A – 21B
Re-entry to foster care in 12 months	8.1%	Lower	10.0%	8.8% – 11.4%	19A – 21B

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. While improvement is noted over the most recent three (3) cohort periods, as evidenced in Chart P2, Re-entry to Foster Care in 12 Months has varied over the past nine (9) AFCARS cohort periods (i.e., from 10.0% 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**	**18B-21A**	**19A-21B**
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%	10.4%	10.0%

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

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

- Status: 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 (Oct-2021 – Apr-2022): 73.5% – continued improvement over PIP goal evidenced.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Placement Stability

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

Chart P3.	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period Used for Performance
Placement Stability (moves per 1,000 days in care)	4.44	Lower	6.25	6.06 – 6.44	21A – 21B

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 34.1% 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**	**20B-21A**	**21A-21B**
Placement Stability (moves per 1,000 days in care)	9.49	9.05	9.04	8.50	7.13	6.35	5.20	5.18	6.25

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

Chart P5 shows the number of placements moves per 1,000 placement days for children who entered care during SFY2021 by race/ethnicity. Of note, White children evidence greater placement stability than children of color.

Chart P5. Placement Moves per 1,000 Placement Days by Race/Ethnicity in SFY2021	**White**	**Hispanic /Latinx**	**Black**	**Asian**	**Native American**
Total Number of Placement Days (denominator)	284,588	202,927	71,960	4,470	570
Total Number of Placement Moves (numerator)	1,435	1,243	546	23	4

CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**5.04**	**6.13**	**7.59**	**5.15**	**7.02**

National Standard: 4.44 (lower score is preferable)

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.

Chart P7.	**DCF Target**	**SFY'11**	**SFY'12**	**SFY'13**	**SFY'14**	**SFY'15**	**SFY'16**	**SFY'17**	**SFY'18**	**SFY'19**	**SFY'20**	**SFY'21**
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%	40.0%

Data Source: MA DSSRP210 – Children in Placement

Chart P7 shows that at the end of SFY2021, 40.0% of all children in out-of-home placement were placed with kin. This represents a steady increase over time, and a 63.3% 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 SFY2021, 25.9% of children within this cohort were placed with kin at entry into care.

Placement with Kin by Race/Ethnicity

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

Chart P8.	**DCF Target**	**White**	**Hispanic /Latinx**	**Black**	**Asian**	**Native American**
Kinship Care Rate by Race/Ethnicity **Kinship as a % of all children in out-of-home placement SFY2021**	≥ 28.5%	41.7%	36.4%	33.4%	44.6%	20.0%

Data Source: MA DSSRP210 – Children in Placement

Placement with Kin for Children in Departmental Foster Care

Chart P9 shows that at the end of SFY2021, 58.0% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents a 20.6% 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 SFY2021, 31.1% of children within this cohort were placed with kin at entry into care.

Chart P9.	**DCF Target**	**SFY'11**	**SFY'12**	**SFY'13**	**SFY'14**	**SFY'15**	**SFY'16**	**SFY'17**	**SFY'18**	**SFY'19**	**SFY'20**	**SFY'21**
Kinship Care as a % of Departmental	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%	56.1%	57.8%	58.0%

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 (Oct-2021 – Apr-2022): 71.4% – continued improvement over PIP goal evidenced.
    - This represents a 29.9% 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 (Oct-2021 – Apr-2022): 30.6% – 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 (Oct-2021 – Apr-2022): 80.0% – continued improvement over PIP goal evidenced.
    - This represents a 25.0% 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 (Oct-2021 – Apr-2022): 75.6% – performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 28.1% 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 (Oct-2021 – Apr-2022): 75.5% –performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 2.0% 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 (Oct-2021 – Apr-2022): 83.0% – performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 16.9% 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 (Oct-2021 – Apr-2022): 59.6% – performance has been directly impacted by the COVID-19 pandemic.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 identify 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 (Oct-2021 – Apr-2022): 30.2% – performance has been directly impacted by the COVID-19 pandemic.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 (Oct-2021 – Apr-2022): 48.2% – performance has been directly impacted by the COVID-19 pandemic.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 (Oct-2021 – Apr-2022): 72.1% – performance has been directly impacted by the COVID-19 pandemic.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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 (Oct-2021 – Apr-2022): 45.1% – performance has been directly impacted by the COVID-19 pandemic.
    - This represents a 2.5% 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.

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 (Oct-2021 – Apr-2022): 77.8% – performance has been directly impacted by the COVID-19 pandemic.
    - Performance is anticipated to improve as case practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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.

Chart W1.	**DCF Target**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
4-Year Graduation Rate	≥ 67.0%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%
5-Year Graduation Rate		62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	*aging*

Chart W1 shows that while the Four-Year Graduation Rates between academic years 2013 and 2021 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 16.2% of cohort students receiving acknowledgment for graduating in 2020. 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 academic year 2019 but returned to pre-COVID rates in academic year 2021.

Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates

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

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

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

Chart W2.	**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. MCAS competency determination rates were not final at time of APSR production.*
Data Source: MA data exchange between DCF and ESE

Breaking a multiyear trend of underperformance, Chart W2 shows that 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. Chart W3 below compares Massachusetts student performance on MCAS ELA and Mathematics between 2018 and 2019:

Chart W3. **2018 MCAS vs. 2019 MCAS Performance**	**ALL Massachusetts 10th-Graders** **Old MCAS 2018**	**New MCAS 2019**
ELA – *proficient or higher*	91%	61%
Mathematics – *proficient or higher*	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 (Oct-2021 – Apr-2022): 63.5% – 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 (Oct-2021 – Apr-2022): 45.2% – performance has been

directly impacted by the COVID-19 pandemic.

- 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.

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

The project includes the development of at least five initial reports utilizing two data analysis and visualization platforms. The initial reports will be shared with a pilot group of staff and stakeholders whose feedback will help inform the broader evaluation of the platforms as well as the individual reports across several criteria. This includes an evaluation of the usability, functionality, financial sustainability, development/maintenance effort, and more. The pilot feedback will also help inform statewide implementation planning activities for the selected platform, the publishing/real-life production use of the initial five reports, and the design of additional reports. The proof-of-concept was developed in the winter/spring of 2022 in preparation for a summer 2022 pilot.

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

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

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.

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

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

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 February 2021. Contracts for the new congregate care service array started on January 1, 2022. The new congregate care procurement replaces the Caring Together congregate care array, which started in 2012. This procurement allows the Department to align congregate care services with the Qualified Residential Treatment Program (QRTP) standards as outlined in the Family First Prevention Services Act (FFPSA) of 2018. Greater detail may be found in the Service Array section of the agency's 2020-2024 Child and Family Services Plan (CFSP).

An RFI for the Department's re-procurement of Support and Stabilization services was posted in October 2021. The Support and Stabilization procurement will post in late summer/early fall 2022. 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 childcare 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 though 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.

Chart F1. Foster Care Review	**SFY2016**	**SFY2017**	**SFY2018**	**SFY2019**	**SFY2020**	**SFY2021**
Children in the care of the Department during the Fiscal Year	18,253	16,057	15,507	15,164	13,934	13,037
Children who were in DCF care for more than 6 months	13,584	14,051	13,742	13,441	12,455	11,543
Number of foster care reviews convened*	11,770	14,478	14,093	13,547	12,420	12,329

Sibling groups are generally reviewed together.

Chart F1 shows that while the number of children who were in the Department's care for more than 6 months decreased 15.0% between SFY2016 and SFY2021, the number of reviews conducted increased by 4.7%. 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 can 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 two years by the untimely and heartbreaking death of a teenager with disabilities, and the disappearance of a young girl after transfer of custody to her father. The cases, which were reviewed by the Massachusetts Office of the Child Advocate (OCA) and were the subject of hearings by the legislature's Joint Committee on Children, Families, and Persons with Disabilities points to the need to further deepen collaboration among service providers, state agencies, courts, and school systems. DCF

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

responded to the OCA's findings [2], consistent with many of the issues already in process via our Strategic Plan.

In 2016, DCF committed to develop Principles of Practice, based upon CWLA's National Blueprint[3], 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.

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

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

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

In 2021, MA DCF convened a Racial Equity Work Group tasked with developing a Diversity, Equity, and Inclusion (DEI) 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 has identified 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 includes, but is not limited to:

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

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

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

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

Strategic Plan 2020-2024

In the following chart, we display our goals, strategic objectives and measures for the 2020-2024 CFSP. The Department is using the planning and decision-making process regarding the Federal Family First Prevention Services Act (FFPSA) not only to achieve a set of prevention goals, but also to advance the Department's broader initiatives to address diversity, inclusion, and equity and to eliminate discrimination in the practice of child welfare, the goals that guided this Prevention Plan are:

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

Where applicable, we have indicated cross-references to the CFSR 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.	• **Protective Intake Policy:** ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. • **Family Resource Policy:** ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation. • **Permanency Policy:** ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and	• **Protective Intake Policy:** ○ Comprehensive review completed. ○ Revision as needed completed. ○ Negotiation completed. ○ Training/implementation completed. ○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI. • **Protective Intake Metrics:** ○ By end of sFY24, **90%** of non-emergency intakes will be timely.	• **Protective Intake Policy:** ✓ Comprehensive review completed. ✓ Revision completed. ✓ Negotiation completed. ✓ Training/implementation completed. ✓ Fidelity outcome metrics completed. • **Protective Intake Metrics:** ○ Feb-2022, **85%** of non-emergency intakes were screened in timely.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		○ Training/implementation. • **In-Home Policy:** ○ Comprehensive review; ○ Revision as needed; ○ Negotiation; and ○ Training/implementation.	○ By end of sFY24, **90%** of emergency and non-emergency responses will be timely. ○ By end of sFY24, **90%** of responses will include an SDM risk assessment. ○ By end of sFY24, **95%** of reported children in a response will have a recorded in-person contact. • **Family Resource Policy:** ○ 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. • **Permanency Policy:**	○ Feb-2022 (sFY22), **74%** of emergency responses and **61%** of non-emergency responses were completed timely. ○ Feb-2022 (sFY22), **91%** of responses included an SDM risk assessment. ○ Feb-2022 (sFY22), **97%** of reported children in an emergency response and **97%** of reported children in a non-emergency response had a recorded in-person contact. • **Family Resource Policy** ✓Comprehensive review completed. ✓Revision completed. ✓Negotiation completed. ○ Training/implementation underway. ○ Fidelity outcome metrics in development. ○ Baseline and targets to be developed. • **Permanency Policy**

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			○ 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:** ○ 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.	○ Comprehensive review underway— informed by the AILT Permanency workgroup and implementation of the newly revised Family Resource policy. • **In-Home Policy** ○ Comprehensive review underway.
	2. By end of FFY21, implement Phase II of Safe Sleep initiatives with sister agencies.	• **Safe Sleep e-learning:** ○ Developed; and ○ Implemented. • Medical Social Workers and Substance Abuse Specialists	• **Safe Sleep e-learning module:** ○ Developed; ○ Rolled-out; and ○ 100% of workers trained.	• 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
		will be integrated into Safe Sleep campaign. • Convene meetings with sister agencies (e.g., DPH, DHCD) focused on Safe Sleep.	• Safe Sleep transformed from a "specialty" topic to a basic skillset for social workers. o Intakes, investigations, COINS, and FAAPs will reflect this skillset. • Safe Sleep practices will have been rolled-out within the Department of Housing and Community Development (DHCD) shelters.	• Links include: o <u>The development of the Kinship Orientation course curriculum is information on Safe Sleep. These courses will be available to all kinship/child specific families. The Safe Sleep video are posted on FosterMA Connect.</u> o Safe Sleep information for parents and caregivers o Safe Sleep information for childcare providers o Safe Sleep information for healthcare providers o Safe Sleep resources o Info about the DPH Infant Safe Sleep Policy o 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

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				included in new EA contracts.
	3. By end of the 2020-2024 CFSP period, the Department will ensure that children: a. maintain ties to family, and b. have lifelong connections. *^	• Family Resource Policy and Permanency Planning Policy review/revision will include a focus on: ○ 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.	• **Kin metrics** will be developed/tracked with the goal of increasing utilization through ongoing QA/QI: ○ Kin placement as a % initial entries into care (i.e., entry cohort) ○ Kin as a % of initial Department Foster Care (DFC) entries (i.e., DFC entry cohort). ○ Kin as a % of all placements (point-in-time counts). ○ Kin as a % of all DFC placements (point-in-time counts). ○ Kin metric baselines and targets to be established	• **Kin Metrics tracked:** ○ By end of sFY20, **24.0%** of entries into care were first placed with Kin. ○ By end of sFY21, **25.9%** of entries into care were first placed with Kin**.** ○ By end of sFY20, **31.6%** of entries into DFC were first placed with Kin. ○ By end of sFY21, **31.1%** of entries into DFC were first placed with Kin**.** ○ By end of sFY20, **39.5%** of all children in care were placed with Kin. ○ By end of sFY21, **40.0%** of all children in care were placed with Kin**.** ○ By end of sFY20, **57.8%** of children in DFC were placed with Kin. ○ By end of sFY21, **58.0%** of children in DFC were placed with Kin**.** ○ Baselines recalibrated early sFY21—standard

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			in early FFY2020 and reflected in the APSR.	range: 22%-27% of entries into care will be first placed with Kin.
			• Kin placements correlate positively with placement stability, as such, **Placement Stability** will be tracked and expected to improve.	• **Placement Stability** improved – see Sec. C.2.
			• Time to permanency correlates positively with Placement Stability, as such, **Timeliness to Permanency** will be tracked and expected to improve.	• **Timeliness to Permanency** improved – see Sec. C.2.
			• **Sibling Connections** metrics (see Strategic Objective I.5).	• **Sibling Connections** –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. ○ Lifelong Connections rate as captured during Foster Care Reviews (i.e., Periodic Reviews). ○ Lifelong Connections rate targets to be established in early FFY20 and reflected in APSR.	• **Lifelong Connections** – By Feb 2022/sFY21, **97.2%** of children/youth/young adults in care had one or more documented Lifelong Connections ○ While DCF continues to ensure that each child/ youth/young adult in care has a Lifelong Connection, this is a demonstrable area of strength.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	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. *	• **Initial Placement Review** (IPR; aka: 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency. ○ 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.	• Baselines will be established in early FFY20, and targets will be reflected in the FFY20 APSR for the following metrics: ○ **Placement Stability** rate expected to improve.	✓Reviewed 60 **IPR** meetings —findings summarized. ✓**IPR** findings compared with previously collected 6-week review baseline data. ✓Revised **IPR** implemented in all 29 Area Offices. • **Permanency Planning Conference** review has been completed by AILT Permanency Team. • Managers' Tool has been developed. ○ Training scheduled for May-2022 for managers in 5 Area Offices: ○ Permanency Team will refine tool based on feedback from 5 Area Offices, with goal of rolling out statewide in sFY23. • **Permanency Roundtables** (PRT) refresher training conducted in sFY22. ○ **PRT** implementation and oversight will be the responsibility of the new Permanency Specialists and Permanency Manager. • **Placement Stability** improved – see Sec. C.2.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			○ **Timeliness to Permanency** expected to increase/improve.	• **Timeliness to Permanency** improved – see Sec. C.2.
	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.*	• 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.	• Sibling Connections metrics & targets will be developed /tracked with goal of strengthening Sibling Connections through ongoing QA & QI: ○ **Cases with 2-or-more Sibling Placement Rate**. ○ **ALL Sibling Placement Rate**.	• Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. ○ **Cases with 2-or more Sibling Placement Rate**: By end of sFY21, **79%** (sFY20 = 78%) of cases with 2 or more siblings in DFC had at least 2 or more siblings placed together. ▪ **Target = 85%** (10% increase over baseline) ○ **ALL Sibling Placement Rate:** By end of syFY21, **63%** (sFY20 = 62%) had ALL DFC placed siblings placed together. ▪ **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.	• New Social Worker Pre-Service Training launched with curriculum and learning objectives targeted at: ○ 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.	• All new social workers are trained in newly enhanced curriculum. • Increase alignment of statistics of DCF population served with general MA population. • Metrics developed and CQI activities indicate decreased disproportionality/disparity in screening, response, and service delivery. ○ Baselines and targets to be established in early FFY20 and reflected in the APSR. • **Metrics include:** ○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI) for Consumer Children **Open with DCF** ○ **Out-of-Home Care** by Race/Ethnicity (RoD & RRI)	• New Social Worker Pre-Service Training curriculum which includes cultural humility and systemic implicit/explicit bias was completed in early sFY21. • At end of SFY21, disproportionality was evidenced for children of color on two indicators: **Rate of Disproportionality (RoD)** and **Relative Rate Index (RRI)**. ○ Targets to be developed. ○ **Open with DCF** (RoD / RRI): ▪ White = 0.6 / n/a ▪ His/Lat = 1.7 / 2.9x ▪ Black = 1.5 / 2.5x ▪ NatAm = 0.6 / 1.1x ▪ Asian = 0.2 / 0.3x ○ **Out-of-Home Care** (RoD / RRI): ▪ White = 0.7 / n/a ▪ His/Lat = 1.7 / 2.5x ▪ Black = 1.6 / 2.4x ▪ NatAm = 1.3 / 1.9x ▪ Asian = 0.1 / 0.2x ○ **Exits from Care** (RoD / RRI):

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			○ **Exits from Care** by Race\/Ethnicity (RoD & RRI)	▪ White = 1.0 / n/a ▪ His/Lat = 1.0 / 1.0x ▪ Black = 1.0 / 0.9x ▪ NatAm = 0.2 / 0.2x ▪ Asian = 1.4 / 1.4x
			○ **Reunification** by Race/Ethnicity (RoD & RRI)	○ **Reunification** (RoD / RRI): ▪ White = 1.0 / n/a ▪ His/Lat = 1.0 / 1.1x ▪ Black = 1.0 / 1.1x ▪ NatAm = - / - ▪ Asian = 1.3 / 1.3x
			○ **Exits to Adoption** by Race/Ethnicity (RoD & RRI)	○ **Exits to Adoption** (RoD / RRI): ▪ White = 1.1 / n/a ▪ His/Lat = 0.9 / 0.8x ▪ Black = 0.8 / 0.7x ▪ NatAm = 3.1 / 2.8x ▪ Asian = 0.5 / 0.5x
			○ **Exits to Guardianship** by Race/Ethnicity (RoD & RRI)	○ **Exits to Guardianship** (RoD / RRI): ▪ White = 1.3 / n/a ▪ His/Lat = 0.7 / 0.5x ▪ Black = 0.8 / 0.6x ▪ NatAm = - / - ▪ Asian = 0.4 / 0.3x
			○ **Exits to Aging Out** by Race/Ethnicity (RoD & RRI)	○ **Exits to Aging Out** (RoD / RRI): ▪ White = 0.9 / n/a ▪ His/Lat = 1.1 / 1.2x ▪ Black = 1.2 / 1.3x ▪ NatAm = 3.5 / 3.8x ▪ Asian = 0.6 / 0.6x

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. ^ *	• 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. ○ Successful bidder to *Child Trauma Mitigation Through Clinical Practice RFR* 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.	• Metrics developed and CQI activities indicate increase in trauma-informed casework practice. ○ 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.	• *Child Trauma Mitigation Through Clinical Practice RFR* drafted and submitted for internal review. • Next step: ○ RFR to be released and awarded to successful bidder. ○ Postponed due to COVID-19 pandemic.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	2. By end of 2020-2024 CFSP, DCF will utilize the lessons learned from the pilot conducted by the successful bidder to *Child Trauma Mitigation Through Clinical Practice RFR*, retrain staff regarding the traumatic effects of home removal episodes, and strategies for mitigating negative impact.	• Utilize lessons learned from the pilot to develop training on the traumatic effects of home removal episodes. ○ Implement training. • Develop a trauma-informed home removal casework practice improvement plan. ○ Implement plan.	• Metrics are developed and CQI activities indicate increase in trauma-informed casework practice during home removals. • Baselines and targets to be established in early FFY20 and reflected in the APSR.	• Dependent on II.1.
	3. By end of 2020-2024 CFSP, the Department will increase engagement of youth, families, and stakeholders on DCF task forces and workgroups.* ^	• 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.	• Baselines will be established in early FFY2020, and targets will be reflected in the FFY20 APSR for the following metrics: ○ Citizen Review Panels report an increase in youth/family participation. ○ Increase in the number of meetings where youth /family participates.	• Baselines delayed due to COVID-19 pandemic. ○ DCF's Family Advisory Council (FAC) which includes biological parents, kinship care providers, and foster and adoptive parents meet regularly to provide valuable input. ○ Representatives of the FAC are an active part of the agency's statewide managers group which convenes monthly to review performance and provide input on agency improvements. ○ DCF Area Boards include parents, foster parents, youth, community service providers and other community leaders.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				Together they provide critical community input in the Department's planning and casework practice.
	4. By end of 2020-2024 CFSP, the Department will include youth and family voice throughout the life of their cases.	• **Initial Placement Review** (aka: 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency. ○ 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. ○ Strategy to increase family participation in the development of Action Plans is developed and implemented. • Families and youth (14 and older) are actively participating in Foster Care	• Baselines will be established in early FFY20, and targets will be reflected in the FFY20 APSR for the following metrics: • Increased rate of families participating in the Initial Placement Review process. • Increased rate of family participation in development of Action Plans as measured by signed FAAPs. • Increased rate of family and youth participation in Foster Care Reviews (FCRs).	• Revised **Initial Placement Review** – see Strategic Objective I.4. • **Permanency Planning Conference** – see Strategic Objective I.4. • FAAP retraining and strategy for increasing family participation in the development of the Action Plan is under development. ○ Increased family participation in the development of Action Plans is warranted. ○ In sFY21, 69.6% (sFY20 = 72.5%) of parents/ caregivers participated/engaged in the activities outlined in the Action Plan. This metric is impacted by COVID-19 pandemic. • By end of sFY20, **99.7%** of youth/young adults in out-of-home care were invited to

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		Reviews (aka: periodic reviews). • Strategy to increase family and youth participation in Foster Care Reviews is developed and implemented.		FCRs. Of these, **38.9%** attended. ○ By end of sFY21 = **99.9%** were invited; **39.3%** attended. • By end of sFY20, **96.3%** of their non-placed siblings were invited to a FCR. Of these **8.1%** attended. ○ By end of sFY21 = **97.6%** were invited; **12.0%** attended. • By end of sFY20, **98.6%** of their parents/legal guardians were invited to FCRs. Of these, **55.7%** attended. ○ By end of sFY21 = **98.9%** were invited; **64.4%** attended. • Increased rates of family and youth participation in FCRs is directly attributed to moving from an in-person to a virtual modality.
	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.	• 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.	• Feasibility study/timeframe for implementation of electronic birth certificates will be established in FFY2020. ○ APSR (ffy2020-24) will document progress/ implementation.	• DCF and CIP continue to engage RVRS regarding electronic birth certificates. In order to proceed, RVRS needs to complete the update of its system. ○ RVRS recently restarted discussions with DCF and CIP regarding these system updates.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		• Conduct joint paternity trainings with MA CIP, DCF, the Juvenile Court and attorneys who represent parents and children.	• Number of joint paternity trainings conducted each year as documented in the ffy2020-24 APSRs.	• CIP, CPCS and DCF continue to discuss the feasibility of a joint parentage training.
		• Participate in Pathways follow-up conference-May 2020.	• DCF participation in the May 2020 Pathways follow-up conference as documented in the ffy2020 APSR.	• DCF continues to participate in Pathways initiatives as the opportunities arise.
			• December 2019 Initial Placement Review Process conference as documented in the ffy2020 APSR.	• **Permanency Planning Conference** – see Strategic Objective I.4.
		• Convene conference for attorneys, Juvenile Court judges, and DCF staff to further roll-out the Department's revised Initial Placement Review Process (formerly 6-week review)– December 2019. • Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings.	• Work plan and number of joint trainings convened with MA CIP and CPCS as documented in the ffy2020-24 APSRs.	• DCF, CPCS and CIP hold regular training meetings to determine the training needs for the state. ○ In Dec-2021, a training was held regarding Child Welfare through the Massachusetts Continuing Legal Education program. This training continues to be held virtually and both DCF staff and CPCS attorneys participate. ○ CIP supported this training including sending 40 attorneys to the training.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				• The Training subcommittee continues to work on joint trainings. ○ This year the trainings were focused on race equity, with a four-part series sponsored in part by CIP, DCF and CPCS. ○ It is anticipated that in sFY23 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.	• 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.	• Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR. ○ Hotline vendor meets or exceeds contract performance specifications.	✓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	• Funding for FRCs maintained in state budget.	• Compliance with FRC contract performance specifications are reviewed 2x/year.	• Working with UMass Medical Center, a quality review was conducted and

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	identified goals; assess performance annually, and increase access for under-served communities. ^	• Evidence based parenting supports continue to be available. • Management oversight provided to FRCs in the provision of services to the community. • Quantify and assess services provided and need for under-served populations.	○ PIPs are established and tracked as needed. • Service needs and FRC network capacity are periodically reviewed by the *Families and Children Requiring Assistance Advisory Board*— underserved communities are identified and expansion/realignment recommendations are made as needed. Accordingly: ○ 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.	benchmarks were established in sFY19. • Pilot program was launched to establish baseline life domains. • In sFY21 benchmarks were further defined in the following domains: ○ Families Served ○ Child Requiring Assistance (CRA) with Completed CANS Evaluations ○ Adult Screening Forms ○ Satisfaction Surveys Completed ✓In sFY19, four (4) micro FRCs were converted to full FRCs. ✓In sFY20, one (1) full FRC site and two (2) micro FRCs were procured. ✓By sFY21, MA has a total of 27 FRCs.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	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. *	• Ongoing assessment of the demographics of children/youth entering care to align Resource Family recruitment efforts as needed. • Ongoing alignment of family resource staffing levels according to established workload standards. • Alignment of foster care recruiter staffing levels according to established need. • Foster Care Recruitment campaign (FosterMA) shaped to target specific resource families.	• Metrics and CQI activities will be developed to measure increases in matches of children to resource families that can better meet their cultural, linguistic, health, educational, geographic, and spiritual needs. • Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: ○ Increased number of family resources recruited. ○ Increased rate of Kin-First placements. ○ Increased Placement Stability.	• Demographic data on the children/youth served is actively utilized to identify foster home recruitment efforts. • Family Resource office staffing allocation adjusted-up based on assessed need. • Increased Family Resource Recruiter allocation to one (1) per area office. • Implemented targeted resource recruitment for under-represented populations: teens, medical needs, LGTBQ, and sibling groups ○ **Family Resource Recruitment** – 1,676 (2,476 with ADLU) non-kin resources recruited /approved between Jan-2017 and May-2022. ○ As of May-2022, there are 1,697 (2,197 including ADLU) approved non-kin resources. o **Kin-First** – see Strategic Objective I.3. o **Placement Stability** improved – see Sec. C.2.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	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. ^	• Completed review and update of the Massachusetts Approach to Partnerships in Parenting (MAPP) training. • Development and implementation of a formal training program for Kinship families. • Increased quality and quantity of communication with family resources by leveraging the family resource intranet (FosterMA Connect) and e-mail distribution list. • Completed survey of the clinical support needs of family resources. • New procurement for support and stabilization services includes clinical supports for family resources.	• 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: o Increased family resource retention rates. o Decreased complaint calls to the DCF Ombudsman regarding family resources. o Assess Family Resource satisfaction and ongoing needs.	• MAPP training review is underway. • Kinship Orientation pilot underway in four (6) area offices—full implementation targeted within sFY2022. ✓ *FosterMA Connect* (foster parent interactive website) is live and continues to add members on a rolling basis. o *Foster Parent Portal* was piloted with a small group of foster parents—as of Dec-2021, all foster parents have access to the portal. Ongoing supports are in place to increase utilization. ✓ Foster families completed surveys to assess needs and resources. o 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,	• Completed procurement of support and stabilization (S&S) services. ✓ Evidence-based services incorporated into support	• Metrics and CQI activities will be developed in early FFY2020 to measure increases in trauma-informed services.	• RFI for S&S procurement was posted in Oct-2021. • Posting of the S&S procurement is expected in summer/early fall 2022.

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	kinship resources, children at home, and children in placement. ^	and stabilization procurement. • Trauma-informed approaches and cultural humility concepts are integrated and incorporated into casework practice.	• Baselines will be established in early FFY2020, and targets will be reflected in the FFY2022 APSR.	• Metrics and CQI activities to be developed to support procurement. • Baseline to be established. • Newly established *Trauma Coaches* 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.*	• 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.	• 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: ○ 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 *	• 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).	• As part of a robust ongoing QA & QI system, findings inform management decisions and policy changes.	✓DCF CQI Unit continues to conduct comprehensive case record reviews utilizing the OSRI– see Sec. C.2. • 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. *	• Continue use of surveys, focus groups, and individual interviews. • Utilize family resource intranet to solicit feedback.	• As part of a robust ongoing QA & QI system, CQI efforts are informed by youth, families, collaborators, and other stakeholders	• 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. * ^	• Presentations at conferences and other like forums. • Publish methodology and outcomes of reform efforts.	• Opportunities to present and/or to publish successful methodologies and quality improvement efforts will be documented in DCF's APSRs.	• In development – conference presentations postponed due to COVID-19 pandemic. • Harvard's Kennedy School of Government is writing a case study on DCF's agency improvement process and its use of agile/scrum. This case study is intended for mid- and senior-level city and state government managers enrolled in the Kennedy School of Government.

* CFSR PIP cross-reference ^ Family First cross-reference

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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 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 DCF child welfare social workers, supervisors and managers, the CWI promotes organizational effectiveness by building on the Department's many strengths, including:

- Core practice values that clearly state that continuous learning is an expectation for professional growth and organizational improvement.
- CWI staff and instructors that are dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities.
- Highly educated and experienced workforce.
- Historically low staff turn-over which promotes a deep knowledge of the child welfare system and practical experience in the agency. Mirroring the overall human service sector, DCF's staff turn-over rates and been variable and reflect the economic and workforce impacts of the COVID-19 pandemic.
- 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, all of DCF's non-probationary, frontline social workers and supervisors hold a social work license.
- Training programs offered by the CWI have continually evolved to include a variety of professional development opportunities for staff, including MSW fellowships, post-masters clinical certificate programs, clinical practice in-service training, child welfare conferences, and orientation training for newly hired staff.
- Staff training and professional development are essential agency priorities, which strengthen effective succession planning and cultivate organizational leadership.
- CWI activities are supported by a dedicated budget line item within the DCF appropriation.
- CWI operates a dedicated statewide training center. This facility is a large training and conference space to house all CWI training events. This is a significant resource for the CWI as it creates a permanent physical space that is designed specifically to support professional learning opportunities.

Desired Outcomes

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

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

Framework for Professional Development

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.
- Leadership Academy (LA) supports new and emergent agency leaders in developing the skills to sustain an equitable and positive organizational climate and implement change. Utilizing a coaching approach, the LA rolled out in Jun-2022 in partnership with the National Child Welfare Workforce Institute (NCWWI) and the Children's Bureau. Area Directors, Area Clinical Managers, Central Office Directors and Specialists will be trained through the LA and serve as coaches to new Area Program Managers who will be the primary LA participants. Area Clinical Managers and Area Program Managers will serve in a mentorship capacity. The LA modules include:
    - **Fundamentals of Leadership** – capacity to address persistent complex and adaptive challenges and acquire skills for the implementation of sustainable systems change.
    - **Leading Change** – knowledge of implementation science, including stages of change, and the importance of using a racial equity lens, transformational leadership, and effective communication to facilitate sustainable organizational change.
    - **Leading in Context** – engagement strategies for developing partnerships internally and externally for effective and equitable family-centered practice and transformational systems changes.
    - **Leading for Results** - capacity to work with others to make thoughtful, informed data-driven decisions that improve the well-being of staff and families.
    - **Leading People** – leadership strategies to engage staff, families, and community partners in transforming practice to better support families.

- 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. Course development is further informed through feedback provided by DCF's Continuous Quality Improvement Unit, Foster Care Review Unit, and the Office of Planning, Management and Analysis. Information about available courses is provided through a monthly newsletter, posting on the CWI Intranet page, and through the DCF Learning Management System (LMS).

