

Commonwealth of Massachusetts



Annual Progress and Services Report (APSR)

Federal FY2018

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INTRODUCTION

The Massachusetts Department of Children and Families (DCF) is pleased to submit our FY2018 Annual Progress and Services Report (APSR). In the document that follows, we provide our responses to the Program Instruction ACYF-CB-PI-17-05 (PI). We have maintained the outline included in the PI and hence the document begins with our response to Section C. Below, we provide a brief overview of DCF, our mission, and an executive summary of our ongoing reform efforts.

Overview

DCF is the state agency mandated to receive and respond to child abuse and neglect reports, as well as provide an array of services to children and families across the Commonwealth. DCF is charged with protecting children from abuse and neglect and strengthening families. There are currently more than 11,000 children in foster care across Massachusetts and more than 50,000 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: Central, Western, Northern, Southern, and Boston, which oversee the day-to-day operations of 29 area offices throughout the state. Leadership and administrative duties for DCF are guided by its Central Office in Boston.

DCF has an operating budget of approximately \$1 billion and a staff of more than 4,000. Over 2,500 of the staff are direct service personnel including: social workers, adoption workers, family resource workers and foster care reviewers. DCF provides services to over 20,000 families each day. Families come to DCF in one of four ways. First and most often, is through the filing of a 51A, which is an allegation that a child has been abused or neglected, or is at risk of abuse or neglect. Additionally, families can come to DCF as a result of their child being truant from school or running away, families may request voluntary services, or DCF may provide services to families after a court orders a child into DCF custody.

Mission

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

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

Reform Efforts and Progress to Date

In September 2015, the DCF launched a major improvement initiative with the assistance of, Massachusetts' Governor Baker and Health & Human Services Secretary Sudders called the Agency Improvement Initiative (AII). The basis of the reform efforts contained in the initiative is the set of recommendations proposed in the Child Welfare League of America's Quality Improvement Report completed in May 2014. In order to address reform with the urgency the children of the Commonwealth deserve, the initiative utilizes a project management methodology called "Agile SCRUM" which allows for implementation of significant change in rapid succession. Through a series of "releases," the AII's areas of focus are to:

- provide a foundation to support the agency's mission;
- enhance policy, practice, and accountability; and
- strengthen workforce capacity.

Some of the results we have achieved since launching the initiative include:

- **Policy Implementation.** Since launching the AII, the Department, in close collaboration with the social worker union, SEIU Local 509, has drafted, negotiated, modified our IT system to accommodate, and implement five new policies: Protective Intake, Supervision, Children Missing from Care, District Attorney Referral, and Family Assessment and Action Planning. In addition, we have two other policies ready for implementation: In-Home Case Practice and Case Closing. These policies are being phased in to ensure that our field staff is able to learn the new approaches and integrate them into their practice.

The implementation of these new policies has been supported by investments in the Department's IT resources, including iPads and mobile phones for our social workers so they can work effectively from their desks and in the community. Ongoing IT investments have supported DCF's SACWIS system, FamilyNet, including the conversion of essential FamilyNet functions to work with our social workers' mobile devices.

- **Area Office Decoupling.** Back in 2010, due to the Commonwealth's budget crisis, the Department was forced to pair, or couple, two area offices under one management team. The result left a significant leadership gap within our area offices and set up the management teams for failure. As of July 2016, the Department has restored its structure of assigning a dedicated management team to each of the 29 Area Offices.
- **Regional Structure.** Likewise, as of January 2016, we have restored our Central Region which had been merged with our Western Region in 2010. The restoration of this fifth region has improved oversight and strengthened our management capacity.
- **Management Capacity.** Since launching the AII, the Department's total managerial capacity has grown by 96 managers (or 50%)—that is nearly an additional one-third the capacity the Department had a year and half ago to provide critical oversight and leadership to the work of keeping children safe.

- **Social Work Staff.** Since launching the AII, the Department has achieved a net gain of 282 additional social workers, or a 12% increase for a total of 2547 social workers. In addition, the Department plans to hire 125 social worker technicians in the first half of FY18.
- **Medical Team.** Since launching the AII, the Department has hired its first-ever full-time Medical Director. We have also hired 29 Medical Social Workers to serve in each of our area offices. Five Regional Nurses, a Central Office nurse, a child psychiatry consultant, and a medical data analyst round out our medical team.
- **Recruitment of Foster and Adoptive parents.** Foster and adoptive parents are vital to our efforts to keep children safe and, due to the opioid epidemic, they are as necessary as ever. Through the AII, the Department has hired 15 recruiters who will work across the state to help us recruit foster and adoptive parents. MassIT is also in the process of re-designing DCF's websites that walk families through the processes of becoming foster or adoptive parents and answer initial questions. DCF is also launching a foster parent recruitment campaign this summer.
- **Staff Licensure.** In October 2014 only 54% of the Department's social worker staff was licensed. As of today, 96.5% of the staff is now licensed. DCF plans to achieve 100% within the first half of SFY18.
- **Caseload Management Support.** DCF has developed Case Management Support (CMS) Teams consisting of existing regional staff and experienced retired social workers, supervisors, and managers. These specialized teams assist staff with the completion of tasks and review of case content to ensure clinically appropriate case movement occurs in a responsible and responsive way. We are collaborating with subject matter experts from within our ranks to ensure that the Department is working with the right families at the right time for the right length of time. Combined with modest declines in the numbers of reports of abuse and neglect, the result is a net decrease of almost 1,800 cases (or 7%) since the caseload peaked in March 2016.
- **Weighted Average Caseloads.** 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). In March 2016, the weighted average caseload for staff was 22.4. As of April 2017, it has dropped to 18.84 with an average family count of 15.9 families for ongoing social workers.
- **Continuous Quality Improvements (CQI).** Last but not least, through the AII, DCF established a CQI team in this past fiscal year. Their clinical audits of cases as well as analysis of data are how we are able to assess the efficacy of the reforms we have implemented. For example, the CQI team recently examined a cohort of cases to determine whether we were making better decisions about which cases could be safely closed. This CQI team's quality review found that nearly 100% of case closings were appropriate and the rate of case re-openings decreased by more than 25%.

Through regional training sessions, we're teaching managers how to use the data produced by this team to inform case practice. DCF is committed to being a learning organization at all levels. That means ensuring a shared understanding of CQI results across the agency. To achieve that, we'll launch a competitive Data Fellows program in the coming year to train managers and staff interested in becoming points-of-contact on data in the field.

The end goal of all these efforts is to achieve significant, lasting and positive change in the Department and that means progress will continue but it will be additive. For example, we have most of our policies

drafted and implemented, but it is going to take time for staff to absorb those policies and the change they represent. Likewise, we have added 46% more managers, but those managers are new and it will take time to build their capacity to provide leadership and oversight. So the work continues and we will remain relentless in our effort to keep children safe and provide them with permanency and well-being. Children and their families deserve no less.

Moving Forward

Moving forward, the Department will keep working to enhance policy and practice, maintain and enhance staffing, and make sure our social workers have the resources and support they need to keep children safe.

The Department's fundamental purpose and highest priority is to keep children safe and all of our work will continue to focus on this key objective. This starts with providing clear and consistent guidelines around clinical practice, an essential component to achieving our mission. We must enable our workers with the skills and supports they need to make the best, most well-informed decisions possible for the children in our care. We need to provide our workers with adequate training, clear policies, more effective practice guidance, reduced caseloads, and the highest quality management oversight. We also need to provide them with modern tools to enable them to be efficient and effective in their jobs.

While much of our reform effort continues to be directed inward, the community at large must be engaged. Child welfare is not the work of one person or one agency. We know we cannot do this work alone and we are committed to continuing our outreach to our community partners who work every day with each of our 29 area offices. Our work with community stakeholders, the children and youth in our care, our parents, and with each of you is vital to ensuring that we do what is best for our children.

DCF Contact for APSR:

David O'Callaghan
Chief Financial Officer
617-748-2000

The APSR will be posted upon approval on the DCF website, in the Reports section:
<http://www.mass.gov/eohhs/researcher/family-services/dcf-reports.html>.

The FY 2017 APSR is posted at:
<http://www.mass.gov/eohhs/docs/dcf/reports/annual-progress-and-services-report-2017.pdf>

C. REQUIREMENTS FOR 2018 APSR

C1. GENERAL INFORMATION

The Department continues to engage in substantial, ongoing, and meaningful collaboration in the implementation of the 2015-2019 CFSP, our CFSR PIP, and our IV-E PIP. The Department has many resources to achieve collaboration. These include the DCF Family Advisory Council, Youth Advisory Council, and the Statewide Advisory Committee. In addition, each DCF area office has an Area Board to provide critical community input in the Department's planning and casework practice. The Department also engages the courts, local schools systems, and other state agencies to address the needs of children and families involved with DCF. Lastly, the Department has engaged in dialogue with the Aquinnah and Mashpee tribes.

Below, we highlight specific examples of how the Department collaborated with these resources in the past year with regard to the implementation of our 2015-2019 CFSP, CFSR PIP, and IV-E PIP. We also highlight planned ongoing collaboration in the new year:

2015-2019 CFSP Collaboration

DCF Continues to convene consumers, youth in care, providers and other community leaders who participate with and advise the DCF Area Offices. Representatives from those local boards also participate in the Statewide Advisory Committee which typically meets three times a year. Among the participants are a variety of agencies and organizations that are engaged with DCF on initiatives designed to protect children and strengthen families:

- The Children's League of Massachusetts
- The Parents Helping Parents
- Massachusetts Law Reform Institute
- Massachusetts Society for the Prevention of Cruelty to Children
- Massachusetts Alliance for Families
- Berkshire Children and Families
- Children's Trust Fund of Massachusetts
- Massachusetts Citizens for Children
- Massachusetts Adoption Resource Exchange
- DCF Family Advisory Committee
- Children and Family Law Project
- Rosie's Place
- Department of Youth Services
- Department of Mental Health
- United Way
- Wayside
- MA Chapter of the American Academy of Pediatrics
- Committee for Public Counsel Services
- New England Child Welfare
- Massachusetts Network for Foster Alumni
- Parent Professional Advisory League
- The Black Mental Health Alliance
- Family Nurturing Center
- Massachusetts Association of Private Schools

- Justice Resource Institute
- Jane Doe, Inc.
- More Than Words
- MA Chapter- NASW
- Department of Transitional Assistance
- MA Council of Human Service Providers

CFSR PIP Collaboration

- MA Court Improvement Program (MA CIP) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers is a core MA CFSR PIP strategy. Toward this end, DCF Commissioner Spears met with the MA CIP leaders in September 2016. Out of this meeting a MA CFSR PIP Key Activity was developed: Collaborate with MA Court Improvement Program (CIP) to increase stability and permanency for Massachusetts children. MA CFSR PIP work will focus on using data and metrics to better understand and address the permanency needs of children. This will include understanding the characteristics of children across permanency goals including adoption, guardianship, and reunification. This data will also inform the department about which Area Offices and local courts may need additional support to improve permanency outcomes. DCF will continue its focus on increasing kinship placements for children who cannot remain safely in their homes, increasing family finding activity for children in care, and cross-training for court personnel and DCF staff in both kinship and family finding issues.
- Massachusetts Alliance for Families (MAFF) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers is a core MA CFSR PIP strategy. In a collaborative effort with MAFF, the Department identified the MA CFSR Key Activity of increasing training and support for foster and adoptive parents with the goal of reducing the number of disruptions in foster care and adoptive placements.
- National Council on Crime & Delinquency, Children's Research Center's (NCCD/CRC) - Embedding assessment of safety and risk into daily practice is a core MA CFSR PIP strategy. The Department worked with NCCD/CRC to develop a set of MA CFSR PIP Key Activities which are targeted at validating the Department's current risk assessment tool and/or developing and validating a new tool.
- Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum - Improving services and treatment for children and families affected by substance misuse is 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.
- National Resource Center for Diligent Recruitment (NRCDR) - Increasing initiatives for recruitment of foster, adoptive, and kinship caregivers is a core MA CFSR PIP strategy. Utilizing preliminary discussions with NRCDR, several MA CFSR PIP Key Activities have been developed with the overall goal of creating a cohesive and comprehensive approach to recruitment and retention of foster, adoptive, and kinship caregivers.

IV-E PIP Collaboration

- N/A the DCF Title IV-E PIP contained procedural corrections that did not require collaboration with stakeholders external to the Department and our Revenue Vendor.

C2. UPDATE ON ASSESSMENT OF PERFORMANCE

The Department completed its CFSR3 Statewide Assessment and onsite review in September 2015. To address the APSR 2018 requirement, the Department utilized the most up-to-date Children Bureau MA CFSR3 (05-20-2015) and CFSR2 (05-19-2015) Data Profiles. As a supplement, where indicated the Department has provided data from its SACWIS. For each CFSR Outcome and Systemic Factor, a brief description of progress/new strengths and any new challenges are provided. For areas where the Department does not currently collect data, a plan for gathering the information for the 2019 APSR is presented.

Assessment of Child and Family Outcomes

Safety Outcome 1 (S1): Children Are First and Foremost, Protected From Abuse and Neglect

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Safety Outcome 1. The outcome was substantially achieved in 43% of the 28 applicable cases reviewed.
- New Challenges: N/A

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

	FFY2013 [^]		FFY2014 [^]		FFY2015 ^{**}		FFY2016 ^{**}	
Total CA/N Reports Disposed	37,867		47,591		47,995		48,380	
Substantiated	14,071	37.2%	22,282	46.8%	23,161	48.3%	22,937	47.4%
Unsubstantiated	8,161	21.6%	13,771	28.9%	14,727	30.7%	17,702	36.6%
Other	15,635	41.3%	11,538	24.2%	10,107	21.1%	7,741	16.0%
*Children Served in Placement	13,609		14,907		Pending CB Data Profile			
<small>*Children in Placement on the Last Day of the Year + Discharges During the Year.</small>	<small>[^]Source: ACF Data Profile (May 19, 2015)</small>				<small>^{**}Source: DCF FamilyNet (SACWIS)</small>			

Significant year-over-year increases are evident when comparing total CA/N reports disposed between FFY2013 and FFY2016 (27.8% increase). During the same time period a significant increase in substantiation rates was also observed (27.4%). This increase is directly correlated with a corresponding decrease in use of the Department’s Initial Assessment differential response track in FFY2014 and FFY2015. With the implementation of a new Protective Intake Policy in March 2016, the Department eliminated differential response. However, along with a Support (i.e., substantiation) decision, a disposition of Substantiated Concern has been added. Substantiated Concern dispositions do not identify a perpetrator, nor a victim. As such they are classified within the “Other” category on Chart S1 above. The number of children served in placement increased 9.5% between FFY2013 and FFY2014.

Safety Outcome 1 – 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 time frames established by agency policies or state statutes.

- Progress/New Strengths: 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 begin, 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 case were rated as a Strength. The MA CFSR3 PIP (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

Following the implementation of the Department’s new Protective Intake Policy, timely face-to-face contacts (i.e., within 72 business hours for non-emergency responses) with reported children involved in screened-in Non-Emergency reports of alleged maltreatment have increased by 28.1% between February 2016 and March 2017. Minimal improvement has been evidenced for reported children involved in screened-in Emergency reports.

- New Challenges: N/A

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.	RSP	95% Confidence Interval	Data Period(s) Used for State Performance
Recurrence of maltreatment	9.1%	Lower	22.4%	21.8% – 23.1%	FFY13–14
Maltreatment in foster care (victimization per 100,000 days in care)	8.50	Lower	34.40	32.12 – 36.84	14A–14B, FFY14

- Progress/New Strengths: 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 8.50 per 100,000 days in care. Further, the Department is evidencing increasingly more incidences of Recurrence of Maltreatment than the national performance of 9.1%. The MA CFSR3 PIP (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: The Children’s Bureau has not provided an updated Data Profile, nonetheless, the Department anticipates having a mechanism for calculating Maltreatment in Foster Care and Recurrence of Maltreatment from our SACWIS for inclusion in the 2019 APSR.

Safety Outcome 2 (S2): Children Are Safely Maintained In Their Own Homes Whenever Possible and Appropriate

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 66% of the 65 case 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

As found in the CB generated CFSR3 Data Profile and indicated in Chart S3 below, CPS referrals increased between FFY2011 and FFY2014. This 6.4% rise in referrals tracks with the occurrence of several high profile child fatalities during the same time period. CPS referrals are tracked at the state/region/area office level and have continued to rise through FFY2016; albeit less steeply.

Chart S3.

	Counts of Referrals Received by DCF					
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016
Referrals received by CPS	73,294	75,439	75,560	77,974	Pending CB Data Profile	

Screen-in Rates

As found in the CB generated CFSR3 Data Profile and indicated in Chart S4 below, screen-in rates have risen significantly between FFY2011 and FFY2014. This 25.4% rise in screen-in rates, which tracks with the occurrence of several high profile child fatalities during the same time period, climbed at a significantly greater rate than referral rates. Screen-in rates are tracked at the state/region/area office level and have stabilized in FFY2015 and FFY2016.

Chart S4.

	Rate per 1,000 in Child Population per CB CFSR3 Data Profile			
	FFY2011	FFY2012	FFY2013	FFY2014
Screen-in rate	43.92	44.06	44.76	55.09

Victimization Rates

As found in the CB generated CFSR3 Data Profile and indicated in Chart S5 below, victimization rates have risen significantly between FFY2011 and FFY2014. This dramatic 134.8% rise in victimization rates, which tracks with the occurrence of several high profile child fatalities during the same time period, rose at a greater rate than screen-in rates. Victimization rates are tracked at the state/region/area office level and have stabilized in FFY2015 and FFY2016.

Chart S5.

	Rate per 1,000 in Child Population per CB CFSR3 Data Profile			
	FFY2011	FFY2012	FFY2013	FFY2014
Victimization rate	9.72	9.31	14.53	22.82

Entry Rates

As indicated in Chart S1, the number of children served in placement increased 9.5% between FFY2013 and FFY2014, and has continued through FFY2016. As evidenced in Chart S6 below, the Department’s rate of entry per 1,000 children had been lower than the national average through FFY13B14A, but is presently on the rise.

Entry Rate	Rate per 1,000 in Child Population per CB CFSR3 Data Profile						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
All Ages	3.8	3.6	3.8	3.7	1.9	2.2	missing
0-3 months	8.9	9.1	8.8	9.2	9.8	10.8	11.9
4-11 months	4.5	4.7	4.7	5.0	5.5	5.3	5.3
1-5 years	23.3	23.3	23.4	23.5	23.8	25.9	26.8
6-10 years	14.3	13.7	14.8	16.0	16.4	16.9	17.3
11-16 years	44.3	44.5	42.9	41.0	38.9	35.5	33.2
17 years	4.8	4.8	5.4	5.3	5.5	5.6	5.5
18 years and older	0.0	0.1	0.0	0.0	0.1	0.1	0.1

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.

- **Progress/New Strengths:** 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- **New Challenges:** N/A

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) in their own homes or while in foster care.

- **Progress/New Strengths:** 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

- New Challenges: N/A

Permanency Outcome 1: Children Have Permanency and Stability In Their Living Situations

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Permanency Outcome 1. The outcome was substantially achieved in 35% of the 40 applicable cases reviewed.
- New Challenges: The Children’s Bureau has not provided an updated Data Profile, nonetheless, the Department anticipates having a mechanism for calculating Permanency and Stability data indicators from its SACWIS for inclusion in the 2019 APSR.

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period(s) Used for State Performance
Perm in 12 months (entries)	40.5%	Higher	46.0%	44.7% – 47.4%	12A – 14B
Perm in 12 months (12-23 mos.)	43.6%	Higher	34.2%	32.2 % – 36.3%	14A – 14B
Perm in 12 months (24 + mos.)	30.3%	Higher	24.2%	22.6% – 25.7%	14A – 14B
Re-entry to foster care in 12 mos.	8.3%	Lower	13.6%	12.3% – 15.1%	12A – 14B

The Department has made significant progress on a number of indicators related to permanency. Despite these improvements, DCF has not yet achieved the national performance on each of the permanency composite 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 to ensuring 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 noted in Chart P1 above, the Department has been meeting the national performance of moving children to permanency within 12 months of entering care. This notwithstanding, the Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

Though the Department recognizes that performance on Permanency in 12 Months for Children Entering Care has improved, performance on Re-entry to Foster Care in 12 Months has trended upward in each of the past five (5) years. The Department acknowledges that these paired measures are interrelated and that successful reunification necessitates that services be in place to stabilize exits to permanency and mitigate factors leading to reentry.

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).

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

- New Challenges: N/A

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 reunification.

Chart P2.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period(s) Used for State Performance
Placement Stability (moves per 1,000 days in care)	4.12	Lower	6.23	6.08 – 6.38	14A – 14B

Placement with Kin

The Department has increased efforts to identify kin as a placement alternative when out of home placement is necessary. These efforts have resulted in significantly increasing the ratio of kinship placements compared to non-kinship. The Department had observed a subsequent improvement in placement stability, but the revised indicator shows increased instability.

	DCF Target	SFY’08	SFY’09	SFY’10	SFY’11	SFY’12	SFY’13	SFY’14	SFY’15	SFY’16
Kinship Care Rate Kinship as a % of all children in out-of-home placement	≥ 28.5%	19.2%	22.6%	22.7%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%

Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2016, 32.4% of all children in out-of-home placement were placed with kin. This represents a significant 68.8% increase over SFY2008. In an effort to identify disproportionality and address disparity in outcomes, this indicator is tracked by race/ethnicity.

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

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

At the end of SFY2016, 56.4% of all children in Departmental Foster Care (i.e., foster family home) were placed with kin. This represents a significant 21.6% increase over SFY2010. In an effort to identify disproportionality and address disparity in outcomes, this indicator is tracked by race/ethnicity.

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.

- Progress/New Strengths: 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

(baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

Permanency Outcome 2: The Continuity of Family Relationships and Connections Is Preserved for Children

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 65% of the 40 applicable cases reviewed.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.

- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

Well-being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children’s Needs

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.

- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be

gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

Well-being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 90% of the 42 applicable cases reviewed.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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. 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. Reporting graduation rates was originally required by the federal No Child Left Behind Act (NCLB) and by a National Governors Association compact signed on behalf of Massachusetts. The Department tracks these graduation rates for children in its custody utilizing the same methodology utilized by ESE.

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

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

	DCF Target*	2011	2012	2013	2014	2015
Four-Year Graduation Rate	≥ 67.0%	52.0%	50.3%	54.5%	54.0%	51.4%
Five-Year Graduation Rate		62.8%	53.0%	62.4%	59.1%	54.4%

While the Four-Year Graduation Rates between academic years 2011 and 2015 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 5% of cohort students receiving acknowledgment for graduating in 2014, and 3% in 2015.

Massachusetts Comprehensive Assessment System (MCAS) Passage Rates

MCAS is designed to meet the requirements of the Education Reform Law 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 the Education Reform Law, students must pass the grade 10 tests in English Language Arts (ELA), Mathematics, and one of the four high school Science and Technology Engineering tests as one condition of eligibility for a high school diploma (in addition to fulfilling local requirements). Recognizing the importance of this metric, the Department tracks MCAS Passage Rates for students in its custody utilizing an automated data exchange with ESE.

MCAS tests three broad subject areas:

- English Language Arts (ELA)
- Mathematics
- Science and Technology/Engineering

	DCF Target	2011	2012	2013	2014	2015
^MCAS OVERALL DCF PASSAGE RATE	≥ 40.0%	26.9%	26.7%	25.9%	23.4%	23.3%
ELA Passage Rate		47.3%	63.7%	68.2%	58.7%	67.2%
Mathematics Passage Rate		32.9%	42.5%	43.0%	33.1%	40.3%
*Science/Tech./Eng. Passage Rate		-	76.6%	78.9%	67.4%	74.7%

[^]MCAS Overall DCF Passage Rate: Denominator includes any child who has taken one or more of the three MCAS subtests.

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

Data Source: MA data exchange between DCF and ESE – 2014 is not yet fully tabulated

MCAS overall passage rates for children in the custody of DCF between academic years 2011 and 2015 are below the established target. While the 2015 MCAS overall passage rate is 58.3% of the established target, performance on each of the MCAS subject areas exceeded the overall target of 40.0%. While children in DCF custody demonstrate relative strength in specific subject areas, positive performance in one subject area does not necessarily correspond to positive performance on other subject areas.

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

Assessment of 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.

- Progress/New Strengths: 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.
- New Challenges: N/A

Systemic Factor: Case Review System

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

Systemic Factor Item 25: Quality Assurance System

Description of Systemic Factor Item: The quality assurance system is functioning statewide to ensure that it (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.

- Progress/New Strengths: 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. The state is developing a new case review process that is currently in its foundational stage. Stakeholders confirmed that a functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place. The MA CFSR3 PIP (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

Systemic Factor: Staff and Provider Training

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

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

demonstrate whether staff of child care institutions receive training that effectively prepares them to carry out their duties.

- New Challenges: N/A

Systemic Factor: Service Array and Resource Development

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.

- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.

- New Challenges: N/A

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.

- Progress/New Strengths: 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.

- New Challenges: N/A

Systemic Factor: Agency Responsiveness to the Community

- Progress/New Strengths: 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.
- New Challenges: N/A

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 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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Progress/New Strengths: As evidenced in the 2015 CFSR3, the Department is 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.
- New Challenges: N/A

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

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

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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.
- New Challenges: N/A

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.

- Progress/New Strengths: 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 (baseline to be gathered July–December 2017) includes targeted strategies and activities which are anticipated to improve performance.
- New Challenges: N/A

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.

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

C3. UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

In January of 2014, the Massachusetts Executive Office of Health and Human Services (EOHHS) sought the assistance of the Child Welfare League of America (CWLA) in response to concerns regarding the safety of children served by the Department of Children and Families (DCF). The precipitating event for this request was the disclosure that Jeremiah Oliver, the youngest child of a family with an open DCF case, was missing from his home, and that DCF was unable to account for his whereabouts. EOHHS requested an objective third-party review of the Oliver case as a part of a larger Quality Improvement Review. CWLA was asked to examine the appropriateness, comprehensiveness, and consistency of certain agency policies and practices in the context of the Oliver case and through the lens of nationally recognized standards and best practices.

The CWLA completed their work and published their report in May 2014. The report's recommendations provided a blue print for the Department to follow on its path to reform and laid out initiatives for the Department to put into action in the years ahead. Ever since, the Department has been focused on implementing the report's recommendations. In essence the report has become the Department's Strategic Plan for the near future.

The CWLA report focused its recommendations on:

- increasing social worker staff to reduce caseloads and achieve the caseload standards of 15 families per worker;
- updating Department policies such as case transfers, children missing from care, and background record checks, among others, and ensuring staff are appropriately trained on the policies;
- reviewing, strengthening and then re-launching the Department's case practice model;
- ensuring social worker staff are adequately trained and licensed;
- decoupling the area office "pairings", the management structure which has one area director managing two area offices;
- expanding Department's system of regional offices from the current four;
- adding specialty staff to area offices with expertise on the issues of substance abuse, domestic violence, and mental health; and
- increasing medical staff supports to area offices by adding pediatric nurse practitioners and hiring a full-time Medical Director.

On the following pages, we provide the full list of recommendations and the current status/timeline of each.

COMMUNICATION AND COMMUNITY ENGAGEMENT

Recommendations	Status/ Timeline	Comments
Revise policies, practice guidelines, website, and written materials to consistently communicate agency's primary responsibility to protect children. (CWLA)	FY15 Complete	New mission and vision statement created and posted. All policy revisions reiterate primary focus on safety first (Case Transfer, Background Record Check, Protective Intake, Supervision, Family Assessment and Action Planning)
Revamp and Reorganize DCF Website to provide current and comprehensive information to external stakeholder.	FY16-17	Working with MassIT to revise website compliant with new Massachusetts-wide format. Recruiting potential foster or adoptive families. is an area of focus.
Revamp and Reorganize DCF Intranet to provide current and comprehensive information to DCF staff on current events, policies and procedures and promote internal communication.	FY16 Complete	New DCF Social Intranet launched statewide. Allows for greater communication across the organization. One particular feature of new intranet is that it allows staff for the first time to access DCF policies via their iPads.
Reinstate DCF Newsletter to provide current and up-to-date information on progress on Department reforms and current initiatives.	FY16-17	Plans to make internal newsletter communication more frequent and at consistent intervals
Initiate Foster Care Campaign to increase the availability and retention of foster families.	FY16-17	Foster Care recruitment has been embedded into the Department's Agency Leadership Improvement initiatives. Department has developed a revised business process for recruitment. DCF contracted a vendor to assist with branding and media campaign. The Department has also hired 15 foster care recruitment staff.
MA media outlets undertake public education campaign to raise awareness of each individual's responsibility to protect children from abuse and neglect and to uphold the rights of children. (CWLA)	TBD	Strengthening DCF's approach to working with the media began with implementation of new policies. This included press conferences and availabilities for the Governor, Secretary of the Executive Office of Health and Human Services and the Commissioner to brief the press and public on the agency's renewed focus on child safety and permanence, and on activities to strengthen agency capacity.
Increase community engagement in educating the public on unsafe sleep for infants. (CWLA)	FY15 & Ongoing	<i>Safe Sleep</i> and <i>Welcome Baby Campaigns</i> launched in 2014. In partnership with the Department of Public Health, Medical Director is convening a task force to address prevention of infant fatalities from unsafe sleep.
Increase active engagement of children, youth, families, leadership, and workforce in determining and responding to needs within communities. (CWLA)	FY15 & Ongoing	DCF has active Family, Youth and Provider advisory boards; and local Area Boards.

LEADERSHIP AND ORGANIZATIONAL CULTURE

Recommendations	Status/ Timeline	Comments
Maximize Staff and Work Place Safety	FY16-17	Department holds bi-annual safety conferences. Department has created safe workplace signage and placed it in all area offices. The Department has also invested in an emergency alert system that contacts staff via text, telephone, and/or e-mail to alert of an emergency. In addition, the Massachusetts State Police have been conducting “lock-down” trainings and drills with DCF area offices to educate staff on proper procedure to maintain safety in the event of an attack on an office.
Strengthen clarity of Practice Model, address related dissent among managers and staff, and reduce inconsistencies in implementation. (CWLA)	FY16-17	Building new Practice Principles to guide all future policy and practice development. This was included as a strategy in the recently submitted CFSR PIP.
Establish consistent expectations and protocols for management and clinical case reviews including when they are initiated, who attends, how they are conducted, and how information is synthesized, documented and shared to inform case direction/decision-making and system improvement.	FY16-18	Included in Protective Intake and Supervision and Family Assessment and Action Planning (FAAP) policies (implemented); Included in In-home Casework Policy to be implemented in FY’ 18.
Develop a plan to ensure that staff at each level of leadership has the necessary competencies. (CWLA)	FY17	DCF’s Child Welfare Institute (CWI) is revising training curricula and individual trainings to be consistent with competencies for social workers, supervisors, and managers. Training for supervisors has been completed; training for managers of family resource and adoption units is scheduled for the end of June; DCF’s Agency Improvement Leadership Team process models leadership competencies for Central Office, Regional, and Area Office leaders.
Cultivate a positive culture and climate in which accountability, communication, responsiveness, and commitment to improvement are valued and rewarded. (CWLA)	FY16-17	DCF’s CQI unit has been staffed and CQI plan implemented. At weekly AILT meetings, the Assistant Commissioner of Continuous Quality Improvement presents weekly metrics, which have contributed significantly to creating a positive climate, valuing accountability, and rewarding CQI activity.

POLICY AND PRACTICE

Recommendations	Status/ Timeline	Comments
Visits and Contacts with Children and Families		
Develop visit protocols to assist SWs with quality contacts and engagement in home visits. (CWLA)	FY15 Complete	Developed and issued to all staff: <i>A Field Guide for Social Workers: Quality Visits and Contacts with Families.</i>
Implement statewide mandatory mechanism for real-time data entry for visits to children, families, and foster/adoptive/kinship homes; Enforce expectation on documentation of visits/contacts w/in 30 days after contact. (CWLA)	FY15-17	iPads now issued as standard equipment to all field staff to enable real-time data entry. New dashboard available to staff on status of visits/children needing to be seen. Timeline on data entry included in revisions to <i>In-Home Casework Policy.</i>
Transfer of Cases		
Revise Case Transfer Policy to require face-to-face meetings among staff for case transfers. (CWLA)	FY15 Complete	New Policy in effect as of March 2015.
Background Checks		
Develop, revise and promulgate regulations to ensure foster/adoptive parent applicants and kinship resources are appropriately assessed. (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Revise regulations to create approval processes, rather than waiver or variance, for kinship and foster/adoptive caregivers (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Review all child placements in homes approved through background check waiver, to identify those for heightened case monitoring, home visitation, supervision, or case oversight. (CWLA)	FY15 Complete	Intense one time review of all waivers conducted in FY2015.
Revise regulations & standards to require results of background check with conviction of certain felonies to exclude eligibility as a foster/adoptive parent, or kinship provider; Require outside screening for certain offenses. (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Ensure compliance with current policy relative to retaining all records of any criminal background checks for applicants for foster care, adoption, or kinship care. (CWLA)	FY15 Complete	Adherence to policy affirmed.
Executive branch and legislature consider ramifications of changes to background checks on foster and kinship resources. (CWLA)	FY15 Complete	Discussed as part of implementation of policy and procedural changes.
Regulations and standards updated to identify qualities and characteristics needed and the minimum requirements that must be evident in the home—align with standards developed by ABA, NARA, GU and Annie E. Casey Foundation; limit waivers to non-safety standard. (CWLA)	FY17 Complete	New approval process completed incorporating recommended standards. IT system updates to support new process implemented in September 2016.

Missing Children and Runaways		
Require digital photo of each child who enters the care and custody; updated every 6 months. (CWLA)	FY15 & Ongoing	Required for children at case transfer and for all children placed in a contracted placement; planned requirement for all children in DCF care or custody.
Revise runaway and missing child procedures to include age appropriate variables, procedures for search, procedures for notification of law enforcement, and for initiating Amber Alert protocols. Develop assessment on vulnerabilities that place a child at heightened risk for running away. (CWLA)	FY16-17 Complete	<i>Policy on Responding to Children Missing from DCF Care and Custody</i> , finalized and negotiated and implemented in September 2016
Initiate Business Process Redesign to merge “siloes” programs and resources dedicated to preventing, locating and returning runaway and children missing from DCF Care and Custody.	FY16-17 & On-going	Bringing together Runaway Assistance Program from EOHHS with DCF resources and programs.
Case Practice Model/Practice Principles		
Practice Model refined to clearly reflect rights of children and priority on child safety; Define the practice model by clarifying the desired elements: Practice Principles and skills and competencies that reflect the agency’s mission/vision, and alignment with DCF policy requirements. (CWLA) MA CFSR PIP Goal 1: MA DCF will develop and implement Principles of Practice that will guide child welfare practice, increase family engagement and the involvement of communities, providers, and other agencies, with the intended outcome that children of the Commonwealth will be safer, will experience improvements in permanency, and that their wellbeing will be improved. MA DCF will use the strategies outlined within Goal 1 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.	FY15-17	Building new Practice Principles to guide all future policy and practice development. This was included as a strategy in the recently submitted CFSR PIP. MA CFSR PIP Goal 1 – Strategy 1: Complete Principles of Practice Document for MA DCF, using the Core Principles of the CWLA National Blueprint for Excellence in Child Welfare (CWLA Press, April, 2013) as the essential elements. The MA DCF Principles of Practice will reflect the agency’s mission/vision, and will provide the foundation for consistent practice within the Department and in its contracted programs. DCF will use 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.
Involve DCF staff from every level of the organization, including representatives from SEIU Local 509 and parents, in redefining and rebuilding the case practice model. (FY15)	FY15 Complete	SEIU and parent representatives on Steering Committee.
Consolidate and clarify multiple/conflicting directives and guidance documents related to provide clear direction and expectation for screening and responding to reports of abuse and neglect (e.g., Protective Intake policy). (New)	FY16 Complete	Addressed in new Protective Intake Policy implemented in February 2016
Ensure practice model guides and supports all child protective and preventive work in by all parties: DCF, lead agencies, community-based providers; Revise training modules for the ICPM. (CWLA)	FY16-18	Practice Principles will be developed in FY’18. New practice principles will be incorporated into all internal training, shared with stakeholders and incorporated into contracting for services.
Revise DCF Policies to align with Practice Model values, principles and skills (e.g., Family Assessment and Action Planning, Case Closing, etc.).	FY16-18	All newly revised policies will align with Practice Principles.

MA CFSR PIP Goal 2: Increase permanency and stability of child placements through strengthening family resource programs and services. DCF intends to adopt an integrated recruitment and support system, which connects its approach to recruitment, response, training, development, and support of foster, adoptive, and kinship families. This integrated approach will be based on shared data to inform the planning and implementation of each part of the process and will have well-established feedback loops so that each of the activities – recruitment, preparation and training, licensing, and support – is shaped by lessons learned from all parts of the work. This effort will occur in concert with DCF’s development of its CQI model and program, and will integrate both currently available data and data eventually available as the CQI program expands and grows.

In-Home Safety		
Develop protocols for evaluating risks to children living at home, including risks from household members who are not the child’s parents. SDM tool to be used consistently. (CWLA)	FY16 – 17	Included in <i>In-Home Casework Policy</i> implemented in March 2016. DCF is working with ith a vendor to validate and update SDM risk assessment tool.
Child Care/Early Education		
With EEC, revise standard on discontinuing child care due to excessive absences. (CWLA)	FY15 Complete	Implemented through procedural change to ensure continuity of care.

QUALITY IMPROVEMENT

Recommendations	Status/ Timeline	Comments
<p>Develop a plan for establishing a robust quality improvement system using Council on Accreditation’s (COA) public agency standards for Performance and Quality Improvement (PQI). (CWLA)</p> <p>MA CFSR PIP Goal 3: Develop a robust CQI Program. The ACYF-CB-IM-12-07 information memorandum on Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies will inform the development of DCF’s CQI system. The Department’s CQI approach will better equip DCF 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. A robust CQI program will function 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.</p>	FY16-17	CQI system developed to comply with the federal CQI standards and modeled after PQI. 5 CQI Specialist positions hired. CQI instruments currently being tested.
Initiate discussions with MA institution(s) of higher learning to partner with them to evaluate the Practice Model. (CWLA)	FY18	The development of Practice Principles has replaced DCF’s plans for revision of a practice model. Intsitutions of higher learning are among the stakeholders involved in development of the Practice Principles.
Explore data management and display tools to make management data visible, transparent and easy to use by DCF managers and other stakeholders.	FY16-17 Complete	New management data reports have been created and implemented focusing on specific metrics relevant to area office managers. Reports are designed with easy-to-understand charts and graphs to facilitate review and understanding by managers.

Implement mechanisms for soliciting and considering feedback from children, youth, families, partners, collaborators, etc. on a regular basis. (CWLA)	FY15-18	Parent/Guardian Satisfaction survey completed 2x. CQI team is exploring modification and simplification of parent/guardian survey process. Surveys are distributed annually to Youth in transition (aging out).
Establish outcome measures that are clearly articulated, measurable and regularly published. (CWLA)	FY16-18 Complete	Dashboard of key measures for internal publication implemented in January 2016; Program Improvement Plan (PIP) completed and submitted in Fall of 2016 as result of CFSR review in fall of 2015.
Make QI process transparent to youth, families, providers and the public. (CWLA)	FY16-17 Complete	Dashboard of key measures for internal publication implemented as of January 2016.

HEALTH AND MEDICAL SERVICES

Recommendations	Status/ Timeline	Comments
Hire Pediatric Nurse Practitioner (PNP) in each Area Office and a Medical Director. Area Office PNP responsible for reviewing, within 24-hours, significant medical information for the child. PNPs should rotate responsibility for coverage on weekends and holidays. (CWLA)	FY16-17 Complete	Medical Director (MD) hired as of 1.1.2016. Consulting Psychiatrist and 1 RN per region also hired. Hiring 1 Medical Social Worker per Area Office (29 out of 29 completed).
Establish protocols for Social Workers and other DCF staff on when/how to seek medical consultations on DCF cases.	FY16 Complete	Included in Supervision Policy.
Conduct statewide training for DCF staff (social workers and supervisors) on Healthy Child Development and signs of medical neglect.	FY16-18 Complete	Plan to include in next round of clinical training in Fall 2018
Establish an “expert panel” to provide support and consultation to DCF staff and medical personnel in difficult cases. (CWLA)	FY16-17 Complete	Priority task for Medical Director, who currently facilitates access to specialty consultation on medical complex cases.
SWof record at the time the child enters the care of DCF should have direct contact with the PNP to report what is known about the child’s current status. (CWLA)	FY16-17 Complete	Medical Social Workers and DCF nurse work with social workers to ensure that necessary assessments are conducted.
Establish a triage protocol for determining the urgency of screening and comprehensive exams/well-child visits and ensuring visits. (CWLA)	FY16-17 Complete	Priority Task for Medical Director; recommendations developed by working group.
Undertake statewide effort to educate staff and doctors at hospitals, medical offices, and community health centers to assure that requested information is made available quickly and efficiently. (CWLA)	FY16-18 Complete	Priority Task for Medical Director, who has begun outreach to hospitals and facilities that treatment and assess children involved with DCF.

WORKFORCE AND PROFESSIONAL DEVELOPMENT

Recommendations	Status/ Timeline	Comments
Licensure and Training		
Legislature amend M.G.L. c. 112, § 131 and 134 to eliminate DCF staff's exemption from social work licensing requirements. All clinical staff licensed in social work or in a related field. (CWLA)	FY15 & Ongoing	Chapter 165 of Acts of 2014 required all DCF social workers to be licensed within 9 months of hire; As of April 2017 (latest available data) 96.3% of staff are licensed; new support for license preparation available for new and current social workers.
MA legislature amend M.G.L. c. 112, § 131 and 134 to eliminate DCF staff's exemption from continuing education and professional licensing requirements. All clinical staff required to meet continuing education standards. (CWLA)	FY15 & Ongoing	Chapter 165 of Acts of 2014 required all DCF social workers to attend 30 hours of training/year; Child Welfare Institute increased availability of in-service trainings to support attainment of new training requirements; tracking of training hours set up through PACE.
Establish standards for training and continuing education for all staff that are consistent with social work licensing requirements. (CWLA)	FY15 Complete	New requirements exceed this standard.
Increase opportunities for staff to participate in cross-training with sister agencies, community providers, and collaborative organizations. (CWLA)	FY15 & Ongoing	Mental health and substance use cross-training initiated with Dept of Public Health in FY17. Additional cross agency training available through the Department of Youth Services, and the Commission for the Deaf and Hard of Hearing.
Professional development plans for each DCF employee as part of an annual performance evaluation. (CWLA)	FY15 & Ongoing	Existing annual performance evaluation processes include professional development goals.
Trauma-informed Approaches & Secondary Trauma		
All staff to have competency-based training in trauma-informed approaches. (CWLA)	FY15-17 Complete	<p>In 2016, DCF received 1-year extension to 5-year federal grant (Massachusetts Child Trauma Project) – training provider agencies, DCF staff and foster parents on trauma-informed care for DCF involved children and families. During the five years of MCTP, the child welfare system achieved a greater awareness about the impact of trauma, not only in relation to child trauma, but also trauma experienced by parents and staff. DCF incorporated information about trauma in numerous policy and practice guides and has also been paying increased attention to the well-being of staff. The DCF Protective Intake Policy was implemented in February 2016, and DCF launch its new Family Assessment and Action Planning policy in February 2017. Both of these policies require that workers assess parental capacities utilizing the Protective Factors Framework and respond to specific questions under each of the Protective Factors that assess areas potentially impacted by trauma.</p> <p>The Child Welfare Institute is offering DCF staff competency-based</p>

		<p>trauma informed approaches through in-service courses:</p> <ul style="list-style-type: none"> • Understanding Children Who Have Experienced Trauma – This practical workshop examines trauma and helps look “under the iceberg” to see what is fueling children’s behavior. The National Child Traumatic Stress Network (NCTSN) curriculum will be presented to provide skills necessary to respond appropriately to behavioral and emotional challenges of traumatized children. • Childhood Trauma – Integrating Critical Thinking Skills – An overview of the 12 core concepts of traumatic stress will be explored and applied to case examples through the use of critical thinking lens. A case conceptualization framework will be reviewed to increase participant’s capacity to present cases.
<p>Each Area Office to establish a secondary trauma support team. (CWLA)</p>	<p>FY15-17 & Ongoing</p>	<p>Area Offices have established Trauma Informed Leadership Teams (TILT), Wellness Committees and/or Staff Safety Committees. Trauma Informed Leadership Teams (TILTs) that successfully launched in Area Offices maintained the focus on enhancing trauma informed practices and are poised to continue beyond the grant period. DCF managers and supervisors have taken on leadership of TILTs as a part of their ongoing work responsibilities. They are very aware of the benefits of a trauma informed approach and remain passionate and dedicated to integrating this approach throughout their office. There have been very strong partnerships that have developed among DCF and community partners on TILTs and participants have expressed commitment to continuing their collaboration.</p> <p>In addition to the TILT teams, Area Offices have developed an incident de-brief process for staff. These de-briefs are not just fatality or critical-incident related, but also includes difficult removals and worker safety situations. These efforts are but one of many tools that serve to enhance our worker retention efforts.</p> <p>Every month the RCD join the CIRC group in reviewing office fatalities. Through that process issues of secondary stress and trauma-focused work are often discussed. In difficult cases, we are sometimes informed as to the area office efforts to de-brief/support social workers involved, including making sure they get connected to the Massachusetts Employee Assistance Program (EAP).</p>
<p>DCF staff, placement resources, judges, court personnel, and CASA to receive training in trauma-informed services. (CWLA)</p>	<p>FY15-18</p>	<p>(see Trauma Grant above); Will require work with others to reach external parties.</p> <p>The Child Welfare Institute is offering DCF staff competency-based trauma informed approaches through in-service courses.</p>

		<p>Spring, 2014, MA Child Trauma Project, offered a 12-hour training program to resource families across the commonwealth.</p> <p>MSPCC/KidsNet, through a contract w/DCF, provides supportive services to resource families. Included in this contract is a training component. Current schedule September, 2017-January, 2018 trainings are offered throughout the commonwealth. Included are trainings specific to trauma. Each calendar of training includes a session on trauma training. August, 2016, work began to update the MAPP Curriculum, curriculum utilized to train our foster/pre-adoptive applicants, the updates included trauma training.</p>
Develop protocol for all contracted providers for trauma-informed engagement. (CWLA)	FY15 & Ongoing	With DMH implemented contract standards on trauma-informed care and in 8th year of initiative on reducing use of coercive behavior management techniques.

