Office of the Child Advocate

Management Review of the Department of Children and Families

Final Report to the Legislature
Section 219 of the General Appropriations Act of Fiscal Year 2015

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EXECUTIVE SUMMARY

Confidence in the work of the Department of Children and Families (DCF) is central to its ability to ensure that children are protected and to effectively work with families. These are among the most crucial and difficult responsibilities shouldered by state government. A series of tragedies in the past few years involving children under the supervision of DCF have spotlighted systemic problems at the agency affecting its ability to meet its mission. The breakdown in management infrastructure and inadequate focus on protecting children has developed over more than a decade because of dramatic budget cuts that have greatly diminished management oversight and led to a lack of quality control over clinical decisions and standardization of case practice across the Commonwealth. DCF is like a house: if you pull one too many bricks out of the structure, it eventually collapses and must be rebuilt. That is where we are today. The Commonwealth must commit to doing whatever is necessary to rebuild DCF and public confidence.

DCF's problems have been well documented; recommendations for change are contained in at least seven different reports and at least four detailed case reviews[1] in addition to DCF's own internal reviews. Now all of us: DCF, the Executive and Legislative branches, unions representing DCF staff, private agency partners, the Office of the Child Advocate (OCA) and others in the community must work collaboratively to fix the problems. This requires long-term, sustained commitment and, as Governor Baker has said, a lot of "grunt work and grit."[2] Support cannot just come during crises. It must be sustained over decades or the same situations will continue to arise again and again and children will be harmed.

More than three thousand DCF social workers, attorneys, supervisors and managers are responsible for overseeing the Commonwealth's work with children and families who are known to the Department as a result of allegations of child abuse or neglect. To do their jobs, they must work in an environment that contains the essential elements of a public child welfare system.

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1 Child Welfare League of America Quality Improvement Review, May 22, 2014; Office of the State Auditor, Suzanne Bump Department of Children and Families, for the period July 1, 2012 through September 20, 2012, March 26, 2014; Massachusetts Law Reform Institute If Not Now, When? A call for action for systemic child *welfare reform in Massachusetts,* June 26, 2014; Center for Social Policy report funded by Boston Foundation, September 11, 2014; House Committee on Post Audit and Oversight, January 13, 2015; Office of the Child Advocate by the Ripples Group *The Department of Children and Families Fair Hearing Report*, June 29, 2015; The Pioneer Institute White Paper *Driving Critical Reforms at DCF: Ideas for a Direction Forward in Massachusetts' Child and Family Services,* November 2015; Department of Children and Families and Office of the Child Advocate case reviews of Jeremiah Oliver, December 2013 and January 2014; Department of Children and Families *Case Review: Jack Loiselle*, September 4, 2015; Department of Children and Families *Case Review: The Foster Home of Kimberly Malpass*, October 1, 2015; and Office of the Child Advocate *Case Review: Bella Bond,* October 28, 2015.

2 Press conference, October 1, 2015.

They require:

- Sufficient staff to allow for reasonable caseloads.
- Supervisors, managers and specialists to ensure quality clinical decisions are made and to standardize case practice statewide.
- Quality management systems and data to gauge effectiveness and provide transparency within the agency and to the public.
- Policies, procedures and regulations that provide clear directions for decision-making.
- Training for new employees and ongoing training for all staff, including social workers, supervisors and managers.
- Access to specialized resources to consult with, and services related to, substance abuse, mental health, domestic violence, education and medical issues.
- Multi-disciplinary case conferences for complex cases, and systems for reviewing casework at all levels within the agency.
- Coordinated information sharing between state agencies.
- The basic tools to do their jobs: technology, phones, office space and equipment.

The lesson the Commonwealth must learn from past experience is that tragedies will eventually befall children and families when critical elements are removed from its child welfare system. The system is able to coast for a short while after its infrastructure is impaired. However, the capacity to protect children and serve families crumbles over time. The nature of the work of a child welfare agency means that there will always be crises for children and families. This is why everything that can be done to ensure that the child welfare system is well situated to deal with these problems must be done. Therefore it is important to accept that DCF must weather cyclical budget storms, which are inevitable in state government. There must be sustained commitment to fund the Department over time. The Commonwealth needs to fund DCF now in order to rebuild, but also commit to sustain the budget for the future. The Legislature will be asked to fund deficiencies this fiscal year, and to support budget increases going forward. It is vital that the Legislature and the Executive branch work collaboratively to provide the necessary resources to sustain the turn-around efforts underway at DCF and to support DCF's efforts to continuously improve its work with children and families. The children who have been harmed in the past few years have taught us this lesson.

This report to the Legislature from the OCA, pursuant to Section 219 of the Fiscal Year 2015 General Appropriations Statute, is an effort to build upon other reports that have addressed the clinical practices and policies at the Department. It is intended as a management companion piece to those reports, particularly the Child Welfare League of America's (CWLA's) report issued on May 22, 2015, which is accepted by the agency as the blueprint for change, and received favorably by both Governor Patrick and Governor Baker, the state Legislature and the child welfare community. The OCA seeks to provide recommendations related to management,

quality assurance, and reporting processes, as well as to the recordkeeping areas specifically requested by the Legislature.