- 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 operationalize 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. CWI will partner with the CQI Unit to inform training priorities based on agency needs assessments and trends in practices and fidelity to policy.

b. CWI will utilize a consistent tool for evaluating the effectiveness of ongoing training. CWI will identify metrics and process for evaluating and improving staff training. CWI will partner with the CQI Unit in an ongoing manner to better gather data to understand the transfer of knowledge from training programs into direct action and practice in the field.

c. CWI will utilize an online mechanism for tracking the 30-hour requirement for ongoing training for social workers and their supervisors. CWI will incorporate the use of MassAchieve, the new statewide LMS into everyday practice. All staff training data through Jan2022 retained in the agency's legacy system (PACE) will be transferred to MassAchieve. A new data set will be developed using the new reporting tools available in MassAchieve.

d. CWI will construct evaluation tools for all training activities using MassAchieve. 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 develop procedures for documenting and tracking staff training in MassAchieve and roll these out to area office administrative staff. MassAchieve will be utilized 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 described in the Training Plan section of the CFSP. Others are embedded in existing activities within the Department. 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 and (1) is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

- Status: 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.

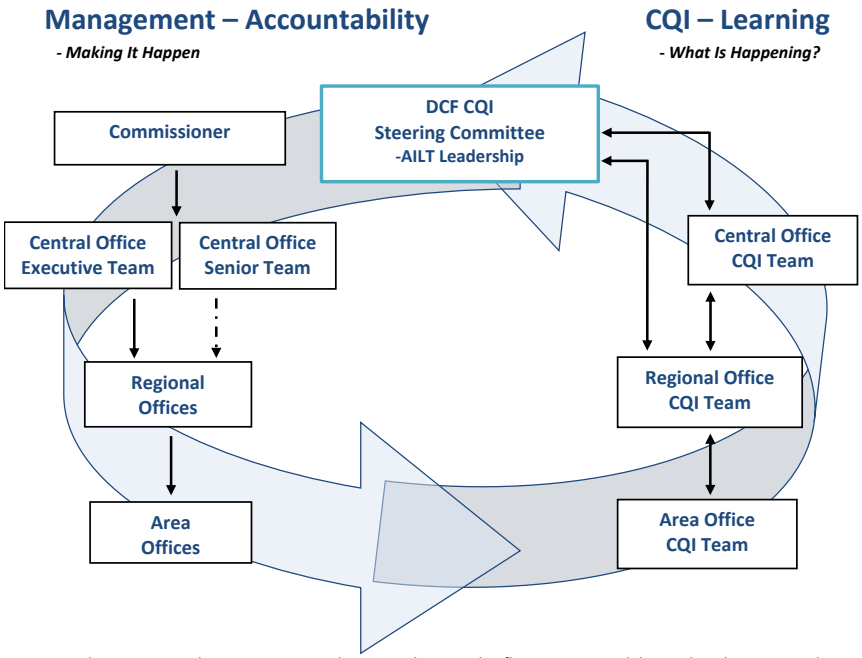
Key Activity 4: Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively, consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include the Department's executive team. The foundational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



***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.*

- 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.

- 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	
Team Composition	***Team Functions***
• 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	• Review data related to caseload, practice, systems performance, and child/family outcomes on a monthly/quarterly (TBD) basis. • Identify performance challenges and strengths and develop action plans in response to these. • Ensure that the review process is characterized by learning and reflection. • Develop and implement action/improvement plans, evaluate results, and modify plans accordingly in a process of continuous improvement. • Participate in monthly/quarterly (TBD) regional office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

REGIONAL OFFICE CQI TEAM	
Team Composition	***Team Functions***
• Regional Office Managers • Regional Counsel(s) • Regional Office Specialists and Support Staff as indicated • CQI Specialist(s)	• 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	
Team Composition	***Team Functions***
• Executive Team • Senior Staff • AILT Leadership • CQI Director	• Conduct monthly/quarterly/semi-annual (TBD) reviews of Regional/Area performance and action plan status. • Determine priorities for Area/Regional CQI Team Review as indicated. • Conduct quarterly (TBD) CQI reviews of Central Office functions and services. • Ensure that the review process is characterized by learning and reflection. • Ensure that training, agency policies, and other resources support identified Area/Regional practice and system changes. • Identify exemplary practice and system improvements, and disseminate across Areas and Regions, and internal/external stakeholders as indicated.

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

Progress – Central/Regional/Area Office leadership teams were trained on the agency CQI model, process and content, as well as the tools/methods of CQI. Training is provided to newly hired/promoted managers. Furthermore, as of April 2022, more than 200 data fellows completed 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 of 30 data fellows is underway and expected to graduate in May 2022.

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. Doubling its capacity in SFY2022, the CQI Unit consists of a unit director, two (2) CQI Quality Managers and two (2) CQI Specialists (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, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). 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 continued beyond the completion of the CFSR3 PIP and in Jan-2022 expanded to 100 cases every 6-months.

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, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). 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 (and continues to develop/refine) 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, and 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, Quality Contacts, Foster Care Review, Supervision, and Interim Reunification Guidance.

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 an MS Excel template for recording Case Review Module findings. While this strategy has proven to be sufficiently reliable, an MS Access Database structure for recording findings is under consideration.

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 included 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 was completed in June 30, 2020.

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

Progress – The finalized curriculum was implemented in SFY2021.

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 was addressed simultaneously (linked) with the development and completion of pre-service curriculum revisions and the implementation of the revised pre-service curriculum. Formal and informal learning evaluations are completed by pre-service participants and utilized as a mechanism for assessing transfer of learning around key practice elements. These formal and informal learning evaluations provide feedback for course adjustment and continuous quality improvement.

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.

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

Progress –On-the-Job Learning (OJL) strategy and process has been implemented. Ongoing review/refinement is underway.

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. These evaluations provide feedback for course adjustment and continuous quality improvement.

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 provides training and technical assistance on an as needed basis. 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 was provided by the CB Regional Office throughout the PIP period and will be sought prior to and during CFSR4.

Data Source and Approach to Measurement (Post CFSR3 PIP)

Massachusetts reviews 100 randomly selected cases every 6-month period using the Children's Bureau's CFSR On-Site Review Instrument (OSRI). Results are documented within the CB's Online Monitoring System (OMS).

For each 6-month period, 60 (60%) of the selected cases are Out-Of-Home (OOH) cases and 40 (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. Fourteen (14, 14%) of the 100 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. The CQI Unit is assigned out of the DCF Central Office and is under the senior leadership of the Deputy Commissioner for Quality Improvement, Data Analytics and Reporting, and Professional Development.

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 or the Quality Managers complete a second level review of every case.

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 during the CFSR or PIP).

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 during the CFSR or PIP).

Concerted efforts to conduct the above interviews include:

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

Interviews are conducted in-person whenever possible. Approval for virtual contact may be sought from the Deputy for Quality Improvement 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 must be sought from the Children's Bureau during the CFSR or PIP). 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 FFY2023 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 FFY2023, the Department will continue to use grant funding to achieve the following key outcomes. This funding allocation is consistent with FFY2022:

- *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.

Estimated 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	89,823 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	15,400 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	418 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. The Department believes that having a private agency provide post-adoption services provide adoptive families with direct access to a broader array of services that can be less threatening than requiring families to work directly with the state's child protection agency.

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

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem solving, coordination of services, and home-based counseling.

- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers, or clinicians. Most meet once a month and some are co-sponsored with other organizations. All support groups are open to new members and additional support and psycho-educational groups are formed as needs are identified.

- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison are matched as closely as possible according to the needs, interests, and expectations of all involved. Geography, life experiences, diversity, and the family's style of relating are some of the areas considered in making a match. Ongoing support and training are offered to families participating in this program.

- *Adoption Competency Training:* Training opportunities are available for professionals interested in enhancing their work with adopted children and their families.

- *Respite Care:* Respite care is available on a time-limited and planned basis for hourly, daily, or overnight care. These brief supports can help to alleviate stress, strengthen family relationships, or respond to an unanticipated family event. Limited respite services are available to families in

or out of their homes. These services are matched as closely as possible to the needs and ages of the child(ren), geographic area, family characteristics, and dynamics. Ongoing support is offered to families participating in respite. Group respite activities, as well as family social activities, are also available statewide throughout this component.

Any family who resides in Massachusetts that has legalized an adoption or permanent guardianship can access the post-adoption services. Approximately 11% of the families working with Adoption Journeys in 2021 were inter-country adoptions. This represents adoptions from 15 sending countries.

The number of new intercountry adoptions by families in Massachusetts had been declining. However, according to State Department data, there were 31 inter-country adoptions in Massachusetts in 2020, down from 43 in 2019, and 60 in 2018. 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. However, MA DCF does intend to further enhance the clinical support services to this demographic in an upcoming RFR with plans of implementation in 2023.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Children under the age of five are a vulnerable population. Therefore, our focus needs to be on reducing their length of time in care. DCF encourages and supports parents by providing services to minimize the need for children to enter care by providing support and guidance to help strengthen the family's situation in order to reunify the child(ren) and reunify the children in a timely manner. The Permanency Planning Policy mentioned in last year's report, continues to provide guidance for safely maintaining a child at home and if placement becomes necessary, making sure the child's first goal is reunification with their family.

DCF's Permanency Planning Policy (revised May 2021) involves a mix of child-centered, family-empowering casework and legal strategies that ensure children have caring, stable, lifetime families and that safety remains the paramount concern throughout the family's involvement with the Department. Permanency planning begins with the goal of safely maintaining a child at home. If placement becomes necessary to ensure safety, the child's first goal is reunification with her/his family.

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

For families involved with the Department, the initial goal is to stabilize the intact family. This goal is supported by the DCF social worker and services obtained through community resources. Resources include the Department's Family Networks contracts, which provide Support and Stabilization services to the family which are broad and targets the needs identified through the

Family Assessment, and services obtained through other state agencies (mental health, substance abuse, etc.)

Table 1AB: Unique count of children under the age of five by Home Removal Event (HRE) end reason FY2021

Home Removal Event (HRE) End Reason	Number of Children (ages 0-5)	Percentage of Children (ages 0-5)
	FY2021	FY2021
Child Returned Home	954	70.8%
Child Adopted	319	23.7%
Guardianship	38	2.8%
Custody to Other Individual	37	2.7%
Grand Total	**1348**	**100.0%**

Table 1B: Unique count of children under the age of five by Home Removal Event (HRE) end reason FY2022 YTD

Home Removal Event (HRE) End Reason	Number of Children (ages 0-5)	Percentage of Children (ages 0-5)
	FY2022 YTD*	FY2022 YTD*
Child Returned Home	568	60.8%
Child Adopted	306	32.8%
Guardianship	34	3.6%
Custody to Other Individual	26	2.8%
Grand Total	**934**	**100.0%**

**FY2022 YTD (July 2021-April 2022)*

The Department encourages and assists parents to support reunification and reduce the length of time their child is in care by utilizing the parents' own strengths and resources as well as community, 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 care programs
- Youth Enrichment activities
- Substance abuse counseling and treatment resources services
- Domestic violence services, including services for victims and offenders

- Mental health services
- Healthcare resources
- Vocational, job training, and employment services
- Financial assistance
- Housing assistance services
- Developmental disability services
- School-based services and Early Intervention programs
- Camping and other community-based recreational/educational resources
- Parenting support groups
- Organizations serving ethnic and linguistic minority populations
- Religious organizations
- Civic and other community groups

DCF is also responsible for providing information and referrals to families and children that will connect the family with the previously mentioned resources. Families also have access to DCF provided case management and access to our Medical Social Workers that are in each area office.

Department-Related Services

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

Whenever possible and appropriate, the child is placed together with full, half and/or stepsiblings already in or also requiring placement. Kin are also explored as an initial placement for children coming into care as a way to minimize the trauma of placement outside of the home and to keep the child within their community. Children are placed as close to home as possible to support opportunity for frequent visits with their family, maintain the continuity of school and childcare, and provide for culturally appropriate community involvement.

Child Care Vouchers:

As of May 6, 2022, there were a total of 11304 children in childcare statewide of which an approximate 27% (3,029) are in foster care. According to EEC data, 7434 of the children served in supportive childcare are under the age of five, 28% of these children are in foster care. We are continuing to work with EEC to increase access for our children from birth to five.

Placement Process:

Placement decisions continue to be 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. Kin are always explored first, whenever possible.

Initial 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. The Team's role is to support the child's placement while addressing her/his needs for safety, well-being and permanency. The Team gathers and reviews information about the child and family from the parents; kin; educational, medical and mental health providers; foster/pre-adoptive parents or other placement providers; and others familiar with the child and family's history, strengths and needs.

The child-specific information gathered during the first six weeks of placement encompasses the child's medical, educational, emotional, psychological and social history and current functioning. This information augments the comprehensive family assessment, which is being completed simultaneously or, if completed previously, is being expanded to incorporate the additional information required by the child's placement. The information is used to support appropriate service planning and service provision to the family and the child who is in placement, while at the same time establishing the foundation for achieving permanency for the child.

If placement beyond six weeks is needed and the child's initial placement has not been with kin or someone from among the family's network of significant relationships, or if siblings have not been placed together, efforts are made with the parents during the first six weeks to identify someone known to the child and family with whom an approved placement can be made. Documentation of contacts with kin is required.

The 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 six weeks of placement and the parents' participation in services and completion of tasks identified in the Service Plan also are reviewed.

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

1. Designation of Foster Care Six Week Placement Review Team

2. Team Tasks:

- Review the reasons for the child's placement;
- Discuss decisions that have been made and what we have learned since the child's placement;
- Assess the quality of care provided to date, and identify any unmet needs;

- Determine whether out-of-home placement continues to be necessary, and whether the current placement is in the best interests of the child;
- Establish a goal that is in the child's best interests;
- Identify any accommodations needed; and
- Determine next steps.

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 nine months following the date of placement;
- If the outcome of a nine-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 Reviews Policy

Another activity that helps DCF understand a child's length of time in care, is the Foster Care Review process. Foster Care Reviews are scheduled by the sixth calendar month after at least one child under the age of 22 in a family is placed in care and held no less frequently than once every six months. 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. This independent unit operates outside of the Department's day-to-day delivery of casework services and is dedicated to quality oversight of case decisions.

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's 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 under 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 their safety, permanency and well-being?
- The extent of progress made toward achievement of the child, youth, or young adult's Permanency Plan
- The child, youth or young adult's most appropriate Permanency Plan determine by the FCR panel
- The projected date for achieving the child, youth or young adult's Permanency Plan

Improvement:

Between 2020 and 2022 there was a rise in the average length of a child's home removal episode for children under the age of five who obtained permanency either through returning home or through Adoption, Guardianship or Custody to another Individual (see Table 2). The length of the home removal episode is measured in days and encompasses the child's entire time in placement; this may or may not include multiple placements.

Table 2: Average number of days in placement for children under age 5 exiting by HRE end reason by FY 2022.

Home Removal Event (HRE) End Reason	Average of Number of Days in HRE 2020	Average of Number of Days in HRE 2021	Average of Number of Days in HRE 2022
Child Returned Home	301.4	329.2	366.3
Guardianship (Custody to another Individual)	807	887.1	883.9

**FY2022 YTD (July 2021-April 2022)*

Updates on Activities outlined in the 2020-2024 CFSP

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

- The Family Find Pilot is still a service offered in 11 of the 29 area offices. This pilot supports identifying appropriate kin as placement resources for children initially identified as needing unrestricted foster placement. Based on the Family Find Pilot work, the department has determined that it is necessary to incorporate it into our foster care structure. Therefore, we are creating dedicated kinship units in all 29 area offices to carry out those responsibilities. We will begin the rollout in July 2022. In the fall of 2022, the Department will implement the Foster Care policy.
- The Family Resource policy has been reworked and the new policy is expected to roll out Fall 2022. Several other policies have been updated, including the Disability Policy.
- Aggressive data collection & analysis to monitor permanency work with this population continues.

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

    - Referrals will continue to be made to Early Intervention for children under three years of age.
    - 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.
    - Continue to work with EEC to provide vouchers for childcare, which includes daycare and after-school care.
    - The new DCF Disability Policy went into effect in January 2022. Studies have found that children with disabilities are more likely to experience maltreatment. (See, The Risk and Prevention of Maltreatment of Children with Disabilities, Bulletin for Professionals, January 2018, Child Welfare Information Gateway). When the supports and services a parent/caregiver needs to meet the daily care and supervision of a child with a disability are lacking, a parent/caregiver may be more susceptible to physical, emotional, and economic stressors that can increase the likelihood of maltreatment. It is imperative that children with disabilities receive services tailored to their individual needs and that the Department assesses how the parent/caregiver and child relate to one another and form bonds, including understanding how disabilities can impact the parent-child relationship and family functioning.

3. *Temporary Child Care Program (formerly known as Short Term Child Care)*

    DCF continues 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, who need short-term childcare while awaiting placement stability. This work began in 2019, was limited during the height of the pandemic in 2020 and began to expand again in 20021. Currently, three DCF Area Offices are utilizing the program, and seven additional offices are in the contracting process and should have access to the program by July. During FFY 2023, DCF plans to expand the program to all Area Offices.

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 spent $482,240 of the allotted $596,272 supplemental Title IV-B, subpart1 funds provided through the CARES Act during the approved timeframe (all funds were obligated by September 2021). Per our approved plan, the Department spent our funds in the following manner:

1. **Purchasing technology for families ($245,903)**

   - 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 cellular service plan for families who requested it.

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

   - Due to COVID-19 many children were unable to attend childcare and school and were 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.
- All five regions of the state have staff participating in the pilot.
- Kinship and unrestricted foster families are being served.
- The pilot is still ongoing and is testing the program design and effectiveness.
- To date it has been well-received by families who report that receiving skilled supports from fellow-foster parents helped them to deal with behavioral health challenges more effectively and helped them to avoid placement disruptions

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. It provided services to 106 foster families through September 2021. The breakdown has been approximately 60% unrestricted and 40% kinship families and 80% of families have fostered for less than two years. The majority of foster families were caring for children ages 12 and under.
- To date it has been well-received by families who report that receiving skilled supports from fellow-foster parents helped them to deal with behavioral health challenges more effectively and helped them to avoid placement disruptions.

3. Supporting the mental health needs of children and youth ($36,337)

Originally, 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 fewer families than expected requesting cellular services on their devices, the Department received approval through the FFY 2022 APSR 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.

1. Additional funds for *Behavioral Health Family Resource Liaison (FRL) Pilot to* increase their capacity to provide behavioral health support to foster families (budget amount: $64,000).

   Unfortunately, the non-profit contracted to launch this new program was unable to utilize the vast majority of these additional funds during the required timeframe. Only $7,897 was used (above the $200,000 original provided to them).

2. Purchasing copies of *Strategies for Child Welfare Professionals Working with Transgender and Gender Expansive Youth* by Gary Mallon (budget amount: $4,500).

   $4,500 was spent and these books were purchased and distributed to all DCF Area Offices.

3. Purchasing lock boxes for foster parents to ensure medications are safe stores (budget amount: $35,000)

   $20,340 was spent to purchase approximately 1,000 lock boxes for DCF Area Offices to support foster parents, kinship and biological families to ensure safe storage of medication. The remaining money was unable to be spent due to supply chain issues due to the COVID-19 pandemic.

4. 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 (budget amount: $2,500)

   $1200 was spent. DCF was able to get a reduced cost over the previous estimate when we placed a bulk order.

5. Suicide 101 Training for staff (budget amount: $10,800)

   $2400 was spent. The provider was unable to provide the training more than monthly and within the required timeframe needed as they were experiencing staffing challenges.

6. Mental Health 101 training for new social workers (budget amount: $21,600)

   Unfortunately, the providers were unable provide this training within the required timeframe due to staffing challenge

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Throughout this year, the Massachusetts Department of Children and Families (DCF) used the funds in the Promoting Safe and Stable Families (PSSF) grant to identify strategies and address primary prevention services and outcomes in community-based child welfare work. The result of this work will allow for further understanding and direct resources to reach underserved

populations. Working with Community Connections Coalitions (CCC) and other partners, we can continue to address disproportionality through family support and related improvement the focus on enhancing the lives of the children, youth, and families we serve.

In FFY 2022, DCF continued meaningful engagement with a range of system partners and individuals with a vested interest in improving family engagement practices while setting standards for future policies and system development. Inter-agency collaboration facilitates access to training opportunities to support staff development and increase professional knowledge of other systems and resources for families. Listed below are some agencies and groups partnered with DCF, offering helpful resources to parents.

- Family Advisory Committee (FAC)
- Parents Helping Parents (PHP)
- Coalition Against Period Poverty (CAPP)
- Family Resource Centers (FRC)
- Children Trust (CT) MA Family Support State Collaborative
- Family Nurturing Center (FNC)
- My Time Drop In Group for Parents/Caregivers
- Federation for Children with Special Needs (FCSN)
- Juvenile Detention Alternative Initiative (JDAI)
- Worcester Police Department (Car Seat Safety Course)
- Community mobile vax clinics
- Fatherhood Research Institute (Addressing Black Fathers and Mental Health)
- Essential for Childhood Development
- Department of Mental Health (DMH)
- Parent Professional Advocacy League (PPAL)
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC)
- Mental Health Advocate Program (MHAP)
- Charter Oak Consultant group

Family Preservation

Over the last three years, families encountered many challenges while attempting to provide a stable home for their children. It becomes a daunting task for families who reside in underserved areas. Data from the Children's Bureau service shows that societal inequities have more of an impact on families who belong to underserved communities that were and are affected by opioid addictions, COVID-19, and racial disparities. Preventing children of individuals who are members of Black, Indigenous, People of Color (BIPOC), and Latinx from entering the child welfare system unnecessarily or diverting families, when possible, can result in less separation of children from their families. Deliberate integration of policies and practices that provides opportunities for the Department to collaborate with community stakeholders/partners will strengthen child welfare capacity to improve on the building blocks that promote community-driven practices. Several coalitions implemented a community hubs approach to service delivery using best practice models.

The Lawrence Community Connections Coalitions used the hub model to focus on families dealing with addictions focusing on acute cases. It expanded services to additional families of the Latinx

community involved with DCF. The Chelsea Community Connections Coalitions collaborated with the Chelsea Police Department, CAPIC, Inc., and Massachusetts General Hospital to provide wrap-around service support to families in crisis. It allowed a network of over 30 providers to administer 24-hour immediate intervention and support to families.

Community-Based Family Support

To promote the successful implementation of community-based family support that aligns across geographics and demographics, the Department encouraged family-based programs to identify additional supports needed to achieve an effective family continuum. Examples of implementation support include The Pathways for Parents program addresses the need for special education support within DCF and particularly in Family and Community Engagement programs. The present manager, Eileen Sandberg, PhD. has been in this role for the past three years. The program supports the 27 Family Resource Centers (FRCs) around the state and Community Connections Coalitions, Grandparents Raising Grandchildren, and the DCF Family Advisory Committee with training, technical assistance, and direct support for special education. Additionally, in partnership with the DCF Director of Mental Health, a series of training for DCF foster parents in Question, Persuade, Refer (QPR) Suicide prevention has been positive amongst historically underserved and marginalized families.

In Massachusetts, thousands of children are being raised in homes absent of fathers or positive male role models. Caregivers who find themselves in this situation may lack adequate emotional and financial support leading to family stressors that increase the likelihood of abuse and neglect. The Massachusetts Department of Children and Families recognizes the need for meaningful investments in fatherhood engagement. Through the years, DCF has partnered with the Family Nurturing Center (FNC) and other organizations to provide fatherhood programs.

The 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 about expanding existing programs or implementing new Nurturing Programs. Based on that interest, FNC has updated or modified several of our training (i.e., Facilitating Children's Groups in Nurturing Programs, Engaging Families Virtually, etc.) and continues to evolve its flagship training (i.e., Developing Nurturing Families and Communities; Nurturing Birth, Foster, and Kinship Families (BFK); and the Nurturing Fathers' Program Facilitator Training, etc.).

Sue Parker, Maxine Hall, Heather Bialecki-Canning, and Paul Melville (all nationally recognized Trainer/Consultants for Family Nurturing® Programs) continue to support Family Resource Centers in implementing the Adult Adolescent Parenting Inventory (AAPI 2.0) across the state and to address issues of program fidelity. John O'Neil, Paul Melville, and LaWaun Curry (all Master Trainer/Consultants recognized by Mark Perlman's Center for Growth and Development) have continued to work with Mark Perlman and the Nurturing Father Program's national staff on a rollout of the new Second Edition of the Nurturing Fathers' Program. Over the past year, FNC has:

- Delivered five (5) trainings for Family Resource Center staff on the AAPI 2.1 using the Zoom platform, delivered one (1) training on the AAPI 2.1 specifically for Family Resource Center leadership, and delivered one (1) advanced level AAPI training for Family

Resource Center staff who had taken a previous training and been implementing the tool with the families they serve.

- Continued to work with Boston Region Area Directors and Coastal Regional staff to build interest and capacity in the BFK Nurturing Program. Provided eleven (11) virtual Nurturing Programs for the Boston Regional office. Nurturing Families Programs were offered in English, Spanish, and Cape Verde Creole, and Nurturing Fathers' Programs were offered in Spanish and English.
- Redoubled efforts and programming related to Diversity, Equity, and Inclusion (DEI); to help providers better support BIPOC, LGBTQIA+, and Special Education connected families.
- 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.
- Delivered an additional thirty-four (34) trainings to separate people throughout the state (i.e., United Way, Boston Public Health Commission, Jamaica Plain Neighborhood Development Corporation, etc.)

FNC is the approved Training and Technical Assistance Center for Nurturing Parenting Programs in the Commonwealth of Massachusetts. Throughout this year, FNC has continued to build capacity by working closely with the Central Office and Regional Community Support Managers to identify the program needs of area offices throughout the state. FNC has offered twenty-one Nurturing Programs and Parent Education Programs: nine Nurturing Fathers' Programs, nine Nurturing Families Programs, two Breakthrough Parenting Programs, and one Seven Skills Program throughout the Boston Area. DCF Area Offices worked in collaboration with twelve of these programs. FNC works closely with DCF, University of Massachusetts Medical School (UMMS), Community Connections Coalition, and Family Resource Center leadership to strengthen existing Nurturing Programs and develop new Nurturing Programs throughout the Commonwealth.

In addition, FNC elevated its original Birth-Foster-Kin program by delivering a three-day training in Spanish for the first time and supporting a Spanish Language (BFK) program available to DCF families throughout the Boston Region.

FNC has supported numerous Regional and Area Offices in myriad ways. During the COVID-19 pandemic, the state-wide demand for Nurturing Programs has remained 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 Fatherhood Engagement Leadership Teams (FELTs) and helped expand them throughout the Commonwealth. To facilitate this goal, FNC has continued to host quarterly statewide FELT meetings. Four sessions have taken place during FFY2022. In the two-year existence of the quarterly meetings, FNC has an email list

of over 100 social workers and DCF partners who attend FELT activities. Each month a save-the-date reminder is sent out, inviting social workers and leadership from every Area Office to the meeting. The FNC also worked with the Department to establish a statewide FELT committee comprised of current and former DCF staff.t It is hoped that the newly formed committee will provide leadership and direction to the FELT initiative. There have been three meetings to date. The ideas discussed were on how to distribute the FELT Newsletter; to compile a survey for DCF staff to ascertain their interest and experience regarding FELT; how best to prepare workers during Core Training to be more inclusive of fathers on their caseload; and the possibility of making recommendations to DCF leadership that will make father engagement standard policy within DCF.

FNC also offered ten trainings for DCF social workers and Community Connections Coalitions staff. It expanded on the work done in FFY 2022 to offer all training virtually on Zoom and to provide five Family Program Facilitator Trainings and five Fathers Facilitator training.

Fathering Ambassadors Program remained popular throughout the year. The program continued to offer all presentations virtually in FFY 2022. There are currently six Ambassadors (including two new additions to the team). Ambassadors also participate in *the Fathers Helping Fathers'* after-care group. They also weigh in on the *Fathers Helping Fathers* virtual support community (an email listserv) that regularly provides resources and connections to a growing group of Nurturing Fathers' Program graduates. To date, the program has eighty-seven graduates. The group continues to strive to ensure that the group is diverse by race/ethnicity and is representative of the state demographic.

FNC continues to develop data analysis and outcome measurement strategies to support program implementation. In FFY 2022, FNC provided a separate training in understanding and using the AAPI 2.1 to several FRC staff (five trainings), to FRC leadership (one training), and to experienced staff who had previously been trained and had been utilizing the AAPI with families (one training).

FNC has provided technical assistance and consultation related to fidelity of Nurturing Programs to numerous entities throughout the Commonwealth. Individual and group consultation has been provided. FNC has provided technical assistance and consultation related to fidelity of Nurturing Programs to numerous entities throughout the Commonwealth and individual and group consultation sessions. We implemented a new monthly Technical Support Hour, and several FNCs have utilized the service. FNC intends to continue offering this monthly through FFY 2023.

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 these programs as requested

FNC has continued its contract with DCF to assist FRCs in obtaining curriculum materials for all versions of the Nurturing Parenting Programs. As part of this work, FNC/DCF consult with each CCC/FRC looking to offer a Nurturing Program to determine which version of the program best

meets the needs of their families, orders all appropriate curriculum materials, and then invoice DCF the cost of materials minus a 10% discount.

In FFY 2022, the program placed 23 orders and worked with 12 FRCs in Quincy, Northern Berkshire/ North Adams, Fitchburg, Cape Cod/Hyannis, 18°/ Pittsfield, Lynn, Southbridge, Athol, Greenfield, Brockton, Ware, and Taunton/Attleboro.

In FFY 2022, FNC has maintained and strengthened the Statewide Nurturing Network by planning, hosting, sponsoring, and collaborating with local, statewide, and regional events for Nurturers and other family support professionals. Virtual events included several regional Nurturing Fathers Institutes (with a significant focus on Diversity, /Equity, and Inclusion; the support of families who identify as BIPOC and/or LGBTQ+), the New England Fathering Conference, and Regional Fatherhood Ambassador presentations. For the first time in three years, we delivered an all day, in-person Nurturing Network Meeting to approximately fifty professionals. This event included a keynote presentation by the author of Nurturing Parenting Programs with African American Families and several workshop options that addressed the engagement of specific populations (i.e., Spanish speakers, special needs families, African American Families, and fathers).

In FFY 2022, the Family Nurturing Center of Massachusetts (FNC) continued to adapt throughout the pandemic. FNC was a supportive lifeline to families, front-line workers, and its staff as they coped with the continuing work and home-life challenges of COVID-19. FNC modified its program offerings to suit the ever-changing needs of participants with a combination of technology, in-person, and telephonic support. In FFY 2023, FNC will continue to respond and adapt to whatever the present needs.

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 and perhaps to several PATCH teams throughout the state.
- FNC will continue to expand the Fatherhood Ambassadors program by identifying and training new Ambassadors with greater diversity and wider geographic representation.

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, the Nurture Hope! curriculum for families with a child who has special needs, and the Nurturing Parenting Program for African American Families supplement.
- 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 continue 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.
- FNC will continue its partnership with regional Fathers and Family networks and the New England Fathering Conference to bring current Diversity, Equity, and Inclusion best practices to as wide an audience as practical.

Strategic Planning and Communication

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

Opportunities to hear from a parent and community members can support efforts to integrate child welfare and community-driven perspectives and help strengthen the overall child welfare system. Working with the Inter-Agency Fatherhood Workgroup (IFWG) to integrate responsible fatherhood work, DCF contracting with an agency familiar with the fatherhood movement, and The Charter Oak Group to provide training, support, and development a strategic plan to address cross-agency work

The Charter Oak Group, LLC (COG) has considerable experience leading and supporting statewide strategic planning efforts, developing measures to understand the success of the resulting system and program initiatives, and working with government agencies, constituents, community, and provider partners collaboratives.

COG uses a data-informed participatory approach to planning and values the input and expertise of legislative sponsors, agency staff members, fathers, and community and provider partners. COG utilizes a Results-Based Accountability (RBA) framework because of its effectiveness and appropriateness for population, system, and program level planning.
For the first three months of the Massachusetts Fatherhood Collaborative strategic planning work, COG engaged in background and research on the project. Initial meetings with the Interagency Fatherhood Working Group (IFWG) were used to gather information on the current programs, policies, and procedures, and the related outcomes having an impact on fathers and their relation to their families and communities. With the input of the working group, COG initiated the strategic planning process, and engaged group members in the new process.