Supervision		
Each DCF employee has regularly scheduled supervision -- establish and enforce baseline expectations for the provision of scheduled, dedicated time for supervision for each individual. (CWLA)	FY15-16 Complete	New Supervision Policy finalized as of 11.17.2015 and implemented in Spring 2016.
Ensure Supervisors and Managers have supervisory training, current performance evaluation, and demonstrate the competencies required for their respective positions. (CWLA)	FY16-18 & Ongoing	Provided as part of training curriculum on Supervision Policy implementation.

STAFFING, CASELOADS AND OTHER RESOURCES NEEDED

Recommendations	Status/ Timeline	Comments
<p>Area Office Staffing</p> <ul style="list-style-type: none"> • Area Director and ACM for each Area Office (CWLA) • APMs to support a ratio of 1:4 (CWLA) • Sufficient social worker and supervisory personnel to comply CWLA Caseload recommendations (CWLA) • Medical Social Worker in each Area Office (CWLA) • Administrative support for Area Offices 	FY16-18	<p>Area Office Staffing updates:</p> <ul style="list-style-type: none"> • As of June 2017, all area offices have a dedicated Area Director and Area Clinical Manager. • The Department is in the process of hiring Area Program Managers to support a ratio of 1:4. • Since August 2015, the Department has a net gain of 261 social workers (12% increase for a total of 2526 social workers) • Net gain of 96 Managers • 29 of 29 Medical Social Workers have been hired • Staff have been hired to restore appropriate administrative staffing ratios for area offices

<p>Regional Office Staffing</p> <ul style="list-style-type: none"> • 5.0 FTEs for CQI (CWLA) • Restoration of 6 regions and 6 regional offices (CWLA) • Backfill Boston RN, additional RN for each Region (CWLA) • Additional Clinical specialist in DV, SA and MH for each Region (CWLA) 	FY16-17	<p>Regional Office Staffing updates:</p> <ul style="list-style-type: none"> • CQI hires complete. • DCF has restored 5 regions. • An RN for each region has been hired. • Additional DV and Substance Abuse staff have been authorized and have been hired or are in process of being hired.
<p>Central Office Staffing</p> <ul style="list-style-type: none"> • 2.0 FTE Policy Staff • 2.0 FTE for MCWI • Backfill key CO leadership positions in Foster Care, Programs and Planning, Hotline, Family and Community Engagement (Family Resource Centers) and Field Support. • Additional ERIP Backfills in key positions: Finance, Training, Family Resource Centers, Education, Foster Care Review, Ombudsman’s Office, Hotline • Director of Continuous Quality Improvement 	FY15-17 Complete	Key Central Office positions have been hired
<p>Fair Hearings</p> <ul style="list-style-type: none"> • 2.0 FTE Fair Hearing Officers • 1.0 FTE Fair Hearing Supervisor • 9.0 Paralegals (including 5 dedicated to reducing Fair Hearing Backlog) 	FY16-17 Complete	Fair Hearings staff have been hired
<p>Assess fiscal and staffing needs within the MA Child Welfare Institute to support full implementation of/compliance with new laws on social worker licensing and ongoing training (30 hours/year).</p>	FY16-17 Complete	MCWI staff hired to oversee and track Social Work licensure and training requirements.
<p>DCF, DPH, lawmakers, substance abuse programs, and others to work together to increase funding for substance abuse programs, especially for parents and expectant parents. (CWLA)</p>	FY16-18	Training and outreach efforts underway in alignment with recommendations of Governor’s Opioid Working Group
<p>Enhance foster care recruitment and support safety for DCF involved children living at home by increasing funding for Supportive Child Care Program.</p>	FY16-17	1500 children on child care waiting list; 600 new vouchers were issued, in collaboration with EEC in FY16; DCF is currently assessing child care needs for children living at home, or with foster families.

Update on Progress Made to Improve Outcomes

The CFSR PIP baseline for safety, permanency, and well-being measures will be set in January 2018, based on cases being reviewed in 2017, using the Department’s newly developed CQI case practice review system. Future APSR updates will include these measures, baselines, and subsequent case review results.

C4. UPDATE ON SERVICE DESCRIPTION

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 FY2018 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 FY2018, the Department will continue to use grant funding to achieve the following key outcomes. This funding allocation is consistent with FY2017:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*– The Department uses 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 uses 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. The first is Family Support Services, which provides needed flexible supports to intact families with the focus on keeping children safely in their homes. The second is the operation of Family Resource Centers throughout the Commonwealth. The Family Resource Centers provide resource and referral services to families in need prior to their involvement with the Department.

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

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

IV-B, subpart 1 Program	Individuals Served	Population Served	Geographic Areas Services are Available
Protective Services	50,000 Children	All children involved with the Department	Statewide
Crisis Intervention (Family Preservation)	37,086 Children	Children involved with the Department not in placement	Statewide

Budget

In the chart below, we present the FY17 and FY18 planned budget for the grant. We provide two views: expenditures grouped by category and expenditures grouped by the grant objectives. Expenditures reported reflect spending incurred/projected during the respective state fiscal years and do not necessarily correspond with the federal fiscal year spending reported in the CFS-101.

CHILD WELFARE SOCIALS SERVICES PROGRAM - IV-B, SUBPART 1		
Expenditure Category	FY17	FY18
Salary	\$ 59,959	\$ 59,959
Fringe Benefits	\$ 12,707	\$ 12,707
Travel	\$ 2,610,000	\$ 2,610,000
Equipment	\$ 110,500	\$ 110,500
Supplies	\$ 250	\$ 250
Contract Services:		
<i>Legal Services</i>	\$ 15,050	\$ 15,050
<i>Family Resource Centers</i>	\$ 519,020	\$ 519,020
<i>Family Support Services</i>	\$ 325,000	\$ 325,000
<i>Other</i>	\$ 96,152	\$ 73,977
Subtotal Direct Cost	\$ 3,748,638	\$ 3,726,463
Indirect Cost	\$ 6,000	\$ 6,000
GRAND TOTAL	\$ 3,754,638.00	\$ 3,732,463.00

Grant Objectives	FY17	FY18
Protecting and Promoting the Welfare of Children; and Preventing the Abuse, Neglect, or Exploitation of Children	\$ 2,600,000	\$ 2,600,000
Supporting At Risk Families at Home or with Reunification	\$ 844,020	\$ 844,020
Administration:		
<i>Personnel and Overhead</i>	\$ 78,666	\$ 78,666
<i>Supplies and Administrative Costs</i>	\$ 120,750	\$ 120,750
<i>Administrative Activities</i>	\$ 15,050	\$ 15,050
<i>Other</i>	\$ 96,152	\$ 73,977
<i>Administrative %</i>	8.27%	7.73%
GRAND TOTAL	\$ 3,754,638.00	\$ 3,732,463.00

Promoting Safe and Stable Families Program (Title IV-B, subpart 2)

The Promoting Safe and Stable Families Program (Title IV-B, subpart 2) grant dollars continue to allow DCF to pilot innovative responses to emerging needs on a scale that otherwise would be difficult to accomplish systemically. This approach has given us an opportunity to “try before we buy” – incorporating lessons learned during pilot development and implementation into a cogent, scalable program model more likely to attract support with state service dollars. During FY2018, the Department will continue to use grant funding for the following programs/services. This funding allocation is consistent with FY2017:

- *Community Connections* - Since the inception of the Community Connections program model, the framework has been used as the catalyst in developing an integrated community response system in Massachusetts. Its practice promotes the basic premise that responsibility for the well-being of children and families does not rest solely on state government, but is shared - with cities, towns, local agencies and organizations and, perhaps most importantly, with families, friends, and neighbors.

Over time, practice has developed and grown based on the understanding that the prevention of child abuse and neglect is best accomplished through a family-centered approach by which those who seek to help children must see them within the context of each child’s immediate and extended family and then look to both formal and available informal local supports and resources, thereby inspiring trust, building empathetic relationships, expanding cultural responsiveness, and providing families with supports that will last long beyond child-welfare involvement.

Community Connections has served as the incubator of strategies for improved family-driven practices that are now institutionalized into the way Department of Children and Families (DCF) carries out its work. Over time, through the Community Connections Initiative, DCF has piloted new family support and family preservation programs. The involvement of Community Connections Coalitions (CCCs) in the development, implementation, and ongoing functioning of these programs has been vital. Parents have been ready and willing to step forward into advisory roles largely because of the level of trust and confidence they have built in working with the coalitions. Many other institutions, agencies, and organizations have also looked to the Community Connections Initiative for leadership and assistance with promoting family involvement. The Community Connections Initiative has played a significant role in the development of family involvement and partnership becoming the cornerstone of good child welfare practice in Massachusetts.

To help promote a consistent foundation for moving policy, program and practice development forward, Coalitions adopted the Five Protective Factors (Parental Resiliency, Social Connections, Knowledge of Parenting and Childhood Development, Concrete Support in Time of Need, and Social and Emotional Competence of Children), disseminated by the Center for the Study of Social Policy (CSSP) through its Strengthening Families™ initiative. CCCs, Family Resource Centers (FRCs) and Family Nurturing Center (FNC) programs have incorporated this best practice approach in supporting Family Voice in all initiatives.

The integration of the Community Connections Initiative framework into DCF practice and policies continues to advance the ability of DCF to meet the goals of the Promoting Safe and Stable Families (PSSF) program including: Family Preservation, Community-Based Family Support, Time-Limited Reunification, and Adoption Promotion and Support Services.

The work of the CCCs continues to inform the development of statewide initiatives rooted in the goals of the PSSF program. As a result, DCF is supporting a long-term strategy to fundamentally shift how the child welfare system relates to families and communities. Several cases illustrate how this practice is being supported by the intertwined nature of the work.

Below, we provide highlights of Community Coalitions achievements:

- The Brick House Community Resource Center engaged several partner organizations (Center for New Americans, The Brick House, Montague Catholic Social Ministries, New England Learning Center for Women in Transition, Gill-Montague Regional School District, and others) and established that there was a need to expand services to immigrant families in Franklin County, leading to the creation of the Franklin County Immigrant Services Coalition. This group has multiple purposes including collectively responding to crisis situations facing immigrant families, identifying emerging needs, and collaborating to address these needs. While the group is still in its infancy, it has already had an impact. When a young mother in the community was widowed as the result of a tragic accident on New Year's Eve, the group jumped in to help form a meal train to ensure that the mother and children had their basic needs met and quickly raised a significant sum of money; this allowed the family to repatriate the young man's remains to Mexico and provided a safety net for his family as he had been the sole income provider.
- The Lowell Alliance for Families and Neighborhoods collaborated with the Franklin Court Community Gardening Group, a coalition of families and teens who garden at the Franklin Court Community Garden in the Acre neighborhood of Lowell. The goals of the gardening group are to form social connections, produce healthy and culturally connected produce, be a place for sharing gardening knowledge and resources, promote sustainable gardening practices, and build a sense of community among the gardeners. This year's accomplishments include hosting four

community meetings and three skills and leadership-building workshops at the garden as well as donating over 50 pounds of produce to the Merrimack Valley Food Bank.

- The New Bedford Community Connections Coalition continued to build on their ongoing engagement with local schools. This partnership increased capacity for families to have access to coordinated resources and services while ensuring quality of these services. They entered into a productive working relationship with the new superintendent of the New Bedford Public Schools both as an individual organization and also as part of the community-driven Education Roundtable. A family support worker from the Family Resource and Development Center is stationed in each of the underperforming elementary schools in the district, in the Innovation School, and in a middle school. The family support workers act as a connector to community resources for school staff and parents, providing access and participating in Families and Community Together with the schools' teams. These teams are multidisciplinary and identify at-risk children in order to connect them and their families to services. The presence of the family support workers in the schools gives staff the opportunity to build relationships with parents and has created opportunities for the schools to better promote parent engagement and leadership.
- Southbridge Community Connections worked for over three years to open a Youth Center in the Southbridge Public Schools. Prioritizing this as their primary objective for FY 14, the Southbridge Coalition succeeded in raising funds to support the center with help of over 300 contributors. This success came about because of numerous outreach events designed to highlight the project and introduce community leaders to the youth who had lent their time and effort to making the center a reality. The Club House opened its doors to youth in grades 7-10 in May 2014.
- The Framingham Coalition has had long time coalition objective of the coalition has been to provide jobs opportunities for youth. In FY16 the coalition secured, and provided oversight and coordination for, the Town of Framingham CBDG grant- for the fifteenth consecutive year. This grant provided employment to 36 young people age 14 – 16 and provided summer employment opportunities to 31 youth in landscaping Framingham community sites. The grant also included field trips to Mass Bay Community College and Framingham State University as related life experiences. Other opportunities provided for youth were that 15 young people were able to participate in Framingham Park and Recreation summer camp due to vouchers provided by the Framingham coalition
- Community Connections of Brockton hosted a regional South Shore Leadership Conference, held for the purpose of empowering residents and building leadership skills to encourage participation in community decision-making. Two hundred and eighty-five residents attended the conference where workshops were offered on Community Organizing, Managing Conflict, Public Safety, Nutrition, Budgeting, and Grant Writing. Thirty local agencies hosted resource tables. The Brockton Parent Leadership Team planned the conference and selected the workshop teams. These teams educated themselves on the various topics and on public facilitation so they could present workshops for other parents. Building on last year's conference, the Planning Team expanded the conference to include musicians and poets as well as an agenda for youth including workshops on leadership, self-image, and bullying.
- Worcester Community Connections Coalition works with Workforce Central, South Bay Early Childhood and other Partners, the coalition conducted a training to encourage direct service staff to include employment and educational goals in their work with families, and to develop skills to assist in those efforts. This was another strategy in efforts to address the financial / employment needs of Worcester families that was identified in our last community survey. Other partners who

assisted with our efforts included: Mass Rehab, Quinsigamond Community College, the MA Department of Transitional Assistance and South Bay Early Childhood. These partners worked with coalition parents to plan and implement the training. Information on helping families move to self-sufficiency was presented to approximately 65 direct service staff.

- The Dorchester CARES Coalition of the Family Nurturing Center holds a monthly forum, hosted by the Patch Coordinator, to promote the Each One Reach One (EORO) initiative through which agencies share information about upcoming events that will support community-connected practice as well as providing direct services to families. EORO also allows providers opportunities for training and skills development, peer support, and sharing of resources and case experiences. These trainings and workshops are informed by trends that social workers identify in their work with families. Training topics have included substance abuse, domestic violence, the juvenile justice system, and orientation to trauma. Their close connection with DCF has led to opportunities for social workers to participate in community events, broadening the lens through which they view how families engage in activities with their children and interact with their peers. These activities give community providers additional opportunities to participate in formal and informal settings where community residents gather socially, practicing intentional relationship building and ensuring that families will have a greater knowledge of resources in this community. The longer-term intent is for residents to take on leadership roles that may make them more resilient in times of stress.
- The Fitchburg Community Connections Coalition helps ensure that DCF and local agencies are kept informed and updated about resources and activities for families by maintaining a strong working relationship with the DCF North Central Area Office. A DCF representative sits on the Coalition Steering Committee and the coalition helped reorganize and participate in the DCF Foster Care Committee. Additionally, the Coalition Director contributes bi-monthly to the Resources Allocation Team. Social workers also regularly refer families to the Family Resource Center (FRC) for services and often use the FRC site for supervised visitation.
- Springfield Family Support Programs, in an on-going attempt to bring on-site visitation to the FRC for families involved in DCF care, collaborated with the Springfield Parent–Academy and the Family Resource Center to implement a series of Parenting Skills Classes for DCF- involved families well as families from the community. The Parenting Skill Classes were held once a week for each eight week session. Classes are co-ed and the average size of a class is nine adults. Childcare is provided by the FRC staff and classes are facilitated by a clinician. At the end of each class session (eight weeks), a certificate of completion and participation is given to the family. These classes are recognized by social workers as part of their client’s service plan and can be shown in court by the parents as compliance for visitation or re-unification rights. Over 65 participants completed one of the eight week courses. The plan is that the outcome of these classes will eventually have the Family Resource Center designated as a visitation site for low-risk families.
- The Lynn Community Connections Coalition convened a working group to address issues facing DCF-involved mothers. This working group created a model of meaningful parent engagement and dialogue over a six-month period. These parents created simple workshops titled “Creating a Service Plan and How to Parent Your Child During Supervised Visitation”, which led to a group of parents creating a service plan for parents that complements the DCF service plan and focuses on and documents their progress. The parents will also conduct monthly training for parents in the community, educating them on how to communicate with social workers in a positive way. Another accomplishment of the Lynn coalition and parents group was partnering with DCF to provide activities for mothers and children at supervised visitation meetings as well as providing

monthly workshops for community residents regarding learning how to make the visits enjoyable and conducive to maintaining the family bond.

- Northern Berkshire Community Coalition-Community Connections (NBCCCC) helped create a community of neighbors who are informed and engaged in supporting one another by conducting a five month Community Outreach Volunteer Training. The training included 19 presentations from the various health and human service agencies and community organizations in the area, nine workshops on topics such as conflict management, different styles of leadership and fundraising, as well as community assessment and two community service projects.

During the training, participants conducted a community assessment and chose their community project. Following the assessment, participants went through the civic leadership portion of the training, which provided valuable tools in civic leadership such as conflict management, meeting facilitation and understanding different styles of leadership. Each team chose to focus their service projects on an identified community need (this was identified during their community assessment) and throughout the course of their conversations saw the benefit of aiding the efforts of groups already working specifically on these issues, rather than attempting to duplicate efforts. As such, the unemployment team decided that they would hold a fundraiser to help financially support the pilot workforce development project, Employ North Berkshire. The other team built a resource library for a nonprofit aiding those in active addiction to seek treatment.

- The Lawrence/Methuen Community Coalition (LMCC) sponsored a community resource and safety fair at three neighborhood locations within the economically depressed Arlington District. The fair was co-sponsored with employment, health care, public safety, Head Start, and child care partners and was held in a neighborhood notorious for drug activities, where this kind of event is practically non-existent. Over 500 residents attended this event where a total of 15 community organizations participated and presented. Residents were linked to community resources and invited to join the coalition. One attendee told LMCC staff that it was the first time in three years that she had let her children play in the park and that she met neighbors who were from her country.
- At Enlace de Familias de Holyoke, a Dad made a suggestion during the grand opening of the tenant council in May 2012 for the group to hold a Back to School Celebration. During the summer months, parents planned and coordinated the event. During the previous 15 years, there had been a no tenant council and no activities planned by the tenants themselves. Although the Housing Authority property owner and resident manager did not support the idea, the parents were able to host a Back to School Celebration that was very well-attended. School supplies in backpacks were given to every student living in the development, Dads and Moms cooked up barbeque while others organized children's activities, and local allies provided Zumba sessions and cultural tropical dances like Bomba and Plena. The organizers felt that it was a huge success and immediately started planning their next event around supporting the children in their neighborhood to stay in school and stay off the corner where drug trafficking takes place. Since this success, the coalition has increased participation by the larger tenant community at the housing development to create social connections, access information about their rights and responsibilities as tenants, understand their role as community leaders, and increase their knowledge about HUD regulations and policies around public housing.
- United Neighbors of Fall River has a Memorandum of Understanding (MOU) with the New Bedford Women's Center, which holds a Sexual Assault and Domestic Violence shelter contract for Fall River. As part of this agreement, the director of the Women's Center and their primary educator come to the Nurturing Fathers group at United Neighbors for two weeks each session

and the participating men receive certification for having completed a course in domestic violence prevention. More important than the documentation is the information shared and the conversations that take place. Many of the participants are still struggling with the “power over versus power to” issues that are covered as part of the Nurturing Fathers Program curriculum. This education in partnership with the New Bedford Women’s Center helps to facilitate that discussion and provide the men with concrete examples of “power and control” behaviors that weaken and threaten their relationships with the mothers of their children and sometimes their adult female children. This has become a widely-requested and worthwhile addition to their program.

- The Tree of Life/Arbol de Vida Jamaica Plain Coalition, in order to create and support community-based programs that address the educational achievement gap facing at risk youth site a School Liaison at the Curley School who mentored 25 middle school students, convened a 6th grade support group and conducted 16 pre & post workshops for 7th & 8th graders’ Challenge Day. This event included a "Wants and Needs" meeting with teachers and was attended by 187 students. Weekly mentoring groups for high risk youth in 6th, 7th and 8th grades were also held at the Curley School. Three 8th graders were trained as peer leaders. Crisis intervention was provided as needed (an average 3 times per week.) The coalition is also working to reach families with children 0-3 (with a focus on Boston Housing Authority residents) using the Boston Basics five evidence-based learning experiences. A certified “train the trainer” program is in place and one training session for implementers has been conducted.
- Chelsea Community Connections Coalition, in FY 2016, coordinated the 15-week Nurturing Program in the Chelsea DCF Area Office. 11 DCF workers participated as facilitators. This experience gave DCF workers more insight into the support that CCC offers to families in the community including the kids clothing closet, field trips, parent advisory committee and the diaper network. CCC was invited to participate in a Community Mental Health Day fair with information tables set up at the DCF Area Office. CCC also assists the Family Resource Unit to support foster care recruitment and retention efforts made by the DCF staff to engage community families in their work.
- Valuing Our Children/North Quabbin Community Coalition builds family assets by providing families not only traditional parenting education and support, but also comprehensive leadership training. Fourteen members of our Parent Advisory Council partnered with MAPP (LUK) to receive Narcan training, learn about teen resources and engagement, and brainstorm for prevention. Many of those parents went on to spread what they learned to other support groups thereby encouraging those parents to participate in community events.
- Cape Cod Neighborhood Support Coalition in order to connect families to formal and informal supports, the coalition coordinated a workshop on legal issues for grandparents raising grandchildren in collaboration with other local organizations, such as Governor’s Commission on the Status of Grandparents Raising Grandchildren, WE CAN and Cape Cod Children’s Place. Local providers set up information tables, and a panel discussed the resources available in that area of that Cape. The coalition also provided training to DCF staff that reflects the needs of the community. More than 60 social workers in the local DCF area office were trained in the Question, Persuade, and Refer (QPR) model. This training, a comprehensive overview of how to get someone help if you believe they may be thinking about suicide, is a best practice model supported by the Massachusetts Department of Public Health.
- *Family Preservation* - The Family Advisory Committee (FAC) consists of a diverse group of foster and adoptive parents, mothers, fathers, and kin who have formerly had open cases with DCF, and

people who were involved with DCF as children. Their viewpoints have, and will, continue to be very significant to DCF's Foster Care and Permanency policies for children and families. The principles of Family Support are at the core of the strength-based philosophies that all families have strengths, are experts on themselves, and can, when supported, make well-informed decisions about keeping their children safe. In addition, families and their opinions deserve to be treated with respect; better outcomes are more likely when families are involved in decision-making. A team working together is often more capable of making creative and high-quality decisions than an individual in isolation. DCF's decision-making processes have become far more transparent by engaging FAC members in the review of new 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 DCF and the families it serves by creating opportunities for dialogue and learning from both perspectives. The FAC continues to grow under new leadership and is enriched by new members. The FAC spent a good portion of last year engaged in strategic planning sessions, practice development work, and participating as members of DCF work groups to enhance the work of the Department.

With a goal of increasing community and parent participation, the FAC refined and modified its Action Plan to foster greater structure and more measurable objectives. Narrowing the scope of work has helped redefine the FAC's role in supporting DCF staff in their work with families. Through planning meetings, key informant interviews, and focus groups with parents, the FAC determined that their primary goals are to assist DCF with encouraging community participation and ensuring that parent input is included in DCF's program planning, policy development, delivery, and monitoring of Department services. The FY 17 objectives are to advise DCF on implementation of policy and practice in accordance the Department's mission and core values, assist DCF in the practice of engaging families for permanency and well-being of children, and to advise DCF on positive approaches to kinship care, foster care, and adoption. They will also promote cross-system and secretariat collaboration-centered approaches to improving the well-being of children and families through public policy initiatives.

The FAC modified its activities to deepen the group's impact on the above-mentioned collaboration, to increase the number of parents and caregivers in shared decision-making processes, and to enhance their participation in identifying achievable outcomes including:

- Participation in DCF's Agency Improvement Leadership Teams (AILT), Trauma Informed Leadership Teams (TILT), and Fathers Engagement Leadership Teams (FELT)
- Effective participation in the procurement review process as Community Representatives
- Promoting trauma-informed practice and supporting community-based Trauma Teams in areas of need
- Prioritizing enhancing fatherhood, kinship, and paternal family engagement
- Continuing partnerships with the Department of Mental Health Parent Advisory Group for the Caring Together Initiative
- Continuing to bring Family Voices to DCF's policy and practice
- Working as a bridge to the community in order to explain DCF's policies and practices
- Partnering with Family Resource Centers, Patch Offices, and Community Connections
- Providing current feedback and comments from families by conducting the Family Survey

The FAC Membership Committee is recruiting parents to become Family Representatives in an effort to expand the work at the local Area Office level. These parent leaders will become FAC Ambassadors to each Area Office and Area Board.

- *Patch Teams* - Exploring core Patch practices within the context of DCF case practice policies and development has consistently been a priority of the Community Connections Initiative. Through the years, DCF has found that Patch principles and practices are appropriate not only for neglect and less complicated abuse cases, but that they also align with the DCF policy and practice of working with cases involving serious safety concerns with complex situations and needs. However, DCF is reformulating its efforts in developing a long-term plan that will focus on building a comprehensive approach to Family and Community Engagement. As a result, the focus has been on incorporating the approach into case practice as a way to maintain sustainable engagement across the state. The unexpected passing of the Berkshire Children and Families Executive Director, who had been the lead consultant for the Patch team for many years, has contributed to a re-assessment of how to proceed while maintaining fidelity to the model.
- *Community-Based Family Support* - The Community Connections Initiative follows a strategic vision of systems change that was shaped by a multilevel organizing strategy focused on building empathetic relationships between families and sources of support at a community level. The work explicitly links those efforts to state government. Throughout the Commonwealth, in the most challenging communities, the work of the Coalitions has laid the groundwork for a different approach to addressing community engagement and institutionalized a different way of thinking, leading to a particular strategy that brings stakeholders and families into a joint problem-solving process.

The Community Connections Initiative has continued to expand its significant role in establishing Community-Based Family Support at community level and act as a bridge between DCF and the community. This has allowed for a broader development of services that benefit not only families who are involved with DCF, but also the community in general. The efforts and progress achieved this past year are highlighted through the work of the various Coalitions in programing across the Commonwealth.

- *Father Engagement Leadership Teams (FELT)* - FELT has expanded across DCF Area Offices and is the vehicle used by many offices to host practice discussions regarding the best ways to engage fathers as well as share ideas that inform office-wide policies. CCC representatives are core members of each FELT team and share, from a community perspective, the impact of DCF policies on families and the community in general.

This year, the DCF Area Office FELT teams expanded and diversified their membership to include Regional Managers of Family Find (FF) and Family Group Conferencing (FGC) programs. In the Western Regional Office, FF and FGC hosts Find Father Fridays. Coordinators spend Fridays in the area offices and organize a schedule that prioritizes finding missing or unknown dads, particularly those involved in open legal cases. The goal is to decrease the number of missing and unknown fathers in caseloads, improve engagement of fathers and paternal kin, and positively influence the safety, well-being, and permanency outcomes for children who are involved with DCF.

Combining the work of FF and FGC with the Community Support Unit and the FELT teams to explore the legal, clinical, moral, and ethical perspectives for searching for parents (especially fathers) and kin of children in the child welfare system will promote the involvement of families, providers, and the local communities in engaging with these efforts to ensure that children remain connected to their kin, siblings, cultural ties, and communities.

- *Fatherhood Engagement* - The Fatherhood Engagement Program has promoted a system of care and services for fathers by providing training that focuses on facilitation of evidence-based fatherhood groups. The program provides guidance on how to engage in partnerships and curriculum materials

for DCF staff and community partners who provide fatherhood groups to DCF-involved fathers and encourages collaboration with community partners and other state agencies that promote services for fathers. Community Connections coalitions have played a crucial role in creating and expanding services for DCF involved fathers.

Fatherhood Engagement work depends on encouraging a collaborative approach to changes and practice. The work of encouraging cultural changes not only within DCF, but also in other statewide agencies and communities, has been an enormous undertaking. Societal challenges include the belief that fathers are not nurturers in their own right and that there is an inherent and unmovable barrier between the fields of Domestic Violence and Fatherhood Engagement. In order to minimize barriers and create a better system of care that includes fathers, DCF continues to provide guidance and encourage a collaborative approach between these two groups. The Fatherhood Coordinator negotiates and builds trust between systems in order to promote sustainable and effective approaches.

Community Connections Coalitions have played a critical role in supporting and expanding services to both DCF-involved and non DCF-involved fathers, promoting Fatherhood Engagement in communities across the state. This practice has created a fundamental partnership between community partners and DCF area offices. The Family Nurturing Center (FNC) in Boston and Enlace De Familias in Holyoke have been providing practice support and facilitation training for fatherhood groups for many years.

Since the retirement of the Director of Fathers Initiatives, The Community and Family Engagement Unit have assumed the management of the Fatherhood Engagement Initiative.

Statewide Impact:

For six years, DCF has co-facilitated and staffed The Massachusetts Interagency Fathers' Workgroup (IFW), which is an interagency partnership with sister state agencies and community-based organizations working to engage fathers and strengthen families by promoting policy and practice that develops positive father engagement systems. IFW values responsible fathering, responsible engagement, and responsible collaboration.

In partnership with the IFW, DCF hosts an annual Fatherhood Leadership Summit, an opportunity to engage cross-sectors of senior leadership and upper management in conversations about best practices and how to promote positive fatherhood engagement across a broader spectrum. The goal is to continue building on previous successes of the Fatherhood Leadership Summit and expand the number of participants moving forward. This year's summit brought together participants from multiple agencies that are exploring their capacity to provide support to fathers in a responsible way. The summit served as a launching pad for leadership to begin crafting a statewide strategic plan to address the needs of fathers within the state's family-serving systems.

This year's 5th Annual Fatherhood Leadership Summit had a theme of "Building Blocks for Collaboration", the purpose of which was to kick-off a statewide initiative working across systems and building local supports and multi-disciplinary connections to services for responsible fathers of children-at-risk. The vision for the future includes building local and regional forums that convene various partners working directly with fathers beyond the support groups, parent education classes, and mandated programs.

DCF is also participating in the planning committee for the 2018 and 2019 New England Fathering Conferences, which will be hosted in Massachusetts for the first time in several years.

Nurturing Program Development:

During the past year, DCF has continued to have a strong demand for Nurturing Program training and technical assistance. However, staffing changes at all levels of DCF (especially in local offices) have resulted in some challenges with recruitment and delays in getting programs and trainings started. FNC has made numerous presentations at DCF staff meetings to explain the program and promote the three-day Nurturing Philosophy training.

In FY 17, FNC continued to provide ongoing training, support, and technical assistance as needed for Family Resource Center programs. Unlike FY 16, however, the need for training has been limited to individual workers rather than entire staff teams.

Throughout the year, FNC has continued to focus on three areas: capacity building, Nurturing Network development, and Nurturing Program development.

Highlights from the past year include:

- Continued collaborative meetings with the Regional Community Support Managers where FNC regularly planned and reviewed progress
- Continued work with the Department of Housing and Community Development (DHCD) to provide training and a Nurturing Fathers Program in Springfield
- Hired a new Director of Programs at FNC to provide oversight, coordination, and integration of all the programs and services provide by FNC;
- Hired a new Nurturing Program Specialist/Trainer
- Assisted the Letourneau School in Fall River with the start-up of their first Nurturing Program for children and their families at the school

Department of Children and Families Nurturing Fathers Program Facilitator Training:

- Chelsea Area Office (to support a new NFP): Aug. 31 to Sept. 2, 2016
 - Number of people trained 4
- Boston Region: Nov. 15 to Nov. 17, 2016
 - Number of people trained: 20
- West Region: Dec. 5 to Dec. 7, 2016
 - Number of people trained: 10
- Northeast Region: March 7 to March 9, 2017
 - Number of people trained: 10
- Central Region: April 4 to April 6, 2017
 - Number of people trained: 6
- Brockton Family Resource Center Training: April 25 to April 27, 2017
 - Number of people trained: 18
- Southeast Region: May 2 to May 4, 2017
 - Number of people trained 9
- Total number of people trained in the DCF Nurturing Fathers Training: 77

Department of Children and Families Family Nurturing Program Facilitator Training:

- Boston Region: Sept. 20 to Sept. 22, 2016
 - Number of people trained 15
- West Region: Nov. 7 to Nov. 9, 2016

- Number of people trained: 10
- Southeast Region: Jan. 10 to Jan. 12, 2017
 - Number of people trained: 9
- Northeast Region: May 9 to May 11, 2017
 - Number of people trained: 17
- Total number of people trained in the DCF Family Nurturing Training: 51

Additional Trainings for Other Organizations:

- UMass/Family Resource Center Training: Family Nurturing Training Dec. 13 to Dec. 15, 2016
 - Number of people trained: 6
- Department of Housing and Community Development Nurturing Fathers Training for Shelter Staff
 - Number of people trained: 15
- Total number of additional people trained: 6 Family 15 Fathers= 21

Summary for all Trainings:

Three-Day DCF Fathers Training:	77
Three-Day DCF Family Training:	51
Three-Day FRC/ U Mass Family Training:	6
<u>Three-Day DHCD Shelter Staff Fathers Training:</u>	<u>15</u>
Total Number Trained:	149

Consultation and Technical Assistance to Nurturing Programs

- Chelsea Community Connections: (Sue Parker)
 - FNC agreed to take the lead in organizing and delivering the Family Nurturing Program at the Harbor Area Office.
- Harbor Area Office/ Chelsea DCF: (John O'Neil)
 - FNC met regularly with the FELT Team, the Area Director, and other office staff to plan, develop, and offer their First Nurturing Fathers group.
 - FNC trained Social workers early in September to prepare them to start the program.
 - John O'Neil, FNC's Director of Fatherhood Programs was the coordinator and lead facilitator in a successful program that graduated 26 fathers, 13 English speaking and 13 Spanish speaking).
- Hyde Park Area Office (Lead: John O'Neil, LaWaun Curry)

FNC continued the work from last year developing a FELT (Fatherhood Engagement Leadership Team) in the office recruiting Social Workers to participate and increase their awareness of identifying fathers in workers' caseloads and being more inclusive of them in case practice.
- Dimock Street Area Office (Lead: John O'Neil, LaWaun Curry)

FNC worked with this office to develop a FELT Team, recruiting workers to attend meetings.
- Park Street Area Office:

FNC continued to work with this office to re-establish their FELT Team, recruiting new Social Workers to attend meetings.
- Framingham Community Connections and DCF Area Office:

FNC met with the Director of Framingham Community Connections, Bob Davis, and DCF Supervisor Carlos Cunningham to try to reestablish a FELT Team
- Letourneau School, Fall River (Sue Parker)

FNC provided ongoing consultation to school adjustment counselor Rosa Fernandes to plan and develop their first Nurturing Program and helped prepare a Team Orientation for the facilitators of the program

- DCF Central Office (Sue Parker, John O'Neil, Maxine Hall, LaWaun Curry)
FNC staff met several times throughout the year with the State Family and Community Engagement Team to discuss and plan for the growth of Nurturing Programs throughout the state and to plan for trainings and support as needed.
- Other Fatherhood Work: (John O'Neil, Sue Parker, Maxine Hall)
 - FNC continued its work with DHCD to help them develop a system to offer the Nurturing Fathers Program to fathers living in shelters.
 - FNC maintained and posted on its web site a calendar of Nurturing Programs offered in and around Boston and trainings throughout the state.
 - FNC continues to implement an online registration process for all of its trainings through Eventbrite.
 - FNC continues to update and expand its e-mail list of Nurturing Network participants.

Nurturing Program Development:

- Hyde Park DCF Nurturing Fathers' Program (Lead: John Laing, FNC Consultant)
Program Dates: Oct. 27, 2016 to February 9, 2017
 - Nineteen men completed intakes and all of them started the program. Sixteen fathers completed the program. Seven children attended the program each week with their fathers.
 - The facilitating team consisted of two DCF workers and a Lead Facilitator from FNC. In addition, there were four DCF workers who provided childcare. There were seven children who attended the group with their fathers.
- Whittier Street Health Center Nurturing Fathers' Program (Winter Lead: John O'Neil)
Program Dates: Nov. 15, 2016 to February 7, 2017
 - Fifteen fathers completed intakes, 13 participated in the program, and 12 fathers of twenty-four children completed the program.
 - The facilitation team consisted of one person from Whittier Street Health Center, one from the Father Friendly Initiative, and the Lead Facilitator from FNC.
- Dimock DCF Nurturing Program for Parents and Children Birth to 12 (Lead: Sue Parker, Maxine Hall)
Program Dates: Nov. 29, 2016 to March 21, 2017
 - For the first time, this office chose not to do the Nurturing Program for Birth, Foster, and Kinship Families because of concerns that they would not be able to recruit enough families. They also felt they had a high caseload of families with young children.
 - Intakes were done with 12 families, 7 families started the program and 5 families are expected to graduate.
- Hyde Park DCF Nurturing Program for Parents and Adolescents (Lead: Sue Parker)
Program Dates: April 18 to June 28, 2017
 - Intakes were done with 12 families and 10 families participated in the program. Seven families are expected to graduate from the program in June.
 - Ten DCF workers are facilitating groups or coordinating the program with one FNC person
- Park Street DCF Nurturing Fathers Program (Lead John O'Neil)
Program Dates: March 23 to June 22, 2017
 - Thirteen men completed intakes and eleven men are currently attending the program.

- Park Street Cape Verdean Families (Lead: Sue Parker)
Program Dates: April 11 to June 27, 2017
 - Eleven families completed intakes and nine families began the program.
- Dimock Street DCF Nurturing Fathers Program (Lead: LaWaun Curry)
Program Dates: March 28 to June 27, 2017
 - Fifteen fathers began the program, and 10 to 12 fathers are expected to graduate.
 - Several DCF Social Workers are facilitating the program for the first time. Area Director Gert Condon selected two of them.
- *Adoption Promotion and Support Services* - Adoption over the past year has changed dramatically with the growing opioid epidemic. Many families across the country have experienced a shift in family formation. In Massachusetts, one group that has been most impacted by this crisis is grandparents. They are often faced with challenges while trying to provide a safe and stable environment for their grandchildren including a lack of knowledge about how to navigate the system and access resources, which can be scarce.

Responding to needs in their communities, several Community Connections Coalitions began and continue to run support groups for grandparents who are raising their grandchildren. As the need for resources increased, a Governor's Commission was established to address issues of concern raised by grandparents and other kin who are raising these children. Since the Commission's inception in FY 09, the Community and Family Engagement Team at DCF has been a key collaborator, assisting the work of the Commission. In 2010, The Commission worked with Community Connections Coalitions to conduct a statewide Learning and Listening Tour, basing future work plans on suggestions received on the tour. In 2016, The Commission, in conjunction with many of the same Community Connections Coalitions, conducted a series of Town Hall Meetings to update the mission and advocacy work of the Commission on behalf of grandparents and kinship caregivers. Feedback from grandparents and kin through annual conferences, the 2016 Town Hall meetings, and ongoing dialogue with community partners and kinship families has led to the Commission's modernized and ambitious agenda. Generous donations of time and resources from community members have resulted in many accomplishments including:

- Providing accurate and accessible information for grandparents to aid in accessing support and making knowledgeable decisions
- Creating, modernizing, and sustaining the website <http://www.massgrg.com>
- Developing and revising tip sheets for grandparents regarding available supports in the community, DCF policies and practice, legal issues facing grandparents, how to work with the courts, and substance abuse and its impact on families
- Translating tip sheets in order to meet the diverse cultural backgrounds of Massachusetts families
- Disseminating information about the commission and its mandate
- Assisting in the creation and support of a model for Grandparents Support Groups that is being implemented across the state
- Informing DCF, FRCs, and other community partners about issues facing grandparents and kin and being available as a resource for these providers and the families they serve
- Creating a network of supporters and facilitators for support groups that meet quarterly
- Providing legislative and policy advocacy on bills that impact the lives of children and families
- Planning an annual statewide conference for grandparents, kinship caregivers, and providers
- In collaboration with DCF, planning workshops throughout Massachusetts for grandparents and kinship caregivers as well as service providers helping kinship families

- *Time-Limited Family Reunification Services* - The Department contracts with private organizations or individuals who provide a variety of support and stabilization services to open consumers. For the time-limited reunification services, the Department purchases support and stabilization services for parents or children where the children are in placement with a permanency plan of reunification and no termination of parental rights has been filed, or services for parents and children where the children were reunified with their family within the past six months to stabilize the reunification. In addition to services that are specifically funded through the time-limited family reunification services, the Department funds other services through PSSF grant which also support reunification or stabilization after reunification. They may include services such as peer-to-peer mentoring and support programs for parents that are provided in the Department's PATCH programs or the Nurturing Programs described earlier in this document.
- *Planning and Service Coordination* - The Family Support Team, currently known as the Community and Family Engagement Team, was created to provide technical support to Community Connections Coalitions in developing their organizational structures, building membership and governing bodies, and strengthening community engagement practices with residents and local stakeholders. Additionally, the team serves as a bridge that connects DCF and communities in variety of initiatives and activities that link child welfare and community-connected practices. The Community and Family Engagement Team, though understaffed, continued to significantly contribute to the development and support of all initiatives and activities detailed in this report throughout the past year.

In an effort to enhance practices, policies, and address identified challenges, DCF believes that The Community and Family Engagement Team plays a critical role in advancing partnerships with local communities and has expanded the team's responsibilities beyond basic oversight and contract management. The team participates in and supports the Agency Improvement Leadership Team (AILT) and Regional Diversity Teams, attends Coalitions Steering Committees, and convenes Family Resource Centers (FRC's) and Community Connections Coalitions directors' meetings.

Responding to the need for practice change and evaluation of current goals, DCF supports the vision of one integrated family practice model, re-aligning resources to enhance the delivery of a more robust model. As a result, DCF terminated the Multi-Disciplinary Assessment Team (MDAT) contracts this year. In a joint effort to support the new model of family engagement to date, the Family Engagement and Planning and Programing Units have engaged in developing a policy that will clearly articulate DCF's policy on family engagement.

DCF intends to continue utilizing the federal funds under this grant to address challenges related to emerging practices and forge a new path that is flexible enough to support future organizational and systems changes. PSSF funds will continue to be used as an incubator for innovative program development to address unmet needs as well as a strategic lever for systems change. The Community Connections Initiative will use these critical resources to help bridge gaps where they exist, whether at a direct service or more critical systems level.

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

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

IV-B, subpart 2 Program	Families/ Individuals Served	Population Served	Geographic Areas Services are Available
Crisis Intervention (Family Preservation)	37,086 Children	Children involved with the Department not in placement	Statewide
Prevention & Support Services (Family Support)	92,603 Children	Children reported as being abused or neglected	Statewide
Time-Limited Family Reunification Services	9,313 Children	Children in placement	Statewide
Adoption Promotion and Support Services	474 Children	Children in placement with a goal of adoption who are legally free for adoption and have been matched with a family	Statewide

Rationale for Funding Below 20%

DCF plans to spend approximately 35% of its total available FY18 PSSF grant funds in Family Support Services, followed by 20% in Family Preservation Services, 16% in Adoption Promotion and Support, 10% in Time Limited Family Reunification Services, 10% in Administration, and 9% in Planning/Other Service Related Activities. Below, we provide our rationale for spending not reaching the 20% base for the goals of Adoption Promotion and Support and Time Limited Family Reunification Services.

Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY14, the State had annual expenditures in excess of \$58 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. In addition, for SFY14, the State targeted over \$1.4 million in State funds for time-limited reunification services and over \$14 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.

In 1994, when these grant funds initially became available to states, 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. We continue to view this as a long-term change strategy - one that is yielding tangible results.

Promoting Safe and Stable Families Program (PSSF) grant dollars continue to allow DCF to pilot innovative responses to emerging needs on a scale that otherwise would be difficult to accomplish systemically. This approach has given us an opportunity to “try before we buy” – incorporating lessons learned during pilot development and implementation into a cogent, scalable program model more likely to attract support with state service dollars. The Substance Abuse Engagement program, which we piloted as part of the agency’s initial Program Improvement Plan using PSSF discretionary dollars, continues in three DCF Northern Region area offices. It is now completely supported with state dollars through Family Networks.

As we described in the body of the Five Year Child and Family Services Plan, Massachusetts invests a significant portion of these grant funds to support Community Connections Coalitions in high-risk neighborhoods across the Commonwealth. Originally, these coalitions were envisioned primarily as family support entities in a traditional sense. Over time, they have evolved to also address the needs of families in the community who are involved with the Department 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 placement of the children, and foster and adoptive family recruitment grounded in the community, and initiated by community members themselves.

Several cases illustrate the intertwined and evolutionary nature of this work:

- One such example is the partnership that has developed between the Community Connections coalition, MSPCC's Connecting Families Program and the DCF Area Offices in the cities of Worcester and Fall River. Connecting Families provides outreach services to families where DCF has "screened out" reports of child abuse or neglect. It offers a preventive alternative to the more traditional avenue of families having to "fail up" before child welfare services are provided. Originally, MSPCC envisioned having challenges in handling demand for these services due to a flood of DCF referrals and "pull" for services by families. The actual experience initially was the opposite. Identifying potential families for referral by the area office was difficult as was engagement with those families who were referred. The expansion of the partnership to include the Worcester Community Connections Coalition ultimately was key in shifting this dynamic to a positive one. The Family Support Advocate and outreach staff of the coalition capitalized upon their relationships with both the office and families to address systemic barriers which impeded social workers from identifying and referring families early on and to help Connecting Families staff to tailor their engagement and outreach activities to better meet the diverse needs of families in the greater Worcester community.

The Worcester Community Connections Coalition expanded this work with families in the community by opening a Parent Resource Center. In the past two years, the early promise of it becoming a magnet to families from all parts of the city has been realized. As a result, DCF chose the Worcester site to be one of four Family Resource Center "proof of concept" sites in the spring of 2010 – continuing the testament of the relevance of the coalition to the community. Community Connections Coalitions will continue to be the foundation upon which we intend to expand community-based Family Resource Centers in the future.

- In other parts of the state, the impact of Community Connections on other PSSF program areas has been similar. The Foster Care Task Force of the New Bedford Community Connections Coalition was formed as a community response to the perception that children in foster care were not provided with the same access to the kinds of opportunities afforded other children in the community. Activities originally were focused on fundraising to provide enrichment activities to children in foster care. The Task Force learned early on that providing support to the youth in care also meant supporting foster families. This naturally progressed to helping support retention and expansion of fostering resources in the greater New Bedford area. In the ensuing years, the work of the Task Force has dramatically expanded to include development of a comprehensive strategy for neighborhood recruitment, which, for all practical purposes, has resulted in a melding of our agency foster and adoptive recruitment activities with our community capacity-building infrastructure, at least in this one community.
- The work of the New Bedford Task Force has firmly taken hold in the neighboring community of Fall River, expanded to include Cape Cod and began to spread to other areas of the state. Fall River

developed a template of recruitment materials that is easily modified to incorporate local information and made it available to the network of Community Connections coalitions. It effectively balances the need for having a statewide recruitment branding identity along with the kind of information that makes a campaign relevant for local communities - producing a win-win for everyone involved. Our joint planning work with our internal DCF foster care and adoption recruitment staff to strategically build linkages at community and regional levels continue to produce discernible results from these partnerships.

- In 2009, we began broadening the work to include testing a planning framework by which coalitions, with their DCF Area Office partners, convene community forums on a specific issue related to safety, permanency or well-being. We were particularly interested in looking at issues that may be related to substance abuse, mental health, or domestic violence and using these forums as an opportunity to develop targeted responses that cross these multiple disciplines. In the fall of 2008, our first large-scale project was in response to a request from the Worcester Community Connections Coalition for targeted technical assistance. We funded a consultant to facilitate a community-based process to address an issue brought to the coalition by a group of mothers in the community who experienced a lack of response by the domestic violence services agencies, including the court system. The time-limited planning process resulted in an action plan to implement concrete changes in both the shelter system and recommendations for court system improvements.
- In 2010, DCF partnered with the MA Children's Trust Fund, and Departments of Early Education and Care and Public Health in a subsequently awarded Strengthening Families AIM grant. Community Connections Coalitions and Family Resource Centers were key implementation points in our state strategy and were part of the initial training population included in the expansion of Parent Café work in 2012.

In summary, given the ongoing integration of the work of the Coalitions with the work of the Department, the vast majority of the PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. 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.

Budget

In the chart below, we present the FY17 and FY18 planned budget for the grant. We provide two views: expenditures grouped by category and expenditures grouped by the grant objectives. Expenditures reported reflect spending incurred/projected during the respective state fiscal years and do not necessarily correspond with the federal fiscal year spending reported in the CFS-101.

PROMOTING SAFE AND STABLE FAMILIES PROGRAM - IV-B, SUBPART 2		
Expenditure Category	FY17	FY18
Salary	\$ 255,000	\$ 320,000
Fringe Benefits	\$ 89,658	\$ 116,288
Travel	\$ 28,000	\$ 36,000
Equipment	\$ 606	\$ -
Conference Incidentals	\$ 19,870	\$ 27,000
Supplies	\$ 2,465	\$ 2,465
Contract Services:		
<i>Consulting Services</i>	\$ 424,800	\$ 424,800
<i>Family Based Advocate Services</i>	\$ 115,500	\$ -
<i>Coalition Supported Services</i>	\$ 2,810,279	\$ 2,881,271
<i>PATCH Program Services</i>	\$ 404,625	\$ 404,625
<i>Family Networks Support & Stabilization Services</i>	\$ 243,382	\$ 269,826
<i>Other/Parent Stipends</i>	\$ 61,830	\$ 61,830
Other/Cellphones/VPN	\$ 11,200	\$ 11,200
Subtotal Direct Cost	\$ 4,467,215	\$ 4,555,305
Indirect Cost	\$ 37,792	\$ 70,000
GRAND TOTAL	\$ 4,505,007	\$ 4,625,305

Grant Objectives	FY17	FY18
Family Support	\$ 1,576,752	\$ 1,618,857
Family Preservation	\$ 901,001	\$ 925,061
Adoption Promotion & Support	\$ 720,801	\$ 740,049
Time Limited Reunification	\$ 450,501	\$ 462,531
Other	\$ 450,501	\$ 416,277
Administration:	\$ 405,451	\$ 462,531
<i>Personnel and Overhead</i>		
<i>Supplies and Administrative Costs</i>		
<i>Administrative Activities</i>		
<i>Other</i>		
Administrative %	9.00%	10.00%
GRAND TOTAL	\$ 4,505,007.00	\$ 4,625,305.00

Chafee Foster Care Independence Program and Education and Training Voucher Program

The Chafee Foster Care Independence Program supports an array of services with the objectives of preparing youth and young adults ages 14-21 for successful transitions to adulthood while assisting them to develop permanent connections to caring and committed adults. In addition, the components of the Chafee-funded services focus on safety and the many facets of well-being. Educational achievement, life skill mastery, and successful community integration with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth.

The Chafee-funded services below are based on the principles of positive youth development and address each of the purpose areas of the legislation. During FY2018, the Department will continue to use grant funding to provide for these services. This funding allocation is consistent with FY2017:

- *Adolescent Outreach Program* – services include intensive, individualized life skill assessment and training to current foster youth and young adults ages 14-21 from across the state to assist them in developing necessary skills and supports to achieve their potential. Per grant guidelines, program services are also available to youth who were guardianship or adopted from DCF after attaining age 16 and to former foster youth who discharged from DCF between ages 18-21, and in some instances youth who discharged from agency care at age 17 and request services.

Additional services include the Life Skills Support program that funds developmentally appropriate and normalizing activities and experiences such as senior class expenses, team sports fees, driver education costs and the Discharge Support Program that provides funding to foster youth age 18-21 that are transitioning from agency care. These include start-up costs (i.e. first month's rent, security deposit, essential furniture, household items, bedding, etc.).

- *The Education and Training Voucher Program* – provides up to \$5,000 per academic year for post-secondary educational or vocational training programs, including colleges and trade schools and related costs of attendance (tuition, fees, room and board, books, transportation, child care) as defined in the Higher Education Act of 1965. Eligible youth were: adopted through DCF after attaining age 16; were in DCF custody (any type) until age 18, unable to return home and have not yet reached age 23 or were in DCF sponsored guardianships with kin after attaining age 16. Program coverage is statewide. Also, eligible youth who exited foster care in another state and now reside in Massachusetts may also receive this funding.

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

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

CFCIP and ETV Programs	Individuals Served	Population Served	Geographic Areas Services are Available
Independent Living Services	1,621 adolescents	Young adults age 14 - 21	Statewide
Education and Training Voucher Program	484 adolescents	Youth adopted through DCF after age 16, in DCF custody until age 18, in DCF sponsored guardianship with kin after age 16	Statewide

Budget

In the charts below, we present the FY17 and FY18 planned budget for the grants. We provide two views: expenditures grouped by category and expenditures grouped by the grant objectives. Expenditures reported reflect spending incurred/projected during the respective state fiscal years and do not necessarily correspond with the federal fiscal year spending reported in the CFS-101.

JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)		
Expenditure Category	FY17	FY18
Salary	\$ 1,628,482	\$ 1,640,000
Fringe Benefits	\$ 572,574	\$ 595,976
Travel	\$ 80,000	\$ 80,000
Equipment	\$ -	\$ -
Conference Incidentals	\$ 42,119	\$ 64,500
Supplies	\$ 24,190	\$ 36,500
Contract Services:		
<i>Recruitment Campaign</i>	\$ 3,000	\$ -
<i>Autho Payments for Independent Living Support Program; Housing Support; Youth Employment and Internship Program</i>	\$ 526,119	\$ 500,000
<i>Other</i>		\$ 71,795
Other (Cellphones)	\$ 4,800	\$ 4,000
Subtotal Direct Cost	\$ 2,881,284	\$ 2,992,771
Indirect Cost	\$ 301,784	\$ 325,000
GRAND TOTAL	\$ 3,183,068	\$ 3,317,771

Grant Objectives	FY17	FY18
Transition to Self Sufficiency; Education, Training and Related Services; Prepare for Employment or Postsecondary Training or Education;		
Personal and Emotional Support to Youth through Mentors and the Promotion of Interactions with Dedicated Adults;	\$ 3,154,078	\$ 3,205,476
Financial, Housing, Counseling, Employment, Education, and Other Supports and Services;		
Services for Youth who Have Left Foster Care for Kinship Guaridanship or Adoption;		
Ensure Opportunities to Engage in Age or Developmentally appropriate Activities		
Administration:		
<i>Personnel and Overhead</i>	\$ -	\$ -
<i>Supplies and Administrative Costs</i>	\$ 24,190	\$ 36,500
<i>Administrative Activities</i>	\$ 4,800	\$ 4,000
<i>Other</i>	\$ -	\$ -
<i>Administrative %</i>	0.91%	1.25%
GRAND TOTAL	\$ 3,183,068	\$ 3,245,976

EDUCATIONAL AND TRAINING VOUCHERS PROGRAM (ETV)		
Expenditure Category	FY17	FY18
Salary	\$ -	\$ -
Fringe Benefits	\$ -	\$ -
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Conference Incidentals	\$ -	\$ -
Supplies	\$ -	\$ -
Contract Services: <i>Vouchers - Educational Funding and Support for Foster Youth</i>	\$ 933,582	\$ 1,253,646
Subtotal Direct Cost	\$ 933,582	\$ 1,253,646
Indirect Cost	\$ -	\$ -
GRAND TOTAL	\$ 933,582	\$ 1,253,646

Grant Objectives	FY17	FY18
Vouchers for Posecondary Education and Training	\$ 933,582	\$ 1,253,646
Administration: <i>Personnel and Overhead</i>	\$ -	\$ -
<i>Supplies and Administrative Costs</i>	\$ -	\$ -
<i>Administrative Activities</i>	\$ -	\$ -
<i>Other</i>	\$ -	\$ -
<i>Administrative %</i>	0.00%	0.00%
GRAND TOTAL	\$ 933,582	\$ 1,253,646

*Please note that more detailed information about programs and services under Chafee / ETV will be found in Section E.

Populations at Greatest Risk of Maltreatment

DCF has identified the following as populations at greatest risk of maltreatment:

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

Youth Who Are Vulnerable to Human Trafficking

In compliance with the Preventing Sex Trafficking and Strengthening Families Act of 2014, P.L. 113-183, the Department has implemented a new policy regarding children who are missing or Absent Children from Department Care or Custody policy. This policy provides guidance to social workers, supervisors and managers in identifying youth who may be at increased risk when they run or are absent from their department approved placement. This includes identifying a youth's prior victimization and

future vulnerability to sex or labor trafficking. As a result of the new policy, awareness of human trafficking as increased among DCF staff and in provider agencies.

To advance efforts to address the needs of this population, DCF also serves on the Child Trafficking Work Group of the Governor's Council for Sexual Assault and Domestic Violence. Currently, work group recommendations are in draft form but are expected to address training and response protocols for child serving agencies, coordination with law enforcement, and formation of County-level CSEC Multidisciplinary teams.

Among those youth at greater risk of maltreatment are youth who are LGBTQ and Transgender. Because these youth experience discrimination, isolation and exploitation, their vulnerability is amplified. MA DCF continues to partner with My Life My Choice and the Suffolk County Support to End Exploitation Now (SEEN) on a federal 5-year grant to address Human Trafficking in our child welfare system. This grant work focuses on the vulnerabilities of the LGBTQ and Transgender populations within DCF through trainings and support to DCF staff, placement providers and the community. Multi-disciplinary 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 MA legislature has allowed DCF to offer additional trainings (SFY 2017) to ensure that staff identify and respond appropriately.

Infants and Children of Substance Involved Parents

Parental substance use and misuse continues to be a significant risk factor resulting in the maltreatment of children. Nationally and within Massachusetts, the opioid crisis has continued to escalate contributing to growth in parental overdoses, and the birth of substance exposed newborns/neonatal abstinence syndrome, and abuse and neglect. In 2016, the Massachusetts Legislature authorized an Interagency Task Force on newborns with neonatal abstinence syndrome and substance exposed newborns to develop a unified statewide plan to collect data, develop outcome goals and ensure quality service is delivered. The task force completed its work this spring with a range of recommendations for outreach and services to pregnant and post-partum woman who are substance involved, and training and education for social service and medical providers.

As part of another interagency effort, Department of Public Health and DCF were granted technical assistance from the National Center on Substance Abuse and Child Welfare and are participating with other states in a Policy Academy to improve outcomes for pregnant and postpartum women with opioid use disorders and their infants and families. There continues to be strong collaboration between DCF and DPH to address the needs of families impacted by the ongoing opioid crisis. This includes partnering on federal grants, improving access to resources and communication between systems, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

The DCF statewide Substance Abuse Unit has hired additional Regional Substance Abuse Coordinators over the past year with seven Regional Substance Abuse Coordinators currently in place plus a central office coordinator. Two additional regional positions are in process. The Regional Coordinators roles are to provide case consultation to DCF social workers and work with community resources to improve access and communication. There has been increase in request for consultation to address the complex clinical needs of families, particularly as it relates to the ongoing opiate crisis.

In all policy development, DCF clinical units (domestic violence, substance abuse and mental/behavioral health) have been utilized to incorporate clinical thinking and practice guidance related to these vulnerable populations.

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

Domestic violence continues to be a significant risk factor for children and their non-offending parent both within child welfare and in communities. As part of an interagency effort with the Department of Public Health, the DCF Domestic Violence Unit has been in a primary leadership role of the re-procurement of \$35 million statewide domestic violence and sexual assault services. There was continued and renewed collaboration between DCF and DPH to address the needs of families impacted by domestic violence which resulted in this new procurement and subsequent service contracts that incorporate the following service requirements:

- Addressing the unique needs of children and youth experiencing domestic violence
- Supporting survivors as parents
- Identifying risk and protective factors for children
- Assisting DCF involved families to work effectively with DCF and better use services to support safe child visitation, and reunification
- Specific expectations for domestic and sexual violence programs to have active collaborations with local DCF offices.
- Continuing and enhancing specialized services for:
 - Children exposed domestic violence
 - Survivors with addiction or mental health/trauma issues

Additionally, the DCF Statewide Domestic Violence Unit provides consultation on dangerous and/or complicated cases involving domestic violence & trauma to assist staff in identifying risk and safety factors, make recommendations and assist in developing action plans to increase the safety and wellbeing of children. These consultations inform a statewide perspective for the development of practice enhancements and training needs of DCF social workers in this area. In 2016, to meet these needs DCF's statewide Domestic Violence Unit has hired 4 new Domestic Violence Specialists to provider 11 staff statewide who are better meet the clinical needs of the DCF field staff.

In all policy development DCF clinical units (domestic violence, substance abuse and mental/behavioral health) have been utilized to incorporate clinical thinking and practice guidance related to these vulnerable populations.

Family Homelessness

The Department of Children and Families continues to expand our portfolio of services offered to families with issues of child maltreatment and who are experiencing housing insecurity and or episodic homelessness. The three primary means of supporting families plagued by housing insecurity is to offer Housing Stabilization Unit case consultation services, strong interagency collaboration with the Department of Housing and Community Development, and to collect and evaluate housing specific data. In 2016, the Department increased staffing levels to ensure each DCF region has an assigned Housing Stabilization Unit specialist and expanded the distribution of housing and economic self-sufficiency information with the creation of the Housing Services Unit Intranet page. In an effort to increase service delivery to homeless families the Department's Housing Services Unit enhanced the Family Unification Program with the option for families to access supportive housing services.

Additionally, a Memorandum of Understanding between the Department of Children and Families and the Department of Housing and Community Development was re-established in January of 2015 to support the transition of children from foster care to reunification with parents in the state's shelter

system. The expansion of data collection comprised of the number of children reunified via the MOU and the success of families housed by means of the Family Unification Program positions the Department to better assess the services delivery needs of families facing poverty and housing insecurity.

Children/Parents with Disabilities

The Department has continued to strengthen its efforts to serve children and parents with disabilities beginning with a special effort to bring information and education to DCF senior managers including the Executive Team, Regional Directors, Regional Counsels, Regional Clinical Managers, and Area Directors. While DCF managers regularly receive training on the Americans with Disabilities Act (ADA) in the context of human resource concerns, this training provided managers with an understanding of how the provisions of the ADA applies to the agencies services to children and families. The Department will continue to build upon these training programs and work to strengthen related practice guidance.

Earlier this year, the Department signed a new Memorandum of Understanding with the Massachusetts Commission for the Deaf and Hard of Hearing and has established an interagency working group to support implementation of its provisions. DCF continues to work with the Massachusetts Commission for the Blind, and the Department serves on the Special Commission for Autism regarding this population. Staff across a number of DCF disciplines is involved in this effort. Outside of policy and training, the Department is in an assessment phase to determine if any specialized or additional services or programs are needed to support youth or parents with disabilities as it relates to the services delivered or needed DCF to ensure child safety.

Youth Transitioning from Foster Care

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

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

Aligned with the Fostering Connections to Success and Achieving Adoptions Act or 2008, DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition age youth to support optimal goal achievement. Pre-Service and ongoing training for DCF staff, foster parents and providers re-enforce these principles. Technical assistance is provided to area office staff to strengthen understanding and practice of the policy. As a result DCF, continues to serve children through its outreach and aftercare program.

Services for Children Under the Age of Five

The Massachusetts Department of Children and Families' Permanency Planning Policy (*revised July 2013*) identifies the Department's permanency goals to include: Permanency through Stabilizing the Intact Family, Permanency through Reunification, Permanency through Adoption, Permanency through Guardianship, Permanency through Care with Kin, and Permanency through APPLA.

For families involved with the Department, the initial goal is to stabilize the intact family. This goal is supported through provision of services of the DCF social worker and services obtained through community resources such as the Department's Family Networks contracts which provide Support and Stabilization services to the family (these services are broad ranging and are targeted to needs identified through the Family Assessment), and services obtained through other state agencies, for example, Child Behavioral Health Services, Substance Abuse Intervention services, and services provided through Community Connections and Family Resource Centers,

For families involved with the Department, whose children enter foster care due to abuse or neglect conditions, the initial goal is reunification. For children birth to age five, almost half return home prior to 6 months in placement.

Table 1: Unique count of children under the age of five by Home Removal Episode (HRE) end reason from April 2016 – March 2017:

Type of Placement	Number of Children (ages 0-5) 2017	Percentage of Children (ages 0-5) 2017
Child Returned Home	384	44.1%
Guardianship	327	37.5%
Consumer Adopted	48	5.5%
Custody to Other Individual	112	12.9%
Grand Total	871	100%

When children are placed into care, the Department encourages and assists parents to reduce the length of time and support reunification by utilizing their 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
- Child care
- Substance abuse counseling and treatment resources
- Domestic violence services, including services for victims and offenders
- Mental health services
- Healthcare resources
- Vocational, job training, and employment services
- Financial assistance
- Housing assistance services
- Developmental disability services
- School-based services and early intervention programs
- Camping and other community-based recreational/educational resources
- Support and self-help groups

- Organizations serving ethnic and linguistic minority populations
- Religious organizations
- Civic and other community groups

Department-Related Services:

- Information and referral 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.

Whenever possible and appropriate, the child is placed together with full, half and/or step-siblings already in or also requiring placement, as close to home as possible to support the opportunity for frequent visits and to maintain the continuity of school and child care attendance, community involvement and cultural context.

Child Care Vouchers:

As of Feb 28, 2017 about 679 children using Supportive Child Care vouchers and about 7900 children are in slots. According to EEC data 26% of the DCF children served in Supportive Child Care are under 2 years old and 51% of the children served in Supportive Child Care are 3-5 years old. Access to vouchers for DCF children has allowed more children to be able to be served in areas where there were barriers due to geography and age gaps in programming. The vouchers have also been used to sustain placements. 51% of the vouchers are being used children in custody. 76% of the vouchers are currently being used by children under 5 years old. We are continuing to work with EEC to increase access for our children from birth to 5.

Placement Process:

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

Review of the continued need for placement and determination of needed interventions begins through the Six Week Placement Review conducted when a child enters care. This review includes input from the social work team for the family, the foster parents, professionals engaged with the family.

6 Week Placement Review:

A 6 Week Placement Review occurs when a child enters placement from home or hospital or returns to placement after a significant stay at home of six months or longer. The Area Director/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement 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 provider; 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 6 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 6 weeks to identify someone known to the child and family with whom an approved placement can be made. Documentation of contacts with kin is required.

The Review Meeting is an opportunity for the parents, family and foster/pre-adoptive parents or other placement provider 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 6 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 Service Plan as indicated:

1. Designation of Foster Care 6 Week Placement Review Team
2. Team Tasks:
 - Review of Placement Options
 - Contacts and Visitation
 - Legal Notifications
 - Obtaining Needed Resources and Documents and Supporting Placement Provider
3. Schedule 6 Week Placement Review Meeting

Permanency Planning Conference:

Review of the Permanency goal for children in placement continues through Foster Care Reviews conducted for each six-month cycle during which children remain in care; Permanency Planning Conferences are conducted according to policy:

Circumstances Requiring a PPC:

- As soon as it is determined that the prognosis for reunification is poor;
- Within the first 9 months following the date of placement;
- If the outcome of a 9 month PPC was a decision not to initiate TPR and the child has remained in placement for 15 of the previous 22 months;
- To change a child's permanency plan;
- Within 20 working days after a Foster Care Review determination that includes the recommendation that the child's identified permanency plan needs to be changed; or
- Within 5 working days after a court determines that reasonable efforts to reunify are not required. (See "When Reasonable Efforts Are Not Required", above).

Improvement:

The Department demonstrated modest improvement in reducing the average amount of days in placement for children under the age of 5 who either returned home or reached permanency of Guardianship (See Table 2). Efforts will continue to improve these numbers in 2018.

Table 2: Average number of days in placement for those children under age 5 exiting by reason:

	Average of Number of Days in Placement 2016	Average of Number of Days in Placement 2017	Average Decrease in Length of Time
Child Returned Home	61.0	58.0	- 3 days
Guardianship	615.6	611.3	- 4.3 days

Services for Children Adopted From Other Countries

Supports Provided to All Adoptive and Guardianship Families

The Department of Children and Families contracts with Child & Family Services, Inc. to provide post-adoption services through the Adoption Journeys Program open 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 is less threatening to families than requiring them to work directly with the state’s child protection agency.

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

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem solving, coordination of services, and home-based counseling.
- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers or clinicians. Most meet once a month and some are co-sponsored with other organizations. All support groups are open to new members and additional support and psycho-educational groups are formed as needs are identified.
- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison 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 home. 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 30% of the families working with Adoption Journeys in 2015 and 2016 were infant, private, or intercountry adoptions.

Planned Changes to Post-Adoption Services in FY2018

As is the case in most states, the number of new intercountry adoptions by families in Massachusetts continues to decline. According to State Department data, there were only 55 intercountry adoptions in Massachusetts in 2016, down from 98 in 2015, and 112 in 2014. Therefore, there has not been an increased demand for post-adoption support services for new intercountry adoptive families. The primary demand is from families with teenagers who were adopted from other countries anywhere from 1 to 10 or more years ago. MA DCF does not anticipate changing its post-adoption support model, as Adoption Journeys continues to be successful for families in this demographic.

C5. PROGRAM SUPPORT

Training

The Department's staff development and training plan in support of its goals and objectives is outlined in detail in the Child Welfare Institute (CWI) Training Plan (formerly called the Massachusetts Child Welfare Institute) section of the APSR. The primary goal of the Child Welfare Institute is to promote effective child welfare practice. CWI activities strive to improve the knowledge and skills of individual social workers, the quality of supervision and the agency environment that promotes creativity and professional growth. The CWI is committed to advancing the strategic goals and objectives of the Department of Children and Families (DCF) as set forth in DCF's policies.

The Child Welfare Institute (CWI) is the professional development and training division of the Department of Children and Families. Through a focus on three interdependent responsibilities, the CWI promotes a shared understanding and agreement about the Department's core practice values, commitments and priorities; teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it possible for social workers to perform their duties and responsibilities effectively. CWI supports the professional continuous learning of social workers, supervisors, and managers as they lead DCF initiatives and practice innovations.

The CWI is focused on a vision of providing high quality, evidence-informed, and relevant training programs that are helpful to the approximately 3,500 DCF social workers, supervisors, and managers across the Commonwealth in their efforts to insure the safety, permanence, and well-being of children and families. The CWI consists of 8 full-time staff members focused on training and professional development programs (Director, Associate Director, 4 Professional Development Managers, 2 Program Coordinators, 1 Fiscal Coordinator, 1 Administrative Assistant, and a Coordinator of Social Work Fellowship Programs) and a number of part-time contracted training specialists. The CWI also employs a part-time librarian to manage the DCF child welfare library. CWI training managers oversee the design, development and implementation of agency training programs, coordinate the work of external trainers, conduct classroom training blended with e-learning, and practice support to the field.

The CWI has advanced and implemented a series of highly regarded programs. With a considered strategy to effect research based best practices, continuous learning and professional standards for child welfare social workers, supervisors and managers at DCF, the CWI promotes organizational effectiveness by building on our many strengths. For details regarding DCF training in 2018, please refer to the Training Plan section of the APSR.

Technical Assistance

In past years, DCF has taken advantage of substantial technical assistance opportunities provided through the federal National Resource Centers as well as T.A. provided by national and local organizations. As part of DCF's continued commitment to assessing the impact of our work and to the inclusion of the family perspective in the Department's work, DCF and Casey Family Programs partnered to develop a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. This work will continue through FY18.

Community Connections Coalitions, funded with Promoting Safe and Stable Families funds, continued to expand the significant base they established at the community level and to act as a bridge between the Department and the community. Coalitions have partnered in the establishment of 18 Family Resource Centers (FRCs) across the Commonwealth. Twelve of these FRCs are full centers, six are micro centers. The Department is in the process of adding three additional micro centers. Our technical

assistance, training and evaluation partnership with the Massachusetts Children's Trust Fund - the state's Community-Based Child Abuse Partnership (CBCAP) grantee - has allowed these FRCs to act as incubators for eventual statewide expansion. Because they are built on existing Community Connection coalitions, FRCs enhance DCF's partnerships with the community and aim to increase the Department's capacity to provide a flexible mix of family support services at the local level.

This benefits not only the community-connected practice of DCF but also serves as a catalyst for the development of a more broadly defined community-based continuum of care which focuses on the well-being and promotion of a shared responsibility for at-risk children between DCF and the community.

DCF staff have participated in, and will continue to attend, technical assistance meetings facilitated by the New England Association of Child Welfare Commissioners and Directors on CQI/IT issues. Given the reliance on CQI for Round 3 of the Child and Family Service Reviews (CFSR), DCF staff have appreciated the opportunity to discuss their state models, strategies for success and challenges with their colleagues from across New England.

As needed, DCF will request federal technical assistance during FFY 2018 through the Children's Bureau following the development of its Program Improvement Plan, resulting from the 2015 Child and Family Services Review.

Research, Evaluation and Quality Assurance Systems

DCF is involved in two discretionary grant programs, each with its own evaluation component. DCF was selected to receive a grant from the Administration for Children and Families, Children's Bureau, to build capacity to provide trauma-informed casework practices and trauma-specific evidence based treatments (EBT). DCF has partnered with LUK, Inc., Justice Resource Institute Trauma Center, Boston Medical Center's Child Witness to Violence Program and UMass Medical Center to provide basic and advanced training for DCF staff and to provide training to selected mental health providers. The Director of Evaluation for this grant chairs an Evaluation Committee and reports to the grant steering committee. This evaluation committee consists of consumers as well as stakeholders from DCF and provider agencies who assist with the evaluation planning, interpretation of results and recommendations for project improvement. The evaluation design includes a randomized control trial of the Breakthrough Series Model for implementing practice change and a quasi-experimental study of the effectiveness with or without the availability of evidence-based trauma treatments.

The Department is also a member of a team that successfully competed for federal funds to support development of statewide partnerships aimed at alleviating child welfare trafficking. The grant proposed an action research model for evaluating the success of the project. Dr. Amy Farrell, Associate Professor of Criminology and Criminal Justice at Northeastern University, leads the evaluation and works with the grant leadership team and advisory board to assess the success of the proposed program objectives. Dr. Farrell accesses administrative data to quantitatively assess the impact of grant activities. She collects qualitative data through observations and interviews to assess the successes and challenges of the program model. An annual evaluation report will be prepared for the project's advisory board.

Massachusetts Department of Children and Families (DCF) is one of 26 agencies nationwide that have received Title IV-E waiver project approval from the Administration for Children and Families (ACF) Children's Bureau since 2012. Under the waiver, child welfare agencies are allowed to use Title IV-E funds more flexibly than traditionally permitted to offer innovative services to build on family-driven, child and youth focused care and community involvement. The waiver opens a window of opportunity for

comprehensive child welfare finance and program reform based on outcomes of these waiver projects across the nation.

The Commonwealth implemented Caring Together as its five-year waiver demonstration project on January 1, 2014. DCF submits periodic progress reports to ACF throughout the life of the waiver. DMA Health Strategies, an independent evaluator contracted by DCF, is conducting a comprehensive evaluation of the demonstration project. DMA has conducted focus groups and surveys with DCF staff, providers, and families to evaluate the implementation process for Caring Together.

The evaluation aims to assess:

- outcomes achieved in youth and family safety, permanency, and well-being;
- quality of services and satisfaction among youth and families;
- fidelity to Caring Together principles; and
- service utilization and fiscal impact.

In its CQI strategic planning, the Department assessed the benefits of building internal capacity for conducting case reviews in lieu of, or in combination with contracted case reviewers. The recently established DCF CQI Unit was the end product of that planning. The Department has adopted the Federal CFSR Round 3 Onsite Review Instrument which is currently being used for our CFSR PIP.

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 ICWA of 1978. The report includes the Annual Progress and Services Report.

Overview of ICWA for SFY17

DCF requires that the race/ethnicity of all consumers be documented. When custody is awarded to DCF of a child with Native American/Alaska Native (NA/AN) heritage, the social worker is required to notify the MA ICWA Coordinator.

DCF has further demonstrated its commitment to ICWA through its continued partnership with the Court Improvement Project (CIP). Funding was provided to hire a part-time DCF ICWA Coordinator to address the increased volume of ICWA inquiries received from across the state. This position was filled in February 2017 through June 2017, when CIP funds expire.

DCF staffs across the state receive education about ICWA on a daily basis. Each (email) response to an ICWA inquiry includes educational material that links the reader to information about the Massachusetts Tribes and to educational material that stress the importance related to the ICWA law. Each DCF team that receives this information is urged to share it with their colleagues in order to increase DCF compliance with ICWA.

Coordination and collaboration with MA Tribes

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

The Tribal contact for the WTGH (A) is Bonnie Chalifoux, Human Services Director and Catherine Hendricks, the ICWA Director for the MWT.

DCF met with both Tribes in August 2016 to discuss the importance of communication and collaboration. Formal follow up meetings were not scheduled at this time, rather it was communicated that the DCF ICWA team would be happy to respond to requests from the Tribe for future meetings. The NICWA conference in April 2017 provided an opportunity for collaboration with the Tribe as workshop content was discussed with plans for more conversation back in Massachusetts.

Negotiations began in April 2017 for the Intergovernmental Agreement (IGA) between MA DCF and the Mashpee Wampanoag Tribe. This IGA will address specific service delivery at various junctures when working with a Mashpee Wampanoag child and family.

The WTGH(A) terminated the IGA in 2013. Upon inquiry, it has been communicated that an IGA has not yet been prioritized by the Tribe at this time.

The Department and the tribes understand that when a tribal child is placed in the custody of the Department, the Department meets all the requirements for that child under 42 USC § 622(b)(8), and §§ 675(5) and 675A. The Department and Mashpee Wampanoag Tribe have had some 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 in particular if the case is removed to the tribal court. These discussions are on-going. If a tribal child comes to the attention of the Department as a result of abuse or neglect, the Department would treat the tribal child as it does any other child in the Commonwealth and provide preplacement preventative services.

DCF additionally collaborates with the Tribes to conduct Massachusetts Approach to Partnerships in Parenting (MAPP) trainings. The need for Tribal foster homes has been a focal point for DCF and the Tribes for years.

Sharing the APSR with each MA Tribe

The goals discussed in the APSR speak to the common direction of DCF and the Tribes related to strengthening families through community services and informal supports. These goals are addressed at each meeting of the ICWA staff from both Tribes and DCF. Upon finalization of the MA APSR, a copy will be shared with both Tribes by the DCF liaison.

Notification of Indian Parents and Tribes

MA DCF received 138 ICWA inquiries between April 1, 2016 and March 31, 2017. During this time period, 4 Tribes found children eligible for enrollment and intervened.

Special Placement Preferences

The Mashpee Wampanoag Tribe continues to recruit tribal members to become foster homes specifically to take tribal children. DCF works hard to notify the Tribe upon placement of children who ‘may’ be eligible for membership so that ICWA placement preferences are met.

DCF has 5 ICWA Liaisons across the state. Tribes are able to contact any of the Liaisons at any time to address clinical questions or concerns that arise on specific family cases.

Active Efforts to prevent breakup of the Indian Family (past, present and future)

DCF has five ICWA Liaisons who have trained staff on Active Efforts. The training includes specific examples of practices that fulfill the Active Efforts mandate. A recent example of Active Efforts involves a family case where the child has myriad medical diagnoses. DCF is providing the mother with personalized assistance to understand and to administer medication for her child and she is invited to attend all medical appointments for her child. Mother’s capacity to follow through with required medical care for her child is continually assessed with adjustments to her training to fit her learning style. The staff is identifying barriers to the achievement of Action Plan tasks and working directly with the parent and their support network to ameliorate the challenges to success.

Use of Tribal Courts in child welfare matters, Tribal rights to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take on jurisdiction of protective cases.

Efforts to improve the compliance with ICWA

- DCF encourages staff to “ask the question” about family ancestry throughout the life of the family case since; extended family members may embark on a history of the family tree after the initial question was asked or, the family may feel more comfortable talking about their heritage as their relationship with their social worker deepens. Best practice indicates that if DCF learns of any NA/AN heritage claimed by the family prior to any state custody hearing, DCF would work with the family so that the family could communicate directly with the named tribe in order to ascertain family

eligibility for membership. This information would inform the ICWA work if custody of the child/ren were to be awarded to the State.

- DCF is diligent about its process to uncover genealogy necessary for an ICWA notice. DCF enlists the assistance of the Attorney representing the appropriate parent to impress upon the parent the need to comply with this federal law. DCF also utilizes an Accurint search for missing family tree information. This is a database that when demographic information is loaded into it, can search public records for information such as names, dates of birth, addresses, and phone numbers.
- DCF hired a law student for ICWA in February 2017 through June 2017 to work on the administrative requirements of ICWA.
- Ms. Lori Ann Bertram's position as Clinical Manager of Field Support (and ICWA Coordinator) provides for an array of opportunities to monitor ICWA compliance.
- Ms. Bertram attended the NICWA Annual Conference (4/17) in order to expand upon strategies for improved compliance with ICWA.
- DCF launched its ICWA intranet page in August 2016. This has served as a great reference to staff to submit ICWA inquiries in a timely manner, increase the understanding of ICWA as well as providing Supervisors with agenda topics for Unit meetings that result in improved compliance
- DCF met with both MA federally recognized Tribes: Mashpee Wampanoag and the Wampanoag Tribe of Gay Head (Aquinnah) in August 2016 to review our formal and informal collaborations
- Both Wampanoag Tribes are represented on the Steering Committee and the Advisory Group at the Children's Cove Multi-Disciplinary team to address Human Trafficking.
- Both Tribes are invited to any Training DCF provides. Specific training on human trafficking will be attended by the Mashpee Wampanoag staff in June 2017.
- Negotiations began in April 2017 for the Intergovernmental Agreement between MA DCF and the Mashpee Wampanoag Tribe.
- DCF is in the process of hiring a full time ICA coordinator who will work within the Office of the General Counsel.

C7. MONTHLY CASEWORKER VISIT FORMULA GRANT

Introduction

The Massachusetts Department of Children and Families (DCF) continues to use the Caseworker Visit Grant funds to systemically improve and strengthen the quality and frequency of caseworker visits through policy, practice, and improved training curriculum. This approach provides an opportunity for DCF to assess current practices, revise policies, and implement existing best practices, thus improving the quality and frequency of visits which support timely permanency for the children and youth served.

Current Strategies to Strengthen Quality and Increase Visits

Since the inception of the federal measures, DCF has been reporting on monthly caseworker contact with children in placement. The Department of Children and Families, as part of the Agency Improvement Initiative to date, revised and executed many of policies that have been implemented or are scheduled for implementation in 2017 and 2018. These policies provide support for worker visitation and enhance practice outcomes, by providing specific guidance to social workers and supervisors regarding the information gathering and assessment activities conducted during social worker contact with children and families.

Supervision Policy-implemented on 7/1/2016

Supervision is provided in fundamental, identifiable and defined processes. Routine supervision provides an opportunity for staff to strategize about effective ways to engage in casework that prioritizes child safety through in-person contacts. This policy sets expectations for Department Supervisors in:

- Weekly individual supervision
- Group supervision
- Urgent case specific guidance
- Professional development
- Seeking input from Department Managers, attorneys and clinical specialists

Policy Regarding Missing or Absent Children in Department Care or Custody, implemented on 9/26/2016

Children and youth who are placed in substitute care are at higher risk for issues such as human trafficking and exploitation. In addition to requiring in person contact and planning for children who are at risk of becoming missing or absent, this policy:

- Provides role/responsibility clarification for Area Directors, Area Program Managers, Social Workers, placement resources and On-Call Supervisors
- Includes procedures for:
 - A child in DCF care or custody that is identified as missing or absent (notifications, search process, clinical conference, when child makes periodic contact)
 - Locating and returning a child to DCF-approved placement
 - DCF locating a missing or absent child from another state or jurisdiction
- Provides clarification of terms and acronyms (such as Amber Alert, NCMEC, etc.)
- Details the information that should be provided when reporting a missing child to law enforcement and others

Family Assessment Action Planning, implemented on 2/6/2017

Combining assessment and action planning into one fluid process, which includes regular visitation with children and families, this 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:
 - Determining whether DCF must remain involved with the family to safeguard child safety and well-being
 - 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
- For the young adult who has sustained connection or re-engaged with DCF, focuses on:
 - Identification and relationship development with one or more adults who will maintain a consistent, caring, and permanent relationship with the young adult
 - Assessing preparation for successful adulthood, supporting life skills development, and providing resources to promote adult independence.
- During the 60 working-day Family Assessment, requires for the Social Worker:
 - A minimum of 3 face-to-face contacts with family members
 - That the 1st face-to-face contact occurs within 5 working days after assignment
 - Two of the 3 face-to-face contacts to take place in the home
 - To visit each open consumer
 - To visit all children in the home at least monthly
 - To visit young adults at least monthly, at least one visit occurring in the young adult's residence
- Requires that within 10 working days after a need for a service is identified, the Social Worker initiates a referral to DCF-funded services or to other agencies
- Requires that the Family Assessment is compiled into the 4 sections as follows:
 - Family Profile and Functioning
 - Assessing Parental Capacities Using Protective Factors
 - Child (or Young Adult) Safety, Permanency, and Well-Being
 - Clinical Formulation and Focus for the Action Plan

FY18 Plan

As described in the body of this report, DCF has and continues to invest a significant amount of these grant funds to develop and provide resources that will promote and strengthen frequency and quality of in-person social worker contacts. However, DCF's ability to attain the established target for social worker visits to children was impacted by several factors. The country, including Massachusetts, has been grappling with the ongoing opioid crisis and has seen both the formal and informal resources decrease. This resulted in an increase in children being placed with DCF Between 2014 and 2016. With support from the Governor, the Secretary of Health and Human Services, and the Legislature, the Department has been able to add 282 social workers and lower caseloads between 2016 and 2017. Current caseloads are at 18.8 weighted cases per worker against a DCF caseload standard of 18 weighted cases per worker.) In order to address identified practice challenges, DCF intends to utilize this grant to provide the following in FY 2018:

- Review management metrics and IFamilyNet data entry requirements to identify strategies to streamline and simplify documentation of social worker visits.

- Train and hire additional implementation coaches to provide ongoing training and support to caseworkers with a focus on understanding and improving the quality and frequency of consistent visits to children in care and ensuring a timely permanency plan for each child and youth.
- Consider a tiered system that establishes the frequency of in-person caseworker contacts that better aligns visits with case factors such as risk and safety to improve outcomes for children in placement.
- Provide social workers and supervisors with additional Promoting Safety and Permanency, and Visitation Practice Guides.
- Support the onboarding process of new Social Worker Technicians.
- Translate materials into a variety of languages, supporting the inclusion of families during visits

Budget

In the chart below, we present the FY17 and FY18 planned budget for the grant. We provide two views: expenditures grouped by category and expenditures grouped by the grant objectives. Expenditures reported reflect spending incurred/projected during the respective state fiscal years and do not necessarily correspond with the federal fiscal year spending reported in the CFS-101.

CASEWORKER VISITS GRANT (UNDER PSSF) - IV-B, SUBPART 2		
Expenditure Category	FY17	FY18
Salary (Caseworker Policy Implementation Coaches)	\$ 146,404	\$ 147,000
Fringe Benefits	\$ 51,476	\$ 53,420
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Conference Incidentals	\$ -	\$ -
Supplies	\$ 13,822	\$ 7,446
Contract Services:		
<i>Caseworker Identification Cards</i>	\$ 20,000	\$ -
<i>Document Translation Services</i>	\$ -	\$ 3,500
<i>Contracted (Caseworker Policy Implementation Coaches)</i>	\$ 52,000	\$ 37,505
<i>Welcome Baby Bags</i>	\$ 125,000	\$ 50,000
<i>Other</i>	\$ -	\$ -
Subtotal Direct Cost	\$ 408,702	\$ 298,870
Indirect Cost	\$ -	\$ -
GRAND TOTAL	\$ 408,702	\$ 298,870

Grant Objectives	FY17	FY18
Improve Quality of Monthly Caseworker Visits	\$ 401,826	\$ 291,993
Increase Retention, Recruitment, and Training of Caseworkers	\$ 6,876	\$ 6,877
Administration:		
<i>Personnel and Overhead</i>	\$ -	\$ -
<i>Supplies and Administrative Costs</i>	\$ -	\$ -
<i>Administrative Activities</i>	\$ -	\$ -
<i>Other</i>	\$ -	\$ -
Administrative %	0.00%	0.00%
GRAND TOTAL	\$ 408,702	\$ 298,870

C8. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received an award letter for FY 2016 in the amount of \$56,166 to be expended by 9/20/2019. The unexpended funds carried forward from the previous award for FY 2014 were \$3,348 (to be expended by 9/30/17) bringing the total to \$59,514.

Program staff met with budget staff to plan for these funds to ensure that they are obligated and expended by the deadline specified in the grant award letter. The Department does not anticipate any barriers to achieving the goal of expending all allotted grant funds.

Projected expenditures for these funds by 6/30/17 total \$25,500 which includes the unexpended funds from FY 2014 and approximately \$22,150 from the FY 2016 award.

During SFY2017 funds were utilized in the following manner:

- 1) The Director of Adoption Support Services & Subsidy Supervisor attended the AAICAMA annual meeting/conference in Washington D.C. in April of 2017. The meeting included sessions which focused on Federal Adoption & Guardianship Assistance Programs, Interstate Practice for Children & Youth eligible for SSI, Title IV-E eligibility & issues, Civil Rights in Child Welfare, as well as federal laws and how they can be used to improve child wellbeing and strengthen permanence. The Department has committed to an increased focus on permanency and this meeting provided opportunities to maximize programming to achieve these goals. The conference was attended by representation from twenty-seven states. AAICAMA works with states and the adoption community to promote practices and policies to ensure that children who are eligible for adoption assistance receive uninterrupted supportive services. By gaining an enhanced understanding of federal guidelines and regulations concerning our children, networking, and learning from other states, this learning opportunity answered questions and is assisting us in problem solving our revisions to policy and protocol in this area.
- 2) Training and other learning opportunities were provided to 422 DCF and provider agency staff statewide. These activities focused on improving the ability of DCF staff and contracted agencies to increase successful permanency plans through adoption or guardianship and on providing adoption competent support to DCF children and families.
 - On 4/26/17 and 5/4/17 an Adoption Forum titled “Working in Adoption: Supporting Informed Practice” was held. Learning objectives included: understanding the evolving aspects of adoption to support informed practice; appreciation of the complexity of adoption by understanding the universal and unique experiences of the key players and; Skills to engage the members of the adoption team.
 - On 4/21/17, 5/1/17, 5/22/17, 5/23/17 and 6/13/17 DCF conducted training entitled, Adoption Homestudies 101. Learning objectives included: Promoting honest and sincere interactions between workers and prospective adoptive parents; identifying, discussing and writing about “red flags”; understanding how comprehensive clinically formulated home studies maximize the potential for permanence and minimize disruption and dissolution; and critical thinking in assessing families and conducting the homestudy.

Projected unexpended funds from FY 2016 are anticipated to be approximately \$34,500. Current plans for the use of unexpended funds include learning opportunities titled “Stuff No One wants to Talk About: Engaging Kids in Difficult Conversations”, “Core Clinical Issues in Adoption” as well as other clinical and critical thinking topics to better service our children and families to promote an increase in timely

permanence. In addition, all Family Resource, Adoption Development Licensing and Adoption Units will receive a copy of How to Screen Adoptive and Foster Parents: A Workbook for Professionals and Students by James L. Dickerson, Mardi Allen and Daniel Pollack.

The Department acknowledges changes to the adoption and legal guardianship incentive payment program brought about by the enactment of PL113-183. The law extended from 24 months to 36 months the length of time states have to spend incentive payments earned under the program; also the law prevents 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.

C9. CHILD WELFARE DEMONSTRATION ACTIVITIES

Since the implementation of the Department's waiver demonstration project on January 1, 2014, DCF has been serving children under the Caring Together system. This system offers families a continuity of services and providers whether a child is in a congregate care program or receiving services in their community in order to better support community transitions and strengthen child and caretaker capacity.

The primary goals of the waiver demonstration project align with the goals and objectives of the 2015-2019 CFSP as they center on increasing permanency, improving safety, and increasing well-being and positive outcomes in the community. DCF has been focusing on the successful implementation of the four primary services that are part of the waiver demonstration project: Follow Along, Stepping Out, Continuum, and Family Partner. These services allow congregate care programs and community resources to continue serving youth and family during episodes of out of home treatment and while receiving services in their home and community. DCF is also developing management and outcome reports for these service interventions.

The Department uses Title IV-B monies and flexible Title IV-E funding under the waiver to support the joint management and governance of Caring Together between DCF and DMH, and to cover costs for traditionally unallowable services under 45 CFR 1356.60 (c)(3), such as counseling or other treatment to the child, family, or foster family to remedy home conditions, personal problems or behaviors.

C10. QUALITY ASSURANCE SYSTEM

The Department anticipates implementing the MA CFSR3 PIP in July 2017. One of the Department's PIP goals (Goal 3 of 3) is to develop a robust CQI program. Toward this end, the Department is utilizing 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 will better equip 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 end of the MA CFSR3 PIP period, a robust CQI program will function 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.

MA CFSR3 PIP Goal 3: Develop a Robust CQI Program

Strategy 1: Build the CQI Model

The Council on Accreditation's (COA) public agency standards for Performance and Quality Improvement (PQI) will serve as a guiding reference. The Department's agency-wide CQI program will promote 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.
- *Key Activity 2:* Develop a clearly articulated **vision** for CQI—which sets out its direction within the Department.
- *Key Activity 3:* Develop a clearly articulated set of **values** for CQI—which establishes the parameters for its accomplishments.
- *Key Activity 4:* Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively and consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include the Department's executive team. The foundational administrative structure will promote a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.
- *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.
- *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.
- *Key Activity 5b:* Establish an agency-wide CQI team structure which promotes learning and critical thinking, and embeds a quality improvement perspective/lens for all staff across all levels of the agency. The following CQI teams will be 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.
- *Key Activity 5c:* Train CQI teams on the agency CQI model/process/content and use of data.

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.
- *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 regional offices.
- *Key Activity 3:* Develop and utilize a quality data collection system framework for gathering both quantitative and qualitative data—utilizing SACWIS 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 SACWIS 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.
- *Key Activity 4:* Establish a systematic methodology and instrument (CFSR Onsite Review Instrument (OSRI) plus DCF-specific data elements) for reviewing cases on a representative sampling universe of children who are/were recently in foster care and children who are/were served in their own homes. The case review methodology and instrument will support data collection on the following PIP items—including but not limited to the assessment of training/implementation/case practice:
 - *Goal 1, Strategy 2, Key Activity 1:* Adherence/effectiveness of DCF Risk Assessment Tool.
 - *Goal 1, Strategy 2, Key Activity 3:* Adherence/effectiveness of the Supervision Policy.
 - *Goal 1, Strategy 2, Key Activity 4:* Ability of staff to engage families in examining parental capacity and protective factors.
 - *Goal 1, Strategy 2, Key Activity 5:* Adherence/effectiveness of the Family Assessment and Action Planning Policy.
 - *Goal 1, Strategy 2, Key Activity 6:* Adherence/effectiveness of the In-Home Case Practice Policy.
 - *Goal 2, Strategy 1, Key Activity 5:* Assess impact of increasing identification of kin connections during assessment.
- *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.

- *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.
- *Key Activity 5*: Develop a written user manual and standardized instructions for completing case review instruments and for implementing the case review process.
- *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 interrater reliability.
- *Key Activity 7*: Develop a process for conducting ad hoc / focused reviews targeting specific domains when analysis and other data warrant such reviews.
- *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.
- *Key Activity 9*: Establish and implement process for analyzing data from both quantitative and qualitative data sources.
- *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

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).
- *Key Activity 2*: Review and revise DCF new worker preservice training curriculum.
 - *Key Activity 2a*: Implement revised preservice training curriculum and process.
 - *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.
- *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.
 - *Key Activity 3a*: Implement revised OJT strategy and process.
- *Key Activity 4*: Develop a staff statewide training system that provides staff with the skills and knowledge needed to carry out their duties.
- *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.
- *Key Activity 6*: Develop and implement a mechanism for tracking the 30-hour requirement for ongoing training for social workers.

Training and Technical Assistance

The Department is adopting the Children's Bureau CFSR Onsite Review Instrument (OSRI) and the Online Monitoring System (OMS) for the MA CFSR3 PIP case reviews. Training and technical assistance will be sought from the CB Regional Office. This will ensure that the OSRI is completed according to CB guidelines. Additionally, it will promote interrater reliability across case reviewers and quality assurance staff. Technical assistance will be sought from the CB Regional Office throughout the PIP period.

Data Source and Approach to Measurement

Massachusetts will review 65 randomly selected cases every 6 month period using the Children's Bureau's CFSR On-Site Review Instrument (OSRI) utilizing the CB's Online Monitoring System (OMS), until the improvement goals are met for each item or until the end of the PIP implementation and non-overlapping period. Cases reviewed between July and December 2017, will serve as the baseline data.

Forty (40, 62%) of the cases will be Out-Of-Home (OOH) cases and 25 (38%) will be In-Home (IH) cases. The cases will be stratified across the five DCF regions, allowing for all eligible cases across the state to have a chance to be randomly selected. Ten (10, 15%) of the 65 cases will be from the Boston Region as this region includes Suffolk County, the largest metropolitan area of the state.

The period under review (PUR) will be at least seven months, beginning with the first day of the sample period and ending the week of the review. Review of individual items will stop when the improvement goal for that item has been reached, or at the end of non-overlapping period following the 2-year PIP implementation period, whichever occurs first.

All cases will have an initial review by a member of the Continuous Quality Improvement (CQI) Unit. CQI Unit members will have experience and specialized training in conducting case reviews. A second level review will also be completed of every case by the Director of the CQI Unit. The CQI Unit is assigned out of the DCF Central Office and is under the senior leadership of the Assistant Commissioner for CQI. In order to eliminate bias, CQI Unit members will not review cases where they had direct or supervisory involvement. Randomly selected cases with identified conflicts will be assigned/reassigned to CQI Unit members with no prior history with the case.

The case review will include a review of the FamilyNet/i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants as further detailed below.

Case samples will be produced quarterly, on or after the 15th of the month prior to the review quarter, by the MA EHS-DCF Reporting Unit. Target children eligible for Out-Of-Home (OOH) review are those children who have been 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, will be selected from the sample lists. Massachusetts will utilize 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).

A case may also be eliminated at any point during the case review if an interview is not able to be conducted with at least one of the following: parent/legal guardian, relative placement during the PUR, or school aged target child. Cases will not be eliminated if one or more of these interviews occur, or if the case circumstances do not allow for any of these interviews. The Department will consult with the Children's Bureau related to any child interviews with school aged children in which the Department believes there is reason to not interview the child, and any case that does not include a parent/guardian. Case elimination decisions related to interview availability will be made on a case by case basis in consultation with the Children's Bureau.

Concerted efforts will be 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.

Parents whose rights have been terminated (TPR) may still need to be interviewed. The parent-related questions are NA in cases in which the TPR was before the PUR, therefore no interview of the parent would be required. Interview of a parent whose rights have been terminated would only occur in cases where the parental rights were terminated during the PUR or the parent remains involved in the child's life. In these cases, the DCF Social Worker will provide input about whether the parent should be interviewed. The decision of whether to interview these parents will be made on a case-by-case basis in consultation with the Children's Bureau.

Concerted efforts to conduct the above interviews include:

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

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

E. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Massachusetts Department of Children and Families administers the Chafee Foster Care Independence Program to support an array of services with the objectives of preparing youth and young adults ages 14-21 for successful transitions to adulthood while assisting them to develop permanent connections to caring and committed adults. In addition, the components of the Chafee funded services focus on safety and the many facets of well-being. Educational achievement, life skill mastery, and successful community integration with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth.

The Chafee funded programs are based on the principles of positive youth development and address each of the purpose areas of the legislation:

- Help youth transition from dependency to self-sufficiency.
- Help youth receive education, training, and services necessary to obtain employment.
- Help youth prepare for, enter and succeed in post-secondary training and educational institutions.
- Provide personal and emotional support to youth through mentor-type relationships and the promotion of interactions with dedicated adults.
- Provide financial, housing, counseling, employment, education, and other appropriate support services to former foster care youth ages 18-21 to complement their own efforts to achieve self-sufficiency and to ensure that program participants recognize and accept their personal responsibility for preparing for and then making the transition to adulthood.
- Make ETV funds for education and training, including post-secondary education, available to youth who meet eligibility requirements.
- Provide services to youth who, after attaining age 16, have left foster care for kinship guardianship or adoption.
- Ensure that children who are likely to remain in foster care until age 18 have regular, on-going opportunities to engage in age or developmentally appropriate activities.

The programming has been developed and refined since the submission of the strategic plan with input from a variety of stakeholders including foster youth, former foster youth, DCF staff, provider staff, foster parents, as well as other Massachusetts state agencies and colleges serving transition age youth and young adults. An enhanced focus on transitional housing supports as well as public and private collaborations, particularly for youth employment, is noted in later sections of the report.

Description of Program Design and Delivery

The Department has designed programming to address the varied service needs of the youth and young adults in the agency's care and/or custody.

Adolescent Outreach Program

The Adolescent Outreach Program has been using a strength-based approach to service delivery since the implementation of a pilot version of the program approximately 20 years ago. Services now are more robust and include intensive, individualized life skill assessment and training to current foster youth and young adults ages 14-21 from across the state to assist them in developing necessary 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 attaining age 16 and to former foster youth who discharged from DCF between ages 18-21.

Outreach services seek to address each of the purpose areas of the Chafee legislation 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 have participated in training (and continue to do so) to ensure that our services are affirming the sexual orientation and gender identities of our youth/young adults. Program staff has provided advocacy on behalf of LGBTQ students, especially with schools and colleges. Dorm room assignments, school or camping trips all require knowledge of the needs of the individual, particularly when the youth/young adult identifies as transgender.

The Outreach staff members also assist youth with planning for and succeeding in post-secondary educational settings as well as vocational training programming.

Strength-Based Approach

Feedback from the youth and young adults served by the Outreach Program confirms the staffs' belief that the relationship model is a significant factor in the program's success. Outreach Program staff ask the youth what they wish to set as a goal (short or long term). The strength-based approach and focus on youth engagement with a youth development base have enabled the staff to engage youth in the service when others has failed. This same strength-based approach has inspired the Department's internship program as well as the ETV support model. Outreach staff believes that youth and young adults are essential partners in their own goal setting, service planning, and life skill training, a key factor which facilitates their successful transitions into the community. Youth and young adults are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively - within a safety net of adult supervision and support. Assisting youth in identifying their educational/vocational goals and developing strategies to realize their potential are critical tasks for program staff.

Youth are also supported in handling mistakes, disappointments, and failures. The ultimate goal is to equip youth to live interdependently within the community, become self-supportive and able to advocate for themselves, as necessary. Through focused discussions around decision-making/problem-solving, community-based activities and goal-focused skill building tasks, youth work to develop the skills necessary to cope with the challenges of adulthood and live self-sufficiently in their communities. Adolescent Outreach staff works closely with the DCF primary case managing social workers, foster parents, congregate care providers, community service providers and adults important to the youth to offer opportunities for youth and young adults to learn life skills through practical activities and achievements in their communities – making efforts to normalize their experiences. The Department administers the Chafee funded Life Skills Program which pays for such items as bus passes, laptops, camperships, sport team dues/uniforms, high school senior dues, etc.

The Department's Foster Child Bill of Rights (2009) and the Sibling Bill of Rights (2012) support these goals. The Department's revisions to the Permanency Planning Policy in 2013 align with the Fostering Connections law encouraging permanency, sibling connections, extended voluntary care for transition age youth to support optimal goal achievement. The staffs of the Adolescent Support Services Unit have continued to provide focused training, pre-service training to new staff and technical assistance to agency staff, providers and foster parents to strengthen understanding and practice of the policy as it addresses youth and transition age young adults. These opportunities for training and technical assistance will continue. Four new trainings are planned for FY 18 including Transition Planning; Permanency Strategies for Working with Older Youth.

The updated PAYA (Preparing Adolescents for Young Adulthood) Life Skills curriculum is now being distributed to providers and foster parents on flash drives to facilitate their life skills preparation work with youth.

Youth Served

From July 2016 to May 2017, the Outreach staff served 1621 youth and young adults. Of these, 487 youth and young adults received or are presently receiving intensive, weekly individualized life skill assessment to identify their strengths, life skills training to address their needs, as well as assistance for youth in developing and strengthening lifelong connections to caring adults. These services support the youth in mastering the skills they will need to live successfully in the community upon discharge from agency care. The other 1134 youth and young adults received assistance from Outreach staff to assist with job search, education, financial aid/college applications, housing support, Mass Health applications, and referral/resource information. The outcome statistics are derived from the 487 youth/young adults served in the program this past year. Additionally, another 10 youth/young adults have begun working with an Outreach worker this May 2017; however, as their participation is so recent, their progress is not calculated in the outcomes.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those who are receiving Young Adult Support Payments and youth eligible for guardianship/adoption. It is expected via contract requirements that youth/young adults in Comprehensive Foster Care or congregate care are provided similar life skill preparatory services in their placements. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements. However, when a social worker requests Outreach services for youth/young adult in a contracted placement that needs additional transition support, an Outreach worker will be assigned. Also, youth/young adults who received Outreach services in a previous year may return for services – intensive or short-term focused at any time prior to age 21 – per Chafee Program guidelines.

Youth/young adults are referred generally to the Outreach Program by the primary case managing social worker. Outreach workers also identify prospective clients by reviewing the report of youth in placement. Current programming/staffing focuses primarily on youth/young adults ages 16 and older for two reasons: youth younger than age 16 have in the past not demonstrated sustained engagement for weekly life skills meetings and present staffing levels would not currently support the expansion of services to youth ages 14 and 15. However, the Outreach staffs do serve 15-year-olds when their needs may be met by the program. The PAYA life skills curriculum is available to all youth in DCF placements age 14 and older and is now offered on a flash drive.

As in previous years, the majority of youth served in the program are age 17 to 21. The vast majority, 97% of the youth on the active caseload as of May 2017, were open for case management and placement services with DCF; five percent of these youth had previously discharged from DCF and later returned to placement. These young adults include self-referrals and those referred to the program by community service agencies, homeless shelters, former foster parents, DCF social workers, etc. Given the updated Permanency Planning Policy, we expect to see a continuation in the high numbers of youth who choose to sign a voluntary placement agreement with DCF when they reach age 18. Three percent of the active Outreach cases were closed with DCF –no longer in DCF placement.

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

Staffing and Service Overview

The program is presently staffed by 20 Outreach workers and 5 (full and part-time) Supervisors. (There are three vacancies at this time.) Overall program management is provided by the Director of Adolescent Support Services. The Outreach workers are assigned to an area office. In some instances of smaller offices, the Outreach worker covers 2 offices. The Outreach supervisors cover an assigned region.

The Outreach staffs provide weekly service to the youth and young adults on their Active Caseload and contact with the youth/young adults who have moved from the Active Caseload to Tracking for 6 months – to provide any additional support needed. Outreach workers also provide resource information to youth, staff, providers and foster parents. Often Outreach workers will provide short-term services to youth around education, housing, and life skills or any number of other issues that may arise. Since implementation, the program has categorized this work as contact services and has not included these youth in the active or closed caseload count. However, given the extent of the services provided during these contacts – sometimes as much as weekly meetings that continue for many weeks, we are reporting these numbers to capture the full extent of support provided.

This past year staff provided 1134 youth with such support. This number is most likely higher than reported as the Outreach staff members have assisted many youths with completing the NYTD survey this year and in the process have connected them to DCF support services, educational programs, etc.

Determining Eligibility for Benefits and Services (Section 477 (b) (2) (E) of the Act)

Massachusetts DCF uses the Chafee Program guidelines and criteria for program participation to determine which youth and young adults are eligible for services. DCF also provides Chafee services for eligible youth/young adults from other states who are temporarily living in Massachusetts or attending college here as well as those who have moved to MA after discharging from another state at or after age 18.

Outcomes

Permanency and self-sufficiency are the two principal objectives of the Adolescent Outreach Program services that are provided to current and former foster youth. This relational model of programming provides a highly individualized approach and accommodates youth with a variety of clinical issues and cognitive functions. This program strengthens the agency's capacity to better prepare youth, age 14-21 for their transitions to adulthood with stronger permanent adult connections and developed life skills.

Since its implementation, the Adolescent Outreach Program has continued to assist youth to reach their life skill goals. Highlights of the most recent statistical review in May 2017 are presented below. The percentages are based on a total of 261 youth/young adults between ages 16-21 who had received program services this year but have been discharged from the program. Most of these youth (75%) are open with DCF; of these youth, five percent had left agency care at or after attaining age 18 and returned for services. Twenty-five percent (25%) were closed cases.

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

Education

- 78% attained a high school diploma
- 3% attained a GED/HiSET certificate
- 16% were still enrolled in high school
- 2% were enrolled in a HiSET program
- 1% dropped out of school
- <1% enrolled at Job Corps

Among these 212 youth who completed high school or a GED/HiSET ----

- 22% were enrolled in a 2-year college
- 21% were enrolled in a 4-year college;
- 1 % completed a post-secondary vocational training program
- 3% were enrolled in a post-secondary vocational training program
- 9% have been accepted to a 2-year college to begin in the fall;
- 4% have been accepted to a 4-year college to begin in the fall;
- 1% completed a vocational training program at Job Corps

Employment*

- 24% of the youth were employed full-time
- 38% part-time
- 12% were working part-time during school year and full time in the summer
- 7% have secured jobs for the summer
- 1% were for internships or volunteer work
- 2% were not working due to pregnancy or parenting responsibilities
- 2% were not working due to educational commitments
- 1% were not working due to placement issues
- 3% were not working due to documented disability
- 1% were in the military
- <1% were at Job Corps
- 9% unknown

Additional Information

- 2% were participating in an internship or volunteer position in addition to employment
- 12% were enrolled with a Career Center

**The employment statistics reflect the fact that 69% of these youth were still attending high school, HiSET classes, college or vocational training at the time of reporting.*

Other Source of Income

- 2% were receiving Social Security disability benefits
- 50% were receiving state-funded Young Adult Support payments
- 1% were receiving TANF
- 10% were receiving SNAP benefits
- 38% received ETV payments this year
- 33% used the MA Tuition and Fee Waiver
- 30% received state Foster Child Grant funds for full-time post-secondary education

- 2% had utilized a Family Unification Housing Voucher through the Outreach Program.

Placement

- 22% living in their own apartments with or without roommates
- 14% living in college dorms
- 13% living with friends and paying rent
- 13% had returned to live with their immediate or extended family
- 10% living in DCF foster homes
- 7% living in a kinship foster home
- 5% living in a contracted foster home placement
- 4% living in an independent living program or group care
- 2% living with former foster parent- paying rent
- 2% living with former foster parent – no rent
- 1% in the military
- 1% renting a room
- 1% living with friends-not paying rent
- unknown

Other Services

- 10% of the youth were taking psychotropic medications as prescribed
- 5% were prescribed psychotropic medications but were not taking them
- 5% were receiving services from the MA Rehabilitation Commission
- 1% were on probation through the courts
- 1% were receiving substance abuse services
- 1% of youth were receiving services from the Dept. of Mental Health

Additional Outcomes

- 75% had a connection their birth mother (5% of birth mothers were deceased)
 - 16% were in touch via telephone/social media only
 - 58% were visiting with birth mother
- 51% had a connection to their birth father (5% of birth fathers were deceased)
 - 19% were in touch via telephone/social media
 - 33% were visiting with birth father
- 99% of youth have a community support system
- 99% of youth have an identified lifelong connection
- 92% of the youth who had siblings were connected with them; of these youth:
 - 10% through phone calls only
 - 82% were visiting or living with their siblings
- 90% of the youth have a connection with their extended birth family; of these youth:
 - 7% through phone calls only
 - 83% are visiting with 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 encourage normalizing activities and experiences. The following services/programs are designed 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 PAY A curriculum include five (5) 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
- Module 5: Young Parents Guide – Sexuality, Reproduction, Decision-Making, Pre-Natal Care, Pregnancy, Child Development, Child Safety, Physical Care, Education and Career Planning and Housing

Revisions and updates to the modules have been completed this year, and the curriculum is now more readily available to foster parents, providers and staff on flash drives. DCF is planning on posting the curriculum on the DCF website for greater accessibility.

The Adolescent Services staff provided life skills and youth development training statewide this past year. There was 11 PAYA certification trainings across the state this year and 5 trainings on supporting foster youth in post-secondary education. All DCF staff contracted and state agencies, community partners, and foster parents are invited to attend these trainings which address the use of the curriculum and the implementation of the program services. The training presents strategies for working with adolescents around readiness for community living and teaching the wide range of life skills. The practice of the newly acquired life skills well as the inclusion of activities of normalcy whenever possible are essential components of this work with youth. Transition planning and the after-care needs of youth are also addressed in the training.

The Department's revised Permanency Planning Policy (effective July 1, 2013) requires all Comprehensive Foster Care (IFC) contracted providers and congregate care providers to complete the Youth Readiness Assessment Tool for the same population of youth and young adults specified above. Foster parents, providers, and staff are encouraged to integrate the information and activities suggested in the modules into the daily learning opportunities for youth in their care. The PAYA incentive program is also available to these youth.

PAYA Incentive Program

Since the implementation of the PAYA Program, the Department has utilized incentives to reward adolescents 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 their achievement – as well as the tangible reward. In order to qualify for an incentive, a youth must master the skills addressed in the individual life skill module. Youth may

request \$50 for a life skill related item or a one-time payment of \$300 toward driver education training. From June 2016 to May 2017, DCF processed 329 PAYA incentive requests: 219 for \$50 and 110 requests for the \$300 for driver education. The total amount awarded was \$44,200.

PAYA Life Skill Groups

Southern Region: Twelve youth successfully completed a PAYA group that was held in the fall of 2016. The focus was on Money, Home and Food Management. Specific emphasis on the following– housing search, leases, and tenant's rights. The group also learned about budgeting/using coupons for groceries, understanding nutritional labels, meal planning. Bay Coast Bank presented youth with a training on creating budgets, using ATM cards, preventing overdrafts and establishing credit. Outreach staff also discussed with youth that credit checks are provided for DCF youth age 14 plus and the importance of these checks. Youth also gained knowledge on the importance of good credit, and what credit scoring and credit reporting agencies are. Youth received \$50 incentive for completing the group.

Western Region: Eight youth met for eight weeks on employment skills building. The topics ranged from completing job applications to job maintenance. The youth developed their resumes and cover letters, practiced interviewing, and discussed the importance of time management and positive communication. All the youth applied for summer jobs through YouthWorks.

Additional life skill groups are planned for FY 18 in each region of the state.

Life Skills Support Program

The Department is committed to facilitating youths' connection to school and community activities, and toward this goal utilizes Chafee Program funds as well as state funds for this purpose. The Chafee program funds are used for a variety of activities such as team athletics/uniforms, senior class expenses, SAT prep courses, high school activity fees, short term transportation, computers, etc. Chafee eligible foster youth including youth adopted or guardianship with kin after age 16 and those youth who discharged from placement at or after age 18-21 may be awarded funds to support their life skill development and transition needs. Between June 2016 and May 2017, DCF awarded 579 foster youth and young adults a life skills payment for a total of \$368,046.

DCF Internship Program

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

These internships give youth a chance to explore potential career opportunities and encourage youth to set educational and vocational goals, form natural mentor connections with employers and employees in a career/field they are interested in and gain experience in a professional work setting.

DCF youth are paid a stipend by the Department (Chafee funds) for their participation in this program. The average youth initially works 40 hours with an opportunity for a 40-hour extension. The youth receives a \$7 an hour stipend. The stipend payment is managed by the Outreach Worker and given to the youth when the employer verifies that the hours have been completed. Some youth go on to be hired by the employer and/or form lasting mentoring relationships. The internship program has been a great way to introduce youth to a vocational or professional work setting and motivate them to continue with their educational goals.

During FY 17, 46 youth were matched with internship placements. Of these, 34 youth have completed their internships and 12 youth have ongoing internships.

Of the 34 completed internships:

12% of youth were hired by the employer following the internship;
15% of participating youth have reported a continued mentor relationships with their employer; and
12% of youth continue to volunteer at their internship placement

Some of the internships this year included:

- BMB Computer
- Broadway Hair
- Camp to Belong
- Cantella, Inc.
- Cohen's Optical
- Curry Printing
- DCF
- Elsa Day Care
- Irmstrong Farm
- Happy K-9
- Lawrence High School
- Print and Design

The Department's partnership with Cantella, Inc., a Boston financial firm has grown over the past year. The first Career Night for foster youth was held at Cantella's offices on May 16 with 30 foster youth in attendance. Professionals from a variety of careers including nursing, finance, education, law enforcement, computer science, human resources and the law presented information about their work and answered questions from the youth. The professionals advised the youth on resume development, interview tips, networking and much more. The feedback from the youth was very positive. Cantella and DCF are planning a second Career Night for 2018.

Employment Efforts

- Assisting our youth on developing employment skills - including readiness, search, and maintenance - is one of the fundamental goals of the Outreach Program. As of May 2017, 352 youth or 72% of the 487 youth who are receiving or had received Outreach services during this fiscal year were known to be employed at this writing. An additional 59 youth (12%) had secured summer jobs and are scheduled to begin summer employment soon. There was also 9 youth (2%) were participating in an internship or were volunteering. The Outreach staff will continue to assist youth in developing work readiness skills and facilitate access to job placement services in FY 18.

- The relationships that Adolescent Support Services/Outreach staff continue to develop with the local career centers and Youth Works across the state is directly benefiting the youth they serve with improved access to summer jobs, job training programs and funding for vocational training programs. This access to WIA funding of vocational training programs is particularly beneficial to youth who attend a post-secondary school that is was not Title IV eligible, and, therefore, not covered by the Federal Education and Training Voucher or the MA State Foster Child Grant Program. As of May 2017, 50 youth or 10% the youth who are presently being served or were served by the Outreach Program in FY 17 were also receiving services or funding from the Career Center. An additional 34 youth (7%) applied for summer employment through WIA.

CFCIP Services across the State

The services funded with the Chafee Foster Care Independence Grant funds are available to eligible youth and young adults across the state – life skills training, internships, discharge support, etc. In the area offices where there is not an Adolescent Outreach worker assigned, the Regional Outreach Program Supervisor will provide the access to Chafee funded services and supports.

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

Housing Support, Room and Board Assistance, Homelessness Prevention

Many of the young adults reaching age 18 in DCF custody/care choose to sign a Voluntary Placement Agreement with the agency to continue in care. Therefore, the state provides the funding for placements for youth/young adults ages 18 and older – from foster care, to Comprehensive Foster Care (contracted) to independent living programs. In addition, the DCF utilizes the state-funded Young Adult Support Payments to directly provide room and board funding to young adults who are determined by DCF to be responsible and able to safely manage these funds. As of April 2017, there were 1708 young adults age 18 and older in agency voluntary care.

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

The Discharge Support Program, managed by the Adolescent Support Services Unit of DCF, supports start-up costs (i.e. first month’s rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth. Transportation expenses are also included in the discharge support category. This past year from June 2016 to May 2017 (to date) – 57 young adults received discharge payments for housing and related expenses totaling \$66,300. Funds may be paid directly to the young adult **or** to the landlord. If necessary, the checks may be written to the young adult and mailed to the DCF area office so that the Outreach worker or social worker can assist the young adult in paying the rent and other living expenses. If the young adult’s behaviors are such that providing money without his/her willingness to work with Outreach staff as described above would likely

jeopardize safety, then the young adult is informed of the program and given contact information so that he/she may call at any time and request assistance.

Given the Department's focus on achieving permanency for our children and youth, many youths are leaving care/custody to return home prior to age 18 –making them ineligible for the Discharge Support funds. Also, in July 2013 the DCF modified its Permanency Planning Policy to broaden the criteria for youth/young adults to remain in voluntary care beyond age 18 – up to age 22, we are seeing more young adults leave care at or after age 21 – making them ineligible for the Chafee Discharge Support funds. An increase in the age for eligibility for Chafee funds would be beneficial to these young adults as they transition into the community.

With the Department's Foster Care Reviews for youth age 17 and older in DCF custody/ care, there are opportunities for the youth to be informed of this resource. Further efforts to inform youth, staff and providers of this transition benefit include training of staff in the area offices and at the pre-service/CORE training for all new staff; training of providers at PAYA trainings and technical assistance meetings. Outreach workers regularly inform youth at Youth Advisory Board meetings of the resources and request that they share the information with other foster youth. As our Outreach staff contact young adults for the NYTD surveys, they are also discussing the Discharge Support Program as well as all the other Chafee funded services and higher education funding that is available to them.

Below is a summary of the housing supports offered through state and federal housing funds, DCF, as well as donated supports.

- *Voluntary Placement Agreement and Options* - The Department's Permanency Planning Policy mirrors the Fostering Connections guidelines for continuation in voluntary care. DCF encourages youth who attain age 18 in custody or care to request continued care with the Department to pursue their educational and/vocational training and access the services they need to reach their potential as participating citizens. The Voluntary Placement Agreement (VPA) that both the youth and the agency staff must sign has been modified to allow for agreements between the young adult and DCF and to specify the expectations of continued care. This new form also includes reference to the Health Care Proxy and the annual credit reviews.

As of April 2017, there were 1708 young adults age 18 and older in DCF placement settings. In addition to foster care and congregate care placements for youth ages 18 and older, the Department provides Young Adult Support Payments directly to young adults that DCF staffs believe are responsible and able to live in an approved placement (i.e. college dormitory, apartment with or without roommates). Via this provision, young adults receive a stipend to fund their living costs and daily expenses. These youth are most often either attending an educational program or are training for a job/career. DCF social workers provide case management services. The area office Adolescent Outreach Worker may assist with supervision and support. As of April 2017, there were 781 young adults statewide who were receiving Young Adult Support Payments.

The supports available for post-secondary education and vocational training from both the federal government and the state are certainly an incentive for youth to pursue their educational goals. Youth are encouraged to stay in school to achieve their diplomas, GED certificates or to pursue post-secondary education or vocational training. At this same time, the agency has been working to re-connect youth to their families when safe and appropriate to do so and to ensure that youth have identified enduring relationships with caring and responsible adults prior to their discharge. Seventy-five (75) percent of the youth served and discharged from in the Outreach Program this year have connections with their birth parents (phone, social media or visits) and 90% were connected with their

extended families. Their connections with siblings were even higher at 92%. More details of this contact are available on page 16 of this report.

- *Sisters of Charity* - DCF has continued its partnership with the Sisters of Charity for more than 12 years to provide housing accommodations for female students age 18 and older who are currently or formerly in the care of DCF and are now pursuing post-secondary studies. The Bachand Residence for Girls is an ideal example of collaboration and the valuable support that caring members of the community can offer to young adults preparing to transition to adulthood. The Sisters are responding to the community need for safe, stable housing for DCF post-secondary students who are attending community college or vocational training programs which do not offer housing accommodations. The Sisters of Charity rent DCF students private rooms in a previously vacant wing of their building. In addition to their own rooms, the young women have a kitchen and dining area, a lounge, computer room, laundry and storage area. The Department provides a monthly stipend to these students to assist with their rent and living expenses. The students are only accepted as referrals from the DCF. An assigned staff person works closely with the residents and the Sisters as the program changes/adapts to fit the needs of these adolescents. This past year, 15 young women have been residents at Bachand Hall.
- *Paige Street Apartments* - The Lowell Area office of DCF has also collaborated with community housing advocates and a developer to create a housing program for young men in the Lowell area, Paige Street Apartments. The program includes 10 one bedroom apartments. Nine of the apartments are reserved for DCF young adults ages 18 and older in voluntary care and receiving Young Adult Support Payments, and one room is for the Resident Advisor (RA). The apartments are very affordable as the group was able to secure project-based Section 8 vouchers for the units. The young adults pay 30% of their income for rent. They are responsible for their own use of electricity and cable. The building also has a common area in the basement for the residents to gather and a location for the young adults to meet with their social workers. The expectation is that the residents will attend college or a vocational training program. The program has been successful with an ongoing waiting list.
- *Outreach* - Outreach staff members maintain contact with local/regional transitional living programs and shelters, including those funded via the federal Runaway and Homeless Youth grants to identify youth/young adults who may be eligible for our Chafee funded services.
- *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 have been assigned for "transition age" youth. These vouchers are limited to an 18 month period, unlike the standard FUP vouchers. As the young adults awarded the 18-month FUP vouchers are required to work with an Adolescent Outreach worker, the program is referred to as the FUP-AOP. Since 2009, we have maintained 28 vouchers for the transition age youth. Outreach staff is assigned to work with each recipient to support them with educational pursuits, money management, employment, housing and other needs that may arise. The young adults must be eligible for Chafee funding; however, they do not have to be in the voluntary care of DCF.

Below is an overview of the details for the young adults with FUP vouchers as of May 2017.

FUP Program Summary – 2017

This year the program has served 30 young adults. Presently 23 young adults are in their apartments using their vouchers or are in the process of securing housing. Five young adults completed their time

with the FUP Program and moved on to secure housing. Another two of the young adults who completed the Family Unification Program this past year moved on to participate in the Youth Transitioning to Success Housing Program.*

FUP Participants – 23

Employment

22 working full-time or part-time

Education

- 2 Enrolled in High School
- 16 Enrolled in College
- 3 Enrolled in a Vocational Training Program
- 2 Not in school (working)

An additional 5 referrals are in process.

*After successfully completing their 18-month FUP voucher, two young adults have moved from the FUP-AOP into the DHCD/DCF Youth Transitioning to Success Program. Description follows.

Two challenges to the program enrollment:

Some young adults prefer not to live alone choosing a roommate or living arrangement with kin over their own apartments.

The Family Unification Program is designed to benefit those who do not work or work few hours. The higher the renter's income the more the renter pays as their portion of the rent (30%). The standard does not reward young adults with a strong work ethic. This is one of the reasons DHCD and DCF developed the program described below.

Youth Transitioning to Success Program (YTTSP)

The Department of Housing and Community Development and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP) following feedback from focus groups of young adults who participated in the Family Unification Program (FUP) for transition age youth as well as input from DCF Outreach staff. This program was implemented in 2011 and designed to assist youth who have been successful with their FUP voucher. The model includes many of the principles of the Moving to Work Program. Some of the features are subsidized rent; a special needs account for approved emergency expenses as well as an escrow account to assist youth to save for the future. A significant difference from the Family Unification Program is the rental structure. Participants receive rental assistance based on the fair market value of the area where they will be residing. The young adult will be responsible for paying and differential payment in rent, and all utilities. Rent is not dependent upon the participant's income, allowing her/him to save money. The first year 80% of the rent is paid for the young adult; 65% is paid in year two, and 50% is paid in year three.

The participants are required to be enrolled in a post-secondary degree program/vocational training program and to work at least 12 hours weekly. This YTTSP Program also includes assigned Outreach workers to assist the young adults with managing the responsibilities of money management, education, employment and housing.

This year the program served 6 young adults. Four young adults presently remain in the program. All are working and in school. Of the two young adults who completed the YTTSP Program, FY 17 both

achieved Bachelor degrees and successfully completed the program. Two additional young adults have been referred to the program and are in the process of transitioning from the FUP-AOP to the YTTS Program.

The YTTS Program has been very successful for our foster youth. The collaboration between DCF and DHCD continues to be productive. A new housing program has been developed this year for full-time college students who have demonstrated the ability to successfully manage their own apartments. They are able to participate in the YTTS Program – College Track without first participating in the FUP-AOP. Two students are now in this program; both are working part-time and attending college full time.

National Youth in Transition Database (NYTD)

NYTD Review – Massachusetts is scheduled to participate during the third round of reviews. The state has met the compliance standards since the implementation of the program. The staffs who participate with the NYTD effort, the Youth Advisory Boards, agency management team and other stakeholders have been apprised of the review schedule.

- DCF has shared the NYTD data with statewide managers to continue assessment of the implementation of the Permanency Planning Policy and our efforts to support permanency for all foster youth. Discussions continue regarding all the data components including the youth report surveys. DCF has shared the NYTD information with the Massachusetts Alliance for Families (MAFF), the foster/adoptive advocacy association that is dedicated to enhancing the quality of life for foster children and foster families. The areas noted as strengths – school enrollment/achievement and permanency connections were shared as well as other survey outcomes. 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 outcome data has been shared with members of the Youth Advisory Boards since the initial data was available. Staffs continue to ask these youth leaders for their suggestions for strategies for engaging youth/young adults to complete the surveys. They have also helped staffs determine which survey questions needed more explanation to avoid misunderstanding and incorrect responses. Of note is the question on homeless experiences. The Board members identified that question as open to interpretation as some youth might believe they were homeless if they ran from a DCF placement. They also questioned how the responses should be viewed if some youth have different perspectives on the question's meaning. Robust discussions were generated. The feedback from the members of the Youth Advisory Boards has been valuable –from their recommendations that youth need better education around Mass Health eligibility and coverage to recommendations that more vocational training options be available to foster youth who struggle with academics. The survey data is of particular interest to the Board members as well as DCF and other stakeholders to inform toward improved services.
- Discussions of the NYTD requirement and agency efforts to collect information on all the services delivered to youth ages 14 and older have been ongoing with staff, managers, providers, foster parents, youth leaders and other stakeholders. Greater emphasis on the data entry of services delivered to youth – documentation in the NYTD Window on the Family Net system is a goal. The current data is not capturing all the support services delivered to the adolescents in the federally designated “served population.” Efforts will continue to increase the entry of all services provided.
- DCF has continued its effort to improve NYTD data collection – using a variety of opportunities (provider meetings, staff meetings, staff and provider trainings) to inform/remind staff, foster parents and providers of the importance of assisting the agency in accessing the youth/young adults to administer the surveys. Outcome data has been shared and discussed.

Highlights of Survey Responses of 192 Youth Turning Age 19 in FY2016

- 94% of the youth responded that they had at least one adult in their lives (other than their DCF social worker) to whom they could go to for advice and emotional support;
- 65% of the youth reported that they were enrolled in an educational program;
- 31% of the youth reported that they had a part-time job;
- 13% of the youth reported that they had a full-time job;

Collaboration with Youth and Other Programs

On an ongoing basis, the Department seeks input in planning and refining CFCIP services from the members of the Regional Youth Advisory Boards and the Massachusetts Network of Foster Care Alumni. Members of the Youth Boards and the Alumni Association also participate in CSFR reviews and NYTD efforts.

Youth Advisory Boards

The Department's Youth Advisory Board has been active for more than 17 years. Presently, there are 30 members of the Regional Youth Advisory Boards who are committed to promoting change for future foster youth through their voice, advocacy, and action. They provide recommendations to the Department on services, policy and practice. Additionally, they want to ensure that foster youth are known for their strengths, achievements, goals and not labeled negatively.

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

The youth leadership achievements this year and future planned activities are described below:

- Board members participate in the area office Youth Panels – meeting with foster youth turning age 18 who are considering signing on with DCF under voluntary care. The Board members discuss the value of continuing in care after age 18, setting goals and working to achieve them. The Panel also meets with youth who have discharged from care and are requesting to return. The Board members function as youth advocates supporting them through the meeting. They assist offices in making decisions, offer recommendations, and inform the youth/young adults of the Chafee services/funding available to them.
- The Youth Advisory Boards are often asked to offer feedback on a number of issues relevant to the Department. This year they were asked to provide feedback on the issue of the agency's Youth Readiness and Assessment Tool and transition plan format.
- Board members assisted in the planning for the Youth Leadership Institute last July and are working now on this year's Youth Leadership Academy and Youth Summit to be held on July 19 and 20, 2017.
- Members attended a support group for Grandparents Raising Grandchildren to inform them of the educational opportunities available for their grandchildren in agency care.