During FFY 2022, COG worked with DCF and the IFWG to conduct stakeholder interviews and focus groups via Zoom to create the framework and process that guides the work of the six groups. The groups focus on one of the priority domains identified as being of critical importance by the IFWG. Five of the strategies cut across agencies, and the sixth is DCF-specific.

During FFY 2023, the COG will facilitate the completion of the workgroup's efforts, integrate strategies developed by each group, and identify a comprehensive measurement strategy to ensure sufficient information to guide the implementation of the strategic plan. The goal is to draft the strategic plan by September 15, 2022. We will fine-tune the draft plan between October and December 2022 and have the final completed by December 15, 2022.

The COG will:

- develop domain-specific strategies with action steps, cross-cutting strategies with action steps, and DCF-specific strategies with action steps.
- develop recommendations for local, regional, and statewide piloting of individual strategies in the plan.
- enhance the working MFC RBA framework, including the Data Development Agenda. Provide recommendations for structure, governance, and operation of the MFC, and make recommendations for the sustainability of the MFC and the related strategic initiatives.
- provide recommendations for a transition planning to address possible changes in the state executive and legislative branches.

Adoption Promotion

The Department of Children and Families continues to focus on increasing services for pre-adoptive families. The Parental Stress Line supports empathy and crisis intervention counseling for parents and caregivers having difficulty with the stresses of parenting. Fatherhood Ambassadors and the Parent Helping Parents (PHP) is used by potential adoptive parents as a supportive resource when feeling stressed. PHP is committed to supporting parents in their efforts to ensure the safety and well-being of their children. PHP provides a safe space and supportive environment that gives parents non-judgmental emotional support. Building trust, mutual support, honesty, and collective wisdom can become the foundation and catalyst for a parent's personal growth and change. PHP's approach is preventative. A parent can actively guide and nurture the family and deal effectively with parenting crises once the emotional support of the parent has been strengthened. PHP provides parents with immediate access to services by telephone or in groups to get support as they need to strengthen their family relationships in a proactive, constructive, and healthy way.

Additionally, PHP operates a statewide network of virtual and in-person mutual support groups for parents who are isolated, overwhelmed, or concerned about their anger toward their children. The PHP mission is "empowering parents to nurture children in a safe home."

The parent support group is free, weekly, and ongoing. It focuses on prevention of child abuse through a mutual support model. Group leadership is provided by volunteer facilitators from a health or human services background and teamed with parent leaders recruited from the group's parent members.

Family Reunification

Coalitions help ensure families of children in foster and congregate care placement continue to receive community-based services. The goal is to prevent loss of benefits, such as housing, financial and other resources that can result from or contribute to family instability that may lead to children placed in care. Coalitions were able to target service delivery to meet the needs of the

families. Brockton Community Connections Coalition partnered with Plymouth County DA's Office and school districts across the county to implement the Helping Traumatized Children Learn Model, an evidence-based training on childhood trauma and resilience. Approximately 100 schools, parents, and court personnel participated. This trauma response curriculum allows participants to recognize early trauma responses in students and limits potential home and classroom disruptions. The Jamaica Plain Coalition facilitated a Moms Café with participants needing more support to engage DCF. It allowed them to learn about the child welfare system. Many of the participants were able to gain custody of their children after attending the group. Lynn Coalition formed a sub-committee to support DCF-involved families. The objective was to have parents and agencies improve collaboration and strengthen relationships with education, court, DCF, and problem solving on high-risk cases.

Opioid use continues to be one of the major contributing factors when it comes to the involvement of children in the child welfare system. According to the U.S. Center for Disease Control (CDC), one in ten children has lost a caregiver to either COVID-19 or a fatal overdose leading to many children raised by their grandparents. The Commission on Grandparents Raising Grandchildren has been a leading force in advocating for resources that support grandparents.

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

Due to the ongoing impact of the COVID-19 pandemic, many programs continued virtually. Virtual workshops covered in The Commission's virtual workshop series for grandparents raising grandchildren included topics such as:

- "How Trauma Impacts Children,"
- "Understanding Special Education,"
- "Planning for Your Grandchild's Legal Future"
- "The Benefits of Positivity on Health."

Over 250 grandparents participated in these workshops. Additional virtual programming included training for service providers on "How to Start a Support Group for Grandparents Raising Grandchildren."

The Commission started a weekly virtual support group for grandparents raising a grandchild in Massachusetts since many groups paused. An estimated 100 grandparents participated in the virtual support at least once. The Commission also facilitated monthly meetings with support group facilitators across the state and provided ongoing technical assistance.

In FFY 2022, the Commission provided scholarships to 220 grand-families through memberships in community recreational activities for grandparents raising grandchildren. Due to the pandemic, intergenerational scholarship opportunities changed from planning a large group activity to providing grand-families memberships to various places, such as Massachusetts Audubon Society, Plymouth Plantation, and Franklin Park Zoo and others. These memberships allow grand family to

enjoy an activity together safely during the pandemic and provides a respite opportunity for the caregivers.

The Commission continued its legislative and policy advocacy this past year. The Commission worked closely with the Department of Transitional Assistance (DTA) on issues raised by grandparents and relative caregivers about the Temporary Assistance to Families with Dependent Children (TAFDC) child-only grant. The Commission met several times with the Commissioner of DTA and the team at DTA to consider different proposals to increase access and awareness of this benefit for guardians. Beginning in FFY 2022, DTA modified a policy to allow grand-families/guardians who receive the TAFDC child-only grant to qualify for childcare. This change will significantly help working grandparents and guardians.

A new partnership for the Commission in FFY 2021 was a collaboration with the Court Improvement Program (CIP) and the Kinship Navigator Program (KNP) to develop a program to engage guardians and assist them in accessing services and resources earlier in their legal process. The KNP piloted a program in three counties in Massachusetts with varying success. Since the courts were operating remotely last fiscal year, the engagement portion of the pilot was a challenge once the court staff started referring kinship caregivers to the KNP. The number of court-referred guardians engaged in services began to increase. The pilot will be expanding in the next fiscal year to introduce this direct service program in additional counties in Massachusetts. The Commission provided consultation and technical assistance to this pilot program.

During FFY 2021, the Commission continued to assist grand-families and support groups with accessing basic needs and services such as food and housing. The Commission continued to work with local food banks and food service providers to assist grand-families struggling with food insecurity during COVID-19. The Commission partnered with Lasagna Love again this past year, a non-profit organization that matches volunteer chefs with families needing a hot meal. Over 120 grandparents raising grandchildren participated in this program. Over 750 lasagnas were delivered. Additional COVID-19 support included offering multiple virtual workshops by medical providers on COVID-19 and vaccines.

The Commission hopes to gain new voices and perspectives for its board and Advisory Board. Several new Commissioners were appointed to the board in FFY 2021, including two African American women, one Latinx woman, and three members with lived experience. The Advisory Board continues to expand and added several volunteers from rural communities to the board. Diversifying the board continues to be a goal for the Commission moving forward.

Based on the success of its virtual offerings, The Commission hopes to implement a hybrid model moving forward. The Commission will continue to offer virtual opportunities for grandparents and service providers to learn about issues important to grandparents raising grandchildren. We anticipate in-person events will resume in the next fiscal year as well. The Commission can function in a hybrid model if necessary. In FFY 2023, the Commission plans to expand its community outreach. Remotely connecting with caregivers and service providers will enhance the Commission’s outreach, training offerings, and collaborations with community partners.

Planning and Service Coordination

The Department families and community partners hope to build on the lessons learned this fiscal year and broaden community outreach to highlight parental strengths. It is critical that families clearly understand where resources are to safely provide support to their children in a landscape that is continuously shifting. Community child welfare services through the efforts of the DCF, Community Support Managers remain a critical resource in 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 continues to emerge from a crisis response to address an increase in the demand for racial equality to a practice assessment phase that will foster a better understanding of Diversity Equity Inclusion (DEI). Even before the racial tensions that gripped the entire country, coalitions had been setting the stage for communities to have necessary conversations and have given voice to the impact systematic racism has had on families who were predominantly in underserved communities. DCF continues to engage families and community partners in a meaningful way that empowers youth and families' voices in all aspect of diversity and inclusion that drives system improvement.

In FFY 2023, Massachusetts will continue to fund and provide primary-prevention services that ensure families know about and can access these services. Additionally, we will continue partnerships that integrate child protective work with community-centered and family-driven practices.

Final Spending Report for FFY20 Funds

DCF continues its work to ensure the grant funds are expended as required by federal guidelines. Using a community-driven approach, organizations based in the communities are in a better position to address real-time needs presented by families.

Community Connections Coalitions, PATCH programs, Family Resource Centers, and other community organizations are funded to align the real-time needs of families with concrete support. Often these include paying for lodging for when a family is homeless or waiting for shelter placement, has depleted financial resources, and is not able to buy basic needs such as baby formula and diapers.

The final percentage breakdown of spending PSSF dollars is Family Support 38%, Family Preservation 21%, Adoption Promotion 16%, Family Reunification 9%, and Planning Other Services 9%.

Rational for the proposed spending plan of Division X PSSF Supplemental Funds in FFY22

In FFY22, Division X Supplemental funding was used to enhance and support community-driven preventive practices. Massachusetts began to emerge from the pandemic and used lessons learned to strengthen child and family well-being.

Capitalizing on the success of the work of Community Connections Coalitions and DCF Area offices during the pandemic, most of the 1,084,133 million dollars were spent on funding service activities that categorical funding prevented the use of funds to meet basic needs.

Supplemental funding is being designated for each service area reflective of societal trends.

$ 420,000.00	**$ 300,000.05**	**$ 40,000.00**	**$ 274,000.00**	**$ 50,132.95**	(0.00)	
38.74%	**27.67%**	**3.69%**	**25.27%**	**4.62%**	100.00%	
Family Support	**Family Preservation**	**Adoption Promotion & Support**	**Time Limited Reunification**	**Other**		
						$1,084,133.00
Percentages based on FFY22 projected expenditures						

- DCF project spending the dollars in the following way: 38% on Family Support. It allows 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 collation 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.
- 27% in Family Preservation. Programs continued to support families whether participation through virtual programming or direct support, the depth of family participation and success was evident as fewer children were placed out of home. Additionally, the stay-in programs were reduced as a result of additional community support.
- 4% Adoption Promotion and Support. Programs focused their intervention on the well-being of children. Prospective adoptive parents were able to attend trauma-informed workshops increasing their knowledge of parent-child trauma. This led to successful adoptions and decreased the unnecessary removal and cause of additional trauma.
- 25% Time Limited Reunification. Providers were able to provide additional group and family counseling. Birth, Foster, and Kinship programs facilitated the reunification of children as they addressed the relationship between caregivers.
- 4% Other. The funds were used for technical improvements that allowed programs to improve virtual support and provide learning opportunities to help the network deal with long-term challenges that were previously unknown.

Title IV-B, Subpart 2 Rationale for the Disproportion

In FFY 2023, we propose to use PSSF funds 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 to participate in community-wide involvement and action-driven dialogue.

The deliberate partnership between child welfare practices and community-based organizations (Community Connections Coalitions) has evolved to address societal priorities that impact the lives of children and families involved with the Department. The over-arching goal is to create a social network support system based on protective factors research.
Massachusetts is still dealing with the ongoing impact of the opioid crisis and a health pandemic. Coalitions remain a key ally in providing resources, information, and referrals to organizations that provide needed resources to families. We anticipate that families will continue to need support with housing, food, and other basic needs.

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: Approximately 23% on Family Support Services, 26% on Family Preservation, 20% on Adoption Promotion, 13% on Family Reunification, 9% in Administration, and 9% on Planning / Other Services based on our actual FFY 2020 program reporting.

DCF's rationale for not achieving 20% in each category is the vast majority of the $3.1 million in PSSF funds provided to the Coalitions are used to fund services and activities *across one or more service categories*. In addition, DCF spends significant state funds in support of the program. In SFY20, the State had annual expenditures of more than $86 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which include Family Preservation and Adoption Support Services but do not include any direct service personnel costs in these programmatic areas. This total includes over $1.8 million in state funds targeted for family reunification services, $3.7 million in adoption services, and over $29 million in state funds for crisis intervention services. DCF can meet the demand for family reunification services with our proposed PSSF budget of Title IV-B funds in this plan. DCF is allocated a significant amount of state funds to support various types of reunification services over the past several years.'

<u>SFY 2023 Supplemental Funds Expenditures updated report</u>

Since 1994, DCF has partnered with a network of Community Connections Coalitions in underserved communities in MA. It has allowed the Department to provide families with easy access to a collective of network service providers and 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 proposes allocating $420,000 to 21 Community Connections Coalitions. Additionally, another $40,000 to PATCH programs for a collaborative initiative between DCF and the community that imbeds a child welfare unit in the community. It 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 to help parents acquire and internalize parenting and problem-solving skills necessary to build healthy families. The funds proposed in this category will be spent in SFY 2021/22.

- 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 FFY 2022. 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 coalition

The Department proposes to engage in an Interagency Service 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 other data related to community-level risks, community resource needs, and risk of maltreatment or foster care placements. This project is nearing the completion of phase I. Phase II will be based on piloting the work in SFY 2023

- 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 proposes contracting with Family Nurturing Center and investing $120,000 in promoting positive family interaction using the Birth, Foster, and Kinship Family Nurturing Program. This program is designed to support birth families and their foster or kinship families as they work through the placement experience.

Adopting 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.

One goal is to improve communication and increase empathy among all family members. Another is to prioritize the needs of the child or children involved. The objective of this program is to create 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 is to implement the program in the four PATCH programs. As a result of the health crisis brought on by COVID variations, the planned in-person training implementations are being assessed for possible virtual delivery. Program activities include:

- Hire FNC to train PATCH workers to become facilitators
- Pay for four new programs to be piloted with PATCH programs
- Purchase all needed materials books, curriculum age-appropriate sensory toys for families
- Pay for space to host the program

The Department is proposing to continue 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. In SFY 2022, Phase #1 will be completed. In the summer 2022, a fathers and stakeholder planning meeting will be take place. The findings presented by the group. In phase 2, we will continue as outcomes will be annualized for further training and program improvement.

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

The Department proposes allocating $80,000 and contracting with Health Resources In Action (HRia) to produce Welcome Family Bags. The bags will contain materials associated with protective factors, Family Resource Center, DCF, substance misuse, and trauma-informed brochures. The goal is to provide information to families when they are struggling with a family crisis. This initiative will be implemented in SFY23. Contractual negotiations were not completed in time for program implementation.

- 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. Workforce shortage impeded the provider ability to implement this contract

- 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, and 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. Ongoing negotiations are continuing.

- 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.

In October 2021, the Department issued a Request for Information (RFI) to obtain stakeholder input on topics related to the design of the S&S re-procurement. More than 50 individuals and organizations submitted responses to the RFI, representing stakeholder input from diverse sources including current and former foster children, advocacy organizations for parents and special interest groups, trade associations for community-based providers, Department staff, Departmental Area Office citizen boards, and staff from community-based providers. The Massachusetts Office of the Child Advocate (OCA) sponsored focus groups for people with lived experience with the Department, with a focus on individuals from diverse ethnic, linguistic, and racial backgrounds. The OCA will be sharing the input from the focus groups with the Department in early May 2022.

The Department is in the process of developing the S&S Request for Responses (RFR). The Procurement Management Team, which is tasked with the RFR development, will rely on stakeholder responses to the RFI as well as the input from the OCA sponsored focus groups to inform the RFR development work. The Department plans to post the RFR in the fall of 2022.

The Department will use a re-procurement of support and stabilization services as the method for adding more evidence-based practices into the service array for children and families. As described in the Department's Title IV-E Prevention Services Plan, which was submitted to ACF in February 2022, the Department is approaching the addition of evidence-based practices in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- 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.

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. Early in 2022, Massachusetts MassHealth, the Commonwealth's agency for Medicaid management, issued a Request for Responses for the new Community Health Behavioral Center system. The new Community Behavioral Health Center system is expected to launch before the end of calendar year 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 and available, 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.
The Community Connections 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. The coalitions have

an open referral network that is accessible on a voluntary basis within existing communities. Coalitions will continue to serve all community families and provide evidence-based resources based on family support principles.

Please see section C for the PSSF grant proposed spending plan for FFY 2023.

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 all 29 Area Offices between 2019 and 2021), permanency planning conferences, Area Clinical Reviews, and Central Office Incident Notification (COIN) Review Team, an interdisciplinary team that meets weekly to review critical incidents.

Youth Who Are Vulnerable to Human Trafficking

The Department continues to partner with My Life My Choice (MLMC) and the Suffolk County Support to End Exploitation Now (SEEN) after the conclusion of a federal five-year grant (concluding on 9/30/19) to address human trafficking in our child welfare system. This grant also focused on the vulnerabilities of the LGBTQIA+ and transgender populations within DCF through training and support to DCF staff, placement providers and the community. 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 to ensure that staff identify these youth and respond appropriately. The COIN Team pays particular attention to any incidents in which there are allegations of human trafficking and those in which youth are at risk of being trafficked.

Multidisciplinary teams (MDTs) were established within each Children's Advocacy Center (CAC) in 2018. These MDTs continue to address issues of Human Trafficking with a core partnership consisting of the CAC MDT Coordinator, DCF and the county District Attorney. The CAC Coordinator manages the state's mandatory MDT response to allegations of human trafficking received by DCF.

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs, and the community at large to raise awareness of this aspect of human trafficking. A training video, A Foster Parent's Guide to

Human Trafficking with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall of 2017. A link to the training video and Support Guide is available on FosterMA Connect, the Department's web portal for foster parents. It is also posted for staff on the Department's Intranet page on Human Trafficking. Additional training has been provided to DCF staff and providers; Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, training that incorporated the video production entitled Body and Sold with a panel discussion conducted for DCF staff and the community. The partnership between DCF management and their respective CACs has established a core group of dedicated specialists throughout the state 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. Overdoses and fatalities have increased during the pandemic by one-third. In response, the COIN Team recommends Area Clinical Review Team meetings that include substance abuse specialists, as appropriate.

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, operating a statewide system for Plans of Safe Care for substance exposed newborns, identifying the needs of substance exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF also made a commitment to provide specialized support for frontline social work practice by increasing the capacity of its statewide Substance Use Unit. In 2017, staff was increased from five to ten regional Substance Use Coordinators plus a central office Director. These regional coordinators provide case consultation to DCF social workers and work with community resources to improve access and communication. DCF Child Welfare Institute and the Substance Abuse Coordinators also provide a robust training calendar related to drug and alcohol issues along with other 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 Use treatment and intervention, including individual and group options. The Department is acutely aware of the increased stress that the pandemic and consequential job losses, school closures, reduction in availability of childcare, 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 Use

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 Offices and local domestic violence programs.

During 2018, 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/Metro North Area DCF Offices and their community partners. MA DCF and these offices were selected due to a long-standing commitment to addressing this complex area of practice and because of a strong commitment and existing capacity of community partners. The capacity building and research project, which continued through 2021, addressed the following questions:

1. Does a collaborative Adult & Child Survivor-Centered Approach—that includes safely engaging and establishing accountability of the domestic violence offender—improve adult and child survivor safety, child permanency, and child and family well-being for child welfare involved families experiencing domestic violence?

2. For which families, and in which social contexts, does an Adult & Child Survivor-Centered Approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an Adult & Child Survivor-Centered Approach?
4. What are the costs associated with the implementation and maintenance of an Adult & Child Survivor-Centered Approach, and how do these compare to the costs of "practice as usual"?

The Research and Capacity Building Project worked with the QIC-DVCW through September 2021 to test collaborative interventions that included two inter-connected components of an Adult & Child Survivor-Centered Approach:

- Practitioners' use of an evidence-informed domestic violence risk and protective factors framework to deepen their understanding of the varied experiences and needs of adult and child survivors, and to co-create individualized plans for helping them.

- More consistent and effective engagement of domestic violence offenders to establish accountability and create pathways for positive change to reduce or eliminate their use of violence and coercion with their partners and harm to their families.

In all policy development, DCF clinical specialty units (domestic violence, substance use, and mental/behavioral health) have helped frontline social workers and supervisors incorporate clinical thinking and practice guidance related to these vulnerable populations. DCF's revised policies on Protective Intake and Family Assessment and Action Planning (FAAP) include guidance related to parental and adolescent substance misuse. Staff from all three clinical specialty units also develop and deliver integrated trainings that address these topic areas through a trauma informed practice lens.

The Directors of Mental Health, Substance Use 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, and ensure that consultations with Specialists occur as recommended.

In addition, each of the Directors is consulting with the team to revise the Massachusetts Approach to Partnerships in Parenting (MAPP) curriculum to ensure that prospective foster and adoptive parents have the information they need about these specialties and services during their introductory training.

The DCF After-hours Hotline Contract has been re-procured, with three separately staffed service areas including intake/investigation, missing or absent children, and other after-hours supports for staff. 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. To raise awareness and increase the social workers 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. Housing and economic self-sufficiency information is also available to staff through DCF's Housing Services Unit Intranet page. 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 expanded Family Unification Program. This data allows the Department to better assess the services delivery needs of families facing poverty and housing insecurity.

During the pandemic, the Housing Stabilization Unit increased focus on providing access to safe housing that minimized exposure to COVID-19.

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 Statewide Disabilities Coordinator leads the implementation work, with support from the Department's Director of Disabilities Services and many staff members. The strategies used to achieve this goal are:

- Implemented the Memorandum of Understanding (MOU) between DCF and the MA Commission for the Deaf and Hard of Hearing (MCDHH) that creates a system for:
    - working collaboratively to serve children, youth, and families involved with both agencies;
    - 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.
- The Department hired a new Director of Disability Services.
- New DCF Disability Policy and Required Training for all staff.
- Completed review of all trainings available for DCF staff regarding children with disabilities; added new topics related to children with autism and autistic spectrum disorders.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Implementing newly reprocured interpretation and language access line services, effective July 2022.
- 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, MA Office on Disability, and Office of the Child Advocate.

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. The challenges were exacerbated by the pandemic, resulting in an increased need for financial assistance and clinical support for youth and young adults leaving care. Using stakeholders' input, the agency has focused state and federal funded programming on assisting youth and young adults to build strong foundations for success to help youth achieve legal and relational permanency, safety, and the many facets of well-being. Key goals for DCF youth include educational achievement and life skill attainment with permanent connections to family and/or other caring enduring relationships. DCF services for youth transitioning from care include foster care, congregate care and aftercare.

The Adolescent Outreach Program's strength-based approach provides intensive, individualized life skill assessment and training to transition age youth/young adults from across the state to assist them in developing necessary skills and 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.

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 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:

Overview:
The Massachusetts Kinship Navigator Program (MKNP) proactively assists kinship caregiver with accessing high-quality information, locating applicable services, referrals, follow up services, and works alongside caregivers to help cultivate strong, stable and successful families. Our partners include the following: Massachusetts Department of Transitional Assistance (DTA), DCF Family Resource Centers, Grandparent's Commission Workshops/Training, Court Service Centers, Health and mental health services, Probate and Family Courts, Court Improvement Program (CIP), and Education supports at a local level.

The MKNP engages in these partnerships to ensure kinship caregiver families are supported and adequately served. By engaging our kinship caregiver population in a timely manner, we can achieve our short-term goals of providing quality service referrals for financial, community, legal, medical, and educational support. This would support our long-term goals of the child's(ren) wellbeing, safety, and permanency. Along with increasing kinship caregivers supports, reduction in parenting stress, financial stability, stable housing, their ability to independently access resources for themselves and their families and the potential to support and or advocate for other kinship caregivers.

Target Population:

The target population for the KNP includes all kinship caregivers in the Commonwealth of Massachusetts, including the following:

- Kinship foster, guardianship and adoptive parents caring for children involved with DCF, and 3rd party Kinship Caregivers via Juvenile Court.
- Kinship caregivers involved with probate and family court (e.g., caregivers aiming to get guardianship or temporary custody of their relative's children).

- Kinship caregivers with informal caregiver arrangements, and caregiver affidavit Kinship arrangements mostly comprise grandparents, aunts and uncles, and other family members caring for relative children.

Participants must be kinship caregivers to qualify for KNP services.

Program Structure and Staff:

The MA KNP is situated within the MA Department of Children and Families (DCF). The Kinship Navigator unit is located within the Permanency Division alongside the Foster Care Support, Adoption, Adolescent Support Services, and Interstate Compact on the Placement of Children (ICPC). The assistant commissioner of permanency oversees all the Permanency Division units. The Permanency Division is positioned under the DCF Central Office which also supports five regional offices and 29 areas offices across Massachusetts. Our KNP staff consists of a program manager (1 FTE), a program coordinator (1 FTE), and program liaisons (2 FTE). The second liaison is projected to start August of 2022. With the growth of the program, the duties and responsibilities for the program coordinator and liaison have changed. The following is the new job description language:

Program coordinator (1.0 FTE). The Kinship Navigator Program Coordinator is responsible for the following:

- Building and maintain relationships and improving communication with internal (DCF) and external stakeholders (Courts, State Agencies and Community Service Providers) across the Commonwealth for the purpose of helping kinship caregivers access reliable information and services.
- Provide information about the KNP and how we can partner with them.
- Ensure the delivery of high-quality engagement and support services to kinship caregivers.
- Provide kinship service coordination to assist kinship caregivers in identifying and locating resources within their local and regional community to close the gaps and/or delays with service delivery.
- Introduce and facilitate relationship building for the KNP Liaisons.
- Participate in and provide direct service for all established Probate and Family Courts
- Participate in and provide direct service with DCF Area Offices
- Assist with inquiries (calls, emails, and online referral form) to be handled with a goal of assessing each kinship caregiver's individual needs and to identify, locate and access resources.
- Assist with developing a resolution and a follow-up plan with the kinship caregiver
- Identify trends, provide information, and track data that relates directly to kinship caregivers and their needs, suggestions, and concerns.
- Participate in new developing projects that will enhance the KNP's overall programmatic outcomes and goals.
- Present KNP information at trainings, workshops, and other kinship caregiver related events.
- Assist in the maintenance of the KNP website
- Serve to provide kinship caregivers with direct access to updated and relevant information, and resources related to kinship care statewide

Program liaison (2.0 FTE). The Kinship Navigator helpline liaison will be responsible for the following:

- Will respond to all inquiries (calls, emails, and online referral form) to be handled with a goal of assessing each kinship caregiver's individual needs and identifying, locating, and accessing resources. Example includes:
  - Financial Assistance
  - Peer Support Groups
  - Mental Health Providers
  - Special Education
  - Childcare
  - Legal Assistance

- Will conduct an intake assessment with all kinship caregivers

- Will develop both a resolution and a follow-up plan with the kinship caregiver including:
  - Assessing the kinship caregiver's specific need(s)
  - Utilizing the partner agency network to provide a referral warm hand off for the kinship caregiver.
  - Conduct follow up contact (phone calls, emails, and virtual meetings) to ensure the caregiver's needs have been addressed to the best of the KNP's ability.
  - Ask for feedback to better assess the Kinship Navigator Program model.
  - Maintain contact if new service needs are identified.
  - Document information in data management system (Salesforce) including kinship caregiver demographic information in addition to specified KNP data points needed for tracking, assessment, and evaluation. Example information includes:
    - Reason for kinship care
    - Custody arrangement
    - Needs
    - Stressors and Supports

- Identify trends that relate directly to kinship caregivers needs, suggestions and concern

Budget: FFY2023 Kinship Navigator Program

Obj Class	Description	Current Budget
AA	Program Manager (1.0 FTE) Federal Funding	$ 107,600.00
AA	Program Coordinator (1.0 FTE) Federal Funding	$ 56,600.00
AA	Program Liaison (2.0 FTE) State Funding	$ 138,000.00
AA	**Total**	**$ 302,200**
BB	Employee Rimbursement (Travel/ Conferences/Other Reimb.)	$ 1,400
BB	**Total**	**$ 1,400**
DD	DD Fringe Benefits @ 41.89% (Kinship AA Costs - Federal)	$ 68,783
DD	DD Fringe Benefits @ 1.89% (Kinship AA Costs - State)	$ 2,608
DD	**Total**	**$ 71,392**
EE	Administrative Supplies	$ -
EE	Indirect Cost	$ 17,000
EE	**Total**	**$ 17,000**
UU	Telephone Services/Surface Pros Monthly Charges	$ 588
UU	**Total**	**$ 588**
KINSHIP PROGRAM COST		**$ 392,580**

Total Federal Projected Funds Available	**$227,871**
Total State Projected Funds Available	**$164,709**
Variance	**$0**

FFY2021 Kinship Navigator Program (Final Allocations and Expenditures)

Massachusetts Kinship Navigator Program	FFY21 Final Allocations & Expenditures
Program Manager (1.0 FTE)	$99,887.04
Salary - Kinship Caregiver Helpline -	$49,770.00
Kinship Navigator Program Liaison - State Funding	$10,266.82
Total	**$159,923.86**
Employee Rimbursement (Travel/ Conferences/Other Reimb.)	$645.95
Employee Rimbursement (Travel/ Conferences/Other Reimb.) - State Funding	$362.57
Total	**$1,008.52**
DD Fringe Benefits (Kinship Salary Costs)	$31,933.70
DD Fringe Benefits (Kinship Contracted Costs)	$1,545.80
DD Fringe Benefits (Kinship Salary Costs) - State Funding	$202.26
Total	**$33,681.76**
Administrative Supplies	$0.00
Indirect Cost	$3,122.44
Total	**$3,122.44**
Telephone Services/Surface Pros Monthly Charges	$214.28
Total	**$214.28**

KINSHIP PROGRAM COST TOTAL EXPENDITURES	**$197,950.86**
Total Federal Kinship Program Expenditures	**$187,119.21**
FFY21 Kinship Grant	**$227,871.00**
Federal Variance/Unspent	**$40,751.79**
Total State Expenditures	**$10,831.65**

FFY21 Grant Expenditure Report (as of August 18, 2022)

1. Total Federal Grant expenditures to date: **$187,119.21.**

2. Total FFY21 KNP grant is **$227,871.00**, which leaves an unspent balance of **$40,751.79** (to be spent by 9/30/22)
3. Total State expenditures (payroll/travel/payroll tax for liaison) shaded in gray: **$10,831.65**
4. Kinship Program cost total expenditures: **$197,950.86**

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 (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
    - Community Organizations and Round Tables
    - Legal Aid Organizations

- Quick reference sheets for collaborating agencies specific to kinship caregivers
    - MA Department of Transitional Assistance (DTA)
    - DCF Kinship Foster Parent
    - Federation for Children with Special Needs

- MKNP Probate and Family Court Collaboration Project: Barnstable, Bristol, Essex, and Worcester Counties
    - Caregiver Custody Guide (Developed in Partnership with CIP)
    - Pilot Rollout Framework
    - Pilot Rollout Orientation for Court Judges, Probation and Registry Department
    - Pilot Introduction Letter (English, Spanish, Portuguese)
    - Permission to Contact Form (English, Spanish, Portuguese)
    - Guardianship VS Adoption (Developed in Partnership with CIP, English, Chinese and Haitian

- MKNP Website www.mass.gov/kinship-navigator
    - The continued to update our website with relevant and current information to provide kinship caregivers, as well as public stakeholders, direct access to information and resources related to kinship care, locally and statewide.
    - The site is 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.
    - Online request for services, digital application is automatically uploaded to our CRM tool.

- A toll-free number 1-884-924-4KIN (4546)

- A designated KNP program e-mail address: kinship.navigator@mass.gov

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. 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 to stimulate conversations and engagement 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.

Equipment/Software

To promote kin access to MKNP statewide, the Kinship Navigator staff are currently working in a hybrid approach combining remote and in-person activity. The MKNP utilized the FFY20 fund to purchase mobile phones and The MKNP used FFY21 funds for the monthly service charges for all remote equipment including two mobile phones and three tablets. In addition to three Salesforce (CRM) licenses.