- YAB members advocated with local cities/towns for summer jobs and internships for foster youth.
- The Central Region Board members assembled 50 care bags for teenagers that come into DCF care. These care bags contained personal hygiene items, comfort items, clothing items, art supplies and books. They continue to identify funders/donations and expect to grow this project during the next year.
- Northern Region Board members presented at a training of staff on the importance of permanency and life-long connections for foster youth.
- DCF maintains its participation in the New England Youth Collaborative – a regional youth group dedicated to improving the services/resources and outcomes for foster youth. Each New England state has 2 youth representatives. This year the group has been working on methods for information New England foster youth of their educational benefits.
- Again this year, DCF Youth Advisory Board members participated in the production of the annual graduation video that was presented at the Jordan’s Furniture Youth Achievement Celebration this May 7th, 2017. The video is also used for training new social work staff, foster parents and as a recruitment tool for adoptive and foster parents.
- Members of all the regional Boards continue to participate in MAPP trainings and regional recruitment events, sharing their experiences to help train and recruit Foster and Adoptive families. Board members also participated in the DCF Adoption Option event this past September to assist in recruiting foster/adoptive homes for transition age youth.
- Members spoke at Area office legislative breakfasts to present the youths’ perspective on foster care.
- Members assisted with the Education Open Houses at the area offices for younger foster youth interested in post-secondary education.
- Youth continue to participate in trainings, including CORE training, for social workers and supervisors to talk about the needs of youth in DCF care/custody.
- Again this year, Board members have given back to their communities by volunteering at homeless shelters, nursing homes and hosting food drives.
- Board members have been very helpful in assisting DCF with strategies for reaching out to foster youth regarding the NYTD surveys.
- Members have provided feedback to the state Department of Housing and Community Development on the current subsidized and supportive housing programs developed in partnership with DCF. One positive outcome has been the creation of a third housing program for young adults attending college full time – the Youth Transitioning to Success Program – College Track.
- Board members also planned and hosted an Easter Egg Hunt at one of the Boston area offices for foster children.
- The Department’s teen newsletter, *The Wave*, has continued to provide a voice for youth in care and is an effective means of informing youth of the opportunities/services available to them both in the agency and the community. THE WAVE is available on the DCF Intranet.

- Board members volunteered at the Boys & Girls Club and the Wish Come True Foundation.

Continuation of all these activities is planned for FY 18.

The Massachusetts Network of Foster Care Alumni

The Massachusetts Network of Foster Care Alumni, initiated and funded through DCF, has continued to grow this past year. Its purpose is to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities for service and leadership. The Network's Advisory Board has a strong representation of foster care alumni. The bylaws require 51 percent of the Board have experience in foster care. With its 501c3 certification, the Association is better positioned to raise funds and eventually become independent of agency funding. The sixth annual Thanksgiving Dinner for foster youth alumni was held on November 17 this fiscal year - offering alumni the opportunity to network with one another and learn more about the opportunities the Massachusetts NFCA offers. The seventh annual dinner will be held again this year. Each year the membership grows and the activities expand across the state providing foster care alumni many opportunities to connect with one another and benefit from the community of support. This June the MA NFCA is sponsoring a Walk-A-Thon to expand awareness and raise funds to support additional group activities.

Collaboration with Other Private and Public Agencies

- DCF partnered with Bridge Over Troubled Waters this year to submit a proposal to HUD for the Homeless Youth Special Populations Grant. Funding was awarded for the housing program to serve former foster youth and/or foster youth exiting DCF care that chose not to continue with DCF placement on a voluntary basis.
- DCF continues its collaboration with the state Department of Housing and Community Development to manage the Family Unification Program Vouchers (FUP) for housing for transition age youth and the newer program, the Youth Transitioning to Success Program (YTTSP) (Fuller descriptions can be found in the housing section.) To date, we have served or are presently serving 178 young adults with FUP housing vouchers and 62 young adults in the YTTSP.
- The collaboration between the Department of Children and Families and the MA Department of Medical Assistance has supported Massachusetts' utilization of the federal Chafee Provision allowing states to provide Mass Health coverage for youth who discharge from placement at or after age 18. This benefit is provided up until their 21st birthday, and here in MA annual re-application has not been required. DCF and the Department of Medical Assistance have been working to facilitate the continuation of Mass Health - Medicaid to eligible young adults so that they do not experience a gap in coverage from "in placement" Mass Health to the coverage under the Affordable Care Act eligibility. Additionally, DCF and Mass Health staff work closely to facilitate access to FFC Mass Health for former foster youth over age 21 who lost coverage after attaining age 22. DCF and the office of Medicaid are working on a flyer to share with young adults, DCF staff, foster parents and providers/advocates that will assist in streamlining the application process. The CIP Youth website: <http://www.masscip.org/content/chapter-nine> is also a useful resource. DCF has provided and will continue to provide outreach and education to foster parents, young adults, staff, providers regarding this benefit to identify young adults who are eligible but no longer in agency care. DCF has provided information about the FFC eligibility in its Youth Newsletter, Higher Education Newsletter, and foster parent newsletter. Outreach staffs also share this information with young adults as they administer the NYTD survey. As these individuals are identified, DCF Outreach staff members

follow their applications through the approval process. The Department of Medical Assistance has identified two staff to facilitate processing of these applications and address any problems that arise. DCF now employs medical social workers to assist with care coordination. (Massachusetts has also selected the option to cover former foster youth from other states, as well.)

- DCF will continue to participate in the Advisory Board of the STAY (Success for Transition Age Youth and Young Adults) Project of the MA Department of Mental Health, which is funded through an SAMHSA Grant. The purpose of this grant is to engage youth/young adults with a serious mental health disturbance (SED) and to promote age appropriate services.
- Again this year, the Worcester County District Attorney's Office and the Worcester County Sheriff's Office provided training to our foster youth and staff on the topics of distracted driving and the dangers of substance abuse.
- The Outreach Program staff routinely refers youth/young adults to community-based agencies for health care, pregnancy prevention and STD prevention and treatment. Staff members receive trainings from the state Department of Public Health, Planned Parenthood League, and other specialists on how to help youth/young adults care for themselves and make informed decisions about their sexual behaviors.
- DCF Adolescent Services staff members have continued to work collaboratively with staff at the Board of Higher Education, the state universities, the 2-year public colleges as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of our shared students. DCF Adolescent Support Service staff have continued their 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. Outreach to the private colleges and post-secondary vocational training programs our youth attend have been ongoing. Twenty-three (23) college advising events were held on 15 campuses this past academic year. More detail is provided in the ETV section.
- DCF also works closely with the state Department of Transitional Assistance to assist transition-age youth access SNAP benefits when appropriate and AFDC for parents whose children are not in the custody/care of DCF.
- DCF works collaboratively with the state Department of Mental Health (DMH) and the Department of Public Health to facilitate access to services for youth and young adults with mental health and/or substance abuse histories. This collaborative working relationships are in addition to the services that DCF provides directly to foster youth through treatment programs (residential or community based). The Department's Caring Together Initiative allows DCF to contract for congregate care and support services jointly with DMH. DCF has also extended this partnership model to contracting for comprehensive foster care with the Department of Youth Services.
- DCF Outreach social workers are continuing their communications with local shelters in an effort to identify any young adults who may qualify for DCF and/or Chafee services. Outreach workers reach out to local shelter programs to ask staff to call them if they identify a young adult who identifies as a former foster youth. Our goal is to connect with the young adult to offer Outreach services and other services as appropriate.

- The state Department of Elementary and Secondary Education has continued its data sharing with DCF providing a range of demographic and educational information (SIMs data) which is visible for workers on iFamilyNet. The agencies continue to work to improve the timeliness of the data.
- DCF's 29 Education Coordinators are affiliated with each of our geographical area offices to provide assistance, training and support to workers and families for all education and special education related concerns that impact our children and youth. Their focus includes school enrollment, 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 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 job hiring continues.
- The Department of Children and Families' partnership with Jordan's Furniture has grown significantly over the last 5 years. One of the programs assists youth who are transitioning into their first apartments. In an effort to support these youth, Jordan's Furniture provides stipends in the form of gift cards for needed furniture. Eligible youth are between the ages of 17-23 who are leaving placement or who will move into unfurnished housing in order to pursue an educational or vocational goal. Referrals are made to the Outreach Program by DCF outreach workers or social workers. Youth must write a letter stating their needs and goals in support of the request. In FY 17, Jordan's Furniture assisted 13 youth each with \$800 in gift cards for a total donation of \$10,400. Youth were then able to go to Jordan's Furniture store with their outreach worker or social worker to buy new furniture.
- This year's Youth Achievement Celebration honoring youth who graduated from high school, college, a vocational training program or received a HiSET certificate was held on May 7th once again at Jordan's Furniture Store in Reading, MA. More 500 graduates and their guests were invited to celebrate their educational achievements, to share food, activities and a movie. The graduates were also given gifts to commemorate their accomplishments. The DCF Regions will also celebrate their graduates during the months of May and June at local events.
- The MA Department of Youth Services (juvenile justice) and DCF have continued the collaboration to identify transitioning youth connected with both agencies who are eligible for Chafee and/or state funded resources, such as Discharge Support funds, Tuition and Fee Waivers, Education and Training Vouchers, etc. Joint meetings have been held to discuss transition planning for youth served by both agencies.
- More than 200 foster youth, foster/adoptive parents, providers and staff attended this year's statewide College Fair on April 19th in Westborough, MA. Attendees learn about the opportunities of post-secondary education as well as the state and federal financial support available. Representatives from more than 28 colleges and post-secondary educational programs attended along with a representative from MEFA (Massachusetts Educational Financing Authority) and the Massachusetts Education and Career Opportunities, Inc. Also invited were a select group of private colleges that have committed to providing supportive services to foster care students. Colleges and programs were able to highlight courses of study as well as support programs available to foster youth.
- The Department's partnership with Cantella, Inc., a Boston financial firm has grown over the past year. The first Career Night for foster youth was held at Cantella's offices on May 16 with 30 foster youth in attendance. Professionals from a variety of careers including nursing, finance,

education, law enforcement, computer science, human resources and the law presented information about their work and answered questions from the youth. The professionals advised the youth on resume development, interview tips, networking and much more. Planning for a second, even larger, Career Night for 2018 is underway.

Human Trafficking

- DCF Adolescent Outreach staffs participate in the DCF leadership group on Commercial Exploitation of Children and Human Trafficking. In addition to consulting to policy changes relative to children missing from care and children classified as CSEC who are also eligible for Chafee funded services, staff has also provided formal feedback on an intranet page designed to assist staff to understand agency policy, practice and resources available to CSEC youth. Outreach staffs have also assisted in the development of a Transition Age Youth Toolkit for community service providers who work with youth and young adults who have experienced sexual exploitation.
- Adolescent staff have participated in the Training of Trainers on the Commercial Sexual Exploitation and have presented at the Outreach Program staff meeting with the goal of improving Outreach workers' understanding of the issue, ability to identify those youth/young adults possibly at risk, become familiar with the statute and related policy (51 A and DA referral), and be prepared to facilitate access to appropriate services.
- The Department's PAYA Life Skills curriculum addresses the dangers of the domestic violence, dating violence, victimization and human trafficking. The focus on self-esteem building, self-care and personal goal setting is also the approach that the Adolescent Outreach staff use with their youth.

Training and Technical Assistance

- On a regular basis, Adolescent Services staff provided life skills and youth development trainings statewide. There were fourteen PAYA certification trainings (teaching participants how to teach youth life skills) across the state this year and three trainings on supporting foster youth in post-secondary education. All DCF staff contracted and state agencies (DMH, DYS, DMR among others), community partners, and foster parents are invited to attend these trainings.
- Again this year agency staff partnered with the Massachusetts Child Welfare Training Institute to train new DCF social workers. The agency sought to provide a pre-service training about a cradle to career approach for child consumers through a trained and empowered workforce. Adolescent Unit staff spoke to the issues of helping foster youth with planning for and executing a post-secondary plan for education, work, or vocational training.
- Adolescent Services staff developed a new training for the pre-service series that addresses the impact of trauma on child development and helps social workers to consider this impact on the functioning of young adults as they face the challenges of adolescence and young adulthood and pursue post-secondary education/training.
- Adolescent Unit staff provided a presentation about child welfare resources for post-secondary education at the 2017 DCF Grandparents Conference for grandparents who are raising their grandchildren in the foster care system. Information and resources about academic planning and support as well as agency contacts available for consultation were shared with grandparents of foster youth.

- In March 2017, staff provided an updated webinar to the Massachusetts Education Financing Authority. The webinar is posted on the MEFA website, www.mefa.org for future reference.
- The Adolescent Support Services staff also presented 3 trainings for staff, foster parents and providers on post-secondary educational support programs that are available to DCF foster youth and strategies for assisting students to achieve their goals.
- As has been the ongoing practice, Outreach staff have provided resource information and technical assistance to all 29 DCF area offices, many congregate care and independent living programs, foster parent support groups and youth advocacy agencies, including a review of all the available adolescent resources and youth development activities such as the expansion of Mass Health coverage for youth discharging from DCF after age 18 to age 26 through the Affordable Care Act, the Life Skills Support Program, Discharge Support Program, Foster Child Tuition Waivers, the ETV Program, transitional living options and subsidized housing through the FUP-AOP, Peer Leadership trainings, statewide and regional Youth Recognition Dinners, the MA Network of Foster Care Alumni and other support services.
- In August 2016 DCF staff presented the Higher Education Access Workshop at the New England Youth Collaborative Conference. Foster care students from across New England interested in pursuing post-secondary education were given information and resources utilizing the Massachusetts model.
- DCF staff continued to assist in financial aid coordination for The Home for Little Wanderers ASCL (Academic Support for College and Life) Program. This residential program is located on campus at Bridgewater State University and serves youth with life skills training while they are earning college credits.
- The Outreach staff provided technical assistance this year statewide to the Department's contracted foster care agencies, congregate care and independent living programs in order to increase the competency of care providers in assisting youth/young adults to learn life skills and plan for, pursue and persist in post-secondary education and vocational training.
- DCF Outreach staff issue a newsletter for professionals and supporters of college-age foster youth. The publication includes training opportunities and dates; resource and referral information for professionals supporting youth in post-secondary education.
- DCF staffs are collaborating with Ascentria Care Alliance to assist DCF youth who have immigration/refugee status with post-secondary education needs.

Training Planned for FY 2018

- *Transition Planning with Adolescents in Out of Home Placement* - This training will assist social workers and their supervisors to work with youth to create and document effective transition plans in accordance with Permanency Planning Policy. Utilizing the Young Adult Readiness Assessment Tool, PAYA services, and accessing youth development services and funds available to youth and young adults will be reviewed.
- *Young Adult Support Payments* - Social Workers will gain skills to help youth to prepare to receive young adult support payments and understand the role of the social worker in supporting youth in this

model of care including helping youth who receive these payments to live within their budget and plan for the future.

- *Permanency and the Young Adult* - This training will help social workers and their supervisors understand the APPLA goal and how to continue to pursue permanency for older adolescents and young adults in care. The discussion will focus on formal, professional, and familial relationships, how to engage family members who may or may not be a placement resource but can provide other types of support. Participants will develop strategies to partner with youth to maintain connections with adult supports beyond system care.
- *PAYA for DCF staff* - This training will help DCF staff understand the PAYA curriculum and its role in transition planning. Agency expectations for congregate care and foster care service providers will be reviewed. Participants will learn how to identify effective life skills training work and engage youth and their caregivers in life skills training and practice.
- *Foster Youth and Post-Secondary Attainment* - This training will help DCF staff understand 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 fiscal literacy for post-secondary students will be reviewed.

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

In July 2016 the Southern Region Adolescent Outreach Supervisor, Cheryl Penney, and Cape & Islands Adolescent Outreach Worker, Christine Frauton, met with the Mashpee Wampanoag Tribe Case Workers and provided them with training on Adolescent Outreach Services available to Tribal youth in placement, including all the Chafee funded services and the educational supports available through the Education and Training Voucher Program as well as the state-funded supports. Follow up conversations have continued throughout the year with Catherine Hendricks, ICWA Director for the Mashpee Wampanoag Tribe. Catherine has been apprised of adolescent services and funding available to Tribal youth in placement and how to obtain services and funding. All the forms and applications to access funds and services have been provided. Outreach Program Supervisor Cheryl Penney has been in communication with Martha's Vineyard's Director of Human Services of the Aquinnah Wampanoag Tribe Bonnie Chalifoux. Ms. Chalifoux reported that at this time the Aquinnah Tribe does not have any youth age 14-21 in placement. Ms. Chalifoux is aware of Adolescent Outreach services and funding available to Tribal youth who are Chafee eligible.

The Outreach Program will continue to work with both Tribal officials from the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe and to identify and serve Tribal adolescents in placement.

Post-Secondary Education

- Massachusetts awarded 484 Education and Training Vouchers in the academic year 2016-2017 current to May 19, 2017. (A more detailed report on the ETV Program follows in a separate section.)
- For more than a decade the Department has hosted Statewide and Regional Youth Recognition Dinners to acknowledge the achievements of foster youth who graduated from high school, college, a vocational training program or received a GED/HiSET. This year the academic/vocational achievements of 496 youth were recognized (374 graduating from high school, 32 youths achieving their GED certificate, 27 youth receiving a post-secondary vocational

certification, 40 youth graduating with a Bachelor's degree and 23 with an Associate Degree.) The Jordan's Furniture Store is a primary sponsor providing the space for the largest recognition event – statewide - with gifts for all the youth and a free movie in the IMAX Theater. Private local donors also help to sponsor the event.

- As of May 2017, the Department has issued 5521 State College Tuition and Fee Waivers to current or former DCF foster youth - 212waivers in the last 12 months. In June 2008 the MA legislature expanded the waiver program to cover fees in addition to tuition. The eligibility for the waiver was also expanded in 2008 so that DCF foster youth who are or were in agency custody and were not able to return home to age 18 are eligible for this benefit at the Massachusetts state two and four year colleges and the University of Massachusetts- all campuses with the exception of the medical school. Youth who were adopted or placed in a guardianship home through the Dept. of Children and Families are also eligible for the same waiver of tuition and fees.
- Adolescent Support Services Unit staff again presented Educational/Vocational Fairs in 26 of 29 area office for youth, foster parents, congregate care providers, and DCF staff. Outreach staff presented information on financial aid – state and federal grant programs, assisted youth in completing their FAFSA applications and discussed the many options of college/vocational training opportunities available to foster youth. Foster youth who were currently attending college were also present to answer youths' questions. This is a resource that has been provided for more than ten years and will continue. The area offices that did not host an Educational/Vocational Fair chose to provide individual appointments with foster youth to assist with their educational/financial questions/needs.
- Young adults who leave DCF care after age 18 but prior to age 21 are eligible for the Chafee funded services and the Education and Training Vouchers described throughout this report. The vast majority are also eligible for the state-funded Tuition and Fee Waivers. The Adolescent Outreach workers are fundamental in assisting these young adults to access the needed services including those to address their educational/vocational needs.
- Updated information on post-secondary education funding including scholarships for transition age foster youth was made available to social workers and internal youth partners via the DCF Social Intranet and an electronic shared resource file available to staff via an internal shared drive. Through this technology, updates can be made in real time as scholarship information and other information relative to post-secondary planning and support becomes available.
- Information on scholarships for transition age foster youth was made available to social workers and internal youth partners via the DCF Social Intranet and an electronic shared resource file available to staff via an internal shared drive. Through this technology, updates can be made in real time as scholarship information and other information relative to post-secondary planning and support becomes available.
- In the academic year 2016-2017, DCF referred 479 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college/vocational training needs. The Board makes the final determination of eligibility. Awards are based on financial need and student status, including full-time attendance, MA residency, and eligible educational program. The Massachusetts Foster Child Grant is limited to students whose custody status was protective.

- The DCF website, www.mass.gov/DCF, provides an online public resource for students and foster parents and partners to access up to date post-secondary and higher education financial benefits and support programs. The information is found under the Adolescent Support Services tab. ETV social workers update and maintain the education information provided via the website.

EDUCATION AND TRAINING VOUCHER PROGRAM

Accomplishments

- Massachusetts awarded 484 Education and Training Vouchers in the academic year 2016-2017. However, this year there were 85 students who applied for ETV awards and had to be denied as they were age 23 upon their first application or they were not eligible due to custody type. There were 221 new vouchers and 263 ongoing vouchers this year; 54% of the vouchers awarded this year were for returning students. DCF staff continues to support students in persisting with their education. (A chart is presented on page 28 with these same numbers.)
- The students who received an ETV award this year attended 102 different colleges, universities and vocational programs in 18 states. Of the 484 recipients, 408 (84%) students were enrolled full-time, and 76 students (16%) were enrolled part-time.
- In an effort to serve more students and to respond to feedback provided by ETV recipients, several group college advising events shifted to individual meetings with students and their social workers. The change in format took place with students at public community colleges where students expressed a desire to connect with ETV staff in a more private setting. In addition to these private consultations, twenty-three College Advising events were held on 15 campuses this past academic year. More than 250 foster youth were served through these events via attending an advising day, meeting privately with ETV Social Workers or through advocacy on their behalf to college financial aid or student support personnel. Students were assisted with financial planning, housing, academic progress and social/emotional needs. Group advising also provided an opportunity for interested students to meet peer mentors from foster care who attend the same academic institutions.
- DCF staff provided workshops for foster youth - Understanding Financial Aid. Students reviewed financial aid award letters and were given information and tools to understand grants, loans, and scholarships. They participated in a cost comparison exercise and decision-making skills exercise. Feedback on the workshop evaluation was very positive from the participants.
- The Commonwealth of Massachusetts has developed a Single Point of Contact Network (SPOC) on college campuses. These individuals are staff volunteers from varying departments on college campuses that will work with students at risk of not completing school due to challenges that are not academic in nature. Together DCF staff and the campus SPOCs assist foster youth with needed support and resources.
- The Department hosted its 11th annual statewide College Fair on April 19, 2017. The event was attended by over 200 participants including foster youth, foster parents, agency and congregate care program staff. There were representatives from more than 30 colleges/universities, and vocational trainings programs as well as organizations that included the MA Educational Finance Authority (MEFA), the Massachusetts Network of Foster Care Alumni and the Massachusetts Education and Career Opportunities Inc. Also invited were a select group of private colleges that have committed to providing supportive services to foster care students and community-based post-secondary support

programs. Colleges and programs were able to highlight courses of study as well as support programs available to foster youth.

- DCF continues to publish a newsletter for ETV student recipients to invite input from college students and educates readers on resources and events geared toward post-secondary success. Guidance from the Youth Advisory Board members and DCF college students will continue to be solicited to ensure the information is relevant to the needs of the students and presented in a manner that will engage students.
- In person meetings and conference calls of Advisory Board Members and other college students who are interested in providing guidance and feedback to the ETV program are scheduled through the summer of 2017.

The ETV Program funding is particularly helpful to the DCF foster youth who were not in protective custody (as they are not presently eligible for the state-funded Foster Child Grant) and to those youth who were adopted from foster care or youth who were placed in a guardianship with kin after attaining age 16. The Education and Training Voucher Program has provided significant post-secondary assistance to eligible foster and adopted youth and has assisted them with making more manageable and safer transitions to adult living.

See chart below:

2016-2017 ETV Program Information	
Total Recipients for 2016-2017	484
Breakdown of Total Recipients for 2016-2017	
Show New Recipients and Ongoing Recipients	
2017 (NEW)	221
2016, 2017	109
2015, 2016, 2017	69
2014, 2015, 2016, 2017	47
2013, 2014, 2015, 2016, 2017	14
2015, 2017	7
2014, 2016, 2017	6
2014, 2015, 2017	3
2014, 2017	2
2012, 2013, 2014, 2015, 2016, 2017	2
2013, 2016, 2017	1
2013, 2014, 2016, 2017	1
2013, 2014, 2015, 2017	1
2012, 2013, 2014, 2015, 2017	1
Total	484

Number of Universities/Colleges/Vocational attended	
by 484 ETV Recipients	102
Number of States	18
Enrollment Status of 484 ETV Recipients	
Full-Time	408
Part-Time	76
4 Year Public	171
2 Year Public	209
4 Year Private	74
2 Year Private	10
Vocational Training	20
Students enrolled not awarded ETV @ age 23	64
under 23- other (age/custody)	21

The goals for the ETV Program are as follows:

- Capturing all eligible Massachusetts students from foster care and providing these students with support via the Education and Training Voucher Program and other means of assistance. Providing academic and personal support to foster youth pursuing post-secondary education;
- Maximizing all state and federal academic and financial resources available to students involved with DCF;
- Incorporating initiatives to connect youth with adult and peer mentors at academic institutions and with support staff on campus and at DCF;
- Educating DCF social workers and partners that serve adolescents on the importance of adequate college planning and preparation as well as the need for intensive support while youth are attending post-secondary educational programs;
- Increasing education and capacity of college staff who work in student support services to help foster youth achieve post -secondary education;
- Encouraging participants of the ETV Program to join the DCF Youth Advisory Board and the MA Network of Foster Care Alumni;
- Continuing focus groups of ETV recipients to obtain feedback on program services and recommendations for improvements, and
- Developing a Youth Advisory Board specific to the ETV program comprised of college students from foster care.

Collaboration

- DCF has maintained and will continue its membership on the Massachusetts Department of 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 met on campus with financial aid staff of 13 Massachusetts public colleges for the purposes of programmatic planning as well as review of current financial aid packaging for enrolled foster youth
- This year DCF staff partnered again with TRIO staff at six community colleges across Massachusetts to develop processes to increase referral to Trio and collaboration between the DCF and TRIO programs.
- DCF staff continued to provide significant support to the University of Massachusetts Boston UAccess Program. This office is designed to provide support and referral for students who are facing social, emotional, and financial challenges at the university. DCF staff work to facilitate services offered by the UAccess Program to foster care students enrolled at UMASS.
- DCF staff continues to serve as advisory board members on the Statewide Network on Homeless College Students and the Massachusetts Board of Higher Education Financial Aid Advisory Board. On these Boards, DCF staff ensures that current state programming and resources are inclusive of the needs of foster youth.
- DCF staff have developed and maintained partnerships with state community colleges to identify housing and educational support resources and have presented at numerous informational meetings for field staff and providers to share information on these resources.

Program Adjustments

No changes have been made with the ETV Program this year, and none are planned for FY 18.

Massachusetts State Financial Aid Programs for Foster Youth

DCF coordinates the ETV Program with other Massachusetts state-funded education and training programs currently offering financial assistance to eligible foster and adopted youth including the State College Tuition and Fee Waiver Program, the Foster Child Grant Program and the William Warren Scholarship Program.

The ETV staff work with the MA Board of Higher Education – Office of Student Financial Assistance around the Foster Child Grant. ETV staff review all ETV applications, Foster Child Grant Applications, William Warren Scholarship applications and financial aid award statements in an effort to prevent duplication of benefits and determine that the amount of assistance from any Federal sources combined with ETV funds does not exceed the “cost of attendance” as outlined in 477 (b) (3) (J).

Foster Child Tuition and Fee Waiver Program

The Foster Child Tuition and Fee Waiver Program provide waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any one of Massachusetts' 29 state

universities and community colleges. Initially approved by the Board of Higher Education in June of 2000 for tuition waivers, this program was expanded to include fees in July of 2008. Youth eligible for the state college undergraduate or certificate tuition and fee waivers include:

- A current or former foster child who was placed in the custody of the Department of Children and Families 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 the Department of Children and Families; and
- Youth who have been in the custody of the Department of Children and Families and whose guardianship was sponsored by the Department of Children and Families through age 18.

To date (May 2017), the Department has issued 5521 State College Tuition and Fee Waivers to current and former foster and guardianship DCF youth, 212 waivers in the last 12 months. DCF also grants state college tuition and fee waivers to children and youth who were adopted through the agency.

MA 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. This academic year (2015-2016) the Department referred 510 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college/vocational needs.

William Warren Scholarship Program

The Department issued 4 William Warren Scholarships this year to youth served by the agency who were attending four-year colleges and who demonstrated need beyond financial support programs available at the state and federal level. These scholarships were financed with donated funds and nominally by the State Ward account. Many of the youth who apply for the program are also eligible for the Massachusetts Tuition and Fee Waiver and other higher education support programs such as ETV. Applicants who qualify for other forms of student aid are supported by DCF workers to access such aid.

Hope Worldwide Dr. Martin Luther King Essay Contest

DCF has continued its partnership with Hope Worldwide, an agency that sponsors an essay contest annually to celebrate the birthday of Dr. Martin Luther King. College students from foster care are invited to compete in an essay contest where they reflect on their public service. More than \$3500 in scholarships was awarded to foster youth enrolled in college. The winners were honored at a service dedicated to Dr. King. This year the winning essays from the past 10 contests, all written by Massachusetts foster youth, were published in a book, They Chose To Serve. The publication costs were funded by Hope Worldwide.

JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

(1) **RESPONSIBLE STATE AGENCY**

The Massachusetts Department of Children and Families (DCF) is the state agency responsible for administering the Title IV-E program; DCF will also administer the Independent Living Program under section 477 (section 477 (b) (2)). DCF will cooperate in national evaluations of the effects of the programs implemented to achieve its purposes.

CFCIP FUNDS REQUESTED

Federal Funds Requested	\$3,143,968	
State Match Amount	\$785,992	Source: Account 4800-0041 RESG02 Independent Living/Congregate Care Programs

Amount of Federal Funds to be Used for Room and Board: \$100,000

Education and Training Voucher Program Funds Requested: \$1,020,225

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Massachusetts

<u>Final Number:</u>	Total ETVs Awarded	Number of New ETVs
2015-2016 School Year (July 2015 to June 2016)	485*	219
2016-2017 School Year	484*	221

*In the academic year 2015-2016, there were 97 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were older than age 21 upon first application.

**In the academic year 2016-2017, there were 85 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were older than age 21 upon first application.

F. UPDATE TO TARGETED PLANS WITHIN THE 2015 – 2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The Massachusetts Department of Children and Families continues its commitment to recruiting foster and adoptive parents that reflect the ethnic and racial diversity of the children in its care and custody. Local DCF offices (29) are especially active in recruitment efforts at the grass roots level in order to identify resources which allow children to maintain vital connections in their communities, including kin, school, and other significant relationships.

In November 2016 DCF created 15 new recruitment positions in order to enhance the recruitment efforts in our local offices. The recruiters attended a five-day training program which covered everything from policy to marketing and customer service. DCF is structured into five regions across the commonwealth which allow for three recruiters to be assigned to each region. These 15 recruiters work alongside the staff in the local offices in order to locate and attend local community events and activities that allow the recruiters to bring awareness of the Departments continued need for foster and adoptive families. The recruiters are also in the position to organize and attend larger events that are intended to benefit the entire region they are assigned to.

In the months of April, May & June 2017, DCF will hold a number of recruitment events in each of our five regions, for the recruitment of foster families. These events will bring staff and foster parents together to talk about the need we continue to have for foster families. To date 11 events have been held, 1060 people statewide have attended these events, in which they have received information on our foster care program.

Since September 2016 to the present, each of our regions has held a MAPP TOT (Massachusetts Approach to Partnership in Parenting, Trainers of Trainers) to ensure that we have an adequate number of staff prepared to train our foster parent applicants. In the month of June 2017, one region will train a group of foster parents which will enrich our MAPP training groups by having a foster parent join the team of trainers.

In September 2016 we began to require our area offices to plan out a six-month schedule of MAPP training groups. We post the schedule on our intranet page in order to provide the information to potential foster/adoptive applicants. We have noticed when inquirers call in for information they are referencing the upcoming trainings and are already trying to figure out if certain dates will work with their schedules. The schedule of training sessions are is now entering its third cycle and we believe it is having an impact on how quickly we get applicants into training. Our training sessions have seen an increase in the number of attendees.

Each of our 29 area offices worked in conjunction with their regional recruiter that is assigned to their office, to develop a recruitment plan specific to their office's needs. An area office could identify any number of criteria that they wanted to work on, such as specific age group or specific city/town where they assessed there is a need for foster/adoptive homes. The area office could identify any number of areas in which we need to concentrate recruitment on. We are hopeful that by targeting our recruitment efforts we will obtain the foster homes that will be most helpful to us.

The budget for recruitment this fiscal year is such that it has allowed us to promote our foster care & adoption programs. From having the ability to pay entry fees into events to having money for supplies to being able to promote our programs with printed materials has genuinely had a positive impact on the work. We had gone many years without resources so to now have them has had an impact on all the facets of recruitments.

One area that had been stalled for some time was the ability to translate materials. We were able to translate a number of documents into Spanish. Many of our letters that need to be sent to applicants can now be done in their preferred language. We were also able to translate our MAPP Training curriculum and our training guide for kinship/child specific foster homes. This was a large undertaking but it has been completed.

We currently have an advertising company under a contract that is developing a new tagline for us. This agency is also working on publishing events that are occurring across the state which is really enhancing our exposure in the local communities. The agency is planning a launch date to reveal our new tagline and to bring awareness to our continued need for foster families. This agency will also be re-designing our print materials in order to give them a fresh, modern look.

In January 2017, the Department created the “MA DCF Foster and Adoptive Family Recruitment” Facebook Page to increase awareness of foster care events and information. In collaboration with the advertising company, the page has drawn over 600 followers and posts and events have reached over 10,000 audience members since January.

Each area office also has the support of a Foster Parent Ambassador. These ambassadors are current foster parents that contribute about 30-hours a month to the work of recruitment. We have expanded their role to include supporting incoming foster parent applicants. We want our applicants to have the ability to connect with an ambassador in order to ask all the questions no one else can answer. The Ambassadors also attend recruitment events which connect them to potential applicants from the start.

DCF continues its partnership with the Massachusetts Adoption Resource Exchange (MARE) and with Jordan’s Furniture. Our private/public partnership has enabled the Department to improve the quality and effectiveness of our recruitment efforts as they pertain to adoption.

Adoption Recruitment Events, held annually:

- Walk/Run for Adoption, May 2017
- Adoption/Foster Care Information Weekend, June 2017
- Adoption Option, October 2017
- National Adoption Day, November 2017

While DCF continues to participate in large statewide adoption recruitment events with our public/private partners we also hold a number of smaller adoption parties in our five regions across the state. These smaller parties have proven to be successful venues which bring approved pre-adoptive families and children with a goal of adoption together.

The Department of Children and Families continues to maintain a full time Foster Care and Adoption Recruitment Unit that is part of the Foster Care, Adoption and Adolescent Services Division. The recruitment unit has maintained three Recruitment Supervisors who oversee the 15 recruiters in the field, the area office Foster Parent Ambassadors, conduct statewide recruitment outreach along with answering the 1-800 call-in recruitment line.

In 2018, more effort will be made to develop and utilize data to monitor progress and tracking of our targeted recruitment. This data will be used to target particular areas where specific needs are identified, as well as provide information determine success (or lack thereof) of specific recruitment events by tracking number of inquiries, applications and licensed homes that are produced from each event.

Health Care Oversight and Coordination Plan

The DCF Health Care Oversight and Coordination Plan builds upon and revises previously submitted plans. The Department continues to strive to strengthen our efforts to ensure that children in the care and custody of the Department receive routine health care and that their specialized medical needs are addressed. These efforts have included increased collaboration with other state agencies and the medical community, as well as working toward enhanced integration of medical and behavioral health care.

DCF now has a robust Health and Medical Services team. Linda Sagor, MD, MPH, Professor of Pediatrics at UMass Medical School, leads the team as medical director. Dr. Wynne Morgan, Assistant Professor of Psychiatry at UMass Medical School, is the consulting child psychiatrist. Mary Lutz RN is the supervisor of six regional nurses who provide consultation to their regions and at Children's Hospital Boston. A data analyst joined the team in November 2016. Finally, there will be 29 medical social workers, one in each area office, by June 20, 2017.

I. Schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

DCF Policy on Medical Exams for children entering DCF care or custody.

In 1998, the Department established a directive that all children in DCF custody receive medical screening examination within 7 days of placement and a comprehensive medical examination within 30 days of entering out of home placement.

This directive was subsequently formalized in agency policy. The policy provides greater detail about the role of the social worker, foster parent, and healthcare providers in scheduling, coordinating, and communicating the findings. This policy also specifies that all children in DCF custody receive healthcare in accordance with the EPSDT periodicity schedule. The policy is reviewed with new social workers during pre-service training and is posted on the DCF intranet.

Foster Care Clinics

The Department collaborated with Children's Hospital in Boston and U Mass Memorial Medical Center pediatricians to establish health care clinics that are specifically focused on providing the required medical screening and comprehensive examinations for children in foster care in Boston and central Massachusetts. Following the examinations, the clinic sends the DCF social worker the physician's written report summarizing the visit and any recommendations for follow up care. The UMass Clinic, called FaCES (Foster Children Evaluation Services), founded in 2003 by the current DCF Medical Director, Dr. Linda Sagor, sees approximately 600-700 children who have been newly placed in foster care each year in central Massachusetts. The Children's Hospital Foster care Clinic, established in 2008, serves children entering DCF custody in the Boston region. This past year 70 children were seen at the Children's clinic.

Compliance Reports

The Department collects data to track which children have received the 7 and 30 medical appointments in compliance with DCF policy. Child-Specific data include each child who had a home removal episode within the last sixty days, whether appropriate examinations were done, and the date the examinations were documented in the electronic case record, FamilyNet. This report is sorted by Area and Region and includes the unit and social worker assigned to the case. The Aggregate Compliance data include the number and percentage of required exams that are documented in FamilyNet as having

been completed. Timeliness of data entry of medical appointments and compliance with visits continue to be areas requiring ongoing focus.

Access to MassHealth EPSDT and Claims Data

Children in DCF care or custody are eligible for Medicaid through MassHealth. The DCF Health and Medical Services Team (HSMT) has access to information from the MassHealth system regarding healthcare services provided to DCF involved children. The HSMT has the ability to request All Services Reports directly from MassHealth for children in DCF custody in specific cases where past provider or medical treatment information is not accessible. The HSMT collects child-specific data on an ongoing basis to track children who are in hospitals and group care placements needing a more appropriate disposition plan.

The HSMT collaborates with healthcare providers, the Caring Together teams and community-based home care agencies to identify establish the necessary nursing services for children in group care placements. The HSMT has identified youth with diabetes as a major healthcare issue for DCF-involved children and are tracking data on the youth statewide. DCF is working with MassHealth to obtain claims data on children in placement that provide information regarding the medical conditions of children and will allow identification of the degree to which appropriate healthcare services are being obtained, with a specific focus on areas such as diabetes and antipsychotic medications.

Areas for Enhancement / New Initiatives

- As the Department transitions from its legacy electronic case record FamilyNet to a web based electronic case record, i-FamilyNet, enhancements will be pursued to provide prompts to social workers to enter data regarding 7 and 30 day medical exams, and modify health care screens to gather additional information about the child's health and well-being.
- Training provided to new supervisors is being enhanced to strengthen supervisors' understanding of the importance of monitoring children's healthcare status in regular supervision with workers.
- The contracts for Caring Together (a joint initiative between DCF and DMH for congregate care services) set forth additional expectations regarding the availability of nursing staff within these programs.
- The Action Planning Group on Medical Exams and Services was convened in April 2014 and met over the next two months.

The goals of this group were to:

- a) Identify challenges and opportunities to improve access to health screening and medical services for children in DCF care and custody;
- b) Increase compliance with the medical examination policy; and
- c) Review and recommend any changes to existing health care-related policies to strengthen and/or reflect best practices

This group was led by Linda Sagor, then DCF consulting pediatrician and Jessica

Coolidge, DCF medical social worker and included social workers, a DCF nurse, foster parents and representatives from DCF leadership. The final report, completed in June 2014, listed nine recommendations:

1. Each area office should have one person who is responsible and accountable for ensuring that all relevant medical information (chronic diagnoses, recent acute diagnoses, medications, allergies) is obtained and communicated to social worker and foster/kinship parent within 24 hours of child entering placement. During weekends and holidays this function might be performed centrally with an "on call" schedule. In addition to collecting necessary information, this person would be accountable for ensuring adherence to the medical examination policy.
2. The importance of trauma-informed medical care and compliance with policy should be communicated in all forums, from Area Office meetings with field workers to statewide managers meeting. The Commissioner and senior leadership need to stress that complying with policy is high priority. Monthly statistics should be communicated to managers in their usual management report (in addition to the "Medical Visits Needed" report).
3. An electronic system of communication from medical offices and health centers to DCF should be developed so that information can be quickly and reliably transferred. In many offices with an Electronic Health Record system, a health form can be generated and sent via pdf. This would eliminate the current paper passport system which is outdated, inefficient, and simply does not work. The Massachusetts Health Information Highway (HIway) might be utilized for this purpose.
4. The current policy should be revisited and updated. Specifically, a system of triage should replace the current policy. An example of such a triage system is attached. Of course a triage system would require that DCF has current medical information on *every* child as soon as (but no later than 24 hours after) they enter placement.
5. A policy on psychotropic medication utilization should be developed for our population of children. The pharmacy section at Commonwealth Medicine/UMass has been working on an electronic algorithm to determine inappropriate medication prescribing practices. Several issues need to be resolved prior to implementation: Should this policy be instituted for all children on Medicaid insurance, or just children in foster care? What will be the protocol for prescriptions that do not meet criteria, i.e., what will be the levels of review (and who will be the personnel reviewing) to determine if medication prescription can be filled?
6. Efforts to promote collaboration between the medical community and DCF are essential. Strengthening this relationship would promote greater understanding of each other's cultures and lead to a commitment among medical providers to understand the medical/behavioral health issues of children in foster care, to provide trauma-focused care, and to allow ready access for medical visits in healthcare providers' offices. Currently a Center for Medicare and Medicaid Innovations grant is pending with a goal of developing medical homes for children in foster care in practices that are already seeing many of these children.
7. Additional education and training about medical/behavioral health issues should be provided to all DCF staff. Consultation about medical issues should be readily available from an Area Office RN, or Nurse Practitioner).

8. Public health campaigns should be undertaken, with DCF as the lead, to address medical issues of critical importance to our population; currently SIDS prevention is of high importance.
9. Consideration should be given to creating a position of medical director for the agency. This person would supervise all nursing staff, be available for medical consultation, and be a participant in senior leadership team. This person would be accountable for compliance to medical policy throughout the state.

As a result of these recommendations, the Department developed an agreement with Commonwealth Medicine at the University of Massachusetts Medical School to hire a full-time medical director and medical data analyst as well as a part-time psychiatrist. In addition, they agreed to consider, on the advice of their pediatric consultant, hiring a medical social worker in each of the 29 Area Offices. This medical social worker, working with colleagues in the Area Office, would be responsible for ensuring that all children in DCF care and custody receive appropriate medical care.

In January 2016, Linda Sagor, MD, MPH became the first medical director of Massachusetts DCF. As a condition of her hiring she had requested funds to hire 29 medical social workers, one for each area office. Recruitment began immediately and on May 31, 2016, nine medical social workers began work in the Worcester East, Worcester West, Lawrence, and Cambridge, Fitchburg, Whitinsville, Lynn, Lowell, and Malden offices of the Central and Northern regions. Their initial training included presentations on the history of medical services at Mass DCF, the trauma issues of children in foster care, and information on various insurance concerns. On June 9 they reconvened for a second training which provided information on the medical issues that are managed by the nurses in the HMST, appropriate healthcare and medical issues to refer to the regional nurses, MassHealth and health insurance, care coordination, processes for obtaining medical records, and how to make appointments in medical offices.

By June 2017, all 29 medical social workers will have been hired and 27 started in their respective area offices. Compliance statistics for medical policies have improved greatly in all offices with a medical social worker. The most recent statistics from March 2017 indicated increased compliance in all offices with a medical social worker at that time. The percent improvement ranged from 60-3000%!

When Dr. Sagor started as Medical Director she began working with members of the DCF IT group to develop a statewide Home Removal Episode report so that medical social workers would have a daily report to keep track of the children coming into custody in order to ensure that they receive their initial screenings and their comprehensive medical assessments on time. This report has been available for the past year and is a very useful tool for the medical social workers.

At the DCF Statewide Managers meeting in May 2016 and at all subsequent trainings with new medical social workers and their supervisors Dr. Sagor stresses the current priorities:

1. Medical social workers will be the champions for all medical, psychiatric, dental, and developmental issues for children in DCF care and custody.
2. All children coming into custody should have an initial screening, ideally within 7 days, and a comprehensive assessment within 30 days, preferably with their own PCP. If this visit is scheduled with another doctor, the medical social workers will get the previous medical records and send to the new medical provider.
3. All visits, medical conditions, medications, immunizations, allergies, and immunizations should

be documented in iFamilyNet promptly.

4. Medical social workers will coordinate all follow-up care and ensure that children receive recommended care at designated times.

She also notes that, though these are the priorities at this time, the group will be open to learning about new concerns and areas that will require the attention of the Health and Medical Services Team in the coming months and years.

- Dr. Sagor, chair of the Foster Care Committee of the Massachusetts Chapter - American Academy of Pediatrics, met with committee members to discuss issues related to compliance with health screening policy. In addition she had discussions with the presidents of the Massachusetts Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. Though they both indicated that many of their physician members give high priority to caring for children in foster care, they pledged the support of their organizations to improve access to all medical offices and community health centers in a timely manner. The medical social workers have met with many of the medical providers in their areas and have found, after they explain the DCF policy, that they are able to schedule appointments within the policy time frame. The pediatricians and family physicians have indicated their appreciation with having one person to call about medical concerns at each area office.
- Safe Sleep Initiative – Because of the increasing prevalence of infant fatalities in unsafe sleep environments, Dr. Sagor will lead a new statewide campaign to reduce this number. She was a participant in the 2012 campaign that included educational presentations to the DCF community and others as well as publicity on public transportation, at shelters, hospitals, schools, WIC and medical offices, and a legislative breakfast hosted by the Massachusetts Secretary of Health and Human Services.

II. How health needs identified through screenings are monitored and treated.

Comprehensive Coverage through MassHealth

DCF has the ability to directly enroll children in its care or custody into MassHealth. Enrollment occurs in real time facilitating immediate access to insurance coverage.

WIC Qualification

DCF involved children are eligible to receive WIC services and social work staff are well versed in the process for applying for these services.

Treatment

While the child's caretaker (e.g., foster parent, group care provider, etc.) schedules and transports the child to medical care, the social worker is ultimately responsible for ensuring that identified healthcare needs are met. The HSMT is available to assist social workers if they have questions about needed medical treatment. The HSMT includes the Supervisor and two medical social workers who are located at the Central Office, 5 Regional Nurses, and a full time DCF Nurse Liaison located at Children's Hospital.

Forms to Support Information Exchange

The HSMT developed forms (Dear Doctor Affidavit) to ensure that the social worker is fully informed about a proposed treatment, benefits and risks and potential complications. The physician completes these forms and returns to the social worker to support providing informed consent as the child's legal guardian.

Monitoring

The Department has established a process for monitoring treatment after screening and comprehensive examinations. Healthcare providers complete an Encounter Form. The social worker is then responsible for entering this data into the FamilyNet system. Once entered into FamilyNet, a Medical Passport is printed out; the medical passport includes the new information along with the medical history. The Medical Passport is designed to follow children between placements and updated as new information is available. FamilyNet also includes a Medical History document that is provided to caretakers.

The nurses from the HSMT are available to assist social workers in determining whether a specific medical treatment is routine or extraordinary in individual cases. Treatments that are determined to be extraordinary per DCF regulations require judicial review.

Special Kids/Special Care Program

This collaborative effort between DCF, MassHealth and Neighborhood Health Plan is designed to provide care management by pediatric nurse practitioners to children who have unstable and/or complex medical conditions and intensive medical needs. This is a statewide program with approximately 150 children enrolled.

Complex Foster Care/Medical Program

The Supervisor of the HMST manages contracts with two foster care agencies for specialized foster homes that serve the children with most intensive medical care needs. Currently the capacity is 11 children and the hope is that there will be expansion of several homes by the end of 2016 and that more of these homes will be established ongoing.

This program is a model of foster care that is designed to provide care and treatment supports to children and youth who require intensive medical care management and coordination. Foster families recruited to serve as foster homes receive extensive ongoing specialized training. The profile of children and youth who require this level of service includes children who require regular skilled and non-skilled home care, medical advocacy, complex medical management, services by numerous medical specialists, and often need a range of medical equipment. Such children experience or are at risk for life-threatening events and require intensive ongoing monitoring.

Examples of children requiring this level of care include but are not limited to children who:

- a) Have tracheostomies;
- b) Require oxygen supplementation;
- c) Are ventilator dependent for all or part of the day;
- d) Are diagnosed with cancer and are receiving treatment;
- e) Are diagnosed with serious birth defects that impair their functioning and require skilled care;
- f) Have serious medical conditions resulting from prematurity; or

- g) Require intravenous or tube feedings and have complex or unstable medical conditions

Individualized Care Plans

The agencies that administer the Complex Foster Care/Medical Program submits reports about the medical status of children in these homes to the Supervisor of the HSMT. For the Special Kids/Special Care Program, Neighborhood Health Plan (NHP) submits quarterly individual care plans to the HSMT and to the PCP and the substitute caretaker.

Areas for Enhancement / New Initiatives

- Future enhancements to the IT system as the Department moves to web-based i-FamilyNet will include combining the Medical Passport and Medical History forms. It is hoped that this enhanced efficiency will improve timeliness and consistency of data entry.
- Medical Residence Foster Homes will be re-procured. This will provide an opportunity to review the standards and expectations established for Medical Residence Foster Homes and to strengthen those as needed.

III. How medical information will be updated and appropriately shared, which may include development and implementation of an electronic health record.

Electronic case record

As noted previously, medical information on DCF children are entered into the DCF electronic case record, FamilyNet.

Encounter Forms

This form is provided to the caretaker and completed by the physician and returned to the DCF social worker who enters the information into FamilyNet.

IV. Steps to ensure continuity of health care services, which may include establishing a medical home for every child.

Information on Past Providers

The HSMT has access to past medical providers through the information in New MMIS and by accessing the All Services Reports from MassHealth.

HMST and School Nurse Collaboration

Increased collaboration between school nurses and the HMST helps to support continuity of medical care/information and to facilitate appropriate school accommodations and the sharing of relevant health-related information between the agency and school system.

V. Oversight of Psychotropic Medications.

Access to Consultation

In April 2016 Dr. Wynne Morgan became the consulting child psychiatrist in the Office of the Medical Director. DCF social workers / supervisors now have access to child psychiatric consultation when there are questions around psychotropic medications. Regional nurses often provide first line consultation around basic psychotropic medication questions but for more complex questions, DCF now has access to a child psychiatrist to help guide treatment. For complex psychiatric treatment questions requiring face to face consultation, DCF can request consultation from a DMH psychiatrist. Each region has access to a Mental Health Specialist who can support behavioral health care planning and access to services for individual cases as well as help coordinate discharge from psychiatric hospitalization. In addition, the HSMT has access to a pharmacist from the Drug Utilization Review Program at MassHealth to obtain clinical information and advice when questions arise that pertain to use of prescription or illegal drugs

PCP's who are often the front line treaters for mental health needs in the foster care population have access to child psychiatric consultation through the Massachusetts Child Psychiatry Access Project (MCPAP). Established in 2002 this first-in-the nation-program was designed to provide quick access to child psychiatrist consultation for primary care providers.

Medication Administration in Congregate Care

The Caring Together contracts for all congregate care services established new standards related to the administration of medication within these programs. Each provider is required to implement the Medication Administration Program outlined in the contracts which sets forth specific requirements for staff training and administration of medications for any child in these levels of service.

Monitoring Psychotropic Medications

Consent: Authorization, oversight, and financing of psychotropic medications for children in foster care in Massachusetts is a shared responsibility across multiple state agencies and the courts. DCF is the agency primarily responsible for coordinating medical care & behavioral health care for children in its custody. Children in DCF custody receive their medical and behavioral health care from community providers (physicians, nurse clinicians, or other clinicians). Authorization or consent for routine medical treatment is given by the DCF social worker/supervisor. The DCF Social Worker records the information in the child's medical passport, discusses the proposed medication with the prescriber, and renders consent or declines consent for administration of the medication. The HMST nurses, the Regional Mental Health Specialists, or DCF consulting psychiatrist are available to the DCF Social Worker should she or he have need for consultation at the time of deciding whether to render consent. Medical procedures or medications deemed "extraordinary" in nature require consent through the court system through a Rogers Process as outlined below.

Oversight: With respect to oversight of medication treatment, primary responsibility is shared between DCF and MassHealth, the state Medicaid Program. Children in foster care are enrolled in MassHealth when taken into custody to ensure access to medical assessments and treatment. Children in foster care are primarily enrolled in a MassHealth managed care carve-out, currently administered by the Massachusetts Behavioral Health Partnership (MBHP).

Massachusetts currently has two mechanisms for psychotropic oversight for youth in care and protection of DCF. The Rogers process is specifically for youth in custody of DCF and applies to youth when DCF retains medical decision making for the youth. Pediatric Behavioral Health Medication Initiative (PBHMI) is for all youth in MassHealth, whether or not there is DCF involvement. The Rogers process is also specifically for one psychotropic class of medication, antipsychotics, while PBHMI covers all classes of psychotropic medications.

Pediatric Behavioral Health Medication Initiative

In November of 2014, the Mass Health Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), developed the Pediatric Behavioral Health Medication Initiative (PBHMI). This is a medication review program for all children on MassHealth, which includes youth in state custody. High risk psychotropic medications require a prior authorization (PA) request to a MassHealth pharmacy for approval. The parameters of high risk prescribing are outlined below include age and polypharmacy restrictions. The highest risk medication regimes are reviewed by an inter-disciplinary team weekly to determine level of oversight and whether a peer to peer phone conversation is required for approval of regime.

PBHMI High Risk Parameters:

1. Behavioral health medication polypharmacy: pharmacy claims for any combination of four or more behavioral health medications (i.e., alpha2 agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotic agents, and mood stabilizers) within a 60 day period for members under 18 years of age; *Please see link for full table of therapeutic class table:*

<https://masshealthdruglist.ehs.state.ma.us/MHDL/pubtheradetail.do?id=273>
2. Antipsychotic polypharmacy: overlapping pharmacy claims for two or more antipsychotics for at least 60 days within a 90 day period for members less than 18 years of age;
3. Antidepressant polypharmacy: overlapping pharmacy claims for two or more antidepressants for at least 60 days within a 90 day period for members less than 18 years of age;
4. Cerebral stimulant polypharmacy: overlapping pharmacy claims for two or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for at least 60 days within a 90 day period for members less than 18 years of age;
5. Benzodiazepine polypharmacy: overlapping pharmacy claims for two or more benzodiazepines for at least 60 days within a 90 day period for members less than 18 years of age;
6. Mood stabilizer polypharmacy: overlapping pharmacy claims for three or more mood stabilizers for at least 60 days within a 90 day period for members less than 18 years of age;
7. Any pharmacy claim for an antidepressant, antipsychotic, atomoxetine, benzodiazepine, buspirone, hypnotic or hypnotic benzodiazepine, or mood stabilizer for members less than six years of age;
8. Any pharmacy claim for an alpha2 agonist or cerebral stimulant for members less than three years of age.

Rogers Process

Since 1987, by DCF regulation, the DCF in Massachusetts has elected to consider the use of antipsychotic medication as extraordinary treatment. By doing so, DCF established a requirement that DCF seek judicial authorization (a "Rogers Order") prior to the administration of antipsychotic

medication to a child in its custody. Through the Rogers process, a medical guardian ad litem is appointed, a hearing is held, and the petition (specifying medication(s), dosages, and rationale for administration) is granted or denied, as is, or at a modified dosage, by the judge. A new petition and hearing is required in a given case should the prescriber determine a clinical need for a dosage outside the initial authorization, or a need for a different antipsychotic than those authorized by the judge. Rogers orders are periodically reviewed by the court at the Judges determination.

Psychotropic Medications Steering Committee:

This committee formed in 2012 following the GAO 2011 report flagging concerns for inappropriate psychotropic medication prescribing for youth in foster care. This report followed the 2008 Office of the Child Advocate report which recommended that the authorization process for psychotropic medications be improved by adopting a more responsive and effective consent process.

The purpose of the Psychopharmacology Steering Committee is to continue to assess the use of psychotropic medication for children in foster care and monitor access to psychosocial supports provided to youth in foster care. The Steering Committee is co-chaired by the Office of the Medical Director and the DCF Commissioner, with representatives from the Executive Office of Health and Human Services (EOHHS), DCF, DMH, and MassHealth. Currently the Committee is working to develop a plan for increased oversight and consent for psychotropic medications for all youth in DCF custody. This new protocol will identify these youth within the PBHMI framework and allow frequent reports about psychotropic medication usage among this population.

Principles Established to Guide Work of Steering Committee:

1. Maintain a focus on the whole child—medical/behavioral/social— promoting a holistic approach to prescribing practices.
2. Psychopharmacology should be matched to the strengths and of the child, family, and substitute family with a focus toward safety, permanency and wellbeing.
3. All partners involved in the care of and services to a child should be optimally informed of the emotional, medical and behavioral needs of the child.
4. Psychopharmacological regimens should be guided by scientific best practice.
5. Systematic State Agency oversight is needed to promote best practices related to authorization and monitoring of psychotropic medication.
6. Though clearly defined standards of care may not exist, there is enough agreement to define ranges for effective outlier management
7. Psychopharmacology should occur within a well-defined practice of Trauma Informed Care.
8. There is a system-wide commitment to "informed consent."
9. Commitment to ongoing improvement of prescribing practices grounded in data and evidence.
10. Psychopharmacology is only one component of efforts to improve overall healthcare of children.

11. Youth are engaged in the management of his/her ongoing treatment plan.
12. Building consensus among stakeholders is fundamental to the success of any plan for authorization and monitoring of psychotropic medications.

Office of the Medical Director:

Within the Office of the Medical Director, a new data analyst has been created. With the position recently filled in November of 2016, psychotropic data will be easily obtained to ensure that all children in DCF care and custody are identified within this larger group of MassHealth recipients. A new role of a consulting child psychiatrist has also been created to help guide psychotropic oversight within DCF.

Our new full-time data analyst will provide reports to measure our progress in meeting the medical, dental, behavioral health, and developmental needs of children in the care and custody of DCF.

These reports will include:

- a. Weekly reports of all initial screening and comprehensive exams needed
- b. Weekly reports of hospitalizations for all children in foster care
- c. Monthly report of compliance statistics for screening/comp visits by area office
- d. Monthly report of all psychotropic meds for children in state custody
- e. Monthly report on antipsychotic medications use in youth in state custody
- f. Monthly report of all children in care or custody with diabetes and other chronic healthcare conditions
- g. Monthly report of all overdue physicals for children in foster care
- h. Quarterly report on chronic illness diagnoses
- i. Quarterly report on immunization delays for children in foster care
- j. Biannual report on demographics of medical providers of care

VI. *How DCF actively consults with and involves physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for children.*

Training

Children's Hospital in Boston provides training for new DCF Social Workers and periodically provides additional workshops / in-service training opportunities on selected medical topics. In addition, staff from Children's Hospital provide training for all DCF investigators on assessment of non-accidental trauma.

Staff from Children's Hospital Boston provided training for a group of Boston -area foster parents on the care of children with diabetes. The intent is to consider expanding this training for additional groups of foster parents.

DCF has collaborated with Children's Hospital and Boston Medical Center to institute the "Building Bridges" program. This unique program provides critical training and consultation between DCF social workers and psychiatrists.

Protocol for Life Sustaining Medical Treatment

For proposed orders to forgo or discontinue life sustaining medical treatment DCF has established processes for accessing medical recommendations from providers in addition to the treating provider and from hospital Ethics Committees. Once these professional opinions have been obtained, the request is reviewed by the Commissioner, Deputy Commissioners and the General Counsel, and if approved, the Department seeks a judicial determination on the decision. Each orders to discontinue or forgo life sustaining medical treatment is reviewed by the child's current treating physician on an annual basis to determine whether the order is still medically justified.

Collaboration with Child Protection Teams(CPTs)

The HSMT works closely with CPTs in hospitals statewide to collaborate regarding a range of healthcare and psychosocial issues for children who have experienced suspected physical or sexual abuse. Physicians and the DCF Nurse Liaisons from Children's Hospital CPT provide training to new social workers and investigators on assessment of non-accidental trauma. Regular meetings between HSMT and CPT staff statewide are held on a regular basis.

Areas for Enhancement / New Initiatives

The Department has obtained data from MassHealth that will assist us in identifying community pediatricians that are seeing a number of DCF clients. In partnership with the Massachusetts Behavioral Health Partnership, the Department will be reaching out to these providers to provide training (including trauma training utilizing the curriculum developed by Dr. Heather Forkey for pediatricians), providing a resource toolkit to pediatricians on special issues of treating children in foster care, and identifying strategies for improving communication between DCF and healthcare professionals. In addition, this effort is designed to improve access to healthcare services. See overview of this collaboration with MBHP in the Appendices.

Strategies to Build Capacity to Provide Trauma Informed Casework Practices and Trauma Specific Evidence Based Treatments

ACF Trauma Grant

Massachusetts is one of five states selected to receive an ACF grant to build system capacity to provide trauma informed care to children served within the child welfare system. The grant has been an exciting opportunity to enhance the state's efforts in this area. Specifically, through the trauma grant:

- DCF social workers receive Basic and Advanced Trauma training,
- Trauma Informed Leadership Teams are being established in each DCF Area Office to identify and disseminate trauma informed casework practices
- Mental Health providers serving DCF children are being trained on one of three evidence based trauma specific treatments (Child-Parent Psychotherapy, Trauma Focused-Cognitive Behavioral Therapy, or Attachment, Regulation and Competency)

Between November, 2012 and June, 2013 DCF social workers in the West and Northern Regions received Basic Trauma training and had the opportunity to participate in Advanced Trauma training utilizing the NCTSN Toolkit for Child Welfare Staff. Each of the Area Offices in these Regions have also established Trauma Informed Leadership Teams to enhance casework practices that are more trauma informed. Over that same time period mental health providers were selected to be trained on one of the evidence based treatments and have participated in an intensive learning community for additional

supervision and coaching. To date, over 120 mental health clinicians have been trained and approximately 150 DCF children have been enrolled in one of the evidence based treatments.

In September, 2013, the Boston and Southern Regions engaged in the same process of training DCF staff and mental health clinicians. In November, 2013 DCF began a new program to provide training for DCF resource parents on the impact of trauma on children the care for. Additional detail on the efforts to build system capacity to provide more trauma informed care may be found in the Semi-annual Report on Enhancing Trauma Informed Care.

VII. Health care needs of youth aging out of care.

Planning for discharge and transition from placement and case closing can begin at many different points but the Department must, beginning 90 calendar days prior to discharge and case closing, provide a transition planning process in collaboration with the youth/young adult, based on an assessment of her/his readiness for living interdependently in the community, age and follow up supports. The discharge and transition planning process must include a discussion of the youth/young adult's education, employment or work skills development, housing, health insurance including the importance of a medical health care proxy, local opportunities for mentoring and other specific support services. The plan should be reflected in the Service Plan and/or dictation and must be reported in any Permanency Hearing Report filed with a court after the youth/young adult turns age 17 years and 9 months old. Any outstanding life skills needs are prioritized and addressed prior to discharge from placement and case closing. The Department must also provide written notice to the youth/young adult at least 30 calendar days prior to the anticipated date of discharge from placement and case closing (which may occur later). The scheduling of both steps should be planned.

- For the youth who intend to leave Department care or custody on her/his 18th birthday, the discharge and transition planning must begin 90 calendar days prior to discharge and the closing of the case. The written notice of discharge from placement and case closing should be sent within 90 calendar days and at least 30 calendar days prior to her/his 18th birthday. The notice must contain notice of the right of the youth to challenge the discharge from placement and the closing of her/his case through the fair hearing process.
- For the young adults who have continued sustained connections with the Department beyond age 18, the discharge and transition planning is completed within 90 days prior to the closing date. The dates for discharge from placement and case closing should be reflected in youth readiness assessment tool if being utilized and the current Service Plan. Written notice of the discharge from placement and/or case closing is sent at least 30 calendar days prior to the date of the discharge from placement or case closing accordingly
- More information about health care for youth transitioning out of foster care can be found in the CFCIP section of the APSR.

No changes or additions are needed for the current Health Care Oversight and Coordination Plan.

Disaster Plan

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). The report includes the Disaster Plan as required by Section 422(b)(16) of the Act.

Summary of disasters during 2016 – 2017, and DCF responses

During the past year, Massachusetts experienced three occurrences of severe winter weather that resulted in the partial activation of DCF's COOP and Virtual Coverage Plans. They were both successfully utilized during these events.

Severe Winter Weather:

The winter of 2016-2017 was relatively average in respect to inclement weather and snow.

On both February 9 and March 14, Massachusetts was hit with significant snow storms. Blizzard conditions were reported in many areas of the state. Travel by automobile became treacherous and hundreds of flights in and out of Boston Logan Airport were canceled. Snow accumulation was significant in most cities and towns of the Commonwealth.

Due to these weather events, the Governor directed that all non-emergency Executive Branch employees not report to their workplaces on Thursday, February 9, 2017, and then again on Tuesday, March 14, 2017. Accordingly, the Department of Children and Families immediately initiated its Employee Notification Plan.

DCF offices were closed for each of these days. The DCF Hotline was activated to be operational during normal business hours. The Virtual Coverage Plan was implemented, with Incident Command Center provided by the DCF leadership. Conference calls were regularly held with agency leadership to provide updates from MEMA, area offices, hotline, and programs.

Despite challenges posed by the weather, the Department was able to ensure a child protective response capability for emergency reports of abuse and/or neglect. The DCF Incident Command Center operated throughout the storms to ensure communication with management and employees.

This same Virtual Coverage Plan was also successfully implemented on Monday, February 13, for an early portion of the day. Due to inclement weather that made the morning commute treacherous, the Governor authorized a delayed workday start time of 11:00 AM for all non-emergency Executive Branch employees.

The DCF 2015-2019 Disaster Plan

There are no changes or updates to the Department of Children and Families Disaster Plan as of June 2017.

Training Plan

This is a new DCF-CWI Training Plan that replaces previous submissions. The primary goal of the CWI is to promote effective child welfare practice. CWI activities are designed to improve the knowledge and skills of individual social workers, the quality of supervision and the agency environment that promotes creativity and professional growth. CWI is committed to advancing the strategic goals and objectives of the Department of Children and Families.

The CWI has responsibility for providing training and professional growth opportunities for all of the approximately 4,000 staff. The learning programs available to staff through the CWI are varied and include:

- New Social Worker Professional Development Program
- New Supervisor Professional Development Program
- Response/Hotline Training
- New Area Program Manager Training
- In-Service, Evidence-Based Practice Training
- Field Based Implementation and Practice Coaching
- MSW Fellowship Program
- Post-Masters Clinical Certificate Programs
- Professional Certificate Programs
- Licensing Test Preparation
- Professional Conferences
- Policy Implementation and Training

Since FFY 2017, CWI has created a 2.5-hour clinical practice webinar, 5 in-service courses, and 17 E-learning modules to support casework and practice around the statewide Family Assessment and Action Planning initial policy training that was previously submitted. Other important highlights include a training series for managers that direct the work of caseworker supervisors and a training series for new supervisors.

Additionally, in this last quarter, a complete review and revision of the existing DCF New Social Worker Professional Development Program (NSWPDP) course were initiated. The end goal is to have a rigorous formal curriculum (e.g., trainer guide and student manual, etc.) and parallel field-based transfer of learning process that reinforces NSWPDP learning and base competencies. Lastly, DCF is in the process of looking at Family Resources competencies and the development of formal training.

DCF provides its new training plan on the following pages.

Cost allocation methodology for claiming training

The cost allocation methodology indicated below is based upon the subject matter of each training, the length of each training, the salary of each participant, non-salary expenses, and the CAP code for each participant or expense.

- (1) Identify training topics allowable at varying percentages (0%, 50%, or 75%).
- (2) Calculate salary expenses associated with allowable trainings.

- a. For each training, produce a list with DCF participant (trainer or attendee) names, duration in hours, and date of training.
 - b. For each DCF participant, calculate percentage of their time spent in allowable trainings.
 - c. For each DCF participant, based on that percentage, calculate percentage of their salary in the claiming period spent and identify salary expenses for allowable training hours.
 - d. Sum the training time salary in each CAP cost pool.
 - e. Transfer identified training time salary from the dollars in each CAP cost pool to the appropriate Training (50% or 75%) cost pool.
- (3) Calculate non-salary expenses associated with allowable trainings.
- a. Transfer identified expenses from the dollars in each CAP cost pool to the appropriate training (50% or 75%) cost pool.

Commonwealth of Massachusetts
Department of Children & Families
Child Welfare Institute Training Plan
2015-2019
Revised: November 17, 2017

**FFY 2018 DCF Training Plan
Department of Children and Families
Child Welfare Institute**

The primary goal of the CWI is to promote effective child welfare practice. CWI activities strive to improve the knowledge and skills of individual social workers; the quality of supervision; and the agency environment that promotes creativity and professional growth. The CWI is committed to advancing the strategic goals and objectives of the Department of Children and Families.

**FFY 2018 DCF Training Plan
Department of Children and Families
Child Welfare Institute**

This is a completely new state training plan for Fiscal 2018. The Commonwealth of Massachusetts has made wholesale revisions to the existing training plan to allow for specific Title IV-E appropriate federal financial participation. This training plan is submitted as required by intersecting federal law, regulation, and Program Instructions (ACYF-CB-PI-04—01; 45 CFR 1356.60 (b); 45 CFR 1357.15 (t) (1); and 45 CFR 235.60-235.66), lays out the planned training activities for DCF to achieve a higher level of excellence in staff development in child welfare practice. The allocation descriptions herein reflect claiming mechanisms as required by Title IV-E for enhanced federal financial participation.

The coursework and programmatic details included in this plan are organized in accordance with the requirements noted specifically in ACYF-CB-PI-04-01 using the following key where the label for each row in this section of the report represents a shortened version of a corresponding federal requirement:

Training Plan



FY 2018 Title IV-E Training Plan

Purpose

The Child Welfare Institute (CWI) is the professional development and training division of the Department of Children and Families. The purpose of the CWI is to improve child welfare practice in the Commonwealth. Through a focus on three interdependent responsibilities, the CWI promotes a shared understanding of and agreement about the Department's core practice values, commitments, and priorities; teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it more feasible for social workers to help families keep their children safe; and, supports the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

Context: Highlights of FY2017

The CWI is focused on a vision of providing high quality, evidence-informed, and relevant training programs that are helpful to the approximately 4050 DCF social workers, supervisors, managers, and administrative staff across the Commonwealth in their efforts to ensure the safety, permanence, and well-being of children and families. The CWI had a budget of 2.5 million dollars for FY2017. The appropriation for FY2018 to fund CWI training programs is expected to be unchanged at approximately 2.5 million dollars. This represents a stable funding level to support professional development and learning programs for DCF staff. The CWI consists of 11 full-time staff members focused on training and professional development programs (Director, Associate Director, 4 Professional Development Managers, 2 Program Coordinators, Fiscal Coordinator, Administrative Assistant, and a Coordinator of Fellowship Programs) and a number of part-time contracted training specialists. The CWI also employs a part-time librarian to manage the DCF child welfare library. CWI training managers oversee the design, development and implementation of agency training programs, coordinate the work of external trainers, and conduct a considerable amount of classroom training, train DCF policy, and support practice innovations in the field.

Training Plan

Framed by the agency's overarching priorities, the CWI has advanced and implemented a series of highly regarded programs. With a considered strategy to promote continuous learning and professional identity for child welfare social workers, supervisors and managers at DCF, the CWI promotes organizational effectiveness by building on our many strengths of training, including:

- o The agency's core practice values clearly state that continuous learning is an expectation for professional growth and organizational improvement.
- o CWI staff is all dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities for staff.
- o The agency has a highly educated and experienced workforce.
- o Historically, staff turn-over rates have been low which promotes a deep knowledge of the child welfare system and practical experience in the agency
- o The CWI has created an approach to curriculum design and training development that is founded on facilitative learning.
- o The CWI offers practice and implementation coaching to support the transfer of learning from the classroom to the field.
- o The CWI contributes to the planning and implementation of policy change initiatives.
- o The CWI supports DCF staff efforts to become licensed social workers. As of October 1, 2017, 98% of DCF social workers held a license.
- o 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.
- o Staff training and professional development are essential agency priorities which strengthen effective succession planning and cultivate organizational leadership.
- o The CWI has a clear budget allocation from a dedicated line-item within the DCF appropriation.
- o In June 2017, the CWI opened its dedicated statewide training center. This facility is a large training and conference space to house all of the CWI training events. This is a significant milestone for the CWI as it creates a permanent physical space that is designed specifically to support professional learning opportunities.

Training Plan

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 Worker Professional Development Program, the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. These examples are but a small sample of the many progressive and meaningful learning programs lead by the CWI. All of the programs designed and implemented by the CWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The CWI gathers input through practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

Desired Outcomes

Broadly framed and organized by the DCF policy and practice priorities, the CWI training and professional development programs are focused on the following important outcomes:

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

Framework for Professional Development

The Department of Children and Families, through its Child Welfare Institute, 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 values, priorities and key concepts of safety organized child welfare practices. This approach to training is founded upon the concepts and tools of interactive facilitation. An essential principle of this training approach is that child welfare social work is a defined, unique and distinct profession within the field of social work. As a profession, child welfare social workers embrace a clear set of values which describe why their work is important and necessary. They also share common principles about how the work gets done in an effective manner. Further, the profession of child welfare social work requires that staff have a grasp of core competencies and specific knowledge and skills needed to help families keep their children safe. Finally, the profession of child welfare social work utilizes unique tools to facilitate the engagement, assessment and planning processes with vulnerable children and families.

Training Plan

Understanding that the purpose of training for DCF staff is to prepare social workers, supervisors and managers with the practices and skills needed to engage with families, the CWI uses a learner-centered program design. A learner-centered approach appreciates the experience and knowledge that participants bring into the classroom and utilizes facilitated dialogues to create a deeper understanding of the principles, better relationships, and greater relevancy of the material. Ultimately, this approach helps participants leave feeling more confident using new skills and tools in practice. Learner-centered principles are directly aligned with a basic tenet of adult learning - that learning is an individual's process of incorporating new ideas and actions into their existing knowledge base or skill set.

A learner-centered approach significantly changes the nature of the relationship between the trainer and the participant. The role of the trainer transforms from "the expert with the answers" to "the facilitator asking questions" which represents a shift in thinking and new skills to capitalize on the power of questions to promote relationships in a shared learning experience. This is the fundamental principle of the Facilitated Learning Model. In order for the CWI to successfully prepare staff for the demands of child welfare work, the facilitator must master a range of facilitation skills and have knowledge of the content needed to effectively lead a series of learning dialogues. Facilitators are challenged to demonstrate these advanced skills in order to help social workers, supervisors, and managers:

- understand the purpose of practice tools and have confidence in using practice tools effectively
- know how to access supervisory, management, and area office support in decision making
- have a commitment to the shared values and purpose of DCF interventions
- be able to reflect on their own practice skills and the impact that they have on families
- build collaboration among all of the key stakeholders needed to help families keep their children safe

This framework is a shift from the Department's traditional delivery of content based, expert driven training and appreciates that effective child welfare practice is less reliant on "what content a social worker knows" and more on "how well a social worker can facilitate change". This distinction informs the emergent curriculum design of the CWI professional development programs, in particular the New Social Worker Professional Development Program and the Supervisor Professional Development Program.

Training Plan

Scope of DCF Training and Professional Development Activities

The CWI has responsibility for providing training and professional growth opportunities for all of the approximately 4,000 staff. The learning programs available to staff through the CWI are varied and include:

- o New Social Worker Professional Development Program
- o New Supervisor Professional Development Program
- o Response/Hotline Training
- o New Area Program Manager Training
- o In-Service, Evidence-Based Practice Training
- o Field Based Implementation and Practice Coaching
- o MSW Fellowship Program
- o Post-Masters Clinical Certificate Programs
- o Professional Certificate Programs
- o Licensing Test Preparation
- o Professional Conferences
- o Policy Implementation and Training

The CWI is limited to training data showing participation rates for the following programs in Fiscal Year 2017:

- o New Social Worker Professional Development Program had about 570 individuals divided by monthly training groups for 12 months in FY2017
- o New Supervisor Professional Development Program included 104 individuals in two separate training series during FY2017
- o NASW Licensing Test Preparation Course included 504 participants during FY2017
- o In-Service training for new social workers (total participants: 1674) included the following topics and participant numbers:
 - Effective Strategies – 430
 - Trauma Informed Practice – 370
 - Integrated Clinical Practice – 367
 - Foundations of Health and Wellbeing – 346
 - Writing and Testifying in the Legal Process – 160
- o New Area Program Manager training had 51 participants attend the series during FY2017
- o Protective Response Training series had 180 participants in three separate training groups during FY2017

Training Plan

- o Professional Conference slots: 235 individuals were registered to attend conferences in fiscal year 2017
- o In-Service Training: Although cumbersome to calculate in the Commonwealth's LMS called PACE, the CWI estimates that 2150 slots were filled by DCF staff for professional development and advanced practice workshops.
- o Family Assessment and Action Planning Policy Training Initiative included training at different levels for all DCF social workers, supervisors, managers, and lawyers during FY2017, divided into the following training sessions with participant numbers:

FAAP Policy/IT In-Depth Training (all regions) – 2229

FAAP Manager Training - 412

Clinical Training AD/APM – 224

Clinical Training (all regions) Session A - 2149

Clinical Training (all regions) Session B - 2047

The CWI offers extensive professional education opportunities for staff including MSW Fellowships and professional certificates. Although tracking of participation in these programs occurs outside of the PACE system, the data presented below is considered to be accurate:

- o MSW Fellowship Program, in its twelve years, has included over 160 DCF staff from the schools of social work at Salem State University, Bridgewater State University, Westfield State University, Springfield College, and Simmons College.
- o Each year, up to 20 DCF staff are awarded Fellowships to attend MSW programs in the partnering universities. The Fellowship supports student academic learning through the completion of the MSW program.
- o Simmons College School of Social Work Post Master's Clinical Certificate in Trauma included 22 DCF staff in the class for FY2017
- o Bridgewater Child Welfare Certificate in Trauma Informed Practice has enrolled 22 DCF social workers in a year-long academic program
- o Springfield College Post-Masters Certificate Program in Advanced Practice with Children and Adolescents included 20 DCF staff members
- o The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities.
- o Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to \$1,000 per year to assist with the costs of their graduate level education when they attend a private college or university

Training Plan

CWI Training and Professional Development Activities

The CWI offers a range of training opportunities for DCF staff. (Please refer to the ACF Title IV-E State Training Plan for a detailed list and explanation of the training and professional development programs offered to DCF staff.) The following table summarizes the primary CWI training programs and identifies the steps necessary to connect the curriculum and content of these topics to the major strategic areas and priorities for organizational effectiveness and practice improvement:

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives
<p>New Social Worker Professional Development</p>	<p>The NWPDP consists of 15 days of in-class training for the first month and 4 On-the-Job training days. New workers also attend 4 Evidence-Based Practice In-service workshops during first 6 months.</p> <p>The NWPDP curriculum engages participants to help them:</p> <ul style="list-style-type: none"> • understand the purpose of practice tools and can use tools to strengthen their initial involvement with families, • commit to the shared values of effective child welfare practice and case processes to improve interventions with families, • demonstrate that they are willing and able to reflect on their own practice skills and the impact that they have on families, • Have an increased level of collaboration among all of the key stakeholders who are committed to continuous learning and professional development in the Department of Children and Families. 	<ul style="list-style-type: none"> • The NWPDP will serve as a national model for training new social workers • CWI will work to integrate the content of NWPDP with trauma informed practices defined by the DCF trauma grant • The CWI will continue to refine the training schedule to include necessary content • The NW PDP curriculum and approach to training will be documented • In-Service training for NW PDP will be developed further to align with the content and methods of the first month • The CWI will facilitate stronger and consistent connections to the field to support OJT • The CWI will include field staff directly in the training as co-facilitators • The CWI will include family representatives intentionally in key training segments

Training Plan

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives
MSW Fellowship Program	Through partnerships with the schools of social work at Salem State University, Bridgewater State University, Springfield College, Westfield State University, and Simmons College, participating DCF social workers are advancing their education and practice skills and leadership opportunities.	In the future, the CWI will involve Fellows more as practice leaders to support the agency initiatives and learning culture. Fellows will play a more defined role in the NWPDP, as mentors and will promote the professionalization of social work at DCF.
Protective Intake and Response Training Series	The current 7-day training series represents an evolution of content and curriculum to better reflect revised agency policy. In addition, the CWI supports a regular conference to bring together Hotline workers to share best practices and challenges.	Future development of the program will be guided by the emerging practices and include a more clear emphasis on trauma and the specific practice skills of safety organized child welfare work.
In-Service Training	The CWI offers topic-based training programs and workshops for all staff. The CWI has a partnership with CPI and the Bridge Training Series to offer a range of highly regarded trainings that are relevant to DCF staff.	In the next three years, the CWI will develop child welfare specific in-service training that capitalized on the clinical expertise of DCF staff as contributors to the content and delivery.
New Supervisor Training Series	The New Supervisor Training Series consists of 7 full days of training for newly hired child protection supervisors. This is a competency based training program which utilizes the DCF Supervisory practice framework and informed by the DCF Supervisor Policy. This series prepares staff for the transition to effective supervision with a focus on DCF policy and practice, unit team building and facilitation, group supervision processes, worker development and retention, and cultural humility.	In the coming fiscal year, the CWI will run this program to support the development of supervisors and expects to include approximately 75 newly hired supervisors. The program goals are focused on creating contemporary curriculum, supporting materials, and on-line learning resources to support supervisors in their work.
New APM Manager Training Series	This series of training is designed to support newer managers in the role as practice and policy leaders in the area offices. Participants engage in workshops focused on continuous quality <u>improvement</u> , cultural humility, managing change, facilitation of groups, effective decision making, and personnel management.	DCF has greatly expanded the workforce over the past fiscal year and this has cascaded to an increase in the number of area program managers. This positive development poses an opportunity for the CWI to engage larger numbers of managers while improving our approach to the learning experience. The upgrades that CWI hopes to make for FY18 focus on the identification of a competency model for DCF managers and the creation of on-line resources for distance based learning.

DCF State Plan Label	Federal Language
“Training Description”	A brief, one paragraph syllabus of the training activity
“Admin Function”	Indication of the specifically allowable Title IV-E administrative functions the training activity addresses (45 CFR 1356.60 (c) (2) (i- x))
“Venue”	Indication of the setting/venue for the training activity
“Duration”	Indication of the duration category of the training activity (i.e. short-term, long-term, part-time, full-time) (45 CFR 235.63-235.66 (a))
“Provider”	Indication of the proposed provider of the training activity
“Days” and “Hours”	Specification of the approximate number of days/hours of the training activity
“Audience”	Indication of the audience to receive the training
“Cost”	Description of the estimated total cost
“Allocation”	Cost Allocation Methodology (45 CFR 1356.60; SEC. 474 (3) (A-B))
Training Criteria	Identification of % of overall training time spent on: 1. 75% FFP topic areas, 2. 50% FFP topic areas, and 3. 0% FFP topic areas

SECTION 1: NEW SOCIAL WORKER PDP	
Training Title	Day 1 Starting the Journey Welcome to DCF
Training Description	<p>Purpose</p> <ul style="list-style-type: none"> • We are here to share in a dialogue and learn together about what it means to be a child welfare social worker for DCF and how families become involved with DCF. • We are here to learn about the training program and the role that we all play in making it successful. <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • A better understanding of what it means to be a child welfare social worker. • A greater awareness of how power and authority impacts my engagement/relationship with children and families. • Able to articulate and describe the purpose of my work with children and families. • An understanding of the expectations of the New Social Worker PDP Program. • An understanding of the HR policies, benefits, and professional expectations of working for DCF. • The knowledge and resources needed to begin the process of earning a social work license.
Admin Function 1	Case management and supervision
Admin Function 2	Referral to services
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 per month (12 days per year)
Hours	7 per day (84 hours per year)
Audience	New social workers
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	40%	<ul style="list-style-type: none"> • Ethics training associated with a title IV-E State plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act. (20%) • Title IV-E policies and procedures. (20%)
FFP Standard: 50%	60%	<ul style="list-style-type: none"> • State agency personnel policies and procedures (40%) • Worker retention and worker safety (20%)
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 2 (Part 1) Effective Decision Making in Child Welfare Practice	
Training Description	<p>Purpose To share in a dialogue about how we make effective decisions in child welfare practice.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Have a better understanding of what influences our decision-making. • Know what the key decisions are in DCF's work with families. • Understanding of what tools/resources available to assist decision-making. <p>To share in a dialogue about how we make effective decisions in child welfare practice.</p>	<p>Content Learning Modules</p> <p>9:00-9:30: Introductions 9:30-9:45: What are decisions? 9:45-10:30: What are the key questions in DCF? 10:30-10:45: Break 10:45-11:00: How do we make significant decisions? What is the best process to follow? 11:00-11:40: What influences our decision making process? 11:40-12:00: What resources or tools are available to help us make decisions? 12:00-1:00: Lunch</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	0	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1/2 per month (6 days per year)	
Hours	3.5 per day (42 hours per year)	
Audience	New social workers	
Cost	\$200.00/day (\$2400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Identifying a child and families' risk for the removal of the child from the home (20%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (20%) • Title IV-E policies and procedures (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP	
Training Title	Day 2 (Part 2) Strategies for Social Worker Safety in the Field and Lock Down Procedures
Training Description	<p>Purpose To share in a dialogue with experienced social workers and supervisors the most important ways to increase your safety while out in the field and Lockdown Procedure Desired Outcomes.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> - Increased understanding of the challenges of being a DCF social worker - Basic understanding of the importance of the social worker client relationship as it relates to safety. - Enhance skills regarding de-escalation and identifying when to leave a potentially dangerous situation - Explore techniques to support safety during home visits and in the community - Understanding of risk assessment for social workers when working with gangs, individuals with aggressive behaviors, mental health worries, or substance abuse-- and how to engage safety
Admin Function 1	Case Management and Supervision
Admin Function 2	Placement of the Child
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Massachusetts State Police Academy Trainers
Days	1/2 per month (6 days per year)
Hours	3.5 per day (42 hours per year)
Audience	New social workers
Cost	\$200.00/day (\$2400 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	0%	N/A
FFP Standard: 50%	100%	• Worker retention and worker safety (100%)
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP	
Training Title	Day 3 Child Development-- Connection, Consistency, and Contact
Training Description	<p>Purpose To integrate the concepts of child and youth development across ages and stages, with awareness of the impact of early traumatic experience.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Increased knowledge of the domains of well-being; • Increased knowledge of the key issues related to health and well-being in child welfare practice; • Knowledge of how to access child care for DCF families; • A basic understanding of school readiness, and the provision of Early Intervention, K-12 education, post-secondary education, and special education; • Awareness that all DCF children have medical needs and that they exist on a continuum ranging from well child to special medical needs; • Increased knowledge of adolescent support services; • Have awareness of protective factors and positive youth <p>Content Learning Modules</p> <p>9:00-9:15: Introductions and Overview 9:15-10:30: The relational aspect of child development? 10:30-10:45: Break 10:45-12:00: Cont. 12:00-1:00: Lunch 1:00-2:00: Educational needs of Children Working with DCF 2:00-3:30: Neurobiological 2:00-3:45: Adolescent Services 3:45-4:00: Questions and Wrap-up</p>
Admin Function 1	Case Management and Supervision
Admin Function 2	Placement of the Child
Admin Function 3	Development of the Case Plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 per month (12 days per year)
Hours	7 per day (84 hours per year)
Audience	New social workers
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial	
Does the Trainee Carry a Caseload?	No
If Yes is the Caseload Partial/Full?	No
FFP Enhanced: 75%	<p style="text-align: center;">100%</p> <ul style="list-style-type: none"> • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (10%) • Child development (90%)
FFP Standard: 50%	0% N/A
FFP Unclaimable	0% N/A

SECTION 1: NEW SOCIAL WORKER PDP

Training Title	Day 4 Child Abuse and Neglect-- How do you know if a child is safe	
Training Description	<p>Purpose To share in a dialogue about the key practices to understand what it means for children to be safe.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Know how we address child safety. • Have increased understanding of the DCF mandate and policies on the assessment of child safety. • Have increased understanding of tools that facilitate the assessment of danger, safety and risk. 	<p>Content Learning Modules</p> <p>9:00 - 9:15: Welcome, introductions and check in on previous day, review desired outcomes. 9:15-10:15: "What Do You Think?" exercise? Workers are asked to respond to vague scenarios. Is it abuse or neglect? 10:15-10:25: Break 10:25-10:45: Review DCF definitions of abuse, neglect, sexual abuse, caregiver, etc. 10:45-11:15: Revisit scenarios of child maltreatment. Provide answers consistent with DCF definitions of child maltreatment. 11:15-11:40: Watch Darkness 2 Light Childhood Stories video on sexual abuse. 11:40-12:00: Small group discussion at tables. Report out to large group. 12:00-1:00: Lunch 1:00- 1:15: Provide overview of risk & protective factors in child welfare. 1:15-1:30: Read Carol Smith 51A 1:30-2:00: Group work. Review PP slides which address risk & protective factors. Identify risk & protective factors relative to the Smith family. 2:00-2:30: Introduce the process of safety mapping. Groups will safety map the Smith case. 2:30-2:40: Break 2:40-3:00: Teach groups how to write Danger/Risk Statements. Practice writing statements on Smith case. 3:00-4:00: Presentation from DCF Health & Medical Services Team</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1 per month (12 days per year)	
Hours	7 per day (84 hours per year)	
Audience	New social workers	
Cost	\$400.00/day (\$4800 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a	No	
If Yes is the Caseload	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (30%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (20%) • Family Visitation (10%) • Communication skills required to work with children and families (10%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP

Training Title	Day 5 Engaging Families	
Training Description	<p>Purpose To share in a dialogue and learn how to involve children, families, and their support network in the essential process of ensuring child safety, permanency, and wellbeing.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Increase their understanding of the techniques and tools to engage adults and children. • Increase their understanding of what family-centered, strength-based practice looks like. • Increase their familiarity with solution focused interviewing techniques. • Understand the importance of engaging fathers in the DCF casework process. 	<p>Content Learning Modules</p> <p>9:00-9:15: Introductions 9:15-9:40: Dialogue identifying “what makes a person helpful” 9:40-10:00: Essential factors of engagement. 10:00-10:15: Listening to the voices of DCF involved parents and children 10:15-10:25: Break 10:25 -10:45: Understanding the various reasons why parents do not want to work with DCF. 10:45-11:30: Group exercise strategizing how to answer the “tough questions” that parents ask. 11:30-12:00: Solution Focused Questions 12:00-1:00: Lunch 1:00-2:15: Home Visit touchpoints and using the concept of open, narrow, close-in relation to interviewing. 2:15-2:25: Break 2:25-3:00: Engaging children at different developmental stages. 3:00-4:00: Guest Fatherhood advocate speaks to the group about fatherhood engagement.</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1 per month (12 days per year)	
Hours	7 per day (84 hours per year)	
Audience	New social workers	
Cost	\$400.00/day (\$4800 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (50%) • Communication skills required to work with children and families (25%) • Family Visitation (25%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 6 (AM Session) Cultural Humility and Engaging Families Across Difference	
Training Description	<p>Purpose To talk about culture and its impact on beliefs, values and practices in families and in our society.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Understand the foundations of cultural humility in practice; • Increase awareness of one's own cultural values, beliefs, and practices; • Awareness that difference is not deviance. • Increase their familiarity with solution focused interviewing techniques. 	<p>Content Learning Modules</p> <p>9:00-10:00: What do we mean by cultural humility? 10:00-10:45: Reflection on your own cultural values, beliefs, and practices; 10:45-11:00: Break 11:00-11:15: Difference is not deviance 11:15-12:00: Introduction to solution focused interviewing techniques.</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1/2 day per month (6 days per year)	
Hours	3.5 hours per day (21 hours per year)	
Audience	New social workers	
Cost	\$200.00/day (\$2400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (5%) Communication skills required to work with children and families (10%) Family Visitation (5%) Cultural competency related to children and families (75%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP	
Training Title	Day 6 (PM Session) Engaging Adolescents in Child Protection Casework
Training Description	To share in a dialogue and learn how to involve adolescents, community, and their support network in the essential process of ensuring safety, permanency, and wellbeing.
Admin Function 1	Case Management and Supervision
Admin Function 2	Placement of the Child
Admin Function 3	Development of the Case Plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1/2 day per month (6 days per year)
Hours	Day 6 (PM Session) Engaging Adolescents in Child Protection Casework
Audience	New social workers
Cost	\$200.00/day (\$2400 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (30%) • Communication skills required to work with children and families (20%) • Child development (10%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP	
Training Title	Day 7 The Challenges that Families Face in Coping with Substance Abuse and Mental Health
Training Description	<p>Purpose To talk about and understand the range of challenges that families face and their strengths to succeed.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • An increased understanding of the impact of substance abuse on individual and family functioning. • An increased understanding of how substance abuse impacts the capacity of a parent to insure the safety and wellbeing of their child. • An increased understanding of the various types of mental illness • An increased knowledge of the contemporary treatment methods to help individuals with substance abuse problems and mental illness. • Greater confidence in exploring family systems through the multicultural lens • Increased understanding of how to facilitate a change process <p>Content Learning Modules:</p> <p>9:15-10:45: Contemporary research about the prevalence, trends, types, and treatment approaches 10:45-11:00: Break 11:00-12:00: Understanding Substance Use 12:00-1:00: Lunch 1:00-2:00: Impact of substance abuse on parenting and child safety 2:00-2:45: Dimensions of mental illness and contemporary treatment approaches 2:45-3:00: Break 3:00-4:00: Integrated practices in working with substance abuse and mental illness</p>
Admin Function 1	Case Management and Supervision
Admin Function 2	Placement of the Child
Admin Function 3	Development of the Case Plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per month (12 days per year)
Hours	7 hours per day (84 hours per year)
Audience	New social workers
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation	
Does the Trainee Carry a Caseload?	No
If Yes is the Caseload Partial/Full?	No
FFP Enhanced: 75%	100%
FFP Standard: 50%	0%
FFP Unclaimable	0%

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 8 Engaging with Families—Domestic Violence	
Training Description	<p>Purpose To share in a learning experience about the prevalence, impact, and intervention strategies for families struggling with domestic violence. Desired Outcomes The facilitator will describe the learning outcomes for this day of training and ask the group to add any other ideas that they might have.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Leave with a greater understanding of the definition of domestic violence, the impact of violence on family dynamics, and the long term effects on children who witness violence. • Learn to build cooperative approaches to engaging families plagued by violence • Increase their knowledge of the key elements of a safety plan • Identify strategies to insure personal safety while working to engage families where violence is a factor 	<p>Content Learning Modules:</p> <p>9:00-10:00: What is the definition of Domestic Violence — Prevalence and contemporary research 10:00-10:45: The impact of violence on family dynamics 10:45-11:00: Break 11:00-12:00: Children who witness violence in their homes 12:00-1:00: Lunch 1:00-2:15: Engagement strategies and intervention skills 2:15-2:45: Understanding the process and elements of effective safety planning 2:45-3:00: Break 3:00-4:00: Worker safety in planning for home visits and interactions with the batterer</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$400.00/day (\$4800 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (10%) • Assessments to determine whether a situation requires a child’s removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (10%) • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services. (80%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 9 Assessment and Pattern Recognition	
Training Description	<p>Purpose To talk about the skills needed for effective assessment and pattern recognition in child welfare practice.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Increased understanding of available tools used to gather information to assess danger, risk, and safety: three houses, safety house, safety mapping, ecomaps, and genograms. • Understand how to develop and write a clinical formulation. 	<p>Content Learning Modules:</p> <p>9:00-9:50: Brief check-in, Assessment as an event or Assessing as a Process, Three Houses tool 9:50-10:20: Introduce the Safety House tool. Explain process. Provide example. 10:20-10:30: Break 10:30-11:00: Video and Role-Play using Three Houses and Safety House tools 11:00-12:00: Using Genograms, Using Eco-Maps 12:00-1:00: Lunch 1:00-1:15: The DCF Casework Timeline 1:15-2:15: Revisit the Smith case. (The Smith 51B should have been read by all for homework.) Review the safety mapping process. Group activity: Map the Smith case post 51B. Report out to large group. 2:15-2:25: Break 2:25-3:30: Clinical formulation 3:30-4:00: Report back to large group. Questions and answers, wrap up.</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	Contracted Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$950.00/day (\$11400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (20%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (5%) • Child development (5%) • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services (30%) • Communication skills required to work with children and families (10%) • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (30%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP

Training Title	Day 10 Assessment Action Planning Day 1 of 2	
Training Description	<p>Purpose To talk about and practice writing assessments and formulations.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Increase understanding of the essential elements of the Assessment and Action Plan; • Knowledge of assessment and action plan policies and timelines; • Understand assessment and action plan as a process and a product; • Have strategies for conducting a home visit; • Know how to develop a clinical formulation; • Know how to document information. 	<p>Content Learning Modules:</p> <p>9:10-10:00: Family Assessment and Action Policy: Policy highlights, timelines, and practice elements 10:00-10:20: Five parental protective factors 10:20-10:30: Break 10:30-11:00: Using a case scenario or video clip, have workers talk about what should be done before, during, and after the first visit for an assessment. Report out to large group 11:00-12:00: Role-play, use of inquiry 12:00-1:00: Lunch 1:00-1:30: Continuing with the above case or clip, ask workers to identify a list of collateral contacts and the questions they would ask. Role-play/practice 1:30-2:00: The essential data and information we need to gather 2:00-2:15: Develop genogram on the family used in the scenario or clip 2:15-2:25: Break 2:25-2:50: Table activity, Role play parts of the assessment process 2:50-3:15: Each table writes up their section of the assessment 3:15-3:40: Each table reads their section of the assessment 3:40-4:00: Review of parental protective factors, danger, risk, and safety, patterns of protection/harm, themes, worries,</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	Contracted Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$950.00/day (\$11400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial

Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (5%) • Child development (20%) • Training on referrals to services, not how to perform the service (15%) • Identifying a child and families' risk for the removal of the child from the home (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 11 Assessment Action planning Day 2 of 2	
Training Description	<p>Purpose We are here to share in a dialogue and learn together about how to set goals with families to achieve positive outcomes.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • An understanding of the purpose of a DCF Assessment and Action plan • An understanding of the difference between a Safety Plan and Action Plan • An increased knowledge about Assessment and Action Plan policy and process • Participants will leave with concrete resources and tools to help them work most effectively with families in the goal setting process. 	<p>Content Learning Modules: This learning experience will include a strong focus on effective writing and documentation through exercises and activities).</p> <p>9:00-9:30: Review and Update from Prior Training Day: 9:30-10:45: What is the purpose of an Action plan? What does the Family Assessment Action Plan policy say</p> <p>10:45-12:00: Break, How do we partner with families to develop goals? (Use of solution focused questions, safety mapping, danger and risk statements and-safety goals)</p> <p>12:00-1:00: Lunch 1:00-1:45: How do we facilitate the implementation of Action Plans? (Family Safety Networks) 1:45-2:00: How can Family Safety Networks promote safety, permanency and well-being for children? 2:00-2:45: How can we include a Child's Voice in Safety and Action planning? (3-Houses and Safety House)</p> <p>2:45-3:00: Break 3:00-3:45: What are the key elements of an effective Safety Plan? 3:45-4:00: Wrap-Up, Review and Questions</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	Contracted Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$950.00/day (\$11400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	
TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (5%) • Child development (20%) • Training on referrals to services, not how to perform the service (15%) • Identifying a child and families' risk for the removal of the child from the home (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP

Training Title	Day 12 Permanency and Placement-- How do we make the decision to place a child out of the home and achieve permanency	
Training Description	<p>Purpose We are here today to talk about the decision to place a child out of the home and the goals for permanency.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • An understanding of why DCF would take action to place a child out of their home. • An appreciation of the traumatic psychological impact of removing a child from their home. • An understanding of your own reaction to having to remove a child and the values you have about this aspect of work. • An increased knowledge of the types of placements facilitated by DCF. • An understanding of the process of reunification. • The knowledge and skills needed to create meaningful visitation for children and caregivers. 	<p>Content Learning Modules:</p> <p>9:00-9:30: Review and Update from Prior Training Day: 9:30-9:45: What is the Definition of Permanency? (Placement is not permanency) 9:45-10:15: How do you Feel about Prospect of Removing Children from their Families? 10:15-11:00: What are the Possible Impacts on the Child from Placement? 11:00-11:15: Break 11:15-12:00: What does the DCF Policy and Regulation say about Placing Children Out of the Home? 12:00-1:00: Lunch 1:00-1:40: How do we Know when Placement is Necessary? (Intuitive and Analytical Thinking, Safety Assessment Tool and collaboration with key-Stakeholders and DCF legal staff and specialists) 1:40-2:30: How can you Engage and Partner with Caregivers in the Process of Removing Children from the Home? (Family Safety Circles, Fatherhood Engagement, Safety Planning, Service Planning) 2:30-2:45: What is the Role of Networks in Developing a Reunification Plan? 2:45-3:00: Break 3:00-3:45: When a Child is in Placement, how Can we Help Caregiver Demonstrate Acts of Protection? (The importance of parent/child visitation) 3:45-4:00: Wrap-Up, Review and Questions</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	Placement of the Child	
Admin Function 3	Development of the Case Plan	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	Contracted Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$950.00/day (\$11400 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Permanency planning including using kinship care as a resource for children involved with the child welfare system (40%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (40%) • Identifying a child and families' risk for the removal of the child from the home (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP

Day 13 What do we need to know about the Legal Process Involved in Child Placement	
Training Title	
Training Description	<p>Purpose To share in a dialogue and varied learning activities to explore the law and policy informing the removal of children from their home. Also to work together to understand the court process and oversight in promoting the goal of permanency.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • Knowledge of the scope and limitations of DCF's responsibility in placement cases. • An increased understanding of the how a placement case moves through the legal process. • Increased confidence in the skills needed to write court reports, affidavits, and case narratives to document the court process. • The ability to describe the reason for alternate permanency plans in compliance with the Adoption and Safe Families Act. <p>Content Learning Modules:</p> <p>9:00-9:30: Review and Update from Prior Training Day: 9:30-10:45: What is the Role of a DCF Attorney and When should I Contact the Attorney in my Region? (Integrating Safety Mapping, Safety Assessment Tool, Danger and Risk Statements, and Safety Goals into the Legal Consult). 10:45-11:00: Break 11:00-12:00: What is custody? What does it mean for DCF to have custody of a child? (Using case examples) 12:00-1:00: Lunch 1:00-1:30: What does it mean to file a Care and Protection Petition? (The process, the people and writing the Affidavit) 1:30-1:45: What do you need to know about appearing in court? (Building your own confidence in giving testimony and the utility of the Dialogue Structure) 1:45-2:15: What will happen at the 72 Hour Hearing? 2:15-2:30: Break 2:30-2:45: What needs to happen when DCF is Granted Temporary Custody? 2:45-3:30: What happens if the Caregivers aren't able to Demonstrate Acts of Protection Necessary for Reunification? (Permanency Planning Conferences) 3:30-4:00 Wrap-Up, Review and Questions</p>
Admin Function 1	Preparation for and Participation in Judicial Determinations;
Admin Function 2	Placement of the Child
Admin Function 3	Development of the Case Plan
Admin Function 4	Case Reviews
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per month (12 days per year)
Hours	7 hours per day (84 hours per year)
Audience	New social workers
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	60%	<ul style="list-style-type: none"> • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services (40%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (20%)
FFP Standard: 50%	40%	<ul style="list-style-type: none"> • State agency personnel policies and procedures (40%)
FFP Unclaimable	0%	N/A

SECTION 1: NEW SOCIAL WORKER PDP		
Training Title	Day 14 Transition to the Area Office	
Training Description	<p>Purpose To share in a dialogue about the shift from the training program to full time case management in the area office, and to consider the factors that impact workplace safety in the area office.</p> <p>Desired Outcomes - Participants will leave the day with:</p> <ul style="list-style-type: none"> • The confidence to begin their career in child welfare social work • A clear understanding about how to help families keep their children safe <p>An increase awareness of workplace safety</p> <ul style="list-style-type: none"> • An introduction to their bargaining unit leaders and the benefits of being a union member <p>Understanding of follow up trainings Expectations for Licensure and Probation</p>	<p>Content Learning Modules:</p> <p>9:00-10:00: Presentation on Licensure and Continuous Learning Opportunities 10:00-11:00: Preparing to transition to the field 11:00-11:15: Break 11:15-12:00: Preparing to transition to the field 12:00-1:00: Lunch 1:00-2:00: NSWDPDP Review Union Presentation 2:00-2:15: Break 2:15-3:15: Union 3:15-4:00: Self-Reflection, continuous learning, and Wrap-up of the NSWDPDP</p>
Admin Function 1	Case Management and Supervision	
Admin Function 2	0	
Admin Function 3	0	
Admin Function 4	0	
Venue	Agency Training Space	
Duration	Short Term - Part Time	
Provider	MCWI Staff/Trainer	
Days	1 day per month (12 days per year)	
Hours	7 hours per day (84 hours per year)	
Audience	New social workers	
Cost	\$400.00/day (\$4800 per year) estimated trainer costs	
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.	

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	0%	N/A
FFP Standard: 50%	100%	<ul style="list-style-type: none"> • Safe driving (10%) • Worker retention and worker safety (30%) • State agency personnel policies and procedures (60%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Assessing and Building Protective Capacities within Families
Training Description	A conversation about research-based Protective Factors, and why/how they provide a foundation for assessing Protective Parental Capacity in our Family Assessment. Participants will become familiar with the five Protective Factors, enhance strategies for assessing and developing protective capacities, how Parental Capacities fit into the Family Assessment and Action Plan. How Safety Informed Practice (Safety Mapping, Danger/Risk Statements, Safety Goals and Family Safety Circles) contributes to assessment of parental capacity and each family's unique ability or challenge to keeping their children safe.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Full	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (20%) Child development (20%) Identifying a child and families' risk for the removal of the child from the home (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	(FAAP) Beginning the FAAP: Creating the Family Profile and Functioning
Training Description	Child safety, permanency and wellbeing are the guiding principles of the Family Assessment and Action Planning Policy. In becoming familiar with a family's history, both past and present, we become acquainted with the unique attributes that make them who they are as well as the journey that brought the family to our attention. Through the processes of engagement and transparency we will participate in a joint effort to identify and address area of concern that require strengthening while assisting in expanding their network of family and community supports.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (80%) • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (10%) • Child development (10%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS

Training Title	Clinical Formulation- Pulling it All Together
Training Description	Conversations about the Why, What and How of clinical formulation in FAAP. During this workshop participants will understand the value and content of clinical formulation in CPS work and be able to develop a clinical formulation that clearly state the reasons for DCF involvement, show the level of family engagement, create a realistic case plan for what needs to change to promote child safety, permanency and well-being, establish realistic safety/case goals, and work toward timely case closures.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services (20%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	(FAAP) Partnering with Families to Develop Action Plans that Maintain Child Safety, Achieve Permanence and Support Child Well Being
Training Description	This interactive workshop will address how to create actions plans with families in a collaborative and transparent manner to that there is shared understanding of what needs to be accomplished to maintain child safety, achieve permanence, support well-being, and eventually close the case. Special considerations related to action planning with young adults, and cases where adoption is the goal will also be addressed
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services (20%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (20%) • Communication skills required to work with children and families (20%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS

Training Title	(FAAP) They Don't Come with Instructions- Assessing and Understanding Children's Needs and Behaviors
Training Description	Assessing and understanding children's needs and behavior is an essential part of child welfare. Attachment relationship can tell you a lot about a child's development and the impact of the caregiver, whether it be positive or negative. Child welfare workers need to understand the difference between secure, avoidant and anxious emotional connections, the need for consistency, and a safe, stable environment.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation

Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (30%) • Child development (60%) • Effects of separation (10%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Adoption Forum 2017--Working in Adoption and Supporting Informed Practice
Training Description	We invite you to join your colleagues for a forum designed to offer engaging opportunities to discuss the intricacies of adoption and highlight the complexity and challenges of working in adoption. Through what will be a rich discussion and a variety of other activities, participants will examine core information that guides and supports the complicated practice of adoption of children and youth living in foster care. Maintaining the best interest of children and youth and balancing the many aspects of adoption case management is challenging work. This forum is designed to inspire people to identify the challenges, solutions and support needed for the everyday demands and complexity of working with and on the behalf of children and youth living in foster care with the goal of adoption.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Title IV-E policies and procedures (10%) • Child development (20%) • Effects of separation (10%) • Permanency planning including using kinship care as a resource for children involved with the child welfare system (30%) • Grief and loss (15%) • Communication skills required to work with children and families (15%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Commercial Sexual Exploitation of Boys, Adolescent Males, and Trans Youth
Training Description	Training on male related CSEC issues and ways for workers to identify clients at risk for and/or actively being exploited. • Social workers who are interested in discussing case specific questions. • Strategies for intervention and ways to converse with client prior and post disclosure. • Strategies on how to move the case forward once disclosure is made. What do I do next with identified client? These areas and any other related issues for support of the social worker can be explored.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Full	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (40%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (50%) • Child development (10%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Cultural Humility for Supervisors and Managers
Training Description	This interactive in-service is designed to provide case worker supervisors and managers with a working understanding and practical framework for integrating cultural humility in daily practice and case decision-making. Supervisors and managers will have the opportunity to apply concepts to case scenarios and engage in a dialogue around the importance of cultural humility as a best practice management tool.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	80%	<ul style="list-style-type: none"> • Cultural competency related to children and families (70%) • Communication skills required to work with children and families (10%)
FFP Standard: 50%	20%	<ul style="list-style-type: none"> • General supervisory skills (20%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Effective Strategies for Managing Child Protection Casework
Training Description	In this interactive workshop will engage in facilitated dialogue and peer learning to identify and share strategies to manage the complex and competing demands of a child welfare professional. Primarily, participants will advance their knowledge of the key tools of engaging and assessing diverse families as an essential part of effective and efficient child welfare social work. Participants will learn about best practices which lead to more consistent and timely outcomes with families. Participants will have a better understanding of how their approach to practice can improve time management. • Further, they will learn how to build a collaborative and supportive relationship with their supervisor and manager and the skills to cope and manage the stress of the child protection work.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated based to the Title IV-E foster care, adoption assistance or guardian assistance program on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	80%	<ul style="list-style-type: none"> • Cultural competency related to children and families (10%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (80%) Communication skills required to work with children and families (10%)
FFP Standard: 50%	20%	Job performance enhancement skills (20%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Engaging Domestic Violence Offenders as Parents- The Benefits and Risks in Child Protection
Training Description	This training will offer the opportunity for social workers to enhance their skills working with the offending parent in domestic violence cases. Topics will include safe practice in domestic violence cases, identifying high risk factors and protective factors to understand the importance of fatherhood engagement.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	90%	<ul style="list-style-type: none"> • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (30%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (50%) • Identifying a child and families' risk for the removal of the child from the home (10%)
FFP Standard: 50%	10%	<ul style="list-style-type: none"> • Worker retention and worker safety (10%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Engaging Effectively with Families in Difficult Circumstances
Training Description	Families involved with state-agencies can be impacted by a range of mental health and behavioral concerns (e.g., significant trauma, depression, anxiety, substance use disorders, legal challenges) that make it even harder for clinicians and caregivers to connect and be able to help. Issues of defensiveness, distrust, and anger can make development of a positive relationship difficult and can lead us into repetitive misunderstandings and conflict based on miscommunication. In this workshop we will look at intervention strategies designed to forge positive connections with resistant clients and also focus on ways to “maintain our cool” and remain objective in the face of potential challenges and even antagonism. Practical, solution- focused techniques and strength-based and growth-mindset interventions will be considered. Working with children and families in emotional pain can be extremely difficult—having a “toolbox” of effective strategies to reach them can make the process more manageable. We will address challenges of home-based interventions, safety factors and boundary and respect issues. We will also talk about self-care strategies to help avoid burnout out and vicarious traumatization.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	95%	<ul style="list-style-type: none"> • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (10%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (50%) Family Visitation (35%)
FFP Standard: 50%	5%	<ul style="list-style-type: none"> • Worker retention and worker safety (5%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Essential Clinical Skills for Working with Adolescents
Training Description	Clinical work with adolescents can present unique challenges. This workshop will explore the underlying issues that contribute to avoidance and acting out behaviors, including unresolved grief and loss. Participants will gain new tools for creating helping relationships with adolescents and improving outcomes.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Independent living and the issues confronting adolescents preparing for independent living (20%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (40%) Family Visitation (20%) Cultural competency related to children and families (5%) Child development (15%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Essential Skills for Social Workers
Training Description	This workshop will focus on the essential skills in child welfare: engagement, assessment of safety, danger and risk, and documentation.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	50%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (25%) • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services (25%)
FFP Standard: 50%	50%	<ul style="list-style-type: none"> • Team building and stress management training (20%) • Worker retention and worker safety (15%) • Job performance enhancement skills (15%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	FAAP for Managers
Training Description	This workshop is designed for DCF Managers and will help increase the familiarity with the five Protective Factors. A discussion of each of the four components of the family assessment with an emphasis on how to enhance critical thinking and case formulation skills will be achieved utilizing case vignettes and discussions. Ideas/plans for providing leadership within area offices on implementation of the FAAP will be explored.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	Development of the case plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	35%	<ul style="list-style-type: none"> • Title IV-E policies and procedures (5%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (30%)
FFP Standard: 50%	65%	<ul style="list-style-type: none"> • Information technology trainings (25%) • Using Management reports (20%) • General supervisory skills (15%) • Job performance enhancement skills (5%)
FFP Unclaimable	0%	0

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Integrated Clinical Practice
Training Description	This training presents integrated framework to understand the interaction and co-occurrence of substance abuse, domestic violence and adult mental health disorders within the child welfare caseload. We will be examining on the impact of this interaction on a family's ability to keep children safe. Participants in this course will: be able to articulate how substance use disorders, mental health problems, and trauma/domestic violence impact on families and children. Increase their skills in engaging, assessing and intervening with families impacted by substance use disorders, mental health problems and trauma/domestic violence.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	Development of the case plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (75%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (15%) Communication skills required to work with children and families (10%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Leadership Skills for the 21st Century
Training Description	This interactive learning session covers a range of topics consistent with effective 21st century leadership for Managers at DCF. This practical workshop will focus on effective leadership behaviors, leading change, understanding culture and organizational change; conflict resolution; diversity and cultural competence as well as effective communication.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (5 trainings/year)
Hours	7 hours per day (35 hours per year)
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	No	
If Yes is the Caseload Partial/Full?	No	
FFP Enhanced: 75%	0%	N/A
FFP Standard: 50%	100%	<ul style="list-style-type: none"> • Staff management (75%) • State agency personnel policies and procedures (15%) • Worker retention and worker safety (10%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Managing Challenging Behaviors
Training Description	This training will help participants understand more about behaviors that become challenging to manage. During this half day training you will gain insight into contributing factors and learn effective techniques and communication skills.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1/2 day per training day (5 trainings/year)
Hours	3.5 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	90%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (75%) Communication skills required to work with children and families (15%)
FFP Standard: 50%	10%	<ul style="list-style-type: none"> • Worker retention and worker safety (10%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	NASW- Social Work License Test Prep Course 2017
Training Description	This one day course is designed specifically for unlicensed DCF social workers to help them prepare for the social work license exam at the LSWA or LSW level. There is a strong component for ESL staff.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	0%	N/A
FFP Standard: 50%	100%	<ul style="list-style-type: none"> • Job performance enhancement skills (70%) • Worker retention and worker safety (30%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Postpartum Depression
Training Description	The session will include an overview of maternal mental health needs, impact on early childhood mental health and development, and how Massachusetts is addressing these needs.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	40%	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment (20%) • Training on referrals to services, not how to perform the service (10%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (10%)
FFP Standard: 50%	60%	<ul style="list-style-type: none"> • Addressing child or family problems and behaviors as it supports the delivery of services for the family (30%) • Identifying Medical Service needs (30%)
FFP Unclaimable	0%	<ul style="list-style-type: none"> •

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Stress Management, Relaxation, and Meditation Techniques
Training Description	During this half day training you will learn to identify stressors, the 6 components of emotional fitness, the importance of cultivating resiliency. Special attention will be paid to developing self-care plans while practicing relaxation and meditation techniques.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	0%	N/A
FFP Standard: 50%	100%	<ul style="list-style-type: none"> • Worker retention and worker safety (40%) • Team building and stress management training (60%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Supporting LGBTQ Clients
Training Description	As people are becoming more aware of LGBTQ identities, it can feel like the vocabulary can be confusing or overwhelming. This training covers a model that provides a helpful update in concepts and words to understand LGBTQ identities. This training also covers better practices for creating a respectful, supportive environment for working with LGBTQ people.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Cultural competency related to children and families (40%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (20%) Communication skills required to work with children and families (40%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	The Opioid Crisis
Training Description	The opioid crisis has had devastating effects on families and unprecedented challenges for systems of care such as DCF. This one-day workshop is a chance to hear from leading state experts about the Opioid Crisis, Medication Assisted Treatment, Naloxone (Narcan), Self Help programming, Child Welfare implications and lived experiences with a former DCF-involved parent speaker.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (20%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (15%) • Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments (10%) • Identifying a child and families' risk for the removal of the child from the home (10%) • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (40%) • Training on referrals to services, not how to perform the service (5%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Trauma Informed Practice
Training Description	<p>This workshop examines the impact of primary and secondary traumatic stress and trauma impact on children, families and professionals. Ms. Saunders and Ms. Meninno will focus on the skills needed to regulate the complexity of emotional and physical reactions to trauma.</p> <p>Participants will increase their understanding of:</p> <ul style="list-style-type: none"> • The elements of effective trauma informed social work; • Dis-regulation of affect and behavior in staff children and families experiencing secondary traumatic stress and trauma; and • Strategies to regulate emotions and behavior.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	100%	<ul style="list-style-type: none"> • Grief and loss (30%) • Social work practice, such as family centered practice and social work methods including interviewing and assessment (20%) • Child development (10%) • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations (20%) • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services (15%) • Training on referrals to services, not how to perform the service (5%)
FFP Standard: 50%	0%	N/A
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	Writing and Testifying in the Legal Process
Training Description	Taught by DCF legal staff, this training will help prepare DCF social workers to write affidavits and other documents for court. Workers will also prepare to testify in court proceedings.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	Preparation for and participation in judicial determinations;
Admin Function 4	Placement of the child
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	80%	<ul style="list-style-type: none"> • Title IV-E policies and procedures (30%) • Communication skills required to work with children and families (40%) • Ethics training associated with a title IV-E State plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act (10%) •
FFP Standard: 50%	20%	Job performance enhancement skills (20%)
FFP Unclaimable	0%	N/A

SECTION 2: IN-SERVICE, EVIDENCE BASED WORKSHOPS	
Training Title	SW License Online Exam Tutoring
Training Description	The department pleased to offer a Web-based license exam tutoring program to help social workers prepare for the Social Work License Exam. Once registered in PACE, you will receive an Email from MCWI with specific instructions on how to activate your online subscription.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1 day per training day (12 trainings/year)
Hours	7 hours per day
Audience	DCF staff
Cost	\$400.00/day (\$4800 per year) estimated trainer costs
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully.

TRAINING CRITERIA for Federal Financial Participation		
Does the Trainee Carry a Caseload?	Yes	
If Yes is the Caseload Partial/Full?	Partial	
FFP Enhanced: 75%	0%	• N/A
FFP Standard: 50%	100%	• Information technology trainings (5%) • Job performance enhancement skills (95%)
FFP Unclaimable	0%	N/A

SECTION 3: SUPERVISOR TRAININGS

Training Title	New Supervisor Training Series
Training Description	This eight session program is designed for newly hired DCF supervisors as an introduction to effective supervisor practices. Areas to be addressed include: facilitative supervisory practices, leadership, motivation; communication; planning and directing employee performance; performance evaluation; managing conflict; problem solving; supervising in a culturally diverse and changing work environment.
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	Referral to Services
Admin Function 4	Case Management and Supervision
Venue	DCF Training and Professional Development Center
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	The training series is 8 full days run 3 separate times per year totaling 24 days per year.
Hours	144
Audience	DCF staff
Cost	\$30,000.00

<p>Cost Allocation</p>	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 60% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment. • Cultural competency related to children and families. • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. • Permanency planning including using kinship care as a resource for children involved with the child welfare system. • General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services. • Effects of separation • Grief and loss • Family Visitation. <p>Standard Rate: 40% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • State agency personnel policies and procedures • Job performance enhancement skills • General supervisory skills • Team building and stress management training • Worker retention and worker safety • Staff management • Using Management reports
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SECTION 3: SUPERVISOR TRAININGS

Training Title	Annual Supervisor Forum (1)
	<p>The CWI organizes and implements an annual conference for supervisors. Approximately 200 supervisors attend a daylong conference focused on improving supervisory skills, consistency of practice, supporting social workers in trauma work, and understanding policy. The Supervisor Forum for 2017 will include:</p> <ul style="list-style-type: none"> • A 2 hour plenary session focused on Facilitative Supervision: Group learning, shared decision making, and bringing practice/policy innovations to scale. This lecture will support consistency of supervisory practice across the agency and advance the on-the-group practice of social workers in the field • A 1 hour plenary session utilizing a panel presentation on the topic of “Communities of Practice as a process to advance supervisory skills and success”. • Breakout workshops covering 6 major topics: 1. The Tools of effective supervision 2. Collaborative Performance Review 3. Supervisor as Educator: 4. Supervising for Social Worker Wellness: the impact of trauma, grief and loss on staff. 5. Supervisor as a Practice Leader: Modeling family centered, safety organized practices for social workers to improve the quality of home visits 6. Managing Up—Supervisor/Management relationship
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF staff
Cost	\$5,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 20% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment. • Grief and loss • Family Visitation. <p>Standard Rate: 80% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • State agency personnel policies and procedures • Job performance enhancement skills

SECTION 4: MANAGER TRAININGS	
Training Title	New APM Series (2)
Training Description	This training series is designed for newly promoted DCF managers. The 8 days of training help support new managers in making the transition into the job as a leader in the area office. The training prepares managers through an in-depth focus on effective child welfare practices, DCF policy and procedures, community resources to support families, and using data to assess and guide practice innovations. The training pays particular attention to collaborative decision making processes to facilitate the placement and permanency of children in DCF care, the cooperative planning approach, and enhancing the skills of supervisors.
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	Preparation for and Participation in Judicial Determinations
Admin Function 4	Case Management and Supervision
Venue	DCF Training and Professional Development Center
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	8
Hours	96
Audience	DCF staff
Cost	\$23,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 30% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment. • Title IV-E policies and procedures. • Permanency planning including using kinship care as a resource for children involved with the child welfare system. • Identifying a child and families' risk for the removal of the child from the home. <p>Standard Rate: 70% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • State agency personnel policies and procedures • Job performance enhancement skills • Staff management • Using Management reports • Information technology trainings

SECTION 5: POLICY AND PRACTICE TRAININGS

Training Title	Policy & Practice Training
Training Description	This one day training is a training of trainers for the four Family Assessment and Action Planning Policy Training Modules. The primary focus will be promoting critical thinking, assessing parental capacities, interviewing children and clinical formulations
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	Preparation for and Participation in Judicial Determinations;
Admin Function 4	Case Management and Supervision
Venue	DCF Training and Professional Development Center
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	This is a 1 day workshop that will be run 2 times this fiscal year.
Hours	12
Audience	DCF staff
Cost	\$5,000.00

Allocation

Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:

Enhanced Rate : 80% of this training series covers topics eligible for Enhanced FFP, including:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment.
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
- Permanency planning including using kinship care as a resource for children involved with the child welfare system.
- General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
- Effects of separation
- Grief and loss
- Child development
- Family Visitation.
- Communication skills required to work with children and families.
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
- Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational or psychological assessments.

Standard Rate: 20% of this training series covers topics eligible for the Standard FFP, including:

- State agency personnel policies and procedures

SECTION 6: INVESTIGATIONS HOTLINE SERIES TRAININGS

Training Title	Protective Intake Training Series (24)
Training Description	This 24 session training series is for newly appointed response workers and hotline workers. The focus of the sessions is on aspects of the protective intake response: legal foundation of the DCF, interviewing, assessing danger, risk and safety, trauma and formulating the conclusion.
Admin Function 1	0
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	DCF Training and Professional Development Center
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	24
Hours	144
Audience	DCF staff
Cost	\$55,000.00
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF does not seek FFP to defray the state costs for this training program as the training topic is not eligible for federal reimbursement.

SECTION 7: DEPARTMENT INITIATIVES

Training Title	Stipends - Fatherhood Initiatives
Training Description	DCF values the involvement of fathers in all aspects of child protection. CWI invites men who have had prior DCF cases to join many training programs. This insures that the voice of fathers is heard by social workers and encourages the consistent engagement of fathers by social workers in practice. The fatherhood initiative pays fathers to participate as guest speakers in training programs.
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	12
Hours	72
Audience	DCF staff
Cost	\$5,000.00
Allocation	Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully DCF does not seek FFP to defray the state costs for this training program as the training topic is not eligible for federal reimbursement.

SECTION 8: PROFESSIONAL CONFERENCES AND FORUMS

Training Title	DCF 2-Day Intern Orientation (2) Sessions
Training Description	This daylong event is to build shared understanding and agreement among all stakeholders on the roles of interns in area offices and to orient the interns to DCF processes and practices.
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	Case Management and Supervision
Admin Function 4	Referral to Services
Venue	Agency Training Facility
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	1
Hours	7
Audience	DCF staff
Cost	\$5,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Standard Rate: 100% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • State agency personnel policies and procedures

SECTION 8: PROFESSIONAL CONFERENCES AND FORUMS

Training Title	Statewide Legal Conference (1)
Training Description	DCF convenes an annual conference for agency lawyers. This is a professional development opportunity for all legal staff and they attend workshops on current issues in child welfare law, policy and practice. This legal conference specifically advances the work of DCF lawyers handling cases concerning child removal, child reunification, and termination of parental rights, adoption finalizations, permanency reviews, and measuring progress of parental change.
Admin Function 1	Placement of the Child
Admin Function 2	Development of the Case Plan
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF staff
Cost	\$5,000.00

Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate: 75% of this training covers topics eligible for the Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Title IV-E policies and procedures. • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. • Permanency planning including using kinship care as a resource for children involved with the child welfare system. • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services. • Identifying a child and families' risk for the removal of the child from the home. <p>Standard Rate: 25% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • State agency personnel policies and procedures • Staff management • Using Management reports
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SECTION 8: PROFESSIONAL CONFERENCES AND FORUMS

Training Title	Statewide ACM Training (1)
Training Description	DCF convenes a statewide meeting for Area Clinical Managers as a professional development event in October 2017. ACMs come together to discuss advances in practice, change management, quality improvement and policy implementation. This is a 6 hour conference that includes 3 hours of plenary session with an address from the DCF Commissioner and Deputy Commissioner appreciating the work of ACMs in agency improvement efforts. Additionally, the ACMs will engage in a large group dialogue to share their successes in advancing practice in their area offices and discuss the needs that they have in helping staff improve their work with families. The final 3 hours of the conference involves small group facilitated dialogues using management scenarios to elicit best practices, problem solving skills, managing with data, and professional development and succession planning with staff.
Admin Function 1	Case Management and Supervision
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF staff
Cost	\$500.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Standard Rate: 100% of this training series covers topics eligible for the Standard FFP, including:</p> <ul style="list-style-type: none"> • Staff management • Using Management reports • Information technology trainings

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Bridgewater MSW Fellowship Program - ISA
Training Description	It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.
Admin Function 1	Communication Skills Required to Work with Children and Families
Admin Function 2	General Substance Abuse, Domestic Violence, and Mental Health Issues Related to Children and Families in the Child Welfare
Admin Function 3	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 4	0
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	This is the DCF MSW fellowship program partnering with the state university to help DCF staff earn an MSW degree.
Hours	Master's Degree Program—4 years part-time
Audience	DCF staff
Cost	\$125,961.00

Allocation

Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:

Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment.
- General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
- Effects of separation
- Grief and loss
- Child development
- Family Visitation.
- Communication skills required to work with children and families.
- Cultural competency related to children and families.

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Westfield MSW Fellowship Program - ISA
Training Description	It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State University, Westfield University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.
Admin Function 1	Communication Skills Required to Work with Children and Families
Admin Function 2	General Substance Abuse, Domestic Violence, and Mental Health Issues Related to Children and Families in the Child Welfare
Admin Function 3	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 4	0
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	This is the DCF MSW fellowship program partnering with the state university to help DCF staff earn an MSW degree.
Hours	Master's Degree Program—4 years part-time
Audience	DCF staff
Cost	\$62,900.00

Allocation

Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:

Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment.
- General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
- Effects of separation
- Grief and loss
- Child development
- Family Visitation.
- Communication skills required to work with children and families.
- Cultural competency related to children and families.

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Salem State College ISA
Training Description	It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State University, Westfield University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.
Admin Function 1	Communication Skills Required to Work with Children and Families
Admin Function 2	General Substance Abuse, Domestic Violence, and Mental Health Issues Related to Children and Families in the Child Welfare
Admin Function 3	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 4	0
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	This is the DCF MSW fellowship program partnering with the state university to help DCF staff earn an MSW degree.
Hours	Master's Degree Program—4 years part-time
Audience	DCF staff
Cost	\$183,126.65
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment.

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Simmons ULP MSW Fellowship Program
Training Description	It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.
Admin Function 1	General Substance Abuse, Domestic Violence, and Mental Health Issues Related to Children and Families in the Child Welfare
Admin Function 2	Communication Skills Required to Work with Children and Families
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment
Admin Function 4	0
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	0 This is the DCF MSW fellowship program partnering with the university to help DCF staff earn an MSW degree.
Hours	Master's Degree Program—4 years part-time
Audience	DCF staff
Cost	\$23,000.00

Allocation

Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:

Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment.
- General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
- Effects of separation
- Grief and loss
- Child development
- Family Visitation.
- Communication skills required to work with children and families.
- Cultural competency related to children and families.

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Springfield MSW Fellowship Program
Training Description	It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.
Admin Function 1	Communication Skills Required to Work with Children and Families
Admin Function 2	General Substance Abuse, Domestic Violence, and Mental Health Issues Related to Children and Families in the Child Welfare
Admin Function 3	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 4	0
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	This is the DCF MSW fellowship program partnering with the university to help DCF staff earn an MSW degree.
Hours	Master's Degree Program—4 years part-time
Audience	DCF staff
Cost	\$32,000.00

Allocation

Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:

Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment.
- General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
- Effects of separation
- Grief and loss
- Child development
- Family Visitation.
- Communication skills required to work with children and families.
- Cultural competency related to children and families.

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Simmons Post-Masters Trauma Certificate Program
Training Description	The MCWI has supported the development and implementation of a yearlong intensive education program for DCF staff who have masters degrees. Through Simmons College School of Social Work, 15 DCF staff members will attend this certificate program focused on trauma in child welfare. This Post Certificate program offers an ongoing forum for those who completed the program to continue the learning and dialogue about best practices. These dialogues reinforce the learning from the Certificate program and help to continuously improve the content of the program.
Admin Function 1	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 2	Grief and Loss
Admin Function 3	0
Admin Function 4	0
Venue	College/University
Duration	Short Term-Part Time
Provider	College/University Instructors
Days	This is a 2 semester long post-master's program for DCF child protection workers.
Hours	The certification program meets for approximately 72 hours in the classroom
Audience	DCF staff
Cost	\$42,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment. • Effects of separation • Grief and loss

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Simmons Trauma Certificate Graduate Forum
Training Description	The MCWI has supported the development and implementation of a yearlong intensive education program for DCF staff that have master's degrees. Through Simmons College School of Social Work, 15 DCF staff members will attend this certificate program focused on trauma in child welfare.
Admin Function 1	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issue
Admin Function 2	Effects of Separation
Admin Function 3	Grief and Loss
Admin Function 4	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Venue	College/University
Duration	Short Term-Part Time
Provider	College/University Instructors
Days	This is a 2 semester long post-master's program for DCF child protection workers.
Hours	The certification program meets for approximately 72 hours in the classroom
Audience	DCF staff
Cost	\$12,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. . DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Effects of separation • Grief and loss

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Springfield College Post-Masters Certificate in Advanced Practice with Children and Families
Training Description	The MCWI has supported the development and implementation of a yearlong intensive education program for DCF staff that have master's degrees. Through Springfield College School of Social Work, 15 DCF staff members will attend this certificate program focused on trauma in child welfare. This Post Certificate program offers an ongoing forum for those who completed the program to continue the learning and dialogue about best practices. These dialogues reinforce the learning from the Certificate program and help to continuously improve the content of the program.
Admin Function 1	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 2	Grief and Loss
Admin Function 3	0
Admin Function 4	0
Venue	College/University
Duration	Short Term-Part Time
Provider	College/University Instructors
Days	This is a 2 semester long post-master's program for DCF child protection workers.
Hours	The certification program meets for approximately 72 hours in the classroom
Audience	DCF staff
Cost	\$20,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Effects of separation • Grief and loss

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Academic Tuition Reimbursement Program
Training Description	The Department provides financial assistance for DCF staff attending graduate level degree coursework. This program will assist approximately 125 DCF staff to attend graduate Academic Tuition Reimbursement will be made for a maximum of two courses per semester, as follows: • 50 % of tuition costs up to a maximum of \$750 each for the Fall and Spring semesters only. Maximum reimbursement per state fiscal year is \$1500. • Reimbursement is available only for tuition charges. Fees, books, travel and any other incidental costs will not be reimbursed under this program. Reimbursement is also based on the availability of funds. Eligibility In addition to the general eligibility requirements, the applicant must meet one of the priorities listed below • Priority 1: A social worker pursuing a graduate degree related to child welfare. • Priority 2: Employees in management, administrative and clerical positions pursuing an undergraduate or graduate degree related to their job functions. • Priority 3: A small percentage of funding (if funding allows) will be made available for employees pursuing a degree not related to their current job function. • Priority 4: A small percentage of funding (if funding allows) will be made available for employees with a current undergraduate or graduate degree who wish to pursue a subsequent degree at the same level. If an employee is eligible for tuition remission and is attending a Massachusetts public community college or state university, the employee must apply for tuition remission. Such employees are not eligible for academic tuition reimbursement.
Admin Function 1	Social Work Practice, such as Family Centered Practice and Social Work Methods including Interviewing and Assessment
Admin Function 2	0
Admin Function 3	0
Admin Function 4	0
Venue	College/University
Duration	Long Term-Part Time
Provider	Graduate Degree
Days	0
Hours	0
Audience	DCF Staff
Cost	\$75,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF is not currently seeking FFP for the cost associated with this training program. The cost allocation plan will be determined following a more detailed analysis of the extent to which funds expended are used to promote educational and degree advancement aligned with job functions eligible under Title IV-E. DCF will conduct this analysis and amend the plan to reflect accurate cost distributions.</p> <p>Standard Rate : TBD</p> <ul style="list-style-type: none"> • Job performance enhancement skills

SECTION 9: PROFESSIONAL EDUCATION/ CERTIFICATE PROGRAMS

Training Title	Implementation Coaching
Training Description	<p>DCF will continue to provide practice coaching to support the utilization of safety organized practices and evidence based case management skills, critical thinking processes, and sound decision making in high stakes situations. Area Offices identify their specific needs and work with practice coaches to create a plan for their work together.</p> <p>The inclusion of this activity in the Training Plan is dependent upon the further definition of the specific functions of the Implementation Coaches as trainers of eligible topics in the area offices. When the role of these coaches is clarified, the decision to remove or include their activities in the plan will be made.</p>
Admin Function 1	Case Management and Supervision
Admin Function 2	Placement of the Child
Admin Function 3	Development of the Case Plan
Admin Function 4	0
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	100
Hours	600
Audience	DCF staff
Cost	\$38,000.00
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <ul style="list-style-type: none"> • Costs associated with this activity are TBD and are not currently being included for FFP.