Collaboration with Stakeholders

The Commonwealth of Massachusetts is extremely fortunate that the Massachusetts Executive Office of Health and Human Services (EOHHS) is in full support of the development and sustainability of the KNP. The program strives to build statewide relationships, improve communication, and work collaboratively with sister EOHHS agencies in addition to Probate and Family Courts, private community providers, kinship caregivers who are involved with DCF, have Probate and Family Court guardianship and informal status and youth who are currently being raised in a kinship home for the purposes of helping kinship families' access information, referral coordination, and support services

The KNP continues to work in collaboration with Family Resource Centers (FRC),the Massachusetts Department of Transitional Assistance (DTA), the Department of Public Health Woman, Infants, and Children (WIC) program, the Massachusetts Executive Office of Elder Affairs (EOEA), Probate and Family Courts and community providers across the Commonwealth to assist kinship families with identifying, locating, and accessing resources within their local communities and close gaps and/or delays with service delivery.

Massachusetts Department of Transitional Assistance (DTA)
MKNP assists kinship caregivers apply for TAFDC (the child-only grant for the children in their care or for the family, if eligible), SNAP, Mass Health, and childcare.

Woman, Infants and Children (WIC)
The MKNP assists kinship caregivers apply for special supplemental nutrition program which provides supplemental foods and nutritional education for women, infants, and children up to the age of five who are found to be at nutritional risk

Family Resource Centers (FRC) (27 locations throughout Massachusetts)
MKNP makes direct contact with the FRC to refer the kinship caregivers. The FRC's offer a range of supports, including parenting classes, peer support groups, mental health, Health Law Advocates (Health Care Legal Aid) and school support services.

Commission on the Status of Grandparents Raising Grandchildren (Workshops/Training)
MKNP makes direct contact with the Commission's Director to refer the kinship caregiver. The Commission offers cost free workshops and webinars that are specific to the kinship caregiver population along with support groups/peer support.

Court Improvement Program (CIP)

The KNP has continued to work in collaboration with the Court Improvement Program (CIP) to expand and support our efforts with the Probate and Family Court Pilot Program and with the development of a Juvenile Court Pilot Program.

As a result of our partnership with Probate and Family Court Administrative Office, Probate Court Justices, Registrars and Probation Officers the KNP has four active KNP Guardianship of Minor Programs in Barnstable, Bristol, Essex, and Worcester Counties. In addition to a developed expansion model for FFY2022. The chart below outlines our expansion priority, strategic objective, milestones, and measure of progress/outcomes.

PRIORITY	STRATEGIC OBJECTIVE	MILESTONES	MEASURE OF PROGRESS
• Expansion of the MKNP Probate and Family Court Program statewide	• By the end of FFY2022 the MKNP Probate and Family Court Program will increase from 3 counties to 6 counties • By the end of FFY2023 the MKNP Probate and Family Court Program will be in all 14 Massachusetts counties with in the 5 state regions: Western, Central, Southern, Northern and Boston • By the end of FFY2023 the MKNP will increase staff capacity to have 5 Program Liaisons in each of the 5 state regions to respond to the Probate and Family Court Program kinship caregiver referrals.	• Established MKNP Probate and Family Court Program FFY2021 • Established referral process • Direct connection with Guardianship of Minor Petitioners at the start of the court process • Build staff capacity to expand the program location • Established internal court registry coding system to track MKNP referrals via the MassCourt data system that is universal for all Probate and Family Courts • Produce reliable and comparable data for our evidence-based practice evaluation	• Active MKNP Probate and Family Court Programs in 3 of the 14 counties FFY2021 • Start of 4th county location in Worcester, May 2022 • Increase referrals by 20% • Bi-lingual Program Liaison has been hired, start date May 9, 2022 • Increase in the number of needs met as a result of the partnership by 20% • This program's partnership and collaborative work with the Probate and Family Courts benefit participating kinship caregivers and the child(ren) they are raising in accessing and receiving necessary support to stabilize the child(ren) placement

The KNP is working to build stronger relationships with the following agencies:

- MA Department of Early Education and Care (EEC)
- Federation for Children with Special Needs
- Massachusetts Department of Youth Services (DYS)
- Court Service Centers
- Juvenile Court

- Public School Districts
- Faith-based Organizations
- Community Health Centers
- Law Enforcement
- Early Intervention
- MassHealth
- MCDHH
- MCB
- DPH

Our statewide network continues to expand with every new collaboration. We are dedicated to building and retaining all relationships in order to better serve Kinship Caregivers and their families.

Evaluation Activities

DCF worked with the Mathematica Inc. and Child Trends consulting teams to develop this evaluation plan[4] to help the Massachusetts Department of Children and Families (DCF) plan next steps related to the Kinship Navigation Program (KNP). The purpose for this consultation consisted of three stages:

Stage 1:

Can the MA KNP 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 evidence informed model to HHS.

1. Details on other states' submissions that 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.

Stage 2:

Produce 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 a 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] This evaluation plan incorporates the study design elements recommended by the Children's Bureau (CB) in its Evaluation Plan Development Tip Sheet, included in Information Memorandum ACYF-CB-IM-19-04. The plan is informed by CB guidance for evaluations of kinship navigator programs (HHS-2021-ACF-ACYF-CF-1903).

4. How the development and operation of the program has been and will be informed by consultation with kinship caregivers and organizations representing the, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith-based organizations

Stage 3:

Evaluation Readiness and Study Design Proposal
As part of the Stage 3 work for the Massachusetts Kinship Navigator Program (KNP) Evaluation, Mathematica and the KNP staff worked together to determine data collection enhancements and develop an evaluation plan. This work included:

- developing a logic model
- selecting priority outcomes for program monitoring
- developing data collection processes for intake, one-month, and three-month follow up
- developing satisfaction, stress, and social support survey questions
- planning for data sharing agreements with the Department of Transitional Assistance and the probate and family courts
- developing the KNP manual
- discussing plans for recruiting more participants into the KNP
- drafting an evaluation plan.

Recommendations:

- Continue to refine the program manual
- Develop staff training procedures
- Continue developing intake process
- Develop recruitment plan for internal and external stakeholders (I.e., DCF field staff, schools, medical providers)
- Pilot test program monitoring (monthly review of data)
- Field satisfaction survey
- Finalize program alignment with federal requirements

Evaluation Planning:

- Confirm outcomes of interest for impact evaluation
- Answer questions in the evaluation plan regarding study design:
    - How to identify comparison courts that are comparable to courts in the probate pilot study
    - Cluster design options for DCF families
    - Whether you will use a randomized controlled trial for informal kinship caregivers
- When ready, identify contractor to assist with the impact evaluation
- Conduct impact evaluation

Action taken as a result of recommendations:

- Continuing to refine the program manual

- Collaboration with DCF's training team (Child Welfare Institute (CWI)) to develop internal and external training materials for DCF staff and caregivers
- Launched a customer relationship management (CRM) system "Salesforce"
  - Online referral form which connects directly to the CRM
  - Intake is fully automated
  - Date reports can be customized
  - Reports can be run in real time
- Program expansion to DCF area offices in alignment with existing Probate and Family Court pilot regions
- Collaboration with DCF and Probate and Family Courts to ensure reliable measurement of data
- Capacity Building to support recommendations
  - Hiring of vacant Kinship Navigator Program Liaison position

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

***How the Monthly Caseworker Visit Grant has been used in the past year to improve the quality of caseworker visits*:**

In FFY 2022, 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 2021-22, 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
- Protective Case Practice Policy
- Reunification Policy
- Disability Policy
- Education Policy

The Department utilized the Caseworker Visit Grant funds to support policy implementation through procured services from a contracted vendor Zelus Consulting. Zelus Consulting has assisted other state government agencies in policy implementation and change management initiatives through an array of project management services. Services procured for the Department include the development of a policy implementation blueprint, policy training, the development of training videos to support policy implementation, and the coordination of policy training to support the Licensing of Foster, Kinship, and Pre-adoptive Families Policy and the Placement Support Policy. All staff will receive training on the new policies.

Racial Equity and Inclusion Trainings for Field Staff: The Department also utilized the Caseworker Visit Grant to provide Racial Equity and Inclusion training opportunities for Social Workers, Supervisors, Managers, and Directors statewide. The Department is working with the Racial Equity Institute LLC, who provides a two-day training that develops the capacity of participants to better understand racism in its institutional and structural forms. Topics covered include analysis of structural racism; understanding and controlling implicit bias; race, poverty, and place; markedness theory; institutional power arrangements and power brokers; the importance of definitions of race and racism; history and legacy of race in American economic and policy development; racial identity and its interaction with institutional culture. The Department is also working with the People's Institute for Survival and Beyond to provide the Undoing Racism workshop to employees statewide. This two-day workshop focuses on learning from history, developing leadership, maintaining accountability to communities of color, creating networks, undoing internalized oppression, and understanding the role of organizational gatekeeping in perpetuating racism.

FFY20 Spending Update

Caseworker Visitation Grant spending in FFY20 was challenged to due to the COVID-19 pandemic. The Department intended to spend the grant to support the implementation of several core policies, however delays in IT development and workforce challenges in the field delayed the implementation until calendar year 2022.

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.

In FFY2021, the Department made monthly contact with children in care 90.6% of the time. 88.4% of these visits occurred in the child's placement setting. The Department has made continual progress since 2012 in improving monthly contacts with children in placement and will continue to work towards achieving this statutory performance standard.

The Department's performance in 2021 was challenged by the Covid-19 pandemic, Social Worker turnover, and staffing shortages. The Department plans to continue its initiative to improve monthly contact performance standards through continuous quality improvement exercises and will continue to utilize the Monthly Caseworker Visitation Grant to support the quality of caseworker contacts with children in placement.

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 the COVID-19 pandemic in late March 2020. The guidance allowed 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 2020 to reflect the use of PPE, updated screening questions, and practice guidance on conducting quality virtual 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 2020, 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. As in-person contact resumed for all open cases, the Department issued an interim policy specifying that virtual contacts serve as a supplement in-person contact. The interim policy also provided guidance on ensuring a child or youth's privacy and safety during a virtual contact.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received notices of awards for the following amounts:

Federal Fiscal Year	Obligation Date	Federal Award
2018	9/30/2021	$1,155,500
2019	9/30/2022	$1,746,500
2020	9/30/2023	$3,391,500
2021	9/30/2024	$35,000
		Total: $6,328,500

DCF's Adoption program and Budget staff recently met to discuss the planned activities for these funds and to ensure they are obligated and expended by the deadline specified in the grant award letters. The Department faced some challenges that affected spending due to the COVID-19 Pandemic. Nevertheless, the Department expended $1,155,500 on the remaining allotted FFY 2018 grant funds by the 9/30/2021 expiration date. The Department also anticipates spending the remaining $1,746,500 of the FFY 2019 funds, which expire on 9/30/2022.The Department will access the FFY 2020 funds for any additional expenses if needed. Currently, we are on target to expend these funds during SFY 2022 in the following manner:

- The Department has continued to work with our contracted vendor MJ Henry and Associates to re-envision and redesign our 30-hour MAPP (Massachusetts Approach to Partnership in Parenting) curriculum for Adoptive and Foster Parents. Progress continues, and the projected cost from 7/1/2021 through 6/30/2022 is $213,200.
- 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 the Department to extend the invitation to this significant number of staff and parents, which provided invaluable learning and support. The total conference costs were $24,009.
- The Department purchased items related to National Adoption Day and recruitment events for Foster Care and Adoption, including pop-up tents, tables, chairs, and carts. The total cost was $150,000.
- 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;
- costs to move a child to Dubai to be adopted by kin;
- and purchasing a specialized safety bed for an autistic child with Down's Syndrome.

The project cost is $42,000 for these services and expenditures.

- The Assistant Commissioner of Permanency and Deputy Administrator of Interstate Compact on the Placement of Children are attending the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Annual Business Meeting, Training Workshop and Child Welfare Conference: "ICPC: Connecting Children and Families Deep in the Heart of Texas" in Austin, Texas in June 2022.
- The Department also is expending $285,000 over SFY 2022 with a contracted vendor, the Massachusetts Society for the Prevention of Cruelty to Children, for a Behavioral Health Family Resource Liaison. It provides intensive family-driven support on a time-limited basis to foster families. It includes peer-to-peer support, training and education, 24-hour on-call support and clinical supervision.
- The Department contracted with Mathematica, Inc. to assist in our data collection, outcomes and measures development, and evaluation plan for our Kinship Navigator Program for $60,300.
- The Department engaged DevxDesign for the translation of the Kinship Caregiver Orientations Guide – an interactive video course – from English to Spanish at the cost of $21,215.
- 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
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 U is contracted with xFact	$90,000	Developed new screens and documents in DCF's enterprise case management called i-FamilyNet in support of the Department's new foster care policies. This includes screens that will be used to support the initial and ongoing licensing of foster/pre-adoptive homes as well as the placement support process.
UI/UX Design – Resource Search, case Chronological History and related functions	$40,000	Conducted user research and developed use centric design mock-ups for new screens in DCF' i-FamilyNet enterprise case management system to help promote permanency. This includes the design for an improved way to find available foster/pre-adoptive homes that match children's needs.

- The Department continues to offer trainings focused on best practices in permanency. Over the past fiscal year, these have included:
    1. Cultivating Cultural Humility in Permanency Planning;
    2. Promoting Positive Racial/Ethnic Identity for Youth in Placement;
    3. Reasonable Efforts - What are they? How do we make them? What is Enough?;
    4. Attachment with a Trauma Lens; and
    5. Keeping Siblings Together.
- The Department has also offered staff and families the opportunity to attend some trainings offered by the North American Council on Adoptable Children which have included Fetal Alcohol Spectrum Disorders and Transracial Families: Building Positive Racial Identity. To date, over 960 DCF staff, foster and adoptive parents, provider staff, and attorneys have attended.
- The Department also sponsored the first annual statewide virtual special event of the Racial Ethnic Linguistic Multicultural Affairs (RELMA) that featured Dr. Marva Lewis, Ph.D., Tulane University, School of Medicine. Dr. Lewis expanded on the historical trauma that occurred from negating haircare, skincare, and grooming rituals for our children of color. It was the launch of RELMA's newest statewide engagement and work to support the agency with positive outcomes for staff, children, and families.
- The Department has engaged the vendor, Evident Change of Oakland, California to assist the Department in the expansion of the use of Structured Decision-Making Tools. The cost for SFY 2022 is $186,500. It will build upon our existing SDM system through an update of the SDM Safety Assessment, the development of an SDM Substitute Care Provider (SCP) Safety Assessment, and the development of an SDM Reunification Assessment consisting of:
    - A reassessment of risk
    - An evaluation of the quality and quantity of parent visitation with the children in care
    - An updated SDM safety assessment

- Recommended actions around reunification or permanency goals

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.

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 FFY2021 are approximately $10.8M.

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.

During the course of the last fiscal year, we have made progress with regard to developing a spending plan. Our current proposal is to spend adoption savings on the following:

- *Personnel* – The Department is adding new roles to its permanency division including a manager of Permanency, 3 new permanency staff, and a program coordinator. In addition, the Department plans to expand its kinship navigator program staff. As these are new positions, the Department plans to use adoption savings to fund these positions.

- *Training* – The Department is exploring options to support the training of our foster parents. This includes contracting for CPR training for foster parents, a learning management system to

facilitate new foster parent (kinship and departmental) training, and a portal that foster parents can access to do self-training to meet annual training requirements.

- *Services* – Lastly the Department is exploring new services it can design/purchase for the children and families we serve. Examples include expansion of visitation centers, before school/early morning care, enhancement to vital records access for out-of-state birth certificates, and new adoption management services models.

The Department receives appropriations directly from the Massachusetts General Court and all Title IV-E reimbursements are deposited back into the Commonwealth's General Fund. As such, in order to spend the savings, the Department 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 TRANISITON GRANT

The Department is using 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 two of the FFPSA 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 is being used for consulting services to assist with the strategic planning, project management, writing, and graphic design work required to post and launch two, large procurements, including the internal and external communications work associated with both procurements.

Using the FFPSA Transition Act Grant allocation, the Department obtained the services of Public Consulting Group (PCG) to assist with the congregate care network procurement and the support and stabilization procurement.

Implementing FFPSA Part IV

The congregate care network procurement, which was posted on COMMBUYS (https://www.commbuys.com/bso/) 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. To differentiate this staged approach from the multi-factored concept of QRTP in FFPSA, the Department used the term "Enhanced Residential Treatment Program" (ERTP) in the congregate care network Request for Responses (RFR). Achieving ERTP status requires a residential program to implement all five of the residential program characteristics of a QRTP.[5] Providers had the option, but were not required, to achieve ERTP status, which the Department is paying at a slightly higher rate than payments to residential programs that do not meet all five of the requirements.

The department's new congregate care network launched on January 1, 2022. It is a hybrid network that includes ERTP and non-ERTP versions of the same program model types (e.g., Community Treatment Residence with ERTP status and Community Treatment Residence without ERTP status.) Faced with significant workforce challenges related to the pandemic, providers have not yet opened all of the programs for which contracts were awarded. The Department is keeping all of the contracts active, with the expectation that programs will open when solutions are found for the staffing challenges.

Implementing FFPSA Part I:

The Department will use a redesign and re-procurement of support and stabilization services as the method for adding more evidence-based practices into the service array for children and families. As described in the Department's title IV-E Five-Year Prevention Services Plan, which was submitted to ACF in February 2022, the Department is approaching the addition of evidence-based practices in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- 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.

In October 2021, the Department issued a Request for Information (RFI) to obtain stakeholder input on topics related to the design of the family support and stabilization re-procurement. The topics included:

- Questions regarding the type of services that adults and youth with lived experience value most - both those that already exist and those that need to be added to the service array,
- How the Department's commitment to cultural humility, equity, and racial justice can be incorporated into community-based family support and stabilization services,
- Questions regarding the provider community's interest and capacity for delivering a subset of the evidence-based practices on the Title IV-E Prevention Services Clearinghouse, ability to maintain fidelity to the evidence-based practices, and capacity to report regularly to the Department,
- Questions regarding how trauma-informed service delivery can improve and be effectively incorporated into the array of family support and stabilization services,

[5] The five characteristics are: accreditation, family engagement, 24/7 availability of nursing and behavioral health staff, aftercare, and trauma-informed service delivery.

- Communication that providers will be expected to engage in Continuous Quality Improvement (CQI) and partner with the Department in using CQI to improve both the process and outcomes of support & stabilization services and questions regarding current knowledge and capacity for implementing CQI,
- The expectation that providers partner with the Department in prioritizing child safety and questions regarding providers' knowledge of the five Protective Factors framework that the Department uses in the Family Assessment and Action Planning (FAAP) process, and
- Questions regarding lessons learned from the widespread use of telecommunications technology as a service delivery medium during the COVID-19 pandemic.

More than 50 individuals and organizations submitted responses to the RFI, representing stakeholder input from diverse sources including current and former foster children, advocacy organizations for parents and special interest groups, trade associations for community-based providers, Department staff, Departmental Area Office citizen boards, and staff from community-based providers. The Massachusetts Office of the Child Advocate (OCA) sponsored focus groups for people with lived experience with the Department, with a focus on individuals from diverse ethnic, linguistic, and racial backgrounds. The OCA will be sharing the input from the focus groups with the Department in early May 2022.

The Department is in the process of developing the support and stabilization RFR, with a plan to post the RFR in the fall of 2022. The Procurement Management Team, aided by PCG, will use the input from the RFI and the OCA's focus group to inform development of the RFR.

Providing Startup Funding for Selected Evidence-Based Prevention Services

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

Many community organizations that deliver the Department's support and stabilization services lack the capital to invest in the self-assessments, trainings, and responsibilities for ongoing assurances of fidelity that delivering evidence-based practices requires. Several providers that responded to the Department's support and stabilization RFI communicated that without startup funding, they could not deliver evidence-based services in the manner described in the RFI (e.g., training on manual-based practice, on-going fidelity assessments). 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 re-procurement for support and stabilization services.

Evaluating Family First Initiatives

The Department will use a portion of the Transition Act Grant funds to procure an external evaluation partner. The results from the evaluation will inform improvements in the Department's

implementation of two Family First initiatives – Qualified Residential Treatment Program (QRTP), referred to as ERTP, and evidence-based prevention services. 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 ERTP and evidence-based prevention services. Funding from the Transition Grant is being used for additional IT staff required to reprogram iFamilyNet.

The changes to iFamilyNet will allow the Department to track which programs achieved ERTP status as well as which youth are served in ERTP programs and which youth are served in non-ERTP programs. This will provide an opportunity to explore differences between programs, of the same model, that have ERTP status and programs that do not have ERTP status (e.g., Community Treatment Residence with ERTP status vs. Community Treatment Residence without ERTP status; Intensive Treatment Residence with ERTP status vs. Intensive Treatment Residence without ERTP status; and so on.).

The Department's proposed Five-Year Title IV-E Prevention Plan includes 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.
Working with the external evaluation partner, funded by the Transition Grant, the Department will design and implement evaluation strategies for both the QRTP and prevention services sections of the FFPSA. The Department plans to use findings from the evaluation for multiple purposes:

- To build capacity in the provider community for conducting their own CQI processes,
- To improve both the delivery and outcomes of support and stabilization services, and
- To inform the Department's implementation of the FFPSA.

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**	**Description**
Start Up Funding for FFPSA Evidence-Based Practices							
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 Familly 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
ping 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
Interal 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 and young adults.

The Chafee funded programs are based on the principles of positive youth development and serve Commonwealth youth and young adults including Tribal youth and young adults through each of the purpose areas of the Program:

1. To support all youth who have experienced foster care at age 14 or older in their transition to adulthood with transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and persistence, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
2. To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult;
3. To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience;
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
5. To make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care;
6. To provide the services referred above to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
7. To ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities (as those terms are defined in section 475(11) of the Act.

The programming has been developed and refined with input from a variety of stakeholders including foster youth, foster care alumni, DCF staff, provider staff, foster parents, other Massachusetts state agencies, and post-secondary institutions serving transition age youth and young adults. Detailed information on current resource utilization for young adult housing is noted in later sections of the report.

Description of Program Design and Delivery

The Department has designed programming to address the varied service needs of the youth and young adults in the agency's care and/or custody. This programming is supported by the Department's Foster Child Statement of Rights (2020) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment. The DCF 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. This practice has been highly regarded by the youth, attorneys, and social workers.

Adolescent Outreach Program

The Adolescent Outreach Program delivers intensive, individualized life skill assessment and training to current foster youth and young adults ages 14-23 from across the state to assist them in developing 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 now funds all area office Outreach Workers, allowing more Chafee funding to be available as a direct service to youth and young adults. The Outreach Workers serve as Chafee benefit specialists and ensure these benefits are provided in their offices in an efficient and equitable manner. The goal of providing dedicated transition specialists to all areas of the Commonwealth has been achieved.

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 to inform and guide

their own life skills training goals. 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 rooted in a positive youth development theoretical framework has informed program development in the areas of cultural identity formation, housing, employment, and post-secondary attainment. 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.

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 they need 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 funds needs related to program goals such transportation, technology, social and recreational opportunity, and community connectedness.

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. Young adults from foster care 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 educational funding and support services.

Youth Served

From July 2021 to April 2022, the Outreach staff served over 1316 youth and young adults. Of these, 566 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 assessed for transition readiness, receive life skills training and transition support. To avoid duplication of services, the Outreach workers generally do not

work intensively with youth while they are in these placements but may provide as needed support either directly or through care providers. Also, per Chafee Program guidelines, youth/young adults who received Outreach services may stop and resume intensive or short-term focused services at any time prior to age 23.

Generally, youth/young adults are referred to the Outreach Program by the primary case managing social worker. Outreach workers also identify prospective clients by reviewing a report of youth in placement provided by the DCF Office of Management, Planning, and Analysis. The weekly intensive model focuses primarily on the needs of youth/young adults ages 16 and older and the PAYA life skills curriculum and incentive program are available to all youth in DCF placements 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 2022 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 funding provides for the salary of the Director of Adolescent and Young Adult Services who serves as the agency Independent Living and ETV Coordinator. Chafee funding also supports two Program Coordinators that manage the Chafee programs accessed by Outreach Workers and two social workers dedicated to post-secondary attainment and ETV administration.

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 living in Massachusetts, 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 though educational enrollment has been impacted by the pandemic. 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. DCF plans to continue the Outreach service model and obtain ongoing feedback from the youth/young adults for any recommendations for improvement.

Education and Employment Outcomes

- 74% of the current Outreach caseload is enrolled in an educational program. Of these 36% are enrolled in a post-secondary education or vocational training program. The COVID- 19 pandemic had an evident impact on school enrollment among the post-secondary population.

- 70% of the current Outreach caseload is employed either full or part time.

Permanency

- 90% 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

The Department's Permanency Planning Policy (effective July 1, 2013) requires all Comprehensive Foster Care (CFC) contracted providers and congregate care providers to complete the Youth Readiness Assessment Tool for the same population of youth and young adults specified above. These providers must also tie their use of the PAYA curriculum to the assessment tool. Regular training in curriculum implementation is provided by DCF to anyone offering the PAYA curriculum and using the Youth Readiness Assessment Tool. Training participants include staff from contracted and state agencies, community partners, social workers, and foster parents.

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 and one-time $750 incentive is provided to help young adults to with the cost of furnishing new apartments. From July 2021 to April 2022, DCF processed 108 PAYA incentives, totaling $31,000. This represents a decrease from years prior which is related to moving the Drivers Education payments from the PAYA Incentive Program to the Life Skills Support Program.

Life Skills Support Program

The Department is committed to facilitating youths' connection to school and community activities and utilizes Chafee Program funds for this purpose through the Life Skills Support Program. Life Skill Support Program funds are used for a variety of positive youth development activities such as: mental health and wellness opportunities, driver's education, athletic and academic participation fees; SAT prep courses, transportation costs, and technology. Between July 2021 and April 2022, DCF provided 1100 foster youth and young adults a Life Skills Support payment. Total spending during this timeframe in this program was $ 1,105,600.

Life Skills Support Program, Outreach Workers and Mental Health

Outreach Workers focused much of their effort this year on connecting youth and young adults to mental health intervention and support. They found two key resources that provided such support both directly and indirectly for youth and young adults. First, the Life Skills Support Program provided a direct resource for payment of alternative mental health and wellness interventions not covered by insurance. Over the course of this year youth and young adults accessed the program for funding for music therapy, pet therapy, and trauma informed yoga classes. Life Skills Support also supplemented the cost of activities supervised by a traditional insurance funded mental health professional such as art supplies and musical instruments. In addition, the program was able to cover the transportation costs for mental health care appointments and technology for virtual treatment when during the pandemic the Medicaid funded transportation became less available and efficient for young adults.

In addition, Outreach Workers reported the connection opportunities provided by the Massachusetts Network of Foster Care Alumni (MassNFCA) also had a large impact on mental health support, this is addressed further below.

Chafee and LGBTQIA Support

Outreach Workers are trained and supported to consider the diverse needs of LGBTQIA youth and young adults living in out of placement and transitioning to adulthood. Like the support provided toward mental health needs, the Life Skills Support direct payment Program is a key resource for supporting the needs for LGBTQIA youth and young adults. This year the Life Skills Support Program funded gender affirming clothing and other personal needs. The program is also frequently accessed for selfcare items post-surgical or other medical intervention. In addition, an internship has been developed through Chafee to fund a Joint Youth Advisory Committee Member with lived experience to join the Departments participation in the LGBTQIA Commission efforts.

Employment

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 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 2022, nine youth were matched with internship placements. Total spending in the internship program was $5,000. In 2022, youth and young adults performed an average of 80-hours in their internships which is the highest number of hours performed since the program's inception. Fewer youth participated as more were working in the job market.

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 Young Adult Support Payments (Supervised Independent Living) to directly provide room and board funding to young adults who are determined by DCF to be appropriate for that level of care**.** As of December 31, 2021, there were 2271 young adults age 18 and older receiving agency voluntary care. Of these, 871 young adults were receiving Young Adult Support Payments.

The Discharge Support Program, managed by the Adolescent and Young Adult Services Unit of DCF, supports start-up costs (i.e., first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. This year the Discharge Support Program was able to expand to more young adults due to flexibilities provided through the Consolidated Appropriations Act. This past year from July 2021 to April 2022, 563 young adults received discharge payments for housing and related expenses totaling $2,011,500.

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 2022, there were 870 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 continued to share their convent space with young women through this year. They rent DCF students' private rooms and shared bath and laundry space. This past year again, 16 young women have been residents at Bachand Hall.

Paige Street Apartments - The Lowell Area office of DCF partners with private community development stakeholders to offer, Paige Street Apartments. The program includes nine single occupancy apartments for young men in DCF care. and one room is for a paid Resident Advisor (RA).

Family Unification Program - Since 2009, DCF and the MA Department of Housing and Community Development have jointly applied to HUD for Family Unification Program (FUP) vouchers– a portion of which has been assigned for "transition age" youth. At this time there are 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 Boston, Lowell, Falmouth, Stockbridge, and Springfield. All of these communities have accessed the FYI Program. An agreement with Department of Housing and Community Development, which will provide statewide access, has been secured. DCF has referred 45 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). 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 36 young adult participants.

The Department began a collaborative effort with the Massachusetts Office of the Child Advocate and the MA Unaccompanied Homeless Youth Commission to increase the stability of youth and young adults who are transitioning out of DCF custody or care, at or beyond age 18. The Housing Stabilization and Support Program is provided to youth and young adults to obtain housing and maintain stability upon being housed. This program works with youth and young adults who were previously in the custody of DCF or transitioning out of DCF care. This program not only includes

services focused on housing, but overall case management for closed DCF youth that may include employment, educational, and economic resources. As of April 1, 2022, 100 youth and young adults have accessed the program.

National Youth in Transition Database (NYTD)

Massachusetts has met the compliance standards of NYTD since the implementation of the program. The staff that participated with the NYTD effort, the Youth Advisory Boards, agency management team and other stakeholders has been apprised of the review schedule as well as reported outcomes.

- NYTD data has been shared with various stakeholders this year in the area of housing and community development and has been critical to the discussions with local public housing authorities in an attempt to engage them in the FYI Program.

- DCF has shared the NYTD survey outcomes and information with the Massachusetts Network of Foster Care Alumni and the Joint Youth Advisory Committee. Discussions continue on strategies to maintain focus and positive outcomes for permanency, education, employment readiness/work experience and overall well-being for our foster youth.

- NYTD data has been made available to agency partners. This year NYTD data was utilized to assist the Massachusetts Office of the Child Advocate in the development of The Housing Stabilization Support Program.

- Due to increased staffing of Outreach Workers and the ability to increase stipend incentives made possible through the Consolidated Appropriations Act, NYTD survey participation rates exceed 90% in this year's cohorts.

Collaboration with Youth and Other Programs

On an ongoing basis, the Department seeks input in planning and refining Chafee services from the members of the Regional Youth Advisory Boards and Joint Youth Advisory Committee, youth serving providers, and the Massachusetts Network of Foster Care Alumni.

The Joint Youth Advisory Committee

Presently, there are 35 youth/young adult members of the DCF Joint Youth Advisory Committee. The Joint Youth Advisory Committee is comprised of local boards, and joint meetings with the Massachusetts Network of Foster Care Alumni Board of Directors. The mission of this group is to promote positive outcomes for future foster youth through their voice, advocacy, and action. Members provide feedback on a number of issues relevant to the Department. Committee Members have focused their agenda this year on issues related to diversity, equity, and inclusion particularly as these issues relate to child placement and permanency goals. The Committee has also called for increased opportunity for connection as the pandemic has made these opportunities less available. They continue to provide recommendations to the Department on services, policy and practice. Achievements and goals from this year are detailed below**:**

- Members of the Committee formed a subgroup to inform the Department about how they experienced diversity, equity, and inclusion while living in various care models. The results of the provided feedback directly informed the procurement process and subsequent contract language for the agency's Support and Stabilization Program that provides in home and community-based care for children, youth, and families.

- Members of all the regional Boards continue to participate in MAPP trainings and regional recruitment events this year sharing their experiences to help train and recruit Foster and Adoptive families.

- Members served as trainers in the DCF Permanency Training Series, speaking to the need for cultural competence and positive identity formation when making placement and permanency decisions.

- The Committee continued to advocate for and plan a Youth and Young Adult Wellness Conference, in preparation for when large scale in person activities would return post pandemic.

- Members of each regional board served as keynote speakers in the five DCF regional graduation celebrations and the statewide Youth Achievement Celebration.

Collaboration with Other Private and Public Agencies

The Massachusetts Network of Foster Care Alumni

The Massachusetts Network of Foster Care Alumni, a 501c3 organization initiated and funded through Chafee, has continued to grow this past year. Its purpose is to connect alumni from all out of home care models and to illuminate and support the diverse needs of alumni of foster care. The Network's Board of Directors has a strong representation of foster care alumni. The bylaws require 51 percent of the Board have experience in foster care. The organization hosts virtual and in person events throughout the year culminating in its annual Thanksgiving Dinner for foster youth alumni was held in November 2022 with over 120 participants. 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 a lifelong community of support. The NFCA has engaged the City of Boston to establish foster care awareness week where the Lenoard P. Zakim Bunker Hill Memorial Bridge in Boston is lit up in blue and green colors to recognize alumni and young people living in care.

- DCF maintains its participation in the New England Youth Collaborative – a regional youth group comprised of youth and adult supporters from the six New England states dedicated to improving the services/resources and outcomes for foster youth.

- DCF provided technical assistance and implementation leadership to the Massachusetts Office of the Child Advocate in the development of the statewide Housing Stabilization Support Program an expansion of a pilot program which provide services to young adults that decline post 18 voluntary services through DCF. This affords young adults the option to be alternatively served by a collaboration of young adult serving agencies.

- 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 and Boston Youth Homelessness Demonstration Program. These Programs are funded through a HUD initiative and call for collaboration with child welfare systems.

- DCF and MassHealth have been working to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from "in placement" Mass Health to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination.

- DCF 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 Outreach and other DCF staff to ensure benefits are maximized for transition age youth and young adults. DTA has offered pathways to further consider the needs of young adults living with Young Adult Support Payments to maximize any SNAP benefit.

- DCF has continued to connect young adults from care with the Department of Mental Health 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 as a component of life skills training and support work.

- DCF's 6 Regional Education Coordinators and points of contact affiliated with each of our 29 area offices and collaborate with all school districts. Their focus includes school enrollment, transportation, 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 2022, Jordan's Furniture provided assistance with DCF graduation celebrations for foster

care students who have graduated from academic programs. Jordan's Furniture also provides gift cards for new furniture for 10-15 young adults per year who are moving into their first apartments.

- The Rise Above Foundation continues to work with Adolescent Outreach Workers to identity youth and young adults for their "Launch Box" program, where needed supplies for first apartments and dorm rooms are donated to young adults. Rise Above is also available to supplement Chafee funding for enrichment opportunities for youth and young adults.

Human Trafficking

- The Department's PAYA Life Skills curriculum addresses the signs of domestic violence, dating violence, victimization and human trafficking. The focus on self-esteem building, self-care and safety within the curriculum also aids in this work.

- The agency provided Outreach staff to join a workgroup with LIFT (Living in Freedom Together), a provider of care to victims and survivors of human trafficking in order to develop ways to train adult supporters, foster parents, and other caregivers with trauma informed, supportive ways to provide care to young people who have been sexually exploited.

Training and Technical Assistance

The staffs of the Adolescent and Young Adult Services Unit have continued to provide focused training to staff, providers and foster parents to strengthen understanding and practice of transition work. With the assistance of the Child Welfare Institute, staff was able to offer two recurring public trainings that were offered in 2022:

- *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, two additional organizations were provided with technical assistance and training specific to their target transition populations:

- Youth Villages, a large provider to in-home and transitional services to adolescents in the Commonwealth, was provided with training to assist the organization to reach positive outcomes in post-secondary attainment. DCF staff also provided a transition workshop at the Youth Village workforce training summit.

- Outreach staffs continue to issue a newsletter for professionals and supporters of transition age foster youth. The quarterly publication includes training opportunities and resource and referral information for professionals supporting youth in post-secondary education.

- Ascentria Care Alliance, the Commonwealth's provider of care to unaccompanied refugee and asylee youth and young adults was provided with training to assist in ensuring access to Chafee and other state funded benefits for transition age youth and young adults.

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

The Adolescent and Young Adult Services Unit to provide support and consultation on issues related to transition age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. A meeting was held in the summer of 2021 with the Mashpee Wampanoag tribe to discuss program development in the Commonwealth in housing transition age youth in order to ensure tribal youth had access. Nearby Falmouth, MA public housing authority has had the FYI Housing program running for almost two years, which could be of great resource to qualifying tribal young adults. A meeting to update the tribe and include the Aquinnah Wampanoag Tribe has been offered for the summer of 2022.

Medicaid Enrollment

In Massachusetts, young adults who reach the age of 18 in out of home placement are automatically enrolled in Medicaid and coverage does not disrupt once the case closes. State level legislation supports the ongoing collaboration between DCF and MassHealth to ensure any barriers to access are removed. The Department's Permanency Planning Policy requires young adults be educated about their health care coverage and provided with their MassHealth card prior to discharge from care. Life skills training curriculum includes discussing insurance coverage and continuation of Medicaid into adulthood as well as health care proxy information. The agency's 29 Medical Social Workers are versed on the policies and support this education through foster families and social workers.

The Department has an ongoing relationship with MassHealth and a data report that has been established via our two agencies to assist with getting these youth picked up for continued coverage. DCF staff assist when there is an issue when a youth who meets the criteria isn't showing up in their system. DCF helped with this initial data report when the Affordable Cares Act (ACA) was rolled out.

Key highlights:

- Massachusetts Medicaid, also known as MassHealth, honors the "former foster care youth" coverage outlined in the Affordable Care Act (ACA), covering "former foster care youth" who are permanent residents of MA until the age of 26. The Affordable Care Act (ACA) outlines what criteria constitute a "former foster care youth" to make them eligible for this coverage. It is important to note that the terminology "former foster care youth" is a term outlined in the ACA.
- MA Medicaid (MassHealth) and DCF have partnered together to automatically pick these youth former foster care youth up to prevent lapses in healthcare coverage.

- Our agency sends a data report 1x a week (on Thursday) to MassHealth of all the transition-age youth who meet the criteria, and MH then picks them up for coverage.
- Youth who move, becoming residents of another state, no longer qualify for MA Medicaid (MassHealth) as they are not residents of MA.
- Not all states honor former foster care youth from other states. It does not mean that transition-age youths don't qualify for Medicaid in the new state.
- Transitioned-age former foster youths can apply for Medicaid in the state they are now a permanent resident and qualify based on their income. They also can remain on their guardian/parents' insurance until the age of 26 (policy under the ACA) or pick up employer-sponsored insurance through their place of employment.
- Youths attending college out-of-state but continue to be residents of MA will continue to receive MassHealth and can utilize this coverage when they travel back to MA. Adolescent outreach workers, however, encourage and support youth out-of-state at college to purchase college-sponsored student insurance as it is accepted in that state.
- The adolescent outreach workers routinely connect transition-age youth to our team of medical social workers/statewide medical social work specialists and/or they do a consultation with the medical social workers to come up with a clear plan for the youth to access insurance when out of state.
- For transition age youth who are "placed" in foster care via an Interstate Compact (ICPC), if they are Title IV-E eligible, they automatically are picked up for Medicaid coverage in the state they are living in up until the age of 18.
- For transition-age youth placed in kinship care via an ICPC, the kinship can apply for Medicaid under a benefit known as "grantee relative benefit" for the transition-age youth as long as they are 18 and under.

Adopted/Guardianship youth:

- It is important to note that adopted youth/guardianship do not meet these criteria as they were not in the custody of DCF at the time they aged out. These are criteria set by the ACA, not our agency
- Adopted/Guardianship youth get MH coverage through our agency via the SUBSIDY until age 22, at which time they can go on their guardians' insurance until the age of 26 or apply for Medicaid on their own.

The Consolidated Appropriations Act of 2021

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 2021 and 2022 efforts continued to be focused on stabilizing youth and young adults in their living and learning situations and keep them connected to professional and familial supports. Most of the Consolidated Appropriations Act funds were direct payments to youth and young adults. This approach was responsive to the recommendation of the Joint Youth Advisory Committee to prioritize direct payments throughout the pandemic. The large increase in utilization and youth served through direct payments detailed above in the Life Skills Support Program and Discharge Support Program represent the impact and reach of the Act. The Commonwealth plans to fully expend its funds through its direct payment programs. Other utilization of funding is detailed below.

- Through the summer of 2020 and 2021, the Massachusetts Network of Foster Care Alumni searched for and funded alumni from care 18-27 with housing support funds made available through the Act. There were 3709 children served, and $7,427,728 was spent on this project.
- The agency contracted with a statewide provider to manage a funding program for incidental need through the year, where funding could be made available within 24 hours to a young person to meet an unforeseen need such as an Uber or Amazon gift card, or expense to join a school travel trip. $1.1M is budgeted to administer this program.

- The agency's social media, digital, and print ad campaign continued to educate alumni from care on the availability of benefits. A parallel campaign focused on recruiting foster families for older adolescents. $250,000 was spent on the campaign that resulted in 6 million views of the campaign on social media and subsequent 77,000 visits to the DCF website. In addition, 321 potential foster families visited the online foster parent and adoptive parent application.

- The agency's dedicated e-mail portal for young adults needing to submit documents to access benefits was supported with staff responders

- In the spring of 2021, Young Adults receiving Young Adult Support Payments were provided with a $1000 stipend to address unanticipated expenses and income loss due to the COVID-19 pandemic. $865,000 was provided to these qualifying recipients.

EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

In the academic year 2021-2021, Massachusetts awarded 358 Education and Training Vouchers. There were 138 new vouchers and 220 ongoing vouchers this year and 61% of the vouchers awarded this year were for returning students. The students who received an ETV award this year attended 95 different colleges, universities, and vocational training programs in six different states. Of the 358 recipients, 87% of the students were enrolled full-time, and 13% were enrolled part-time.

The Consolidated Appropriations Act provided the opportunity to exceed the maximum $5,000 grant in ETV. During academic year 2021-2022, 73 students or 20% were awarded grants that exceeded $5,000 due to the impact the pandemic was having on their educational stability. These funds helped students meet their financial obligation and focus on their educational commitments.

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. The ETV application also collects information on whether students have interim housing plans and if students are supported by an Outreach Worker. These applications are reviewed by Education and Training Specialists (ETV Workers) and if additional service needs are identified the ETV Worker connects the students to such services.

- ETV Workers provide quarterly newsletters to ETV recipient students inviting them to connect with ETV workers or other agency staff for any needed post-secondary support.
- ETV Workers strive to meet with students from foster care individually and in supportive group meetings on every Massachusetts public college campus throughout the school year. Due to COVID-19 pandemic related visitation restrictions, these visits occurred virtually this year for students. These meetings provided the opportunity to provide financial planning, housing, academic, and social/emotional support.

- Massachusetts offers Single Point of Contact Network (SPOC) on college campuses. These individuals are college staff volunteers from varying departments that can help students navigate their institutions to get their needs met. In return the ETV Workers serve as SPOCS for college staff who are supporting students from foster care. Together DCF staff and the campus SPOCs assist foster youth with needed support and resources.

- ETV Workers developed a webinar for the Massachusetts Education Financing Authority (MEFA) to help high school guidance counselors in the Commonwealth to understand how to help foster care students transitioning to post-secondary education.

- DCF foster care students have access to the ETV Workers for any challenge that may be related to the pandemic. ETV Workers gather information from colleges on available resources for students. They also have direct access to Chafee direct payment programs to meet non educational needs or needs not covered by ETV grants. Some of these direct payments have been used to visit family or access transportation for medical or wellness appointments. 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.

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 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 $5000 in scholarships was awarded to foster youth enrolled in college this year. Four winners were honored at a service dedicated to Dr. King in February 2022.

2021-2022 ETV Program Information	
Total Recipients for 2021-2022	***358***
Breakdown of Total Recipients for 2021-2022	
Show New Recipients and Ongoing Recipients	
2022	***138***
2021, 2022	***62***
2019, 2020, 2021, 2022	***44***
2020, 2021, 2022	***34***
2018, 2019, 2020, 2021, 2022	***26***
2020, 2022	***18***
2019, 2022	***8***
2018, 2019, 2021, 2022	***4***
Other combination of attendance	***24***
Number of Universities/Colleges/Vocational attended	
by 358 ETV Recipients	
Number of colleges and schools	**95**
Number of States	**6**
Enrollment Status of 358 ETV Recipients	
Full-Time	312
Part-Time	***46***
4 Year Public	*167*
2 Year Public	***116***
4 Year Private	***50***
2 Year Private	***5***
Vocational Training	***15***
Graduate program	***5***

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 fully utilized its Division X funding and will fully utilize the ETV grant this academic year.

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 2022.

Overview of Efforts Related to the Compliance of the ICWA Act

MA DCF works 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 FFY 2022 period, MA DCF has maintained meaningful contact and coordination with Massachusetts' two federally recognized Tribes.

The current contact for the WTGH(A) is contracted Direct Service Administrator Lee Ann Wander. A meeting with the WTGH(A) Direct Service Administrator via phone conferencing took place April 14, 2022. That meeting focused on an update of staff and contacts for inquiries and investigations. Another meeting is currently being planned to continue a discussion on collaborative cases and projects for the upcoming year.

The current contact for the MWT is ICWA Manager Maria Turner. A meeting between the DCF ICWA Coordinator and the MWT ICWA Department, including the ICWA Manager, ICWA Social Workers and ICWA Administrator took place on February 14, 2022. The meeting was an opportunity for many newly hired staff at the MWT ICWA Department to meet with DCF and discuss shared goals. The meeting focused on the importance of establishing a Qualified Expert Witness (QEW) Committee, recruiting and training a pool of QEWs, procedure for transferring cases from DCF to the MWT, the importance of collaborative ICWA trainings, a request for assistance in assigning therapeutic mentors when needed, and the importance of affirming Native children and their cultural identity. This meeting was also an opportunity to share updates on DCF ICWA initiatives and training material for collaborative creation and feedback. The meeting concluded with the intent to schedule a larger meeting with the MWT ICWA Department and the MA DCF ICWA Department in this summer of 2022 which will include the ICWA Legal Supervisor, ICWA Clinical Consultant, the ICWA Coordinator, and the ICWA Liaisons. This meeting is currently being planned.

An important aspect to the smooth flow of communication between DCF and the MA Tribes has always been frequent outreach and ensuring that the Tribes and DCF ICWA Liaisons have the most up-to-date contact information for one another. To this end, DCF has maintained and distributed updated contact information to all DCF ICWA Liaisons and ICWA contacts for the

MWT and WTGH(A). The ICWA Coordinator has also facilitated introductions virtually between DCF ICWA Liaisons and newly hired staff at the MA Tribes.

DCF currently utilizes a direct consultation feedback model for input. Collaborative discussions such as meetings and routine contact via phone, email, and virtual conference 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. outreach to the MWT and WTGH(A) via 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. On March 29, 2022, the MWT reached out to DCF via email requesting to re-open and update IGA negotiations. On April 29, 2022, MA DCF met with a representative for the MWT to discuss re-opening negotiations on the IGA this year.

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 FFY 2021 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, virtual conferencing, and emails are everyday mediums to discuss the implementation of ICWA and case-specific matters with the ICWA Coordinator and ICWA Liaisons in each region of the state.

MA DCF 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. On April 21, 2022, the Chairwoman of the WTGH(A) attended the Human Trafficking Leadership Advisory Board Meeting, indicating a commitment to collaboration on the vital imperative of countering HT in Native communities.

Each year, since 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. DCF has communicated with both tribes that their input would be essential to ensure the areas of tribal interest are included. In 2018, 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.In February 2022, DCF discussed the formation of a QEW Committee with staff from the Mashpee Wampanoag ICWA Department. The MWT has communicated interest in recruiting and training QEWs in the Fall of 2022. MA DCF has and will continue to follow up to schedule a date and plans to cocreate training material with the MWT ICWA Department and facilitate the training.

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

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take and have taken jurisdiction of protective cases. Currently, the MWT ICWA Department has communicated they intend to transfer some cases from Mashpee Wampanoag Tribal Court jurisdiction to state court,

and from the MWT ICWA Department to MA DCF for clinical case management. They are actively working with the MWT Tribal Court to determine which cases will transfer. DCF will continue to work with and support the MWT in any decisions involving case transfer.

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, email, and virtual conference 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 reports. 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.

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. The ICWA Unit is currently working with DCF IT support staff in the addition of ICWA related AFCAR data elements to the iFamilyNet database.

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 699 (5/1/2021-5/1/2022) notices to Tribes for 156 families claiming NA/AN ancestry were sent across the county. MA DCF received 174 ICWA inquiries between May 1, 2021 and May 1, 2022. Currently 110 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. In FFY2022, trainings have taken place during staff meetings, combined unit meetings, and even smaller learning circle meetings.

An in-service for all DCF staff occurred on May 26, 2021. This training focused on all aspects of an ICWA case. Specialized trainings will be planned and facilitated throughout the year. A training will be provided to Foster Care Review volunteers in the summer of 2022. The DCF ICWA unit is currently planning a QEW training for DCF attorneys this upcoming Fall 2022.

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, on DCF's previous training platform (PACE) and has been available on the newer MassAchieve training platform as of November 22, 2021. The ICWA unit partnered with the Child Welfare Institute again to create a web based ICWA training for DCF attorneys. This training was successfully completed and launched on MA Achieve on November 22, 2021.

In FFY 2021, the DCF ICWA Coordinator 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 included 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. As of FFY 2022, the work continues with this planning committee in planning trainings around cultural affirmation and racial equity promotion.

DCF's Child Welfare Institute is currently working on planning a special screening of the documentary "Dawnland" that will be open to all DCF employees. This documentary focuses on the origins and importance of ICWA law. A facilitated discussion on ICWA and the importance of equity will follow the screening.

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, three ICWA Liaisons, members of DCF's Legal Manager and Trial Attorney team, and members of DCF's Assistant General Counsel team attended, making this the most highly attended NICWA Conference by DCF staff to date. Ideas for supportive projects are currently being actively discussed by attendees.

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 March 14, 2022, 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 will be scheduled for August 2022. 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, help reunify families, and keep N/A and A/N children connected to their culture. 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))

MA DCF Adolescent Outreach continues to provide support to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe regarding transition-age youth. Training and consultation on Chafee-funded services 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. Previously, the Mashpee Wampanoag Tribe has designated staff to work directly with DCF staff to understand and access Chafee-funded benefits and services. On May 13, 2022, the MA DCF ICWA Coordinator contacted both MA Tribes, shared a brochure of Chafee benefits, and provided contact information for Adolescent Outreach staff who could further discuss Chafee services and how DCF can ensure Native youth and young adults have access to them. Currently, the Tribes are invited to contact Adolescent

Outreach at any time to schedule a meeting and were provided with information via email about resources and Chafee benefits.

At this time, neither MA tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program with respect to eligible Indian children. Neither tribe has requested to receive an appropriate portion of the state's allotment for such administration or supervision.

SECTION D. CAPTA STATE PLAN REQUREMENTS 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 effect 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 proposes the following new uses of CAPTA funds during FFY 2023.

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.

FFY 2023 Proposed Expenditures

The Department proposes spending $100,000 in CAPTA funds on leadership training programs. This is an increase of $60,000 in this area from our FFY 2022 expenditure. Approximately $11,000 will be spent for staff to attend the "Responding to Sudden Unexpected Infant Death: Strategies for the Professional" Conference. This conference reviews the most up to date data analysis on this challenge as well as strategies for field staff to educate and support families that DCF is working with.

Approximately $30,000 will be spent for 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. Using peer and supervisory feedback (obtained prior to entering the program), areas of challenge were identified, and plans were designed to enhance skills in this area. The Department has a strong commitment to supporting our diverse managers with this exceptional program.

Approximately $20,000 will be spent on training related to working with individuals with disabilities. Most of these funds will support staff attending training on how to work successful with parents with intellectual or developmental disability. Additional funds will be spent to develop training for foster parents to engage and support children with Autism Spectrum Disorder.

The additional $39,000 in leadership training funds will be administered by the Associate Deputy Commissioner for Protective Operations as training needs arise during FFY 2023 and reported on in the FFY 2023 CAPTA report.

Respite Care for Postpartum Mothers Impacted by Substance Use Disorder

CAPTA Priority Areas

- case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families
- developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions

This project also supports the Department's continued efforts to address the needs of infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder

FFY 2023 Proposed Expenditures

The Department proposes spending $131,800 to partner with Massachusetts General Hospital's Hope Clinic to support a pilot project which is studying the impact of overnight respite care by a newborn care expert to vulnerable postpartum people impacted by substance use disorder. The overnight night nurse, a newborn care expert, will provide 8 hours of care a night, 3 nights a week for 6 weeks to the new family.

The postpartum period can be a challenging time for families impacted by substance use disorder. Women are at an increased risk of mood disorders including postpartum depression and anxiety. Hormonal changes can affect medication dosing which may result in woman become overly sedated. Caring for any newborn can be exhausting and caring for a substance-exposed newborns requires an even higher level of caregiving. Limited social supports can make this time period even harder to successfully manage for some families. This pilot seeks to evaluate the feasibility, acceptability, impact on parental capacity, receptivity to teaching of skills and overall well-being of mother/infant dyad.

With this additional funding the pilot could expand to serve families would are living in family residential programs where postpartum sedation is of concern. DCF is greatly interested in seeing if this pilot program is successful in supporting postpartum people during this challenging time and keeping children safe.

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2019 (section 108(e) of CAPTA).

Director of Disability Services and Regional Disability Specialists

CAPTA Priority Areas

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

FFY 2022 Expenditures, Activities and Accomplishments

The Director of Disability Services supports the coordination of culturally competent services and program resources for children and families served by DCF including identifying, mitigating, and making recommendations to eliminate any barriers children and families may experience in service delivery. *The* Director of Disability Services was hired in December 2021.

Once the Director was onboarded, we began the process of hiring for Regional Disability Specialists. These staff 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 are responsible for education of and consultation with DCF staff. They also represent DCF as we work with community providers to ensure appropriate service delivery. Our current hiring status is below; we will allocate CAPTA funds for these positions in FFY 2023.

- The Northern, Central, and Boston Regional Disability Specialists began work in late May/early June2022. They are training, building relationships with community-based resources and providing consultation to their assigned regions.
- The Boston Regional Disability Specialist has scheduled to begin work in early June 2022.
- Candidates have been identified for the Western and Southern Regional positions and are in the pre-offer phase. The goal is to onboard these positions by late summer 2022.

Policy Implementation Manager and Regional Implementation Specialists

CAPTA Priority Areas

- Improving the intake, assessment, screening and investigation of reports of abuse and neglect.
- Improving case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

FFY 2022 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. A Policy Implementation Manager along with Regional Implementation Specialists will support the implementation of new policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide.

Due to unforeseen challenges in the hiring process, the Department has not hired a Policy Implementation Manager or Regional Implementation Specialists and therefore the FFY 2022 allocated funds were not spent. The Department is currently interviewing candidates for the position and intends to have these position filled by late summer 2022 and will again allocate CAPTA funds for these positions.

Regional Education Specialists

CAPTA Priority Areas

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

FY22 Expenditures, Activities and Accomplishments

The Department spent approximately $200,000 in CAPTA funds (salary and fringe) to hire two staff to serve as regional education specialists. The Specialists work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school.

Information for Parents During Removal

CAPTA Priority Area

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

FFY 2022 Expenditures, Activities and Accomplishments

The Department proposed spending $30,000 in CAPTA funds to draft and publish a guide to provide improved information to families at the time their child is removed. 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 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 (right to counsel, etc. DCF planned to 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.

The FFY 2022 CAPTA allocated funds were not spent because the Department decided to hold this project until FFY 2023 due to some policies which are currently being redrafted. The Department intends to allocate CAPTA funds for this project again in FFY 2023.

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.

FY22 Expenditures, Activities and Accomplishments

The Department spent $20,000 on several mental health projects as described below.
Suicide Prevention and Awareness Trainings on topics including:

- Fostering Resilience
- Understanding Suicide 101 for DCF Social Workers
- Providing Postvention Support to Social Workers impacted by a work-related critical incident for DCF Supervisors and Manager.

The projects described below were unable to be carried out in FFY 2022 and will be launched during FFY 2023 using CAPTA funds.

- Purchase lock boxes to provide to families to ensure medications are safely stored

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.

FY22 Expenditures, Activities and Accomplishments

The Department spent $11,400 in CAPTA funds for 76 staff to attend the "Responding to Sudden Unexpected Infant Death: Strategies for the Professional" Conference. This conference reviews the most up to date data analysis on this challenge as well as strategies for field staff to educate and support families that DCF is working with.

The Department spent $27,000 in CAPTA funds to pay for nine 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. Using peer and supervisory feedback (obtained prior to entering the program), areas of challenge were identified, and plans were designed to enhance skills in this area. The Department has a strong commitment to supporting our diverse managers with this exceptional program.

Information Technology (IT) Improvements

CAPTA Priority Areas

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

FY22 Expenditures, Activities and Accomplishments

The Department spent $68,205 for information technology improvements. The purpose of this IT initiative is 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 will be 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 trainings to workers, supervisors and managers from the Department and its provider partners.

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.

FY22 CAPTA Expenditures, Activities and Accomplishments

During FFY 2022 DCF used CAPTA funds at $109,452 (salary and fringe) to support this critical Central Office Nurse position. The DCF Central Office Nurse (Nurse) is a key part of DCF's work to ensure timely access to quality health care for children and youth who are involved with DCF.

The Nurse provides consultation to DCF staff and foster and adoptive parents statewide regarding all healthcare and medical issues for children involved with DCF. The nurse is the Supervisor of five Regional Nurses,-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. The Nurse manages contracts for Complex Foster Care/Medical foster homes and the Children's Hospital contract that includes the Nurse Liaison position and Clinical Consulting.

DCF has been expanding the Antipsychotic Medication Monitoring Program (AMP) to more regions continually and the Nurse has been involved in planning the expansions. The Nurse utilizes the Cognos database to provide MassHealth claims data to inform the AMP review process by the Psychiatric Social Worker and Child Psychiatrist. To date, the AMP has completed reviews of 40 cases and 8 are in process currently. The AMP now covers the Central, Boston and Northern Regions. The Psychiatric Social Worker is responsible for clinical reviews of proposed antipsychotic medications, works closely with the Nurse and Child Psychiatrist and provides comprehensive clinical summaries and recommendations to the Child Psychiatrist, who then makes the recommendation regarding proceeding to court for the required court order for the medication.

Focuses in FFY 2022 included:

- The Special Kids Special Care (SKSC) program is a program for medically complex children in foster care, co-sponsored by the Massachusetts Medicaid Program (MassHealth) and the Department of Children and Families (DCF). The SKSC Program provides intensive medical care management program for children in DCF custody and in placement who have complex health care needs through a contract with one of the MassHealth managed health care plans, BMC Health Plan (BMCHP). The Nurse is the DCF clinical lead for the Special Kids Special Care Program.

- The Nurse is the representative of the Health and Medical Services Team for the Critical Incident Review Team (CIRT). The CIRT is a Central office team comprised or executive staff and multidisciplinary specialists who meet weekly to review reports of cases identified as meeting the definition of Near Fatality, Serious Bodily Injury or Emotional Injury. The Nurse is responsible for reviewing between approximately 10 to 35 reports per week and addressing the medical issues and questions raised during the CIRT discussion of each case.

- 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 meets regularly with the Director of the Massachusetts/Rhode Island Make a Wish (MAW) Foundation to identify children in DCF custody who are eligible for "Wishes" and communicates with the DCF social work staff regarding the eligibility of children for Wishes. The Nurse continues to collaborate with the MAW Director to provide medical information necessary to determine eligibility and to make referrals, with the goal of accessing as many Wishes as possible.

Regional Clinical Consultation

CAPTA Priority Area

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

FFY 2022 CAPTA Expenditures, Activities and Accomplishments

During FFY 2022 DCF used approximately $60,000 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

FFY 2022 CAPTA Expenditures, Activities and Accomplishments

During FFY 2022, 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 13 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 during FFY 2021 and into FFY 2022. 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. They continue to offer a combination of in-person and virtual services; however, the aspect of a forensic evaluation requires some in-person time. They have continued to increase their utilization since August 2020.

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.

Due to additional funds and the expansion of their service delivery model Children's Charter has been able expand their support to deepen DCF's use of their services, including offering guidance to foster parents in support of the children in their care.

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

Parental Stress Line

CAPTA Priority Area

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

FFY 2022 CAPTA Expenditures, Activities and Accomplishments

During FFY 2022 DCF spent approximately $65,000 of CAPTA funds to support a Parents Helping Parents (PHP), a parental stress line in Massachusetts. PHP is a confidential helpline for parents that operates 24-hours a day, 365 days a year. PHP 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.

CAPTA funds support staff time and associated costs (space, supplies, etc.) to operate the Parental Stress Line and also to recruit, train and support volunteers. PHP's Parental Stress Line plays a key role in the primary prevention work being done in Massachusetts to prevent child abuse before it occurs. The Parental Stress Line offers support, empathy, and crisis intervention counseling to parents and caregivers who are having difficulty coping with the stresses of parenting.

PHP is committed to supporting parents in their efforts to ensure the safety and well-being of their children. PHP provides a safe supportive environment that gives parents non-judgmental emotional support. This support, through a combination of trust, mutual support, honesty, and collective wisdom can become the foundation and catalyst for a parent's own personal growth and change. PHP's approach is preventative – once the emotional support of the parent has been strengthened, a parent is better able to-actively guide and nurture the family and deal effectively with parenting crises. PHP provides parents with immediate access to services by telephone or in groups where they get the support they need to strengthen their family relationships in a proactive, constructive and healthy way.

PHP also 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. Group leadership is provided by volunteer facilitators, often from a health or human services background, teamed with parent leaders who are recruited from the group's parent members. The support groups are offered virtually and in-person.

Following pandemic restrictions on in-person programming by the Commonwealth, PHP pivoted to offer more online support groups. Many parents cite the conveniences of online groups without transportation, childcare, and time management concerns. PHP has groups in prisons and sober recovery homes. Currently, PHP is offering both online and in -person groups depending on the needs of the setting and parents.

There are approximately 17 online groups that have 96-128 parents each week in attendance. Our groups target the specific needs of parents. i.e., parents of teens with special needs, single parents, fathers only. We have three groups of parents involved with DCF.

The reasons why parents come to groups are varied but primarily due to:

- Stress of the pandemic on their families
- children having excess school absences/tardiness who are referred to the school social worker and DCF
- Pandemic causing relapses/ substance abuse
- Restraining orders against one of the parents
- Domestic Violence

The main referral sources to the Stressline and PHP groups include:
- Health Centers
- Social Worker
- Hospitals
- Schools
- Therapists
- DCF workers
- Family Counselors

Family Engagement and Voice

CAPTA Priority Area

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

FFY 2022 CAPTA Expenditures, Activities and Accomplishments

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

- Provide stipends to parents and former consumers to participate in the decision-making processes at the Department by serving on the Family Advisory Committee (FAC).
- Support Parent Leadership Trainings to former consumers to prepare them to be confident participants and productive members of area boards and other forums where the voice of former consumers must be present.
- Provide parent stipends associated with DCF's Fatherhood Initiative
- Provide stipends associated with the Commission on the Status of Grandparents Raising.

The Family Advisory Committee (FAC)

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

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. Based on DCF feedback on increasing rates of suicide attempts and deaths by suicide, we were able to continue our work with QPR. Five FAC members, educated and certified as QPR trainers, actively facilitated a series of 10 groups with the five DCF

Regional Offices. The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression.

Fatherhood Initiative

The FAC maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups. The core member of the Fatherhood Sub-committee works closely with the DCF Office to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.

Commission on the Status of Grandparents Raising Grandchildren

In FFY2021/2022, the Commission continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers 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 on-going COVID-19 pandemic, programs continued to be conducted virtually and covered topics including: "How Trauma Impacts Children," and "Understanding Special Education," "Planning for Your Grandchild's Legal Future" as well as "The Benefits of Positivity on Health." Over 250 grandparents participated in these workshops. The Commissions also trained service providers on how to start support groups for grandparents raising grandchildren. The Commission started a weekly virtual support group for grandparents raising grandchildren as many in-person groups stopped meeting. An estimated 100 grandparents participated in the virtual support at least once. The Commission also facilitated monthly meetings with support group facilitators from across the state and provided ongoing technical assistance.