SECTION 10: Foster and Adoptive Parents and Guardians

Training Title	MAAP Training
Training Description	DCF has developed and implemented a statewide training program for foster and adoptive parents and guardians. This training program is required for non-relative placements and is part of the licensing program for foster/adoptive parents. The trainings occur within the area offices and are facilitated by area office staff. The MAPP facilitators are all trained in the curriculum and the learning modules in order to lead the full MAPP series for prospective resource families.
Admin Function 1	Communication Skills Required to Work with Children and Families
Admin Function 2	Placement of the Child
Admin Function 3	
Admin Function 4	
Venue	Agency space
Duration	Long Term - Part Time
Provider	DCF staff
Days	12 days of training for 3 hours per day
Hours	Approximately 36 hours
Audience	Foster and adoptive parents and guardians
Cost	\$15,000
Allocation	<p>Costs associated with trainee salaries and trainer expenses (as appropriate and allowable) are allocated to the Title IV-E foster care, adoption assistance or guardian assistance program based on the identification of the percentage of the overall training time spent on topics allowable for 75% FFP, 50% FFP, and 0% FFP respectfully. DCF seeks FFP for the cost associated with this training series using the following rationale:</p> <p>Enhanced Rate : 100% of this training series covers topics eligible for Enhanced FFP, including:</p> <ul style="list-style-type: none"> • Title IV-E policies and procedures • Effects of separation • Grief and loss • Child development

G. STATISTICAL AND SUPPORTING INFORMATION

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:

- I. 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 Licensure 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:

- I. 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.

Requirement	Data	Agency Comments
Higher Education of Social Workers		
1. number of social workers and supervisors who have a bachelors' degree in social work	3,124	Count of Case Reviewer (A/B), Clinical Social Worker (A/B), Clinical Social Worker (D), Social Worker (D)/(G), and Social Worker Is, IIs, IIIs, and IVs FTEs who have a bachelor's degree or higher. DCF does not have data on specific scope of study. Data as of 1/21/17
2. number of social workers and supervisors who have a masters' degree in social work	791	Count of Case Reviewer (A/B), Clinical Social Worker (A/B), Clinical Social Worker (D), Social Worker (D)/(G), and Social Worker Is, IIs, IIIs, and IVs FTEs who have a master's degree or higher. DCF does not have data on specific scope of study. Data as of 1/21/17
Licensure of Social Workers		
1. total number of social workers	3,258	Count of Case Reviewer (A/B), Clinical Social Worker (A/B), Clinical Social Worker (D), Social Worker (D)/(G), Social Worker Is, IIs, IIIs, and IVs FTEs. Data as of 1/21/17
2. total number of social workers holding licensure by level		
LICSW	146	
LCSW	459	
LSW	676	
LSWA	1,692	
Total	2,973	

Demographic Information of Personnel

On the following pages, we provide demographic information on the Department's social workers.

Workforce Summary Report for DSS, 2017 Q 3

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	302	73	24.0	230	76.0	72	23.9	2	0.7	6	1.9
Professionals	3449	649	18.8	2797	81.1	1201	34.8	17	0.5	41	1.2
Technicians	42	10	23.9	33	78.5	14	32.3	0	0.0	3	7.2
Protective Service:Non-Sworn	5	1	20.8	4	79.2	0	0.0	0	0.0	1	20.8
Office/Clerical	195	18	9.2	176	90.3	92	47.0	1	0.5	7	3.4
Grand Total	3993	751	18.8	3239	81.1	1379	34.5	20	0.5	58	1.4

Workforce Summary Breakdown by Males

		Grand Total	White	Black	Hispanic	Asian	American Indian	Unknown
Officials and Administrators	Male	73	60	10	3			
	%	24.0	19.7	3.3	1.0			
Professionals	Male	649	445	113	67	19	3	
	%	18.8	12.9	3.3	1.9	0.6	0.1	
Technicians	Male	10	8	1	1			
	%	23.9	19.1	2.4	2.4			
Protective Service:Non-Sworn	Male	1	1					
	%	20.8	20.8					
Office/Clerical	Male	18	11	1	4	1	1	
	%	9.2	5.6	0.5	2.0	0.5	0.5	
Male		751	525	125	75	20	4	
Male %		18.8	13.1	3.1	1.9	0.5	0.1	

Workforce Summary Breakdown by Females

		Grand Total	White	Black	Hispanic	Asian	American Indian	Unknown
Officials and Administrators	Female	230	170	33	19	6	1	
	%	76.0	56.3	10.9	6.4	2.0	0.3	
Professionals	Female	2797	1798	470	449	66	8	
	%	81.1	52.1	13.6	13.0	1.9	0.2	
Technicians	Female	33	20	7	6			
	%	78.5	48.6	16.7	13.1			
Protective Service:Non-Sworn	Female	4	4					
	%	79.2	79.2					
Office/Clerical	Female	176	91	38	42	3	2	
	%	90.3	46.9	19.3	21.5	1.5	1.0	
Female		3239	2084	548	516	75	11	
Female %		81.1	52.2	13.7	12.9	1.9	0.3	

Caseload/Workload Requirements of Personnel

With the addition of staff and improvements in case decision-making, the Department has been able to significantly reduce its weighted average caseload (the average caseload carried by staff adjusted for the type of work being performed). In March 2016, the weighted average caseload for staff was 22.4. As of April 2017, it has dropped to 18.84 with an average family count of 15.9 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 2016 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data:

DCF, the state child protection agency, does not transfer custody to the Department of Youth Services (DYS), the State juvenile justice agency. In May 2017, DCF matched its records with children committed to DYS during calendar year 2016. DCF had custody of 93 (84 distinct) youth on the same day that they were committed by the courts to DYS. For 23 of these youth, DCF custody ended on the same day DYS was granted custody. The remaining 70 were in joint DCF/DYS custody for some period of time. The Department does not track discharge dates for DYS youth on its FamilyNet system, so is unable to determine how long joint custody continued.

2. Sources of Data on Child Maltreatment Deaths:

Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS:

Massachusetts relies on reports of alleged child abuse and neglect to identify child fatalities. Data compiled by the Department of Children and Families' Case Investigation Unit, state and regional child fatality review teams convened pursuant 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.

If the State does not use information from the State's vital statistics department, child review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded:

Massachusetts does use information from the Massachusetts RVRS, child fatality review teams, reports filed by law enforcement agencies and information from the medical examiner when reporting child maltreatment fatality data to NCANDS.

If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency will take to expand the sources of information used to compile this information:

This is not applicable to DCF.

3. Education and Training Vouchers:

Identify the number of youth (unduplicated count) who received ETV awards from July 1, 2015 through June 30, 2016 (the 2015-2016 school year) and July 1, 2016 through June 30, 2017 (the 2016-2017 school year). States may estimate a total if they do not have the total number for the 2016-2017 school year. Report the number of youth who were new voucher recipients in each of the school years. To facilitate more consistent reporting, please use Attachment E for a format to report information on the ETVs awarded:

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Massachusetts

<u>Final Number:</u>	Total ETVs Awarded	Number of New ETVs
2015-2016 School Year (July 2015 to June 2016)	485*	219
2016-2017 School Year	484*	221

* In the 2015-2016 academic year there were 97 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were older than age 21 upon first application.

** In the 2016-2017 academic year there were 85 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were older than age 21 upon first application.

4. Inter-Country Adoptions:

Report the number of children who were adopted from other countries and who entered into state custody in FY 2016 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 2016 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.

5. 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 2017 is to be reported separately from the 2018 APSR and will be due for submission to CB by December 15, 2017:

The Department will submit the Monthly Caseworker Visit Data by December 15, 2017.

H. 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 child care, 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 child care, 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.

2. Payment Limitations – 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 FY2018 service categories that do not receive the minimum 20% funding level in section C.4 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 2015 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 FY2015 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$56M. This is in comparison to the 1992 base year amount of \$41.7M.

3. FY2017 Funding – Revised CFS-101 Budget Request

N/A

4. FY2018 Budget Request (CFS-101, Parts I and II) and

At the end of this section, we provide part I and part II our CFS-101 submission.

5. FY2015 Title IV-B Expenditure Report (CFS-101, Part III)

Complete Part III of the CFS-101 workbook to report the actual amount of FY 2015 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 which shows our projected and actual expenditures on the PSSF grant service categories in FY2015. Our original submission proposed to spend approximately 38% of its total available PSSF grant funds in Family Support Services, followed by 23% in Family Preservation Services, 16% in Adoption Promotion and Support, 7% in Time Limited Family Reunification Services, 8% in Administration, and 8% in Planning/Other Service Related Activities. In actuality, the state spent 35% of its total available FFY15 PSSF grant funds in Family Support Services, followed by 20% in Family Preservation Services, 16% in Adoption Promotion and Support, 10% in Time Limited Family Reunification Services, 10% in Planning/Other Service Related Activities, and 9% in Administration. The variances are due to several factors including the onboarding of staff taking longer than anticipated, an increase in children coming into care as result of the opiate crisis, and an increase in parent stipends primarily attributed to a decrease and termination of other Federal Grants that support stipends for parents.

If the state's expenditure of FY 2015 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 of the APSR on 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2015; and 2) the rationale for the disproportion in the actual expenditure of FY 2015 grant funds.

The Department did not achieve the minimum 20% spending levels for all four PSSF grant service categories in FY2015. The disproportion was requested when the state submitted our estimated expenditures for FY2015. As explained in our FY2015 APSR (and current APSR), when originally awarded PSSF grant funds, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities.

Given the ongoing integration of the work of the Coalitions with that of DCF, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. However, DCF still relies on PSSF grant funds as support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY14, the State had annual expenditures in excess of \$58 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. In addition, for SFY14, the State targeted over \$1.4 million in State funds for time-limited reunification services and over \$14 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 continue to view this as a long-term change strategy - one that is yielding tangible results. 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.

6. Standard Form 425 (SF-425) Federal Financial Report (FFR)

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, CFCIP, and ETV

For Fiscal Year 2018: October 1, 2017 through September 30, 2018

1. State or Indian Tribal Organization (ITO): Commonwealth of Massachusetts		2. EIN: 1-046002284-K5
3. Address: Massachusetts Department of Children and Families, 600 Washington Street, Boston, MA, 02111		4. Submission Type:
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds		\$3,732,463
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$288,443
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds This line contains a formula to display the sum of lines 6a - 6f.		\$4,518,775
a) Total Family Preservation Services		\$903,755
b) Total Family Support Services		\$1,581,571
c) Total Time-Limited Family Reunification Services		\$451,878
d) Total Adoption Promotion and Support Services		\$723,004
e) Total Other Service Related Activities (e.g. planning)		\$451,877
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		\$406,690
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)		\$284,639
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ PSSF \$ _____ MCV (States only) _____		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY) Estimated amount plus additional allocation, as available.		\$469,920
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$3,143,968
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		
11. Estimated Education and Training Voucher (ETV) funds		\$1,020,225
12. Re-allotment of CFCIP and ETV Program funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		\$
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		\$
13. 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, CFCIP 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 Central Office Official
		
Title Chief Financial Officer		Title
Date 12/8/2017		Date

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services
State or Indian Tribal Organization (ITO): Commonwealth of Massachusetts

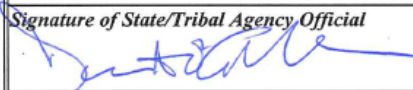
For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFCIP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 2,600,000			\$ -			\$ -	\$108,187,765	50,000		all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 844,020	\$ 903,755		\$ -			\$ -	\$ 76,484,179	37,086		children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 1,581,571		\$ 469,920			\$ -	\$ 65,550,624	92,603		abused & negl. children	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 451,878		\$ -			\$ -	\$ 24,358,543	9,313		children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 723,004					\$ -	\$ 36,492,890	474		children free and matched	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 451,877					\$ -	\$ 72,662,357				
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 59,250,293	\$105,598,970	9,146		children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 8,609,216	\$269,449,482	2,218		cong care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 26,192,820	\$ 46,612,936	7,959		adop subs.	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 4,802,941	\$ 20,067,256	2,671		grd subs.	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -			\$ 3,143,968		\$ -	\$ 16,898,225	1,621		adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 1,020,225		\$ -	484		adolescents	Statewide
12.) ADMINISTRATIVE COSTS	\$ 288,443	\$ 406,690	\$ -				\$ 19,729,152	\$ 2,729,151				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 350,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 100,000				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -			NA	NA
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 2,223,666				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 284,639				\$ -	\$ 247,074				
18.) TOTAL	\$ 3,732,463	\$ 4,518,775	\$ 284,639	\$ 469,920	\$ 3,143,968	\$ 1,020,225	\$118,584,422	\$865,013,118	213575	0	0	
19.) TOTALS FROM PART I	\$3,732,463	\$4,518,775	\$284,639	\$469,920	\$3,143,968	\$1,020,225						
20.) Difference (Part I - Part II)	\$0	\$0	\$0	\$0	\$0	\$0						
21.) Population data are included in the APSR/CFSP narrative, not above in columns I - L.												

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV):
 Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016**

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		1. State or Indian Tribal Organization (ITO): Commonwealth of Massachusetts		2. EIN: EIN: 1-046002284-K5		Massachusetts Department of Children and Families, 600 Washington Street, Boston, MA, 02111			
4. Submission Type:									
<i>Description of Funds</i>		<i>Estimated Expenditures for FY 15 Grants</i>	<i>Actual Expenditures for FY 15 Grants</i>	<i>Number Individuals served</i>	<i>Number Families served</i>	<i>Population served</i>	<i>Geographic area served</i>		
5. Total title IV-B, subpart 1 funds		\$ 3,710,022	\$ 3,709,981	1540		open cases	Statewide		
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)		\$ 370,000	\$ 161,860						
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)		\$ 4,544,191	\$ 4,543,221	29564		open cases	Statewide		
a) Family Preservation Services		\$ 1,045,164	\$ 1,040,951						
b) Family Support Services		\$ 1,726,793	\$ 1,461,960						
c) Time-Limited Family Reunification Services		\$ 318,093	\$ 755,766						
d) Adoption Promotion and Support Services		\$ 727,071	\$ 621,009						
e) Other Service Related Activities (e.g. planning)		\$ 318,093	\$ 340,742						
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)		\$ 408,977	\$ 322,793						
7. Total Monthly Caseworker Visit funds (STATES ONLY)		\$ 285,957	\$ 280,371						
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ -	\$ -						
8. Total Chafee Foster Care Independence Program (CFCIP) funds		\$ 2,799,692	\$ 2,799,679						
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ -	\$ 54,100	58		adolescents	Statewide		
9. Total Education and Training Voucher (ETV) funds		\$ 904,665	\$ 904,643	514		adolescents	Statewide		
10. 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.									
<i>Signature of State/Tribal Agency Official</i>				<i>Date</i>		<i>Signature of Central Office Official</i>		<i>Date</i>	
				12/8/2017					
<i>Title</i>						<i>Title</i>			
Chief Financial Officer									

APPENDIX:

DEPARTMENT OF CHILDREN AND FAMILIES TAXONOMY

Category	Program	Model	Activity Code	Index Number
Family Networks	Area Lead Agencies Lead a system of aligned and integrated strategies dedicated to fostering and protecting permanent families and lifelong connections for children. Includes designing and managing an integrated service system so that it supports more fully the clinical practice of the Department and its providers.	Management Operations	FNLA	2
	Area Lead Agencies	Flex Services Specialized funds to be used to further the purposes of family networks-managed by Area Lead Agency	FNI A	2
Family Networks - Network Services Integrated Service system for children and families serviced by the Massachusetts child welfare system.	Group Home NA as of 6-30-15 Provide 24-hour supervision and intensive treatment services in group care settings that do not usually include on-site education.	Behavioral Treatment Residences Campus or community based models that can provide staff secure treatment for children with serious emotional, developmental, cognitive and behavioral disorders who do not require an educational placement in an on-site school.	FNGH	24
	Group Home NA as of 6-30-15	Independent Living Program models include group homes as well as supervised or supported apartments, and are designed for older adolescents who are developing the skills to live in the community in their own homes or apartments.	FNGH	24
	Group Home NA as of 6-30-15	Group Home Designed for latency aged or adolescent children who have sufficiently internalized controls to be safe in a less staff intensive setting, and may progress to limited unsupervised time in the community.	FNGH	24
	Group Home NA as of 6-30-15	Other Sites/facilities which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	FNGH	24
	Residential NA as of 6-30-15	Residential school Designed to provide staff secure placement for children who have not sufficiently internalized controls and require a more highly structured setting to help them manage their behavior. These facilities are licensed by the Department of Education under "71B" regulations. Special education services are provided according to the child's Individual Education Plan (IEP) developed by the Local Educational Agency (LEA).	FNRE	24

Category	Program	Model	Activity Code	Index Number
	Residential NA as of 6-30-15	Non-766 Residential School Similar to 766-approved facilities, this model also provides on-site educational programming that is approved by the local superintendent of schools rather than the DOE "71B" designation.	FNRE	24
	STARR NA as of 9-30-15	STARR (Stabilization, Assessment and Rapid Reunification) Short-term placement services that provide a single door for children that need shelter / respite-type services only as well as for children who require more intensive services.	FNST	24
	Intensive Foster Care Intensive Foster Care (IFC) programs provide therapeutic services and supports in a family-based placement setting to children and youth for whom a traditional foster care environment will not be sufficiently supportive; are transitioning from a residential/group home level of care and require the intensity of services available through this program; or discharging from a hospital setting.	IFC Skill Level 1 Rate includes basic support package – to be authorized automatically, not separately.	FNIF	11
	Intensive Foster Care	Sibling Rate Paid to support any sibling who does not need IFC but is placed in an IFC home in order to stay with a brother /sister who does require this level of service.	FNIF	11
	Intensive Foster Care	IFC Skill Level 1- Teen Parent Paid when a teen parent and child are placed in an IFC home	FNIF	11
	Intensive Foster Care	Recruitment Rate Paid for the recruitment, home-study, and use of a foster home.	FNIF	11
	Intensive Foster Care	One-time Resource Purchase Paid when a provider's IFC home becomes an approved adoptive home or guardian causing them to become ineligible to continue as an IFC home because of limits on the number of children in the home.	FNIF	11
	Intensive Foster Care	IFC - Other IFC programs which provide additional supports. These will be defined and approved by IFC Other Cmte.	FNIF	11
	Support and Stabilization	Comprehensive	FNSS	13

Category	Program	Model	Activity Code	Index Number
	Support and stabilization services encompass services currently known as family-based services; the service providers will 'unbundle' from their placement programs; and portable diagnostic and assessment services. These services are intended to be flexible, rooted in the community, and have the capacity to be shaped in a manner that will address the specific needs of each family.	Comprehensive program models are those that use teams whose staffing, interventions, and funding are blended in a manner that allows for varying levels of intensity, duration, and capacity for building strengths and managing risk with complex families.		
	Support and Stabilization	Parent Support Designed to provide assistance and support to parents and caretakers in building skills relative to safety, supervision, and nurturing.	FNSS	13
	Support and Stabilization	Youth Support Designed to provide assistance and support to youth in order to improve relationships with families, schools and other community systems.	FNSS	13
	Support and Stabilization	Family Stabilization Designed to provide assistance and support to families in keeping their children safely at home and in the community.	FNSS	13
	Support and Stabilization	Placement Diversion Designed to provide assistance and support to families whose children are at imminent risk of out-of-home placement in foster care, residential, or inpatient hospitals.	FNSS	13
	Support and Stabilization	Reunification Designed to provide assistance and support to families whose children are returning from out-of-home placement settings.	FNSS	13
	Support and Stabilization	Assessment Encompass evaluations, clinical assessments, and diagnostic services.	FNSS	13
	Support and Stabilization	Unbundled IFC Support Services Support service package unbundled and purchased for a Departmental home (e.g., kinship, child-specific, unrestricted).	FNSS	13
	Support and Stabilization	Support and Stabilization - Other Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	FNSS	13
	Family Residence	Family Residence	FNFR	11

Category	Program	Model	Activity Code	Index Number
		A foster care model that integrates a level of provider agency support commonly associated with group care programs into a foster care model. Foster families or caretakers recruited to serve as Family Residence Foster Homes receive an annual salary for the household and other benefits.		
Residential (non-Family Networks)	Group Home NA as of 6-30-15 Provide 24-hour supervision and intensive treatment services in group care settings that do not usually include on-site education.	Teen Pregnancy/Parenting Structured residential living programs with 24 hour supervision for pregnant and parenting teen/families; assessed as unable to live with their family of origin or other appropriate adult caretaker; with a focus on acquiring and strengthening skills of basic parenting and independent living, ensure the healthy growth and development of their children and with a goal of completing a high school education or G.E.D. The settings may vary but must provide 24 hour skilled staffing and supervision, access to licensed childcare. Teen living programs must provide living arrangements for up to 36 months. Services may also include counseling, case management or topically-oriented programs.	RESG	16
	Group Home NA as of 6-30-15	Transitional Living Small staffed apartment setting. Intervention intended to stabilize client and family in order to transition client to less restrictive setting. Service elements include daily living skills, social skills, money management, etc.	RESG	16
	Shelter Generally for emergency or immediate placement situations, shelters are short-term residential facilities for children and adolescents on 24-hour per day basis.	Alternative Lock-up Program This service provides an emergency or short-term alternative placement to incarceration or lock-up for juvenile offenders until they can be brought to court for arraignment on their charges.	RESS	26
Caring Together	Residential School	Residential school Residential placement services with an on-site school approved by the Department of Elementary and Secondary Education. Also includes services to help students and family transition to home and community.	CTRE	24
	STARR	STARR Short-term placement services for participants in the waiver.	CTST	24
	The Continuum	Community Wrap/Sub Contracted Wrap Wide range of comprehensive community based services for youth and their family to support them in learning skill needed to transition to or remain at home and live safely in their community. Non Placement service. Includes subcontracted services.	CTC0	24

Category	Program	Model	Activity Code	Index Number
	The Continuum	Adjusted GH 1:3/Sub Contracted Adjusted 1:3 This part of the Continuum array of services. Out of home residential placement with a 1 to 3 ratio. Youth are able to attend school off grounds. Includes subcontracted services.	CTC0	24
	The Continuum	Adjusted GH 1:4/Sub Contracted Adjusted 1:4 This part of the Continuum array of services. Out of home residential placement with a 1 to 4 ratio. Youth are able to attend school off grounds. Includes subcontracted services.	CTC0	24
	Group Home	Intensive 1:3 Out of home residential placement with a 1 to 3 ratio. Youth are able to attend school off grounds.	CTGH	24
	Group Home	Group Home 1:4 Out of home residential placement with a 1 to 4 ratio. Youth are able to attend school off grounds.	CTGH	24
	Respite	Respite A brief or short-term service for a youth provided by adults other than the birth parents, foster parents, adoptive parents or legal guardian with whom the child/ youth normally resides, typically used to give the parents/ caregiver and youth time away from each other in order to decrease stress and support the family system.	CTRS	24
	Group Home	Follow Along Group Home Services which assist with successful transitions from Group Home to home and community. Includes family treatment beginning while youth is still in the Group Home and continuing after return to home/ community.	CTGH	24
	Group Home	Stepping Out Group Home Community based services which assist with successful transition from Pre-Independent Living, Independent Living and Teen Parent Enhanced placement services to home/ community	CTGH	24
	Group Home	Pre-Independent Living	CTGH	24

Category	Program	Model	Activity Code	Index Number
	Group Home	Out of Home Residential Placement with a 1 to 5 ratio. Focus is on Independent Living Skills for youth ages 16 and up, youth is typically enrolled in school or GED program or has completed and is involved with vocational training.	CTGH	24
	Group Home	Independent Living Supported apartment living (scattered site or centralized). Staff provide outreach and care coordination, but are not on-site 24 hours per day. Youth are 17.5 and older	CTGH	24
	Group Home	Stepping Out -- Independent Living Provides continuation of care coordination services by the same provider after the child leaves the program in order to assist youth with a successful transition to the community.	CTGH	24
	Placement Add-On	Transition to IFC Add-On Provides short term services that assist youths in successfully transitioning to Intensive Foster Care within 3 to 6 months of admission to this program.	CTAD	24
	Group Home	Intensive Group Home with Expanded Nursing (specialty) Services are the same as those provided in Intensive Group Home with a ratio of 1:3 with additional nursing positions to support the medical needs of referred youth.	CTGH	24
	Group Home	Intensive 1:2 Group Home (specialty) Out of Home Residential Placement with a 1 to 2 ratio, designed for youth who have intellectual and developmental disabilities and/or autism with concurrent behavioral/emotional challenges.	CTGH	24
	Group Home	Intensive 1:1 Supported Living (specialty) Out of Home Residential Placement with a 1 to 1 ratio, designed for young adults (18 to 22) with a range of significant disabilities.	CTGH	24
	Group Home	Medically Complex Needs Group Home (specialty) provides services to youth with complex medical needs that require intensive out-of-home nursing, family driven, individualized and sensitive to medical and other forms of trauma and the resulting effects on families and caregivers; maximizes youth's functioning	CTGH	24
	Group Home	State College Preparatory Program (specialty) Provides young adults with the opportunity to attend a state operated university or college while receiving clinical, social, academic and daily living supports with tuition, room and board		
	Group Home	Outreach Independent Living (specialty)		

Category	Program	Model	Activity Code	Index Number
	Teen Parenting	An apartment living program for agency identified youth of the same sex with opportunities for education, assistance with employment and a support structure as youth transition from DCF foster care system to living in the community Enhanced Teen Parenting	CTTP	
	Teen Parenting	Out of Home Residential Placement with a 1 to 4 ratio for pregnant or parenting teens. Provides a higher level of supervision than other Teen Parenting services. Stepping Out -- Teen Parenting	CTTP	
	Placement Add-On	Provides continuation of care coordination services by the same provider after the teen parent leaves the Enhanced Teen Parent program in order to assist with a successful transition to the community. Behavioral Psychologist	CTAD	24
	Placement Add-On	Additional services from a behavioral psychologist over and above services provided through the contract. Canine Therapy	CTAD	24
	Placement Add-On	Therapy dog. Direct Care III	CTAD	24
	Placement Add-On	Additional staffing hours provided by a DCIII staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract. Direct Care II	CTAD	24
	Placement Add-On	Additional staffing hours provided by a DCII staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract. Direct Care I	CTAD	24
	Placement Add-On	Additional staffing hours provided by a DCI staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract. Forensic Psychiatrist (DMH-designated, CJCC qualified)	CTAD	24
	Placement Add-On	Additional services from a forensic psychiatrist over and above services provided through the contract. Medical Consultation	CTAD	24
	Placement Add-On	Additional Medical Consultation services provided over and above services provided through the contract. Nurse	CTAD	24

Category	Program	Model	Activity Code	Index Number
	Placement Add-On	Additional Nursing services provided over and above services provided through the contract. Psychiatrist Additional Psychiatry services provided over and above services provided through the contract.	CTAD	24
	Placement Add-On	Psychologist Additional services from a psychologist over and above services provided through the contract.	CTAD	24
	Placement Add-On	Forensic Psychologist Additional services from a forensic psychologist over and above services provided through the contract.	CTAD	24
	Teen Parenting	TLP 1:5 Services to help teens develop support systems including contact with baby's father, teen's parents, father's parents and other community supports. Facilities staffed 24 hours and are provided in group home and scattered apartment settings.		
	Teen Parenting	House Parent Same as TLP 1:5 but are provided in an apartment building or multi family home. Teens reside in shared apartments and the houseparent has separate living quarters on site.		
	Family Partner	Family Partner To provide support for full family engagement in all aspects of a youth's care and treatment during the course of residential service and strengthen the parent/caregiver's capacity to care for their youth at home and in the community		
	Teen Parenting	STEP (DTA Only) Target is 18 to 19 year olds who have completed treatment plans and are focused on job training and transitional housing services to assist in becoming self sufficient. Apartment setting with staff available 24 hours a day.		
	Teen Parenting	Emergency Bed Add-On Every STEP group home location must have ability to accept youth on an emergency basis.		

Category	Program	Model	Activity Code	Index Number
<p>Family Resource Center</p>	<p>Family Resource Center community-based, culturally competent program that provides evidence-based parent education groups, information and referral, mentoring, educational support and other opportunities for children and families; provide services specific to Children Requiring Assistance who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as required by Chapter 240 of the Acts of 2012</p>	<p>Family Resource Center - Full one location; provides all required Basic and Network Services; completion of no more than 1,000 assessments per year</p> <p>Family Resource Center - Micro (also known as a "Satellite" FRC) one location; provides all required Basic and Network Services at a reduced staffing and caseload level; based on completion of no more than 200 assessments per year</p>	<p>FRCF</p> <p>FRCM</p>	
<p>Foster Care Temporary substitute care placement for child(ren)/adolescents in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF or provided through a purchase of service agreement with a DEEC licensed foster care agency and monitored by DCF.</p>	<p>Department Foster Care Temporary substitute care placement for child(ren)/adolescent(s) in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF.</p> <p>Department Foster Care</p> <p>Department Foster Care</p> <p>Department Foster Care</p>	<p>Tier I Unrestricted Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting in an unrestricted DCF foster home, approved/licensed to provide Tier I foster care.</p> <p>Tier I Kinship Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting with a member of the family's kinship network who has been approved/licensed to provide Tier I foster care restricted for specific children who are kin.</p> <p>Tier I Pre-Adoptive Placement of child(ren)/ adolescent(s) with the goal of adoption needing a basic quality level of care in a permanent family setting approved by DCF as a Tier I pre-adoptive family.</p> <p>Tier I Independent Living</p>	<p>FOS0</p> <p>FOS0</p> <p>FOS0</p> <p>FOS0</p>	<p>11</p> <p>11</p> <p>11</p> <p>11</p>

Category	Program	Model	Activity Code	Index Number
		Payment made to an older adolescent who is in the Department's care, but who lives on their own in a structured setting.		
	Contracted Foster Care	Enhanced Therapeutic Foster Care Therapeutic foster care with additional supports and resources, and higher level of training and experience of foster parent.	FOSC	
	Foster Care Management and Supports	Foster Parent HELPLINE Through an 800 telephone line provides after hours support, guidance and assistance to foster/adoptive parents experiencing matters of urgency involving their placements, offering them the opportunity to speak with experienced Family Resource supervisory staff on call to provide assistance in order to minimize placement disruptions and maximize the retention of foster/adoptive parents, while still preserving the integrity of the placement and foster family whenever possible.	FOSC	
	Foster Care Management and Supports	Membership Services A contracted organization or program element representing and governed by foster and adoptive parents whose purpose is to provide support, education, recognition and advocacy on behalf of families providing foster care placement for children in the care and custody of DCF to increase foster and adoptive parent satisfaction and sense of value for services rendered on behalf of children in the Commonwealth.	FOSC	
	Foster Care Management and Supports	Training Pre-service and ongoing competency based education modules for the purpose of supporting, developing and retaining Level I, II and III family resources in the placement system to improve and enhance placement skill development, and develop family resources with specialized capabilities.	FOSM	
	Foster Care Management and Supports	Foster Home Recruitment Targeted media and community outreach activities specifically designed to promote and support inquiries to DCF from eligible individuals interested in becoming foster parents.	FOSM	

Category	Program	Model	Activity Code	Index Number
Comprehensive Foster Care	<p>Intensive Foster Care Programs that provide therapeutic services and supports in a family-based placement setting to children/youth for whom a traditional foster care environment will not be sufficiently supportive. Youth may be transitioning from a residential/group home level of care and require the intensity of services available through this program; or discharging from a hospital setting. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of DEEC and DCF.</p>	<p>Intensive Foster Care One A model provided in a foster home that has been licensed and credentialed by the provider agency as exhibiting an expertise compatible with IFC One. The model assumes a capacity to support sibling and teen parent placements and assumes an agreement to the terms of Purchasing a Home.</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Sibling sibling daily rate is for any sibling who does not need the IFC One service but is placed in an IFC One home specifically to stay with a brother /sister who does require that level of service. This rate includes both a payment of a regular Departmental rate to the foster home and a payment to the contractor in recognition that these placements, while not requiring the full level of support from the contractor, do require a level of support consistent with a Departmental Foster Care home</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Teen Parent Prior to a Teen Parent placement, DCF will clarify with the parties involved the responsibilities of the teen parent, the foster parent and the contractor with regard to the baby/child. Not all children of teen parents in these circumstances will be in DCF care or custody. It is not necessary for both the teen and the child to require IFC One in order to place them together in an IFC One home. As such, payment for both the teen parent and the child at the IFC One rate will be made only when both are in the care of DCF and both require this level of</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Transitions to Adulthood an IFC model with family resources recruited and trained specifically on life skills needed by young adults to transition to adulthood</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Emergency Shelter Homes short-term (no more than 45 days) IFC model with family resources recruited and trained specifically for short-term/emergency placements and transitions</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Purchase of Home IFC One home becomes an approved adoptive home or guardian or a provider's recruitment efforts might identify a potential foster home that will not or does not want to meet the standards to provide IFC One but would be able to serve as a Departmental home</p>	CIFC	
	<p>Intensive Foster Care</p>	<p>Multiple Acute Level A specializes in serving children and youth with significant cognitive and/or physical impairments and mental health issues</p>	CIFC	

Category	Program	Model	Activity Code	Index Number
	<p>Intensive Foster Care</p> <p>Intensive Foster Care</p> <p>Family Residential Foster Care</p> <p>Family Residential Foster Care</p> <p>Support Services Comprehensive Foster Care program that includes Respite and Unbundled Special Support.</p> <p>Support Services</p>	<p>Multiple Acute Level B specializes in serving children and youth with significant cognitive and/or physical impairments and mental health issues; provides a significantly enhanced support package to the child or youth and has adaptive transportation available</p> <p>Child Home-Based Rehabilitation serves youth who are unable to live at home due to a history of fire setting and/or sexually reactive behaviors rooted in trauma</p> <p>Family Residential A foster care program integrating a level of support commonly associated with group care programs into a foster care setting</p> <p>Complex Foster Care Medical provides care and treatment supports to children and youth who require intensive medical care management and coordination</p> <p>Respite short-term service for a youth provided by adults other than the birth parents, foster parents, adoptive parents or legal guardian with whom the child/youth normally resides, typically used to give the parents/caregivers and youth time away from each other in order to decrease stress and support the family system. Respite may be provided in the home or in settings outside the home, and may include day or overnight support.</p> <p>Unbundled IFC Special Support purchase of the IFC One support package separately on behalf of the Department's own foster homes (including kinship, child-specific, and unrestricted homes) when necessary to reduce disruptions and unnecessary moves. It can also be bundled with CFC placement services when necessary and recommended by the Family Team to (1) support transitions; (2) prevent transitions and support placement stability; or (3) maintain placement stability</p>	<p>CIFC</p> <p>CIFC</p> <p>FRFC</p> <p>FRFC</p> <p>CFSS</p> <p>FNSS</p>	
Adoption	<p>Subsidies Adoption subsidies consist of financial assistance, medical assistance, or both, provided at the time of legalization of the adoption in order to aid in the support of a child with identified special needs.</p> <p>Subsidies Guardianship subsidies consist of financial assistance to aid in the support of a child with his/her guardian.</p>	<p>Adoption Pre-1997 Rate The Pre-1997 Rate is paid when the adoption finalization occurred prior to January 1, 1997.</p> <p>Adoption Tier I</p> <p>Guardianship Pre-1997 Rate The Pre-1997 rate is paid when the guardianship occurred prior to January 1, 1997.</p> <p>Guardianship Tier I</p>	<p>ADCF</p> <p>ADCF</p> <p>ADCF</p>	

Category	Program	Model	Activity Code	Index Number
	Adoption Management	Adoption Management and Support Varied services provided to individual children, sibling groups and individual adults and couples who are in the adoption process. These services include, but are not limited to, adoption assessments, home studies, education, consultation, adoption recruitment, public information, support groups, trainings, and workshops. Also, includes post adoption services.	AMSS	1
	Adoption Management	Product Based Adoption: Single Service The completion of a single specific task: Assessment of an identified child; adoptive home study of foster parent(s) where the child resides; adoptive home study for a relative of an identified child; MAPP training/home study of identified parent(s); adoptive home study of DCF	AMSS	1
	Adoption Management	Product Based Adoption: Family Resource The transfer of an approved adoptive placement resource from an adoption contract agency to an area office responsible for the adoptive placement of an identified child.	AMSS	1
	Adoption Management	Product Based Adoption: Case Management Casework responsibility for assigned children with a Service Plan goal of Adoption, including the follow steps: case assignment and acceptance; adoption assessment of child; adoption home study; family development; placement; legalization; case closure.	AMSS	1
Domestic Violence Services Provide a continuum of services for individuals and families who are victims of domestic violence. Services provided under contracted Purchase of Service basis.	Community Based Community-based location for individuals and families to drop in for help and/or receive Domestic Violence services.	General Community Based Community-based location for individuals and families to drop in for help and/or receive Domestic Violence services.	DVCB	
	Community Based	Supervised Visitation Provider supervised visitation for children of families who have experienced, or are at risk of domestic violence.	DVCB	
	Community Based	Child Witness to Violence Programs which provide services to children who have witnessed Domestic Violence	DVCB	
	Residential Facility-based services which include a residential or housing component.	Substance Abuse and Mental Health Residential programs which focus on serving victims of domestic violence who have also experienced substance abuse and/or mental health problems.	DVRE	
	Residential	SSTAP1	DVRE	

Category	Program	Model	Activity Code	Index Number
		Scattered Site Transitional Apartment Program. Provides services and financial support to maintain families in housing.		
	Residential	Emergency Shelter Provision of residential care on a limited and short-term basis in shelter facilities (up to 90 days) or safe homes. Shelter services include, but are not limited to, peer support groups, individual counseling, legal, financial, and housing advocacy, referral to health and social services, linkages to education/vocational opportunities, and children's services.	DVRE	
	Residential	Housing Stabilization Provide stable family housing and concrete support services that will help program participants access and maintain permanent housing, access employment and/or attend school, parent their children, and generally prepare for economic independence.	DVRE	
		Statewide Hotline 24 hours per day, 7 days per week staffed phone lines available to respond to victims of domestic violence, and arrange for an array of services on a rapid basis.	DVST	
		Training and Technical Assistance Training and technical assistance to agencies which provide domestic violence services.	DVST	
Family Based Services Family based services include a range of services intended to strengthen the ability of families to care for their children by offering treatment or support.	Family Based Services Programs designed to build family strength through the use of clinical supports such as Family, Individual, or Group counseling, Intensive Family Intervention, Evaluation/Consultative/Diagnostic Assessment, and Comprehensive services. Services may also provide specialized counseling to targeted concerns/populations.	Time-limited therapeutic services offered in a clinical setting or in-home, for the purpose of achieving and/or supporting specific outcomes identified in the DCF Service Plan; provided by a licensed social worker, psychologist or other individuals trained in human services. Services may also include short-term supportive, preventive, or topically-oriented programs or counseling to specific target populations in a group setting, provided by a social worker, psychologist, or other individuals trained in human services.	FBSC	
	Clinical Family Based	Sexual Abuse Intervention Network (SAIN) Coordination with District Attorney's office to conduct multidisciplinary team interview; investigating cases of reported child sexual assault, severe physical injury, or death; possibly leading to criminal prosecution. Facilitates interagency linkages to law enforcement, and other service providers/systems; lessens child trauma by reducing multiple interviews; assesses immediate needs of victim/family/offender critical to service planning.	FBSC	
	Clinical Family Based	Comprehensive	FBSC	

Category	Program	Model	Activity Code	Index Number
		Integrated or blended set of services delivered to consumers sequentially or simultaneously, which draws upon more than one model and/or external service elements.		
	Supportive/Preventive Programs Preventive and supportive programs designed to increase strength, stability, and competency of individuals and families. Services may include populations having unique service needs such as young parents and their children, families with adolescents, ethnic and linguistic minority groups, etc.	Parenting Aide/Support/Education Home-based supportive and preventive services, intended to guide and teach parents, improve family functioning, and enhance child development. Family-focused services may utilize techniques such as role modeling to develop parenting skills and behaviors, advocacy, may include parent support programs, teaching home management, etc. Services may also include time-limited group or individual instruction with a structured approach for the purpose of imparting topical skill or knowledge; usually in a center-based setting.	FBSS	
	Supportive/Preventive Programs Supportive/Preventive Programs Supportive/Preventive Programs Supportive/Preventive Programs Supportive/Preventive Programs	Young Parent Support Community-based supportive, preventive, and educational services to strengthen teen family functioning; promote parenting competency, ensure the safe and healthy growth and development of child(ren); offered as a continuum of services including outreach, home visiting, case management, core support/topical services, mentoring, and tracking services. Supervised Visitation Service conducted by a trained professional, affording child visitation with the non-custodial parent, in a safe, hospitable environment. This services may be accessed by DCF to support visitation requirements, by battered women when there are safety concerns, or as a court-ordered neutral environment for parties involved. Interpreter Short-term, closed referral service for bilingual, bicultural, hearing and visually impaired individuals and families during the absence of linguistically competent social work staff. Recreation/Camp Seasonal, day or residential camping/recreation service offered to children by qualified contracted providers; to encourage and stimulate the healthy emotional, social, and physical development of children. Hotline/Parental Stress Line	FBSS FBSS FBSS FBSS	

Category	Program	Model	Activity Code	Index Number
	<p>Supportive/Preventive Programs</p> <p>Supportive/Preventive Programs</p> <p>Supportive/Preventive Programs</p>	<p>A 24-hour confidential hotline designed to reduce stress, and the risk of child abuse and neglect; operating daily to provide information and referral, telephone crisis counseling to parents and other caregivers.</p> <p>Coalition Supported Services Community-based coalitions of residents, health and human service providers, schools, businesses and religious and public safety organizations and policy makers whose goal is to facilitate the development of comprehensive family support systems</p> <p>Comprehensive Integrated or blended set of services, and delivered to consumers sequentially or simultaneously, which draws upon more than one model and/or external service elements</p> <p>Other Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.</p>	<p>FBSS</p> <p>FBSS</p> <p>FBSS</p>	
Family-based	Adolescent Day Program	<p>Alternative Schools Programs designed for learning and improving practical skills such as reading, writing, and basic math, with emphasis on building self-esteem, social, and academic skills.</p>	FBSN	
Contracted Support Services Services that may closely resemble internal Department mission or activities that are performed through purchase of services contracts.	Protective Services or activities designed to avoid or prevent incidence or continuation of child abuse or neglect.	<p>Child Abuse Hotline 24 hour, 7 day a week telephone line dedicated to screening reports from the public and professionals concerning the abuse and/or neglect of children.</p>	CSSH	
	Protective	<p>Case Management This model currently covers two types of services. First, "conflict of interest" in which the provider investigates and manages cases that involve DCF employees and their immediate families. Second, a provider delivers a full range of case management services to refugee minors who are in state custody.</p>	CSSI	
	Protective	<p>Comprehensive Emergency Services A coordinated system for providing immediate and effective supportive response on a 24 hour basis to individuals, families or children. Although these are crisis situations, they are not protective in nature.</p>	CSSE	22
	Protective	<p>Investigations (Conflict of Interest) The provider conducts investigations of reports of child abuse and neglect that involve DCF employees and their immediate relatives.</p>	CSSI	22

Category	Program	Model	Activity Code	Index Number
	Protective	Partnership Agency Services The PAS program is focused on serving cultural/linguistic minority populations. It includes the following mix of components: parent/kinship mentor services; visiting resource services; intensive adolescent services; family/group care reintegration services; foster home/kinship recruitment and support; and foster home management.	CSSP	22
	Protective	Unaccompanied Minors Arrange foster care placements for "unaccompanied refugee minors" placed with licensed and trained foster families through 25 affiliated child welfare programs. The program provides foster care and related services to youths, who lack a caregiver, from all around the globe.	CSSU	
	Service Management	PATCH A community-based partnership of public agency direct service staff, community groups, and residents to provide comprehensive direct services to families.	CSSS	
	Community Education & Training	Community Education & Training An array of activities aimed at the prevention or reduction of specific social problems through raising community awareness of the problem. Activities may include public speaking, publication of brochures, interagency networking, advertising, etc.	CSSC	
	Community Education & Training	Other Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	CSSS	
Administrative	Miscellaneous Payment	Emergency Payments Lump Sum Payment Child Care AIDS Network Foster Care Review Family Residence Service Insurance Coverage Preparing Adolescents for Young Adulthood (PAYA) Foster Parent Respite Exchange		
	Miscellaneous Administrative	Travel		