Due to the pandemic, rather than host large group activities, the Commission was able to provide 220 grand-families with memberships to various venues such as Massachusetts Audubon Society, Plymouth Plantation, and Franklin Park Zoo so that families could enjoy a safe, fun activity together.

The Commission continued its legislative and policy advocacy this past year. The Commission worked closely with the Department of Transitional Assistance (DTA) with regards to the Temporary Assistance to Families with Dependent Children (TAFDC) 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. Beginning in FFY 2022, DTA modified a policy to allow grand-families/guardians who receive the TAFDC child-only grant to now qualify for childcare. This change will significantly help working grandparents and guardians.

A new partnership for the Commission in FFY 2021 was a collaboration with the Court Improvement Program (CIP) and the Kinship Navigator Program (KNP) to develop a program to engage guardians and assist them in accessing services and resources earlier in their legal process.

The KNP piloted a program in three counties in Massachusetts with varying success. Since the courts were operating remotely last fiscal year, the engagement portion of the pilot was a challenge, however, once the court staff started referring kinship caregivers to the KNP, the numbers of guardians engaged in services began to increase. The pilot will be expanding in the next fiscal year to introduce this direct service program in additional counties in Massachusetts. The Commission provided consultation and technical assistance to this pilot program.

During FFY 2021 and the COVID-19 pandemic, the Commission continued to assist grand-families and support groups with accessing basic needs and services such as food and housing. The Commission continued to work with local food banks and food service providers to assist grand-families struggling with food insecurity during COVID-19. The Commission partnered with Lasagna Love again this past year, a non-profit organization that matches volunteer chefs with families in need of a hot meal. Over 120 grandparents raising grandchildren participated in this program and it is estimated that over 750 lasagnas have been delivered. Additional COVID-19 support included offering multiple virtual workshops by medical providers on COVID-19 and vaccines.

Each year, the Commission hopes to gain new voices and perspectives to its board and Advisory Board. Several new Commissioners were appointed to the board in FFY2021 including two African American women, one Latinx woman, and three members with lived experience. The Advisory Board continues to expand and added several volunteers from rural communities to the board. Diversifying the board continues to be a goal for the Commission moving forward.

The Commission is hopeful to build upon the work in the last fiscal year and anticipates a hybrid model moving forward. The Commission will continue to offer virtual opportunities for grandparents and service providers to learn about issues important to grandparents raising grandchildren. One area the Commission hopes to expand in the next fiscal year is community outreach. Outreach was challenging during COVID. Having the ability to connect with caregivers and service providers remotely will expand the Commission's outreach and offerings of trainings and collaborations with community partners.

Implementing Plans of Safe Care

<u>CAPTA Priority Area</u>

- Case management, case monitoring and delivery of services to families.
- Developing, strengthening, and facilitating training
- Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
- Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

FFY 2022 CAPTA Expenditures, Activities and Accomplishments

During FFY 2022, DCF spent $745,000 in CAPTA funds in this area.

- $705,000: salaries (and fringe costs) of five Substance Abuse/Plan of Safe Care Coordinator positions in order to increase agency capacity to address Plans of Safe Care.
- $2,150: education pamphlets
- $36,850: training
- $1,000: translation services

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

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

The Department has not used CAPTA funds for this purpose.

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

DCF's three citizen review panels are:

- **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 FY21, the local CFR teams held 20 meetings, reviewed 99 child deaths and made 25 recommendations to the state CFR Team. Based on recommendations received from local teams, the state CFR team made two formal recommendations, neither of which directly impact the Department. One focused on having corn masa included in the list of food products which must be fortified with folic acid and the other related to an updated education campaign about the importance of seat belt use.

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.

Key work in FFY 2022 included:

- The FAC Leadership Team established a Strategic Planning Committee to process all work in the area of rebranding and restructuring the FAC.
- *Diversity Subcommittee* helped to diversify the overall FAC membership and amplify the voice of all community members.

- *Fatherhood Subcommittee* worked to engage dads in the Nurturing Father's programs, Father Ambassador Programs, and fathers working with the Massachusetts Fatherhood Collaborative
- *The Kinship & Foster Care Subcommittee* listened to foster parents' struggles and walked them through resolution with the Department through 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.
- *Mental Health & Trauma Subcommittee* 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.
- *Education Subcommittee* promoted and supported the work of the Federation of Children with Special Needs and DCF. They brokered meetings with the new DCF Director of Education and the Regional Education Liaison staff.
- *Substance Use Prevention/Addiction & Opioids Subcommittee* in cooperation with the Department's Director of Substance Use Prevention, several committee members were able to connect with the Mass Organization for Addiction Recovery (MOAR).

CITIZEN REVIEW PANEL THREE

DCF Joint Youth Advisory Committee

The Joint Youth Advisory Committee is comprised of:

- The DCF Youth Advisory Board
    - This Board has been active for more than 20 years and is made up of members who are each part of their Regional Youth Advisory Boards.
    - The five regional groups meet monthly and come together join for a quarterly statewide meeting.
- Massachusetts Network of Foster Care Alumni
    - This Network, initiated and funded by DCF, serves to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities for service and leadership.
    - The Network's Advisory Board has a strong representation of foster care alumni; its bylaws require 51% of the Board to have experience in foster care.
    - In FFY 2020 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 FFY 2022, 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.
- Discussed ways to re-engage in person as the pandemic abated.
- Served on a focus group to inform the agency of ways to ensure issues of diversity, equity, and inclusion are considered when seeking providers to deliver services to youth and young adults
- Provided feedback to the Massachusetts Department of Higher Education, Office of Student Financial Assistance on the experience of utilizing financial aid as a student from foster care.
- Provided feedback at the agency-level for planning and practice related to supporting youth and young adults through the COVID-19 pandemic.
- Partnered with agency staff to deliver training to prospective foster and adoptive parents during home licensing process.
- Delivered training to agency staff about issues of diversity and inclusion in the permanency process through lens of lived experience.
- 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 FFY 2023:

- Plan for youth and young adult wellness conference that can take place in person
- Participate in the development of new training for DCF Social Workers focused on successful transitions from care.
- Review of NYTD data to determine areas of focus and advocacy opportunity
- Ensure all foster youth have the opportunity to connect with others that have lived experience to receive the benefit of mentorship and social connection.

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

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

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

As noted above, during FFY 2022, the Department utilized CAPTA funds to support six 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 Use Unit Director and staff are in consistent 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; substance use treatment providers, including Medication Assisted Treatment providers; family residential programs; OBGYN practices; Pregnant and Postpartum Grant Programs.

The below activities occurred during FFY 2022 and will continue into FFY 2023:

DCF staff participate in twice monthly Perinatal-Neonatal Quality Improvement Network leadership team meetings which includes presenting and planning the twice-yearly summit of over 250 participants. 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.
- Enhanced partnerships with programs serving pregnant and postpartum mothers with substance use disorders and their infants to develop a teamed structure of collaboration via Plan of Safe Care meetings.
- Deliver ongoing trainings to Treatment Providers, recovery coaches, recovery centers and family resource centers relative to the PoSC and utilization as a tool in working with families. 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 is in process of providing training and consultation to DCF staff on co-occurring perinatal mental health and substance use disorders.
- DCF developed in partnership with BSAS, a community provider and a recovery council a PoSC brochure for families. This educational material is in process of being disseminated across the state.
- DCF is in process of developing an educational brochure for families related to Caring for their Substance Exposed Newborn with a focus on coping with symptoms of substance exposure safe sleep and the importance of self-care.
- Providing ongoing training to DCF staff related to trauma informed engagement in working with families impacted by substance use disorders, Substance Exposed Newborns, communication with providers and engaging providers relative plan of safe care.
- It's important to note that COVID 19 continues to have impacts on families and the multiple system that provide care to them. Providers and programs, as with many industries, continue to struggle with staffing limitations and shortages. DCF has continued to maintain close communication to understand these issues, impacts on the families impacted by substance use disorders, plan of safe care implementation and ensure children's safety and well-being.

Update on State's Use of Supplemental CAPTA Funds

Massachusetts received $1,834,757 in FFY 2021 CAPTA State Grant Supplemental funds under the *American Rescue Plan Act of 2021*. We have and plan to use these funds by September 2025 in the following ways:

- DCF has used these funds to hire three additional regional education specialists so that the Department has an education specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately $600,000 annually. The Specialists work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school. Issues of equity are central to the work of the Education Unit at DCF. Students of color are more likely to face challenges at many stages of their education – from being suspended and expelled more often to being less likely to graduate high school. DCF's education specialists advocate for these students and work to ensure our students are enrolled in, attending and succeeding in school.

- DCF plans to use these funds to hire 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 Department intends to have these positions filled by summer 2022. 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 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. It is critical that there are not disparate outcomes for children and families struggling with ASD/ID. The education and consultation provided by the Disability director

and Specialists will ensure equal opportunities for essential care and education offered to all children and families.

- DCF plans to use these funds to hire three additional regional implementation specialists (in addition to the two proposed above) so the Department has an implementation specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff 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 and existing policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide. DCF has established a Racial Equity Policy Advisory Workgroup to examine policy and practice with an equity lens. Recommendations from this advisory group will inform training and practice supports offered to DCF Area Offices.

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SECTION E. UPDATES TO TARGETED PLANS WITHIN THE 2020-2024 CFSP

States were required to submit the following four plans as discrete sections 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 FFY 2023 APSR.

SECTION F. STATISTICAL AND SUPPORTING INFORMATION

The following must be reported in the 2023 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.

Data on the education, qualifications, and training of Social Workers	**FY22 Data**	**Agency Comments**
a.) Higher Education of Social Workers		
1. number of social workers and supervisors who have a bachelors' degree or higher in social work	2,280	The data includes the probationary social workers who have not obtained their licenses.
2. number of social workers and supervisors who have a masters' degree or higher in social work	914	The data includes the probationary social workers who have not obtained their licenses.
b.) Licensure of Social Workers		
1. total number of social workers	3,345	Includes the titles of staff who had a note in their record indicating that they did not require a license in their specific roles
2. total number of licensed social workers	3,194	Daily licensure report does not include the titles of staff who had a note in their record indicating that they did not require a license in their specific roles
3. total number of social workers holding licensure by level	2,874	2 social workers listed in the data are grandfathered and are in the total count but not a part of this licensure breakdown. 318 social worker I titled employees are on the probationary period and are not included in the licensure data.
LICSW	123	
LCSW	360	
LSW	547	
LSWA	1,844	

Source: MA DCF: HR Data Analytics daily license report as of May 5, 2022

Demographic Information of Personnel

The chart on the next page provides data on the demographics of our personnel.

Workforce Summary Report for DSS Q3 2022

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	314	68	21.6	246	78.4	92	29.3	2	0.6	10	3.3
Professionals	3538	633	17.9	2905	82.1	1262	35.7	13	0.4	69	2
Technicians	42	5	12	37	88	13	31.2			4	9.6
Office/Clerical	211	22	10.4	189	89.6	104	49.3	2	0.9	7	3.2
Grand Total	**4105**	**728**	**17.7**	**3377**	**82.3**	**1471**	**35.8**	**17**	**0.4**	**90**	**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 was18.63. As of February 2022, it has dropped to 16.14 with an average family count of 17.0 families for ongoing social workers.

Juvenile Justice Transfers: Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2021 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d)(14) of CAPTA.)

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. In April 2002, DCF matched its records with children committed to DYS during federal fiscal year 2022. DCF had custody of 17 distinct youth on the same day that they were committed by the courts to DYS.

2. Education and Training Vouchers: Identify the number of youth (unduplicated count) who received ETV awards from July 1, 2020 through June 30, 2010 (the 2020-2021 school year) and July 1, 2021 through June 30, 2022 (the 2021-2022 school year). States may estimate a total if they do not have the total number for the 2021-2022 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**
Final Number: **2020-2021 School Year** (July 1, 2020 to June 30, 2021)	394	148
2021-2022 School Year* (July 1, 2021 to June 30, 2022)	358	138

3. Inter-Country Adoptions: ***Report the number of children who were adopted from other countries and who entered into state custody in FY 2021 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 2022 needed to determine whether states met these performance standards must be reported separately from the 2023 APSR and will be due for submission to the state's CB Regional Office by ***December 15, 2022.***

- The aggregate number of children in the data reporting population. (Please see Program Instruction ACYF-CB-PI-12-01 for detailed information on the reporting population for monthly caseworker visit data.)

- The total number of monthly caseworker visits made to children in the reporting population. If multiple visits were made to a child during the calendar month, the state must count them as one monthly visit. During the COVID-19 declared emergency period or where a child's or a caseworker's severe health condition warrants limiting person-to-person contact only, a visit conducted by means of video conferencing with the child may be counted as a monthly caseworker visit.

- The total number of complete calendar months children in the reporting population spent in care.

- The total number of monthly visits made to children in the reporting population that occurred in the child's residence. During the COVID-19 declared emergency period only, a caseworker visit conducted by means of video conferencing in which the child participated from his or her residence may be counted as a visit in the child's residence. If multiple visits were made to a child during the month, either in person or via qualifying videoconferencing, and at least one of those visits occurred in the child's residence, the State should count and report that one monthly visit occurred in the residence of the child.

The Department will submit the required Monthly Caseworker Visit Data by December 15, 2022.

SECTION 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 FY2022 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 2020 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 FY2020 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were $86M. 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 2020 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 2020 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 2020; and 2) the rationale for the disproportion in the actual expenditure of FY 2020 grant funds.

The Department did not achieve the minimum 20% spending levels for all four PSSF grant service categories in FY2020. The disproportion was requested when the state submitted our estimated expenditures for FY2020. As explained in our FY2020 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 SFY20, the State had annual expenditures in excess of $86 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel costs in these programmatic areas. This total includes over $1.8 million in State funds targeted for time-limited reunification services, $3.7 million in adoption services and over $29 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 2023: October 1, 2022 through September 30, 2023

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:**	1-046002284-K5
Massachusetts	**4. UEI:**	KQE3EAKMNQQ7
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type:** (select one)	
Massachusetts Department of Children and Families		☑ NEW
600 Washington Street, 6th floor, Boston, MA 02111		
a) **Contact Name and Phone** for Questions: Nathan Landers (617) 748-2147		☐ REALLOTMENT
b) **Email address** for grant award notices: Nathan.Landers@mass.gov		

REQUEST FOR FUNDING for FY 2023:

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.

6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$3,556,182
a) Total administrative costs (not to exceed 10% of the CWS request)		$172,218
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$4,464,713
a) Family Preservation Services	26.5%	$1,183,149
b) Family Support Services	23.1%	$1,031,349
c) Family Reunification Services	13.2%	$589,342
d) Adoption Promotion and Support Services	19.6%	$875,084
e) Other Service Related Activities (e.g. planning)	8.6%	$383,965
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	9.0%	$401,824
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100.0%	*$4,464,713*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$282,219
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*)		$1,630,937
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$2,919,409
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:		$984,231

REALLOTMENT REQUEST(S) for FY 2022:

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 Deputy Commissioner for Admin and Finance		*Title*
Date 6/14/2022		*Date*

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

Name of State or Indian Tribal Organization: Massachusetts

For FY 2023: OCTOBER 1, 2022 TO SEPTEMBER 30, 2023

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 (narrative)	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$2,425,045			$ -				$ 131,611,763	41,492	-	all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 1,183,149		$ -				$ 81,715,148	33,339	-	children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 958,919	$ 1,031,349		$ 1,630,937				$ 119,195,851	89,823	-	abused and neglected children	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 589,342		$ -				$ 32,451,288	8,153	-	children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 875,084						$ 42,104,880	877	-	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)	$ -	$ 383,965						$ 86,031,858	-	-	-	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 41,759,204	$ 118,567,983	8,222	-	children in foster care	Statewide
(b) GROUP/INST CARE	$ -						$ 7,402,873	$ 329,063,312	2,000	-	children in congregate care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 48,552,003	$ 33,681,596	8,278	-	adoption subsidies	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 13,520,846	$ 21,722,125	3,330	-	guardianship subsidies	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 2,919,409			$ -	1,100	-	adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ 984,231		$ 18,374,988	440	-	adolescents	Statewide
12.) ADMINISTRATIVE COSTS	$ 172,218	$ 401,824	$ -				$ 29,500,434	$ 29,500,434				
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	$ -	$ -		$ -	$ -	$ -	$ -	$ 2,814,626				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 282,219				$ -	$ 290,514				
18.) TOTAL	$ 3,556,182	$ 4,464,713	$ 282,219	$ 1,630,937	$ 2,919,409	$ 984,231	$ 140,735,360	$ 1,047,876,366				
19.) TOTALS FROM PART I	$3,556,182	$4,464,713	$282,219	$1,630,937	$2,919,409	$984,231	-----	-----	-----	-----	-----	-----
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-----	-----	-----	-----	-----	-----

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

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

- [✓] On the next page
- [ ] In the APSR Narrative

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 2020 Grants: October 1, 2019 through September 30, 2021

1. Name of State or Indian Tribal Organization:	**2. Address:**				**3. EIN: 1-046002284-K5**
Massachusetts	Massachusetts Department of Children and Families				**4. UEI: KQE3EAKMNQQ7**
5. Submission Type: (select one) ☑ NEW ☐ REVISION	600 Washington Street, 6th floor, Boston, MA 02111				
Description of Funds	**(A) Actual Expenditures for FY 19 Grants** (whole numbers only)	**(B) Number Individuals served**	**(C) Number Families served**	**(D) Population served** (narrative)	**(E) Geographic area served**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 3,578,870	1,672	418	open cases	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 261,164				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 4,253,269	12,098	10,561	families with concrete needs	Statewide
a) Family Preservation Services	$ 900,068				
b) Family Support Services	$ 1,629,370				
c) Family Reunification Services	$ 365,466				
d) Adoption Promotion and Support Services	$ 673,185				
e) Other Service Related Activities (e.g. planning)	$ 357,264				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ 327,916				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 4,253,269*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 11,040				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 3,080,973	-	-	-	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 177,320	144	-	-	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,033,685	505	-	-	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
Title	***Date***	***Title***	***Date***
Deputy Commissioner for Administration and Finance	9/1/2022		

APPENDICES

CITIZEN REVEW 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

MASSACHUSETTS DEPARTMENT OF Children & Families

Family Advisory Committee
2021 Annual Report (July 1, 2021 – June 30, 2022)

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.

This reporting period was very transformative for the FAC and the communities we represent. The COVID-19 pandemic reached a new stage and the community focused on vaccinations and masking. With the use of video conferencing, the FAC was able to continue our work and deepen commitments to reorganizing as a group and increasing the group's visibility and contribution to the Department.

The Family Representatives of the FAC are a diverse group of formerly involved parents, youth, foster, kin, and adoptive parents, and community activists who embrace family engagement. After a year of strategic planning, the FAC refined a set of Standard Operating Procedures. This document provides some structure and refinement to the group, which is leading to a productive collaboration with the Department and our community partners.

The FAC Leadership Team established a Strategic Planning Committee to process all work in the area of rebranding and restructuring the FAC, as a precursor to a leadership review. In an intentional action, this body serves as a second level of engagement to assure that there is ample transparency in all our work. This process has proven successful in assuring that all Leadership Team members have ample and multiple opportunities to reflect upon all discussions and decisions, and they can make the most informed choices when overseeing and approving work. This new model has been invaluable to our leadership, as prior issues with "forgetting" conversations, lack of transparency with decision-making, and other obstacles were hindering our work and causing much unnecessary rework. While a member may occasionally "forget" our decisions made, there is now a well-documented history of review and meeting content available to remind them of past actions, and across two forums.

A few subcommittees were formed to carry out various needs including Recruitment, Mentorship, Onboarding, Training, and Orientation. These smaller workgroups helped to recruit new members to diversify and expand the general membership to include residents in the Western Region of the Commonwealth.

Diversity Committee: A key area of community outreach undertaken by the FAC's Diversity Committee is committed to working in partnership with our leadership and DCF to assure that our members and our work reflect the expressed values required to effectively engage with the community. We added a youth voice during the year, which is an important aspect. Over the last calendar year, we have helped to diversify the overall FAC membership and amplify the voice of all community members, to be inclusive of the composition of families, varied racial and cultural voices, and reflective of the broader community. The overall composition of the FAC reflects our

commitment to assuring that we have broad representation from the community. Among their accomplishments:

- Family Resource Center LGBTQ Education Project: In conjunction with the DCF Community Engagement team, and the UMMS tech team, the Diversity Committee worked in the intersection with the DCF Statewide LGBTQ Liaisons to create and launch a new section of the FRCMA.org website. A copy can be found here: https://www.frcma.org/lgbtq-resources a public resource for parents and foster parents of LGBTQ youth.

- Community Listening Sessions: This project is centered upon learning more from the community about successes and challenges related to race and culture as families engage with DCF. A series of community conversations with parents and children with lived experience in the child welfare system.

Fatherhood Committee: The Fatherhood Committee worked to engage dads in the Nurturing Father's programs, Father Ambassador Programs, and fathers working with the Massachusetts Fatherhood Collaborative. The FAC coordinated and facilitated a series of focus groups of dads to get input and guidance on the strategic planning of the MFC.

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 parents' struggles and walked them through resolution with the Department through 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 outreach, marketing, and advertising this program throughout the Commonwealth.

Two of our FAC Leaders facilitate monthly Grandparent and Kinship support groups. These groups are convened monthly and supported by the Commission on the Status of Grandparents Raising Grandchildren and Parents Helping Parents.

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.

Based on DCF feedback on increasing rates of suicide attempts and deaths by suicide, we were able to continue our work with QPR. Five FAC members, educated and certified as Question Persuade and Repond (QPR) trainers, actively facilitated a series of 10 groups with the five DCF Regional Offices. The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression.

Education Subcommittee: 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 goal of the committee is to assess needs and provide training for any engaged families and DCF staff and liaise with DCF to contribute to education policy.

A first step for the committee was to promote and support the work of the Federation of Children with Special Needs and DCF and broker meetings with the new Director of Education and the Regional Education Liaison staff.

Substance Use Prevention/Addiction & Opioids: In cooperation with the Department's Director of Substance Use Prevention, several committee members were able to connect with the Mass Organization for Addiction Recovery (MOAR). MOAR's Goals are to 1. Expand culturally reflective evidence-based peer-led recovery support within the Central and Western Counties of Massachusetts to support family stabilization among DCF- affiliated and justice-affiliated families in early recovery; and 2. Increase the capacity of Recovery Community Organizations (RCOs), including Peer Recovery Support Centers (PRSCs), to effectively support BIPOC communities who are underserved and experience disparities in treatment, child welfare, justice, and other systems.

The FAC members participate in the MOAR, project and are assisting to expand their work to the Boston Region.

FAC PANEL RECOMMENDATIONS AND DCF RESPONSE

Recommendation: #1:
The Department has aggressively addressed the issue of Racial Equity in the past year. Among the concerns are a young and diverse workforce. maintaining Diversity Equity and Inclusion (DEI);and improving the work environment for Black Indigenous People of Color (BIPOC). We recommend:

- Embedding DEI throughout the employee experience emphasizing cultural awareness, and celebrating our diversity to improve inclusion, growth, and trust;
- Fostering authenticity and employee well-being with programs that support human connectivity and purpose in society;
- Structuring our organization, (the FAC) with accountability for DEI initiatives with multiple pieces of training and exercises to deepen our cultural competence and agility.

Department Response
The Department agrees that DEI initiatives are critically important for all staff throughout their careers and looks forward to working with the FAC on our ongoing work in this area. Additionally, when training opportunities are offered to DCF staff on DEI, when appropriate it will include members of the FAC.

Recommendation # 2:
As racial disproportionality in the child welfare system is due to systemic racism, cultural misunderstandings, stereotypes, and biases that influence the decision to report alleged child abuse/neglect to child protective services, there are many systems-level changes needed to begin addressing the issue. A recommendation for leadership is to gain a better understanding of others and change the work culture in which crisis and non-crisis decisions are made. Building and supporting competent management from the middle is key. When they buy in and change practice, we shall see more even-handed decisions made with children of color. We recommend:

- Continuous training, awareness, and special attention to the needs of black and brown children
- Recruitment and retention of BIPOC social workers and students of social work.
- Deliberate and design working tasks that engage all workers in skill-building and cultural sharing opportunities as a regular part of our work.

Department Response
The Department agrees that ongoing training and work is needed to address the needs of black and brown children and families who come into contact with the Department. The Department also agrees that recruitment and retention of BIPOC social workers is critical to the Department's work.

Recommendation # 3:
With a recovering economy post-COVID, there are increased job opportunities which may lead to another wave of early retirements. This could create new challenges for families. We recommend:

- Increased access to vaccination for families by collaboration with providers to sponsor vaccination drives or social activities with education on Covid-19 and variations/vaccinations efforts.

- Coordinated support to families who struggled with sobriety – offering support groups and safe spaces for parents and children struggling with addiction.

- Liaise with the Area Office to work on soft handoffs to Family Resource Centers to assist families with basic needs insecurities.

Department Response
- *The Department agrees that social workers, providers and the medical community must continue to work together to ensure as many children and families are vaccinated as possible. We must all partner to find creative ways to reach children and families who may be hesitant to be vaccinated. Specially those who are identified as members of Black Ingeniousness People of Color (BIPOC) group.*

- *The Department is committed to ongoing support of families who struggle with substance abuse. The Community Connections Coalitions and FRCs provide education and support to families that are culturally – specific services.*

- *The Department continues to partner with FRCs to assist families with basic needs. DCF and FRCs participate in ongoing joint training to ensure warm offs and solid collaboration occur.*

Commonwealth of Massachusetts

Joint Youth Advisory Committee

Citizen Review Panel

Annual Report

July 1, 2021 – June 30, 2022

MASSACHUSETTS DEPARTMENT OF Children & Families

DCF Joint Youth Advisory Committee
FFY 2022 Annual Report (July 1, 2021 – June 30, 2022)

I. Committee Board Members

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

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 FFY22, the Joint Committee continued to focus 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, social connectedness, and life skills development.

Activities of the Joint Committee in FFY2022 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.
- Discussed ways to re-engage in person as the pandemic abated
- Served on a focus group to inform the agency of ways to ensure issues of diversity, equity, and inclusion are considered when seeking providers to deliver services to youth and young adults
- Provided feedback to the Massachusetts Department of Higher Education, Office of Student Financial Assistance on the experience of utilizing financial aid as a student from foster care.
- Provided feedback at the agency-level for planning and practice related to supporting youth and young adults through the COVID-19 pandemic
- Partnered with agency staff to deliver training to prospective foster and adoptive parents during home licensing process

- Delivered training to agency staff about issues of diversity and inclusion in the permanency process through lens of lived experience
- 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 2022/2023

In an effort to strengthen the Committee's work, the following activities will take place in FFY2023:

- Continue to plan for youth and young adult wellness conference that can take place in person in FFY2023
- Participate in the development of new training for DCF Social Workers focused on successful transitions from care
- Review of NYTD data to determine areas of focus and advocacy opportunity
- Ensure all foster youth have the opportunity to connect with others that have lived experience to receive the benefit of mentorship and social connection

VI. Recommendations from the Joint Committee

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

Department's Response: The Department is committed to its partnership with the Joint Youth Advisory Committee. Young Adults from every DCF area office have access to the regional youth advisory board, Outreach Workers that facilitate connection, transportation, and membership, meeting space is provided for any in person meetings, and DCF commits to ensuring all participants receive stipends for participation.

Recommendation #2: The Committee feels that transition work and life skills training could be more effective by utilizing current technology methods such as social media, for example YouTube and TikTok videos to reach and engage foster care youth. Highlighting persons with lived experience in these videos would make them even more interesting to young people.

Department's Response: The combined success of the social media campaign DCF launched regarding the Consolidated Appropriations Act and the e-learnings developed for staff by the Child Welfare Institute demonstrated that virtual training support is a critical intervention and DCF is committed to exploring and developing ways to reach young people with the technology they are choosing to use in their daily lives.

Recommendation #3: The Committee recommends that social workers and agency leaders receive consistent training on issues related to transition and that youth and young adults with lived experience inform and participate in the delivery of these trainings. Particular focus on cultural needs of young people living in out of home placement should be included in this work.

Department's Response: The Department will work with the Child Welfare Institute to examine the current training offered and how it can be strengthened to improve transition outcomes. DCF remains committed to involving the Committee and its specific members in the development and delivery of the training.

Recommendation #4: Communication needs to be consistent among attorneys, social workers, and foster parents.

Department's Response: The agency will be attentive to how recent policy changes and agency improvement efforts have improved communication among the supporting adults in the life of a youth or young adult.

Recommendation #5: Direct payments through Chafee are critical means of support and need to continue.

Department's Response: Last year, the Department launched an Incidental Response pilot program to meet this request that will run through September 2022. At the conclusion, evaluation will take place to determine the success of the program and applicable next steps.

Recommendation #6: 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: DCF will support this event now – that in 2022 – in person planning has become more feasible.

FY 21

MASSACHUSETTS

Child Fatality Review

Annual Report

Preface

The loss of a child is devastating to families and can have a profound impact on communities. Since 2001, the Massachusetts Child Fatality Review (CFR) program has tried to learn from such deaths and find ways to protect the health and safety of children in the future. To accomplish that goal, the CFR program convenes multidisciplinary teams of health practitioners and government officials to conduct comprehensive reviews of the circumstances surrounding child deaths. Those reviews help identify changes in policy and practice that can prevent similar deaths. This Fiscal Year 2021 (FY21) Annual Report of the State CFR Team describes program findings and activities from July 1, 2020 through June 30, 2021 and is released in compliance with the program's authorizing statute (M.G.L. Chapter 38 § 2A).

This report and the activities of the State Team would not be possible without financial support from the Office of the Child Advocate to the Department of Public Health under Interdepartmental Service Agreement # ISAOCA09300100DPH21A. With their contributions and input, the CFR program is developing more timely reports with deeper explorations of the causes and prevention of child fatalities.

The State Team is also immensely grateful to the local teams who carry out the psychologically taxing review of individual child fatalities. Child fatality review is not an easy task; without exception, local teams conduct professional, thorough, and thoughtful reviews that are foundational to the State Team's work.

Finally, the State Team would like to thank the many partners who helped gather data and inform discussions about child fatality, including the Injury Surveillance Program and the Center for Birth Defects Research and Prevention at DPH, as well as representatives from the Department of Transportation, the Executive Office of Public Safety and Security, and WalkBoston.

About the Child Fatality Review Program

The Massachusetts CFR program convenes a multidisciplinary group of state agency representatives, health care experts, and law enforcement officers who analyze birth and death records, medical records, social service case files, autopsy reports, and police records. The program comprises 11 local teams—one in each of the Commonwealth's judicial districts—and the State Team with 16 seats. The local teams conduct individual case review of child fatalities that aim to understand the circumstances and causes of child deaths. (For team membership, see Appendix C: FY21 State and Local Team Membership, page 3.) When a review identifies an opportunity to improve policy or practice, the local team issues a recommendation to the State Team. The State Team reviews these recommendations and gathers evidence from outside experts. The State Team then works with its members to change policies and practices under their purview when appropriate, and issues recommendations for consideration by the Governor and state legislature.

Social determinants of health refer to the social, economic, behavioral, and physical factors that people experience where they work, live, and play. Those factors have important effects on people's health.

For more information, see DPH's reports on Social Determinants of Health Data.

Executive Summary

Massachusetts is a national leader in safeguarding the health and welfare of children, as demonstrated by declining child fatality rates and low infant mortality rates. In 2019, the Massachusetts infant mortality rate (IMR) was 3.6 per 1,000 live births, one of the lowest in the country; the national IMR was 5.6 per 1,000 live births. Deaths among MA children—birth to age 17—have consistently declined year over year, from 648 in 2000 to 501 in 2010 and 389 in 2020.[a]

Still, the burden of child fatalities is notable and warrants action. On average for combined years 2018-2020, 411 children and infants died each year. Further, substantial inequities exist in infant and child fatalities. Boys, children of color, and children and infants living in urban centers are all at higher risk of fatality. These inequities are not rooted in biological or genetic differences between races and ethnicities, nor are they inherent to other aspects of a child's or infant's race or ethnicity. Rather, they are linked to social determinants of health, including factors like socioeconomic status and access to health care. Future analysis conducted by the CFR program will explore these inequities more closely and develop related recommendations.

The leading causes of death for children were congenital malformations, short gestation/low birth weight, and unintentional injuries such as motor vehicle crashes, drowning, poisoning, and falls. While fatalities from gestational malformations and short gestation/low birth weight typically occur within the first year or three years of life, those causes are listed as leading causes of death for 0-17 year olds because 65% of all child fatalities are among infants under the age of 1.

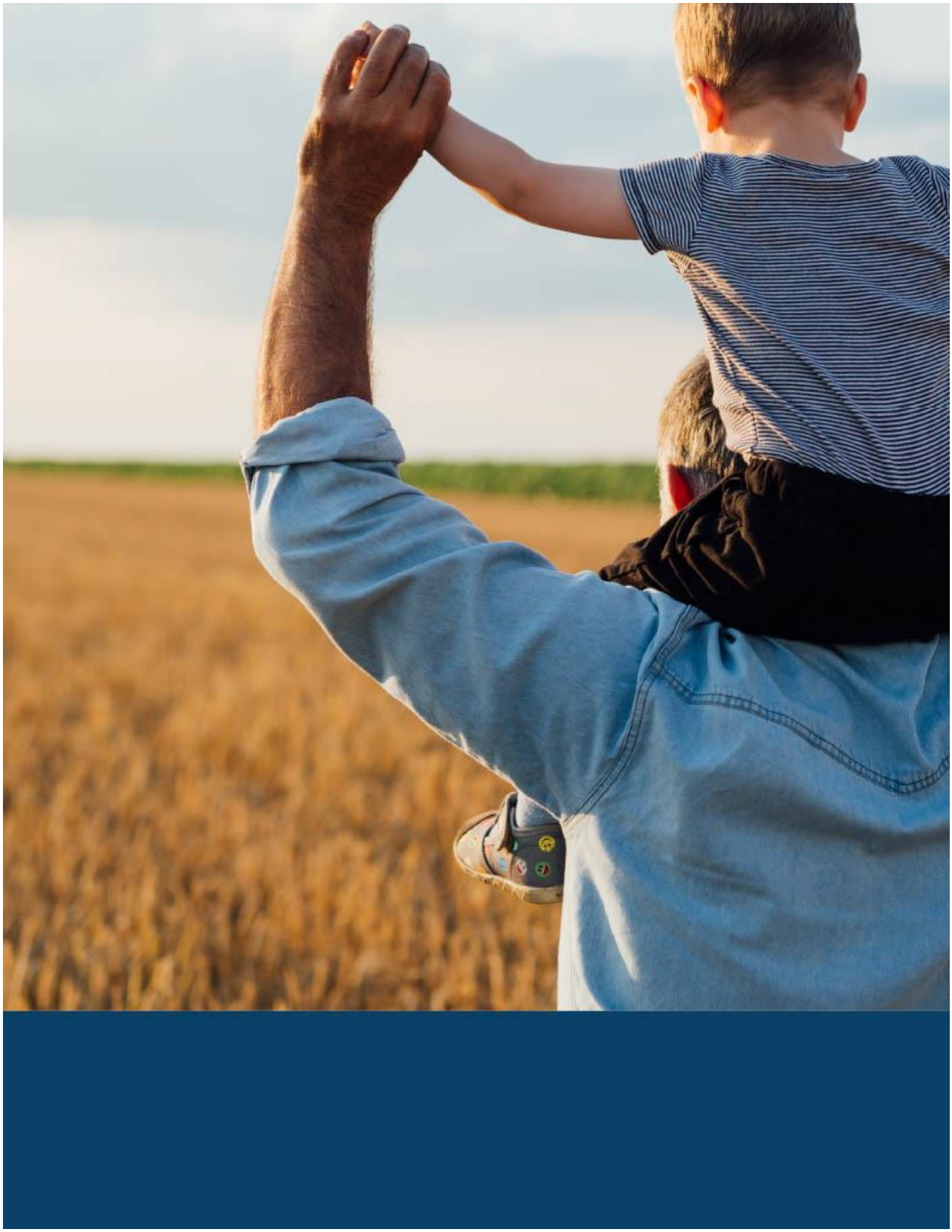
The State Team is issuing two recommendations in this report based on its in-depth examination of issues around birth defects and motor vehicle crashes. Neural tube defects (NTDs) are birth defects commonly known to cause infant fatalities. In many cases, NTDs can be prevented if a pregnant person ingests enough folic acid. In 1996, the Food and Drug Administration (FDA) issued a rule requiring grain manufacturers to fortify certain products with folic acid. NTDs decreased between 19% and 32% after the implementation of the rule. However, corn masa, used in many Latin American dishes, is not included under the regulations. Currently, Hispanic infants have some of the highest rates of NTDs in Massachusetts and nationally. **Massachusetts policymakers should petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa**

[a]Unless otherwise noted, rate refers to rate per 100,000 population

in their products, and for retailers to stock products that contain fortified corn masa.

Motor vehicle crashes are the most frequent unintentional injury. Children between the ages of 14-17 and 0-4 years old are particularly affected by car crashes. A substantial portion of children who die in car crashes are unbelted or incorrectly belted. **Massachusetts policymakers should implement an ethical and equitable primary seat belt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seat belt use geared towards audiences with the lowest seat belt use rates and highest unbelted crash rates, and improved access to car seats and installation services.**

The following report provides additional data and justifications for these recommendations. Implementation of these recommendations could accelerate declines in child fatalities, saving lives and protecting families from unnecessary trauma and grief.



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CHILD FATALITY REVIEW
ANNUAL REPORT | FY21

THE STATE OF CHILD FATALITIES IN MASSACHUSETTS

The number of fatalities among Massachusetts children ages 0-17 decreased from 449 in 2018 to 389 in 2020.[b] Though these data are preliminary, they align with a lengthy trend of declining child fatality rates dating back to 2000. While the overall child death rate[c] for all children declined from 32.2 in 2018 to 28.1 in 2020, children under 1 year old and youth ages 15-17 saw increases in fatality rates. The infant fatality rate increased from 353 in 2019 to 364.1 in 2020, and the 15-17-year-old fatality rate went up from 17.9 in 2018 to 22.1 in 2020.

For combined years 2018-2020, the Massachusetts average death rate for children ages 0-17 was 29.7. Children under the age of 1 had the highest average death rate at 373.3 followed by 15-17 year-olds (18.0) and 1-4 year-olds (12.9). Children ages 5-9 and 10-14 years had similar death rates at 8.0 and 7.1 respectively.

Infants identified as male at birth are at higher risk for infant fatality. For the 1,233 child and infant fatalities in which sex was identified at birth, 44% were female (n=539) and 56% were male (n=694) between 2018 and 2020. The death rate was 1.2 times as high for male children compared to female children. Inequity among the sexes is deeper in the 15-17 age group, where the death rate for male children was 1.8 times as high when compared to females. The higher 15-17-year-old male death rate is mostly driven by homicides. Similarly, in the U.S., the death rate for male children was higher than female children's death rate across all age groups.[1]

The overall child death rate for Massachusetts from 2018-2020 was 29.7. During the same period, Suffolk, Berkshire, Hampden, Northwestern, Bristol, Worcester and Cape and Islands districts[d] all experienced higher than state average child fatality death rates. By contrast, the Essex, Plymouth, Middlesex, and Norfolk districts had lower child death rates than the state, with Norfolk having the overall lowest average child death rate.

[b] Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to the small numbers of events

[c] Unless otherwise noted, rate refers to rate per 100,000 population

[d] Districts refers to the Local Child Fatality Review Team districts, which are coordinated through each District Attorney's office in Massachusetts. For additional information, visit: www.mass.gov/directory-of-district-attorney-offices

Figure 1: Death Rate Among Massachusetts Children Ages 0-17 Years, Combined Years 2018-2020

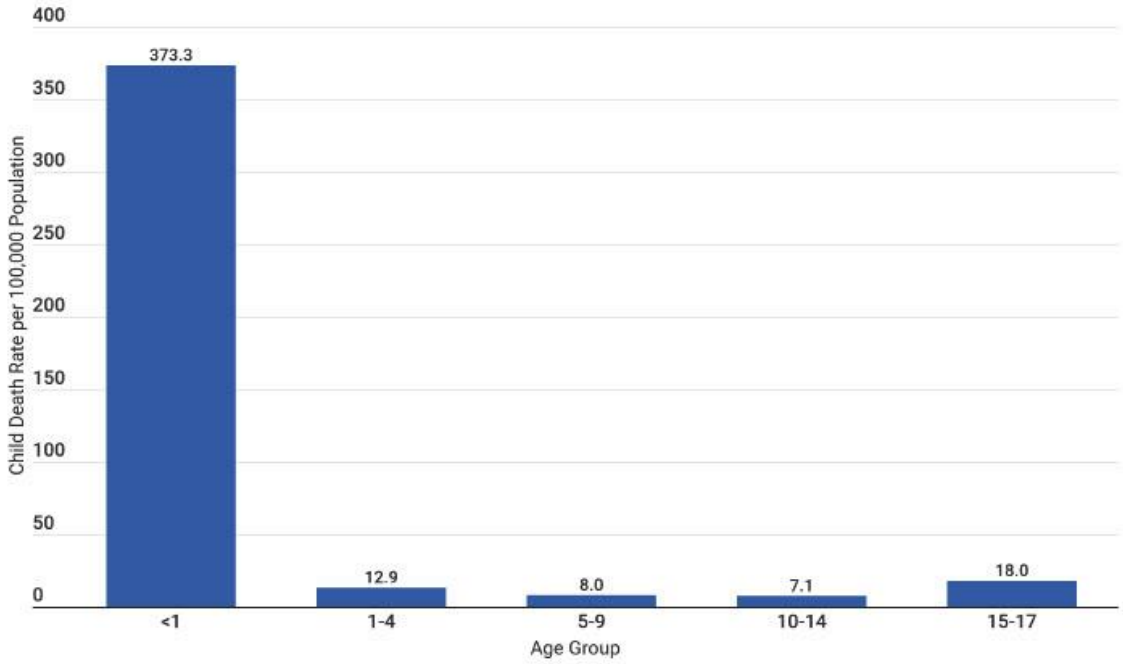

Figure 1 Data Sources: Death data- Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events. 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.

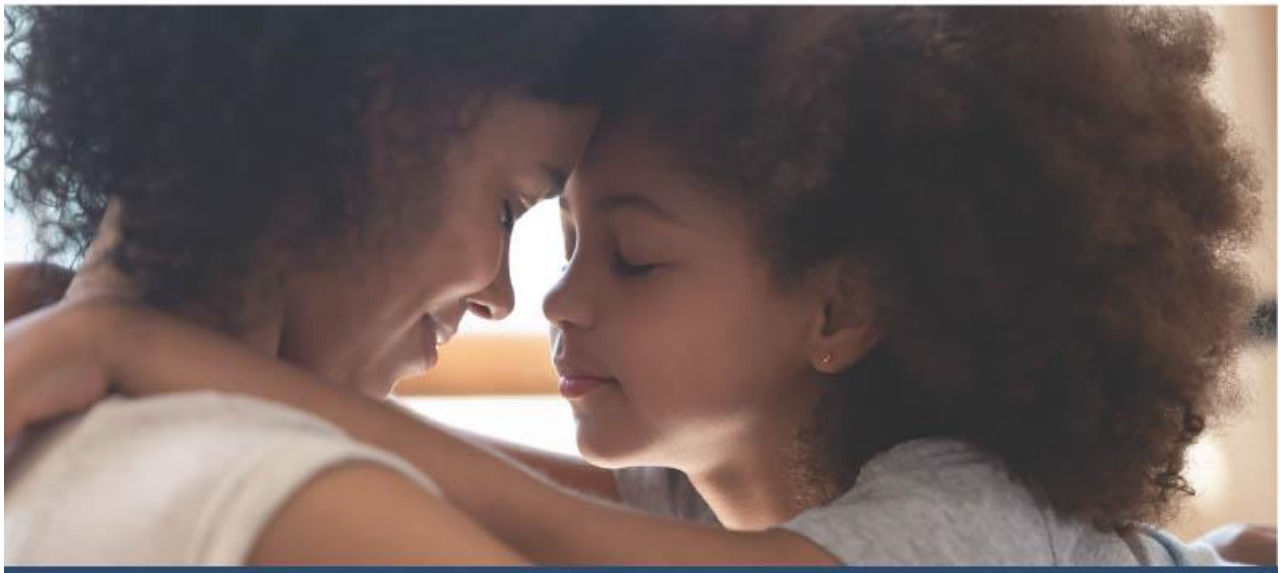

Figure 2: Death Rate Among Massachusetts Children Ages 0-17 by District*, Combined Years 2018-2020

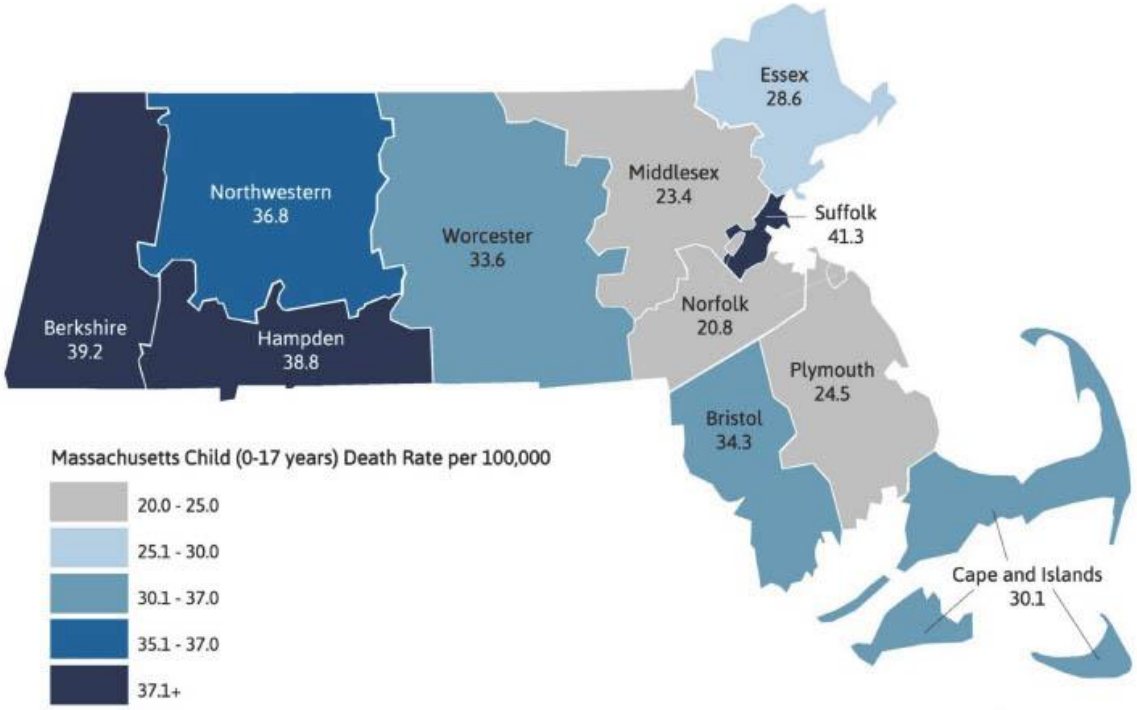

Figure 2 Data Sources: Death data - Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events. 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; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

To explore those death rates more closely, the team examined inequities in death rates between race and ethnicities in each of the 11 local CFR team districts using older and finalized death data from 2015-2017. Some districts did not have enough data to establish reliable rates for comparison. Six districts had enough data to conduct the analysis. Patterns for the all-age child death rates were predominantly driven by infant death data because they represent 65% of all deaths in 0-17 age group.

Of the six districts with enough 2015-2017 data to make comparisons, Worcester and Essex had the deepest inequities between racial groups in all-age child death rates (Table 1). For the Worcester district, the largest

*Cape and Islands includes Barnstable, Dukes, and Nantucket counties; Northwestern includes Franklin and Hampshire counties.

differences were between Black, non-Hispanic (100.7) and White, non-Hispanic children (35.3); and between Black, non-Hispanic and Hispanic children (44.6). The Essex district had the largest inequity in all-age child mortality between Hispanic (45.5) and White, non-Hispanic (20.7) children. The smallest inequities in racial and ethnic differences were found in Suffolk and Middlesex. The Suffolk district had the smallest differences in all-age child death rates between Black, non-Hispanic (66.9) and White, non-Hispanic (34.5) children; and between Black, non-Hispanic and Hispanic children (53.3). The Middlesex district had the smallest difference between Hispanic (32.9) and White, non-Hispanic (24.3) children. It is important to note that the available data prevented most comparisons involving Asian and Pacific Islander, non-Hispanic children. In the one district with sufficient data—Middlesex—the all-age child death rates for that group were very close to those of White, non-Hispanic children and were lower than both Hispanic and Black, non-Hispanic death rates.

Table 1: Death Rate Comparisons Among Massachusetts Children Ages 0-17 by District and Race/Ethnicity, Combined Years 2015-2017

District	Black, non-Hispanic	Hispanic	White, non-Hispanic	Asian/Pacific Islander, non-Hispanic[f]
Worcester	100.7	44.6	35.3	--
Essex	--	45.5	20.7	--
Suffolk	66.9	53.3	34.5	--
Middlesex	61.0	32.9	24.3	25.9
Northwestern	--	--	37.4	--
Berkshire	--	--	37.9	--
Bristol	--	--	22.8	--
Hampden	81.5	43.4	31.7	--
Norfolk	67.5	--	21.7	--
Plymouth	--	--	16.2	--

Table 1 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2015-2017; 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.

The leading causes of death for 0-17-year-olds in 2018-2020 was congenital malformations, short gestation/ low birth weight, and unintentional injuries such as motor-vehicle crashes, drowning, poisoning, SUID and falls. There was one child death caused by COVID-19 in 2020. Infant deaths accounted for about 65% (n=807) of all child deaths for combined years 2018-2020. Because the majority of deaths among children aged 0-17 years are infants—aged < 1 year—causes of death for infants overshadowed the causes of death for children ages 1-17-years in analysis. This warranted analyzing the two age groups separately in this report.

[f]Only the Middlesex District had stable rates for Asian / Pacific Islander children ages 0-17. All other districts lacked sufficient data for calculating stable rates.

Table 2: Top 5 Leading Causes of Death Among Massachusetts Children by Age Group, Combined Years 2018-2020

Rank	<1 Years	1-4 Years	5-9 Years	10-14 Years	15-17 Years	0-17 Years (Total)
1	Short gestation/ low birth weight (n=168)	Unintentional injuries (n=21)	Unintentional injuries (n=18)	Cancer (n=23)	Unintentional injuries (n=42)	Congenital malformations (n=197)
2	Congenital malformations (n=165)	Congenital malformations (n=18)	Cancer (n=15)	Unintentional injuries (n=13)	Suicide (n=36)	Short gestation/ low birth weight (n=168)
3	Sudden Infant Death Syndrome (SIDS)[g] (n=67)	Cancer (n=12)	Homicide (n=7)	Suicide (n=9)	Homicide (n=17)	Unintentional injuries (n=99)
4	Pregnancy complications (n=49)	Other infections (n=8)	Congenital malformations (n=6)	Ill-defined conditions-signs and symptoms (n=5)	Cancer (n=12)	Sudden Infant Death Syndrome (SIDS) (n=67)
5	Complications of placenta (n=43)	Ill-defined conditions-signs and symptoms[h] (n=6)	Heart disease (n=5)	Congenital malformations (n=4)	Congenital malformations (n=4) Heart disease (n=4)	Cancer (n=63)
All other causes	315	50	36	30	27	641
Total	807	115	87	84	142	1235

Table 2 Data Source: Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly regarding small numbers of events.

[g] Sudden Unexpected Infant Death (SUID) includes SIDS (leading cause for SUID), accidental suffocation and ill-defined conditions.
[h] Ill-defined conditions-signs and symptoms includes ICD -10 codes R00-R99.

Infant Deaths in Massachusetts, 2018-2020

In 2019, Massachusetts' infant mortality rate was 3.6/1,000 live births[i,2], one of the lowest in the United States and substantially lower than the national infant mortality rate, which was 5.6/1,000 live births in the same year.[3] Still, between 2018 and 2020, a total of 807 infants died in Massachusetts, representing 65% of all child fatalities and resulting in immeasurable grief for families.

The top three leading causes of infant death in Massachusetts for combined years 2018-2020 were short gestation/low birth weight, congenital malformations, and sudden infant death syndrome (SIDS). The leading causes of death in Massachusetts are similar to national trends.[4] Short gestation/low birth weight accounted for about a fifth (21%, n=168) of all Massachusetts infant deaths, and is the leading cause of infant death in Massachusetts, and second leading cause of death nationally.[5] The number of these deaths decreased from 67 in 2018 to 45 in 2020.

Table 3: Top 5 Leading Causes of Death Among Massachusetts Infants (<1 year), 2018-2020

Rank	2018	2019	2020	2018-2020 combined
1	Short gestation/low birth weight (n=67)	Congential malformations (n=56)	Congential malformations (n=48)	Short gestation/low birth weight (n=168)
2	Congenital malformations (n=61)	Short gestation/low birth weight (n=56)	Short gestation/low birth weight (n=45)	Congential malformations (n=165)
3	Sudden Infant Death Sydrome (SIDS)[j] (n=23)	SIDS (n=21)	SIDS (n=23)	SIDS (n=67)
4	Pregnancy complications (n=19)	Complications of placenta (n=19)	Pregnancy complications (n=17)	Pregnancy complications (n=49)
5	Complications of placenta (n=13)	Pregnancy complications (n=13)	Complications of placenta (n=11) Neonatal hemorrhage (n=11)	Complications of placenta (n=43)
All other causes	108	89	107	315
Total	291	254	262	807

Table 3 Data Source: Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly regarding small numbers of events.

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[i] Infant mortality rates are calculated as per 1,000 live births, which has a different denominator than standard mortality rates. Live births are defined by the CDC as "'the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps." This definition excludes situations such as stillbirths (CDC 1997, "State Definitions and Reporting Requirements for Live Births, Fetal Deaths, and Induced Terminations of Pregnancy").

[j] Sudden Unexpected Infant Death (SUID) includes SIDS (leading cause for SUID), accidental suffocation and ill-defined conditions.

For combined years 2018-2020 and for each individual year, SIDS was the third leading cause of death among infants in Massachusetts. Nationally, SIDS was the fourth leading cause of death among infants in 2019.[5]

Even though Massachusetts has one of the lowest infant mortality rate in the U.S., there are deep inequities in the infant death rates in Massachusetts, similar to those seen at the national level.[6] At a rate of 822.9, the Black, non-Hispanic infant death rate was 2.8 times as high when compared to the White, non-Hispanic infant death rate in Massachusetts. The Hispanic infant death rate was 1.4 times as high when compared to the White, non-Hispanic rate. The Asian/Pacific Islander, non-Hispanic infant death rate was 242.9, which is the lowest of the race and ethnicities explored in this analysis. These inequities can be attributed to lack of access to quality health care, socioeconomic disparities, and structural racism.[7] These inequities are not rooted in biological or genetic differences between races and ethnicities, nor are they inherent to other aspects of an infant's race or ethnicity.[7] To reduce racial and ethnic inequities in infant deaths, under resourced communities can benefit greatly from efforts to address social determinants of health.[3]

Figure 3: Death Rate Among Massachusetts Infants (< 1 year) by Race/Ethnicity, Combined Years 2018-2020

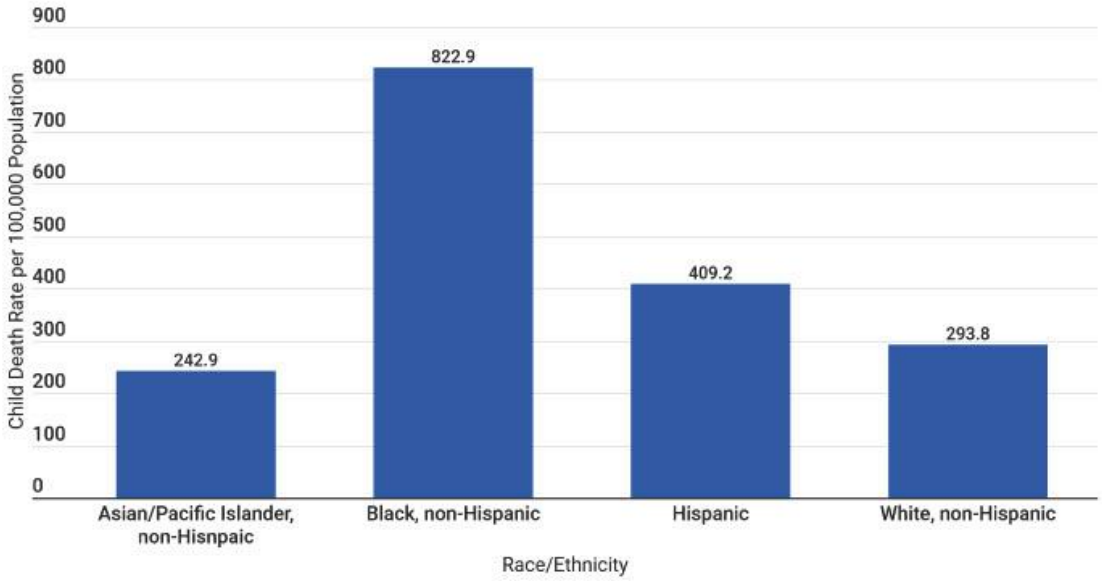

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Figure 4: Death Rate Among Massachusetts Infants (< 1 year) by District[k], Combined Years 2018-2020

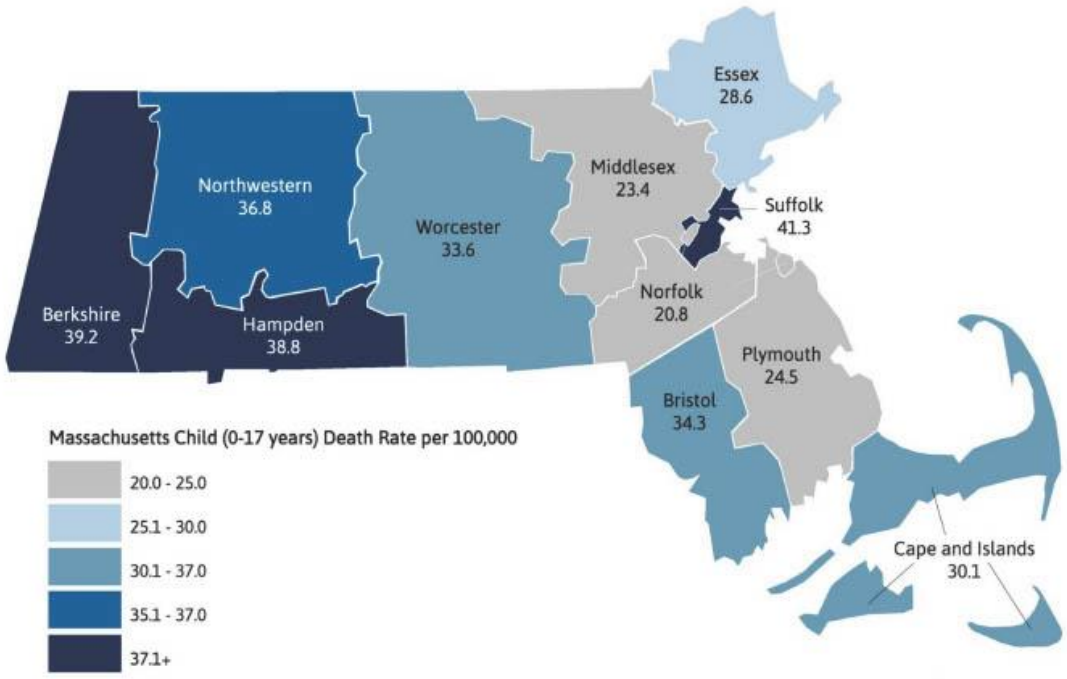


Figure 4 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of 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; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

Child and infant death rates also vary by district, and level of urbanization. Comparing district-specific data to the state average, Northwestern, Berkshire, Hampden, Worcester, Suffolk and Bristol Districts had higher average infant death rates. By contrast, the districts of Essex, Cape and Islands, Plymouth, Norfolk, and Middlesex Districts had lower average infant death rates.

Of the 11 CFR local team districts, five had enough historical data from 2015-2017 to make comparisons. Of those five, Worcester and Essex had the largest racial inequities in infant death rates (Table 4). The Worcester district had the largest differences in death rates between Black, non-Hispanic (1,340.1) and White, non-Hispanic infants (439.7); and between Black, non-Hispanic and Hispanic infants (528.9). The Essex district had the largest difference in rates between Hispanic (601.9) and White, non-Hispanic infants (249.6).

[k] Cape and Islands includes Barnstable, Dukes, and Nantucket counties; Northwestern includes Franklin and Hampshire counties.

As with all-age child mortality, the available death data prevented most comparisons involving Asian and Pacific Islander, non-Hispanic infants.

Among the five districts, Middlesex and Suffolk had the smallest differences in infant death rates across racial groups. The Middlesex District had the smallest differences between Black, non-Hispanic (721.0) and White non-Hispanic infants (262.0); and between Hispanic (347.7) and White, non-Hispanic infants (262.0). Suffolk had the smallest difference between Black, non-Hispanic (819.0) and Hispanic infants (541.3).

Table 4: Death Rate Comparisons Among Massachusetts Infants (<1 year) by District[1] and Race/Ethnicity, Combined Years 2015-2017

District	Black, non-Hispanic	Hispanic	White, non-Hispanic
Worcester	1,340.1	528.9	439.7
Essex	--	601.9	249.6
Suffolk	721	347.7	262.0
Middlesex	819	541.3	220.1
Hampden	--	541.6	364.7
Bristol	--	--	264.7
Norfolk	--	--	254.9

Table 4 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2015-2017; 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.

[1] All districts lacked sufficient data for calculating stable rates for Asian/Pacific Islander infants.

Child Deaths in Massachusetts, 2018-2020

In 2018-2020, the average death rate for Massachusetts children ages 1-17 years was 10.9 per 100,000 population. The leading cause of death for children ages 1-17 years was unintentional injuries from 2018 to 2020, which accounted for 22% of the overall deaths in this age group. Unintentional injuries include but are not limited to deaths from motor vehicle crashes, drowning, poisoning, suffocation, and falls. Deaths due to cancer, suicide, congenital malformations, and homicide are the top five leading cause of death for 1-17 years. Massachusetts data is similar to the 2019 national data where unintentional injuries were the leading cause of death, followed by suicide, cancer, homicide, and congenital malformations.[8]

Inequities also exist in deaths among 1-17 year-old children. While White, non-Hispanic children experience a death rate of 8.9, which is lower than the statewide child fatality rate, Black, non-Hispanic children (21.1) die at a rate 2.4 times as high as the White, non-Hispanic child death rate. The Asian/Pacific Islander, non-Hispanic (12.2) and Hispanic (11.9) child death rates were also higher than the White, non-Hispanic child death rate and the overall Massachusetts child death rate.

Table 5: Top 5 Leading Causes of Death Among Massachusetts Children Ages 1-17, 2018-2020

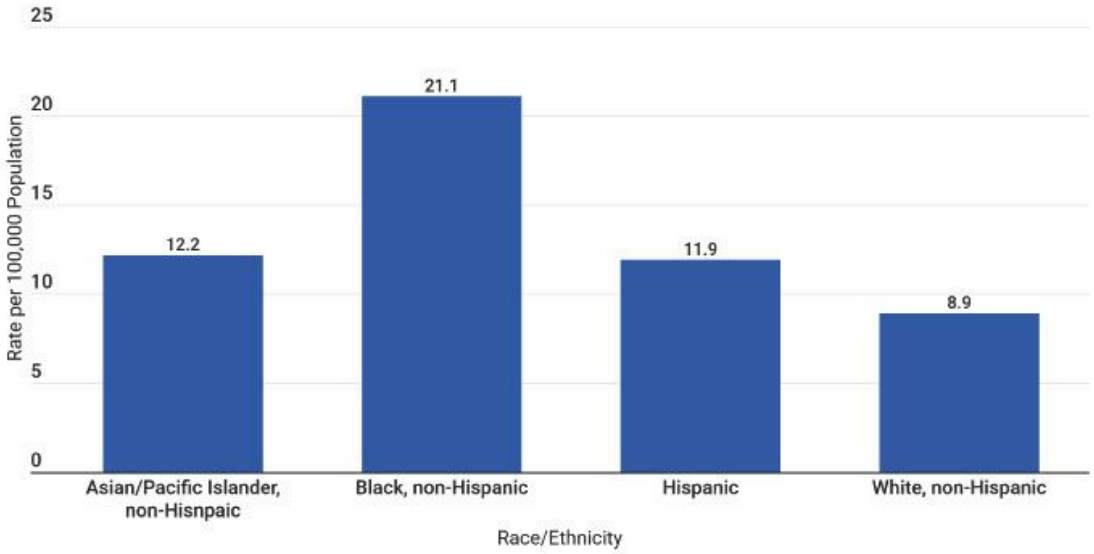
Rank	2018	2019	2020	2018-2020 combined
1	Unintentional injuries (n=32)	Unintentional injuries (n=31)	Unintentional injuries (n=31)	Unintentional injuries (n=94)
2	Cancer (n=26)	Cancer (n=22)	Suicide (n=17)	Cancer (n=62)
3	Suicide (n=17)	Homicide (n=12)	Cancer (n=14)	Suicide (n=45)
4	Congenital malformations (n=13)	Congenital malformations (n=11)	Homicide (n=10)	Congenital malformations (n=32)
5	Homicide (n=9) Heart disease (n=9) Ill-defined conditions-signs & symptoms (n=9)[m]	Suicide (n=11)	Congenital malformations (n=18)	Homicide (n=31)
All other causes	43	56	47	164
Total	158	143	127	428

Table 5 Data Source: Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events.

[m]Ill-defined conditions-signs and symptoms includes ICD-10 codes R00-R99.

Similar inequities exist in national child death rates for ages 1-19.[9] Delays in seeking medical care, indicating poor access to health care or lack of health insurance, are one of the contributing factors for racial/ethnic differences in child mortality.[10] In addition, socioeconomic factors can affect a family's access to safety devices, their knowledge of safe behaviors, the environment where they live, and other protective or risk factors that influence the safety and wellbeing of children. Structural and systems-level changes such as residential segregation and neighborhood level socioeconomic status merit close attention as factors to be addressed when working to reduce racial and ethnic inequities in child wellbeing and mortality.[11]

Figure 5: Death Rate Among Massachusetts Children Ages 1-17 by Race/Ethnicity, Combined Years 2018-2020



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The overall child death rate for the Commonwealth of Massachusetts between 2018-2020 was 10.9 deaths per 100,000 population. The statewide average rate was exceeded by the district-specific rates for the Hampden, Cape and Islands, Berkshire, Bristol, Suffolk, and Worcester districts. By contrast, the Essex, Middlesex, Plymouth, Northwestern and Norfolk districts had a lower average death rate than overall average rate of MA.

For the in-depth analysis of 2015-2017 data, the data were insufficient to fully calculate rates by district and race and ethnicity. Suffolk District was the only district with high enough mortality of Black, non-Hispanic and Hispanic children to create rates per 100,000 population, but there was a lack of data to compare mortality rates to White, non-Hispanic children in the same district. Nonetheless, as previously stated, the statewide child mortality rates of Black, non-Hispanic, and Hispanic children aged 1-17 years were consistently higher than the rates of White, non-Hispanic children of the same age group.

Figure 6: Death Rate Among Massachusetts Children Ages 1-17 by District[n], Combined Years 2018-2020

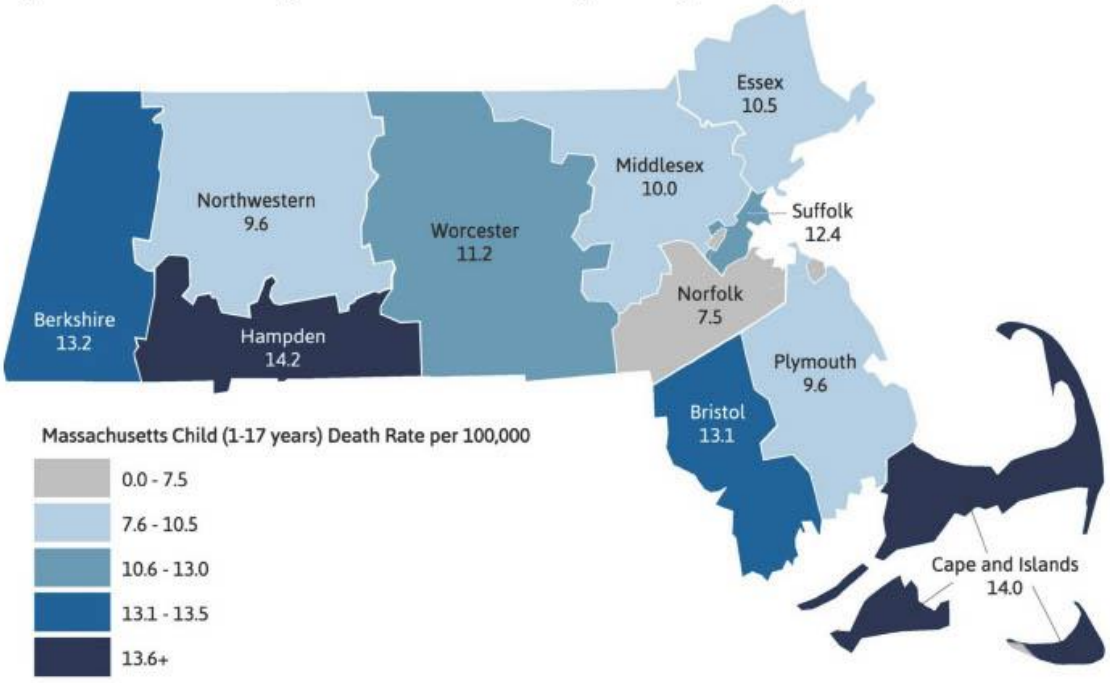

Figure 6: Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of 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; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

[n] Cape and Islands includes Barnstable, Dukes, and Nantucket counties; Northwestern includes Franklin and Hampshire counties

BIRTH DEFECTS RESULTING IN FETAL & INFANT MORTALITY

Nationally, congenital malformations were the leading cause of death among infants in 2019.[5] In Massachusetts for combined years 2018-2020, congenital malformations accounted for a fifth of all infant deaths (n=165). Between 2003 and 2017, infant deaths due to birth defects declined 10% nationally. In Massachusetts, infant deaths due to birth defects decreased from 61 deaths in 2018 to 48 deaths in 2020. These trends are likely due to improvements in prenatal care, postnatal care, and birth defects prevention measures. While etiologies for many birth defects are unknown, neural tube defects (NTDs) are a major driver of some relatively common abnormalities, including anencephaly and spina bifida.

Some of the most effective strategies for preventing NTDs include folic acid supplementation and fortification, improving vaccination rates, and decreasing rates of drinking, smoking, and drug use among pregnant people. In 1996, to increase folic acid intake among people who may become pregnant, the Food and Drug Administration (FDA) mandated the nationwide fortification of enriched grain products, such as bread, rolls, wheat flours, corn meals, and rice. This intervention resulted in a 19% to 32% decrease in the prevalence of NTDs across the U.S. However, inequities in the rate of NTDs persist even after fortification.[12,13] Specifically, Hispanic women typically have lower intake of folic acid and give birth to infants with NTDs at higher rates than other ethnicities.[14]

Notably, the 1996 FDA rule does not include corn masa, which is used in cooking many Latin American cuisine staples like tortillas, tamales, and pupusas. Fortification of corn masa with folic acid is voluntary for manufacturers, with few manufacturers opting to fortify their products.[15] In Massachusetts, Hispanic (sometimes referred to as Latinx) people have the second highest rate of congenital malformations and would benefit from a passive, cost-effective intervention to reduce NTDs while having a negligible effect on food prices.[16] The State Team recommends that Massachusetts policymakers petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa in their products, and for retailers to stock products that contain fortified corn masa.

MOTOR VEHICLE CRASHES & CHILD FATALITIES

Teens and children are particularly vulnerable to motor vehicle injury deaths. In 2017, there were 49 unintentional injury deaths in children ages 1-17. Motor vehicle (MV) traffic-related injuries constitutes the largest number of unintentional injury deaths in children (n=27).

A detailed analysis from national traffic fatality databases indicated that there were 13 MV occupant injury deaths in MA, 11 of which were among children ages 14-17,[17] and most of those children (n=9) were not wearing seat belts. Five of the unbelted victims were children of color and six were White, non-Hispanic children. This reflects a disproportionate burden on children of color, who represent only 37.5% of the under-18-year-old population but 45.5% of the MV occupant injury deaths. The drivers involved in all of these fatalities (n=8) were between the ages of 16 and 20. Some of them (n=3) were Junior Operators, and one was driving unlicensed. Driving recklessly, speeding, and drug and alcohol use contributed to at least half of these crashes.

The same national traffic fatality systems also captured information regarding pedestrian injury deaths. There were six pedestrian injury deaths among children in 2017 in MA, with ages ranging from 4 to 12 years. Four of these children were of Hispanic ethnicity and the remaining two were White, non-Hispanic children. Most of the children (n=4) were not in a crosswalk at the time of the injury. As with children of color broadly, the burden of pedestrian MV injuries is greater on the Hispanic population, who constitute 18.1% of the under-18-year-old population but 66.7% of the pedestrian injuries.

Data from the Youth Health Survey (YHS) and the Youth Risk Behavior Survey (YRBS) for the years 2013, 2015, and 2017 reveal racial inequities in risk and protective behaviors and practices around MV occupant injuries. In particular, the YHS data highlighted a pressing issue that compelled a response from the State Team: seat belt use. Students of color in Massachusetts middle schools reported not wearing seat belts more frequently (Hispanic: 14.3%, Black, Non-Hispanic: 11.0%, Asian, Non-Hispanic: 7.2%) than their White, non- Hispanic counterparts (3.2%).

Figure 7: Massachusetts (MA) Middle School Students who Reported Never or Rarely Using a Seat Belt as a Passenger by Race/Ethnicity, 2013-2017

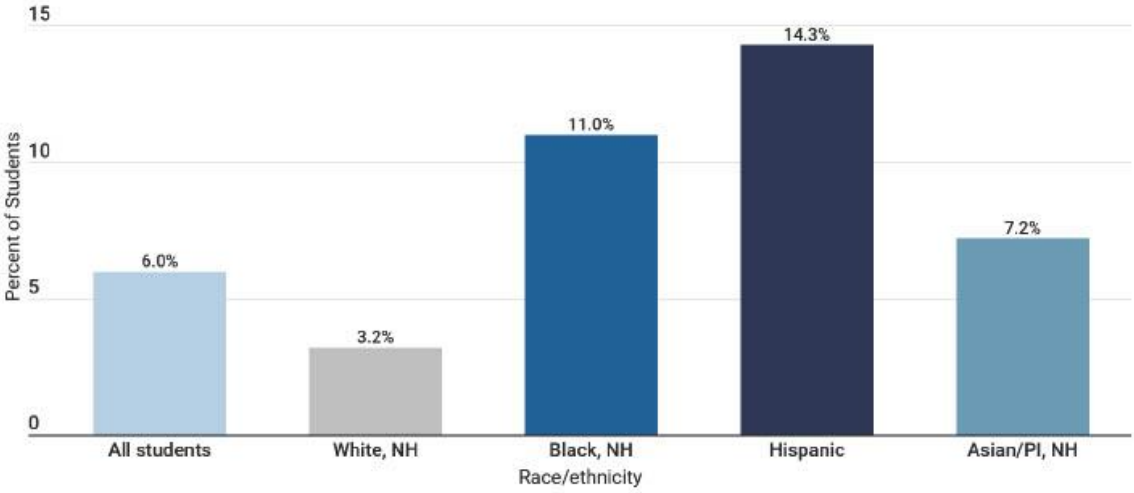

Figure 7 Data Source: MA Youth Health Survey-Middle School data, 2013, 2015 and 2017

This inequity exists on top of a remarkably low seat belt use rate in the overall population compared to the national rate. In 2019, the Massachusetts seat belt use rate was 81.6%, which was unchanged from the 2018 seat belt use rate.[18] During the same time period, the national seat belt use rate increased slightly to 90.7% from 89.6%.[19]

Among drivers and front-seat passengers, seat belts reduce the risk of death by 45%, and cut the risk of serious injury by 50%.[20] For rear seat occupants, seat belts are estimated to reduce the risk of fatal injury by 54% in passenger vehicles and by 75% in light trucks, SUVs, and vans.[21] Data from the Massachusetts Department of Transportation conveys the injury burden on those who travel unbelted: between 2014 and 2018, there were 14 fatalities among children involved in a motor vehicle crash who were not wearing a seat belt; 86 suffered incapacitating injuries. Fifty-nine of the injured children were age 16 or 17.[22]

Cultural factors may influence seat belt use. Hispanic individuals who have spent significant time in Central and South America tend to have less careful attitudes as pedestrians, as traffic laws are more strictly enforced in the United States.[23] Similarly, non-Hispanic immigrants also have documented differences in understandings of "safety culture" in the United States.[24] Hispanic parents were more likely to indicate that it was appropriate to keep children unrestrained than other populations.[25] Other inequities in seat belt use can be found in rural teens and LGBTQ youth, and may also be affected by both cultural factors and specific structural factors.[26,27]

One of the most effective tools in reducing part of the burden of motor vehicle crashes is the enforcement of a primary seat belt law.[28–30] An important element of a safe systems approach to road safety, primary seat belt laws allow for drivers to be cited for their or their passengers' not wearing a seat belt without any

other initial separate violation.[31] Currently, Massachusetts has a secondary seat belt law; drivers can only be cited for not wearing a seat belt if they are stopped for a separate violation of the motor vehicle laws or some other offense.[32] The State Team recommends that the Commonwealth enact an ethical and equitable primary seat belt law. Traffic safety research has long demonstrated the effectiveness of primary seat belt laws in increasing seat belt use rates and lowering rates of injury. In 2019, the seat belt use rate across all states with primary enforcement laws was 92%; the use rate in secondary enforcement states was 86.2%.[33] Within individual states, primary seat belt laws have been associated with marked increases in seat belt use—between 9% and 14%—and decreases in driver and passenger fatalities.[29] Furthermore, by modeling and encouraging seat belt use, adults can increase seat belt use among children.[34] Observation of high school student behavior found that 64%-74% of teenagers were belted when adult drivers were as well; in cars where adult drivers were unbelted, teenage passenger use was 22%-34%.[35] Primary seat belt laws are also associated with lessening or elimination of disparities in seat belt use rates between racial groups.[36–38]

Although a primary seat belt law has the potential to improve driver and passenger safety in Massachusetts, there is some risk of bias in the enforcement of such a policy.[39] Preliminary analysis of the enforcement of Massachusetts' hands-free driving law found evidence of disparate enforcement, with 70% of stopped White drivers receiving warnings instead of civil or criminal penalties, while only around 60% of stopped drivers of color received warnings.[40] Furthermore, although the vast majority of traffic stops are uneventful, drivers of color face a higher risk of searches and arrest incidences to a stop than their White counterparts.[41,42] Nonetheless, the State CFR Team believes that a primary seat belt law is necessary because of the limited success of other programs in increasing seat belt use and the persistent racial disparities in seat belt use and related injuries.

Implementation of this evidence-based approach should integrate considerations around equitable enforcement of such a law. Policymakers should engage communities of color throughout the process of developing, piloting, and evaluating primary seat belt legislation.[43] In the implementation phase, enforcement should be phased in gradually and policymakers should provide sufficient resources to support culturally responsive outreach to populations with lower seat belt use rates. Furthermore, primary seat belt legislation should provide for the collection of race and ethnicity data for cited drivers to facilitate evaluation of the policy.

The legislature should also study the feasibility and potential impact of passive citation interventions, such as automated or camera enforcement, that do not result in roadway stops for drivers who do not present a danger to other roadway users. As primary seat belt laws also include the proper restraint of young children, any legislation should include provisions for improved access to low or no cost car seats for all families, and car seat installation services. Any legislation should also include and center funding for upstream approaches to increasing seat belt use. As an example, a teen service-learning program was instituted in high schools across multiple states with primary seat belt laws. While racial disparities persisted, these programs did increase overall seat belt use and disparities in seat belt use were less pronounced.

CONCLUSIONS & RECOMMENDATIONS

Overall, child mortality rates and infant mortality rates are declining in Massachusetts. While Massachusetts had one of the lowest infant mortality rates in the United States, infant mortality constitutes 65% of child fatalities, resulting from gestational malformations and short gestation/low birth weight. Top causes of death for children ages 1-17 included unintentional injuries, cancer, and suicide, with many of these driven by the 15-17 year age bracket. Populations that were at the highest risk of fatalities were boys, children of color, and children and infants in urban areas. Given the magnitude and impact of infant mortality in the state and its outsize contribution to child fatality overall, public health problems associated with those deaths merit further, future study by the State Team, with a focus on the inequities highlighted in this report.

Geographic variations in child fatality rates across Massachusetts are a product of the socioeconomic setting, as well as the imprint of historic and present systemic oppression. Poverty itself disproportionately affects young children, with its impact inequitably burdening certain racial and ethnic groups.[44] Across the state, about 7% of Asian children, 27% of Black children, and 24% of Hispanic children experienced poverty as compared to 6% of White, non-Hispanic children in 2019.[45–48] County-level poverty is associated with higher rates of child mortality, specifically unintentional injury mortality and emergency department-documented deaths.[49,50]

Inequities also exist based on a given district's urbanization and rurality. In rural areas from 2015 to 2017, the infant death rate was 313.2, while urban areas had a higher rate of 367.7. The disparity seen in infant death rates drove a disparity in all-age child death rates between rural (25.0) and urban (33.8) areas. In FY22, the State CFR team will explore these inequities more deeply using a social determinants of health framework.

Based on the explorations of deaths resulting from birth defects and motor vehicle crashes, the state CFR Team recommends that:

Massachusetts policymakers petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa in their products, and for retailers to stock products that contain fortified corn masa.

Massachusetts policymakers implement an ethical and equitable primary seat belt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seat belt use geared towards audiences with the lowest seat belt use rates and highest unbelted crash rates, and improved access to car seats and installation services.

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.

Summary of Program Activities

State Team Activities

In FY21, the State Team held five meetings—starting in July 2020 and meeting every two months thereafter, except for November 2020. The COVID-19 pandemic resulted in restrictions on public gatherings in Massachusetts, requiring the State Team to hold its meetings virtually.

The State Team focuses most of its meetings on specific issues related to child fatalities, typically using one or two meetings to examine a particular cause or manner of death by exploring public health data and related local team recommendations. In FY21, the State Team devoted two meetings to motor vehicle crashes, one meeting to birth defects, and one meeting to geographic disparities in child fatality rates and causes.

Local Team Activities

The 11 local teams collectively held 20 meetings, reviewed 99 fatalities and issued 25 recommendations. Local teams issued 8 to the State Team, 8 to DPH, 5 to the Massachusetts Health and Hospital Association, 4 to the Massachusetts Center for Unexpected Infant and Child Death, 4 to the Massachusetts Chiefs of Police Association, 3 recommendations to the Massachusetts chapter of the American Academy of Pediatrics, 1 to the Department of Children and Families, 1 to the Department of Mental Health, 1 to the Office of the Child Advocate, and 1 to the Office of the Chief Medical Examiner.

Local teams found innovative approaches to holding case reviews online that convened stakeholders while safeguarding case data. Many teams held modified virtual meetings where cases were discussed through a secure video conference. In all, eight local teams held at least one virtual meeting during the reporting period; most resumed their regular quarterly meeting schedules using teleconferencing platforms.

For more information on the operational activities of the CFR program, see Appendix B: Activities of the Child Fatality Review Program, page 30.

APPENDIX A:
PREVIOUSLY ISSUED RECOMMENDATIONS

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

Issued FY2020

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.

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.

Issued FY2020

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 emergency 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.

This recommendation is particularly important because of the burden of unintentional drownings. Of unintentional injuries in Massachusetts, drowning was the second most frequent cause of death for children (n=19) aged 1-17 between 2018-2020. 10% of all drowning deaths between 2016-2017 took place in pools. Between 2016 and 2019, the average annual rate of unintentional drowning deaths for children under the age of 14 was 0.48; for children between 15 to 19 years, the rate was 1.08.[51,52]

Unintentional drownings resulted in significant nonfatal injuries among children between 2016-2019. There was an average rate of 5.59 emergency departments visits per year; children ages 15-19 had a rate of 1.72 visits per year. Children under 14 years old also had an average rate of 0.84 hospitalizations per year resulting from unintentional drownings.[52-55]

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

Issued FY2020

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.[56,57] 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.[58,59] This is particularly relevant to motor vehicle crashes involving older children: from 2018-2020, occupant injury deaths occurred at a rate of 2.29 deaths per 100,000 population for 15-17 year olds, while all children had a rate of 0.72 deaths per 100,000 population. Unreliable cell phone coverage can hinder emergency calls when such incidents occur; Massachusetts has multiple "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."[60] In subsequent years, coverage has improved, but remains unreliable in many places.[61–65] 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.

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.

Issued FY2019

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 a 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 the 15-17 years old age group.[66]

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

Issued FY2020

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.[67,68] Nationally, 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, and violence victimization.[69–72] Data from 2015-2017 Massachusetts Youth Risk Behavior Survey found that transgender students reported rates of in-person and electronic bullying, and participation in fights at rates over double their cisgender peers.[73] Transgender students also reported rates of self-harm, suicidality, and suicide attempts at rates that were respectively 3.5, 3.6, and 5.8 times as high when compared to their cisgender peers.[73]

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.

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.

Issued FY2020

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.[74] Furthermore, other states have successfully implemented systems that integrate data on an individual child from across agency silos.[75] 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.

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

Issued FY2020

Between 2016 and 2020, there were 48 boating-related deaths in Massachusetts.76 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.77 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 B: ACTIVITIES OF THE CHILD FATALITY REVIEW PROGRAM

The operation and activities of the State Team and local teams are supported by the work of staff at OCME and DPH. Agency staff who are assigned to the program provide administrative support, conduct research, and gather data to assist teams in their deliberations, evaluate program performance, and streamline program operations.

Review of Local 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 submitted by the local teams. Highlights include:

- In October 2020 and March 2021, program staff engaged with the Massachusetts Off-Highway Vehicle Advisory Committee to get insight on local team recommendations related to the use of all-terrain vehicles. Based on findings from those discussion it was determined that due to the complicated nature of safety on OHVs related to restraints and roll over cages, no recommendation is merited at this time.
- In February 2021, at the request of the State Team, the Massachusetts Chiefs of Police Association reached out to the Cannabis Control Commission to convey a recommendation from a local team to increase awareness about the importance of having a designated caregiver who can always provide uninhibited supervision of children.
- In March 2021, DPH and OCME sent a letter on behalf of the State Team to three municipalities offering recommendations on how local governments can reduce the risk of drowning within their communities.

In addition to individual State Team members reviewing local team recommendations submitted to the State Team for consideration and action, the State Team reviewed eight recommendations assigned to it by local teams; the State Team and its members have worked over the course of the year to address each recommendation.

Table 6: Local Team Recommendations and Associated State Team Actions

Local Team Recommendation	State Team Approval
C1881R1: The State Team should advocate for the passage of "Sean's Law," which would require all motorized water vehicle operators on MA waters to pass a safety course and obtain a license to operate such a vehicle.	This recommendation was marked as pending as the State Team issued a similar recommendation in the FY20 Annual Report. (See Appendix A: Previously Issued Recommendations, page 27)
C960R1: As a result of the many cultures in Massachusetts, all state-licensed services should have a policy in place to acknowledge and be functional with cultural practices. C960R2: As a result of the many languages found within Massachusetts, all state-licensed services should have a policy in place to be able to access certified translators when working with the public.	The State Team referred the recommendations to DPH and the Massachusetts Health and Hospital Association (MHA). DPH worked with the Office of Preparedness and Emergency Management to learn more about the Massachusetts File of Life program and the site profile functionality in the state 911 system. MHA investigated how hospitals make use of translation services and how home healthcare workers might access similar services. While the State Team agrees with the intent of these recommendations, a pathway for implementation is not clear.
C1020R2: Due to different levels of competency, all state-provided goods and services should be distributed with a socially, racially, and culturally-appropriate 'teach back' similar to the medical community to verify that the goods and services will be safely used or carried out.	The local team had clarified that this should apply to home goods that require assembly by recipients, such as cribs or Pack 'n Plays. DPH raised the issue with the state Interagency Safe Sleep Taskforce. Affiliate of the Taskforce work to assure Consumer Product Safety Commission standards and installation guidance is shared during relevant trainings.
C959R4: The State Team should work with the Cannabis Commission to increase awareness of having a "designated parent" providing uninhibited supervision at all times. Also, there should be increased awareness of keeping edibles out of reach of children (i.e., a gummy bear is a gummy bear to a child).	The Massachusetts Chiefs of Police Association (MCOPA) forwarded the recommendation to a member of the Cannabis Advisory Board, which provides guidance to the Cannabis Control Commission.
C1134R2: As a result of American Indians often receive their healthcare and associated coaching through the Indian Health Service, the EHS Interagency Safe Sleep Task Force should confirm that IHS is sending the same safe sleep messaging.	DPH and MHA have identified contacts with the local tribes and at IHS. DPH is moving forward with outreach to both parties.
C1161R1: As the purpose of the state sanitation code is to, "… protect the health, safety, and well-being of the occupants of housing and of the general public…" landlords should be required to provide tenants with teach-back style life safety instructions (for example, window safety, fires, egress) to ensure comprehension.	The State Team and DPH plan to discuss potential collaboration with landlord associations regarding safety.
C1106R1: Consideration of a registration system for private pool owners and utilization of building permit records to communicate with and engage private pool owners in safety training.	DPH attempted to develop a strategy for identifying pool owners through tax assessment records. DPH also investigated possible funding sources to support DCR's provision of water safety training and swim lessons.

Local Team Activities

The 11 local teams collectively held 20 meetings, reviewed 99 fatalities and issued 25 recommendations. The distribution of meetings, cases, and recommendations by district is summarized below.

Table 7: Number of meetings, cases reviewed, and recommendations issued by local team

Local Team Recommendation	Meetings	Cases	Recommendations
Berkshires	0	0	0
Bristol	1	4	0
Cape and Islands	0	0	0
Essex	1	2	0
Hampden	0	0	0
Middlesex	5	32	15
Norfolk	4	32	0
Northwestern	2	7	0
Plymouth	2	4	0
Suffolk	3	4	7
Worcester	2	14	3

Administrative Changes and Activities of the CFR program

Starting in FY19 the Office of the Child Advocate (OCA) provided funding to the Department of Public Health to hire a CFR program epidemiologist. In October 2020, DPH hired Jonathan Bressler to serve in this role full-time. Since his hiring, Jonathan has provided dedicated support to the program around data collection, management, and analysis, including maintenance and improvement of the CFR database, and compilation of research and analyses for State Team meetings and this report.

In April 2021, Jeff Doyle, Director of Emergency Medical Services for Children departed DPH for position with Yale New Haven Hospital. During his time at DPH, Jeff was instrumental in supporting local teams, bringing his clinical expertise to bear in reviewing cases and crafting bold recommendations. He also oversaw major staffing changes in the program, helped implement systems to support the State Team in tracking its work, and led a comprehensive revision of the annual reporting process.

In FY21, CFR staff began conducting a needs assessment for the program. The last needs assessment for the CFR program was conducted in 2017. In the years since, the State and local teams and administrative staff have revised program practices in an effort to address the findings of that study. Another needs assessment was launched in March 2021 which aims to determine whether program stakeholders believe previously identified issues have been addressed and whether they believe other strengths or weaknesses of the program have emerged since the 2017 needs assessment. Furthermore, data from the assessment will inform a strategic planning process that will evaluate stakeholder visions for the future of the program and generate a plan to guide operations in the coming years. Completion of the needs assessment and issuance of findings is anticipated in spring 2022.

In a continuing effort to address a backlog of recommendations provided by the local teams, program staff provided guidelines to State Team members to review 142 outstanding recommendations. Forty-nine of those recommendations are now marked as pending, while 93 remain open and 7 received comments. If local teams are seeking information about the status of a specific recommendation, please contact Max Rasbold-Gabbard at Max.Rasbold-Gabbard@mass.gov.

APPENDIX C: FY21 STATE & LOCAL TEAM MEMBERSHIP

State Team Membership

Dr. Mindy Hull
Chief Medical Examiner, Co-Chair

Bekah Thomas
Designee of the Commissioner of the Department of Public Health, Co-Chair

Jeff Bourgeois
Designee of the Attorney General

Karla Canniff
Designee of the Commissioner of the Department of Children and Families

Anne Conners
Designee of the Commissioner of the Department of Early Education and Care

Katharine Folger
Representative of the Massachusetts District Attorneys Association

Janet George
Designee of the Commissioner of the Department of Developmental Services

Anne Gilligan
Designee of the Commissioner of the Department of Elementary and Secondary Education

Shari King
Director of the Massachusetts Center for Unexpected Infant and Child Death

Karine Martirosyan
Designee of the Commissioner of the Department of Youth Services

Capt. Mario Monzon
Designee of the Colonel of the Massachusetts State Police

Maria Mossaides
Director of the Office of the Child Advocate

Dr. Nandini Talwar
Designee of the Commissioner of the Department of Mental Health

Dr. Celeste Wilson
Representative of the Massachusetts chapter of the American Academy of Pediatrics with experience in child abuse and neglect

Leigh Youmans
Representative of the Massachusetts Health & Hospital Association

The team position for Chief Justice of the Juvenile Division of the Trial Court or designee is vacant. The CFR statute also allows for attendance to State Team meetings by other individuals with information relevant to cases under review

Local Team Membership

- 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

The CFR statute also allows for attendance to State Team meetings by other individuals with information relevant to cases under review.

Local Team Leadership

Berkshires
Andrea Harrington, District Attorney
Team Leader: Stephanie Ilberg,
Assistant District Attorney

Bristol
Thomas Quinn, District Attorney
Team Leaders: Andrea Baldwin,
Assistant District Attorney;
Dennis Collins,
Assistant District Attorney

Cape and Islands
Michael O'Keefe, District Attorney
Team Leader: Sharon Thibeault,
Assistant District Attorney

Essex
Jonathan Blodgett, District Attorney
Team Leader: Kate MacDougall,
Assistant District Attorney

Hampden
Anthony Gulluni, District Attorney
Team Leader: Eileen Sears,
Assistant District Attorney

Middlesex
Marian Ryan, District Attorney
Team Leader: Katharine Folger,
Assistant District Attorney

Norfolk
Michael Morrissey, District Attorney
Team Leader: Lisa Beatty,
Assistant District Attorney

Northwestern
David Sullivan, District Attorney
Team Leader: Linda Pisano,
Assistant District Attorney

Plymouth
Timothy Cruz, District Attorney
Team Leader: Elizabeth Mello,
Assistant District Attorney

Suffolk
Rachael Rollins, District Attorney
Team Leader: Susan Goldfarb,
Executive Director,
Children's Advocacy Center of Suffolk County

Worcester
Joseph Early, District Attorney
Team Leader: Courtney Sans,
Assistant District Attorney

APPENDIX D: MEMBER VOTES ON THE APPROVAL OF THE FY21 STATE TEAM ANNUAL REPORT AND RECOMMENDATIONS

Table 8: Approval of the FY21 Annual Report and Recommendations

Member Organization	Report	Rec. #1	Rec. #2
Office of the Chief Medical Examiner	Yes	Yes	Yes
Dept. Public Health	Yes	Yes	Yes
Office of the Attorney General	Yes	Yes	Yes
Office of the Child Advocate	Yes	Yes	Yes
Dept. of Children and Families	Absent	Absent	Absent
Dept. of Developmental Services	Absent	Absent	Absent
Dept. of Early Education and Care	Yes	Yes	Yes
Dept. of Elementary and Secondary Education	Yes	Yes	Yes
Dept. of Mental Health	Yes	Yes	Yes
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. Chpater of the American Academy of Pediatrics	Yes	Yes	Yes
Mass. Chiefs of Police Association, Inc.	Absent	Absent	Absent
Mass. District Attorneys Association	Yes	Yes	Yes
Mass. Health & Hospital Association	Yes	Yes	Yes
Mass. State Police	Absent	Absent	Absent

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