This report was requested by the Legislature in July 2014, only a month after the CWLA report's release, and prior to most of the reports referenced here. Considerable effort in the past 15 months has been directed towards rebuilding DCF. The pace of rebuilding has accelerated under Governor Charlie Baker and Executive Office of Health and Human Services (EOHHS) Secretary Marylou Sudders with the appointment of Commissioner Linda Spears in February 2015. Many initiatives are in progress and more remains to be done.

The OCA's review found that DCF has convened an internal implementation team and has hired a strategic planning director. The Department has mapped out the recommendations contained in the numerous reports and case reviews, with primary emphasis on the CWLA report, and the implementation team is overseeing the Department's progress. They are making adjustments to the plan as new findings and recommendations emerge, including those gleaned from recent case reviews. In addition, several internal task forces are examining important facets of the organization, including the optimal division of responsibilities between central, regional and area offices, training needs, and policy revisions.

The OCA strongly recommends that the Department use their internal plan to create a public-facing document that lists all major initiatives with timeframes for completion over the next several years. Such a document will demonstrate progress towards rebuilding DCF and provide the administration, Legislature, oversight agencies and the public with a tool for monitoring the implementation efforts. This would serve as a mechanism for DCF to demonstrate how the state's funds are being spent. Once milestones have been achieved, subsequent plans can be developed to measure and guide additional progress. The OCA recognizes that this is an iterative process and that the plan may not be static but may require periodic revisions.

In recognition of the complex work facing DCF and the current number of reporting requirements, the OCA also recommends that the Legislature review all of its required reports of DCF, and simplify and agree to a set of standard reports. The new standard reports could serve to encompass some of those other, separate reports. The OCA would be pleased to facilitate the process of reviewing and streamlining the Legislative reports while ensuring the provision of timely information.

For overall improvement in the management of DCF, the OCA recommends:

- Codifying DCF's implementation plan in a document that includes timeframes for completion over the next several years. This document must be provided to the Legislature and posted on the Department's website for public transparency.
- Implementing the appropriate management infrastructure at all levels of central, regional and area offices, including additional regional offices, decoupling area offices and directors for each of the 29 area offices. Staffing must include sufficient area and regional administrative and clinical staff, and attorneys. There should be a review of the human resources, fiscal and information technology staff necessary to support DCF, especially during a time of change.
- Mapping out the functions to be performed by the central, regional and area offices.
- Clarifying roles of staff in every function and ensuring a chain of accountability within the Department.
- Developing an enriched management and supervisory training program.
- Implementing a quality improvement function to ensure policy and practice standards are enforced.
- Reestablishing a management planning and analysis operation to provide data and statistical reports on caseload characteristics, a performance measurement dashboard, and to support reviews of cases.
- Defining appropriate electronic and paper-based recordkeeping practices and routine monitoring of compliance regarding medical records, photographs of children in case records and background record checks.

Following a brief background discussion, the OCA report is divided into the following sections, which are the most crucial management ingredients needed to improve DCF operations. Each section contains a brief description of the issue, an update on changes since July 2014 and the OCA's additional findings and recommendations. These sections are:

- Management Infrastructure
- Continuous Quality Improvement and Data Analysis
- Policy and Practice
- Recordkeeping Practices

BACKGROUND

In January 2014 the Executive branch sought the assistance of the Child Welfare League of America (CWLA) in response to their concerns about the Department of Children and Families (DCF), precipitated by the disappearance and death of Jeremiah Oliver and other tragedies suffered by children who were known to DCF. CWLA was contracted to review the Oliver case, and to conduct a larger quality improvement review of DCF, its case practices, policies and staffing, examining these issues in comparison with national best practice standards. According to the report's framework for findings and recommendations:

> "The CWLA Team has used the recently published CWLA National Blueprint for Excellence in Child Welfare,[3] as the framework for presentation of these findings and recommendations. Through its vision, principles, and standards, the National Blueprint is intended to be a catalyst for change, and to promote policies and practices that help organizations and communities more effectively ensure the safety and wellbeing of all children. The National Blueprint can also serve as a guide for DCF, EOHHS, the Massachusetts Legislature, and community partners, as they move forward to better serve the children, youth, and families of Massachusetts…
>
> The CWLA Team's findings and recommendations align with the principles and standards of the CWLA National Blueprint…These findings and recommendations are based upon the CWLA Team's synthesis of information gathered during the quality improvement review process, including: the Oliver case record; interviews; focus groups; review of reports and data; DCF policy, procedures, guidance, tools, training materials, and memoranda; other reports and correspondence; meetings with internal and external stakeholders; and consideration of current trends, research, and best practice in child welfare…The CWLA Team found strengths and concerns that are consistent with DCF internal reviews and recent reports issued by the Office of the Child Advocate."[4]

Following on the heels of that initiative, in July 2014, as part of the General Appropriations Act for FY15, the Legislature requested the OCA to conduct an emergency review and analysis of the office management, recordkeeping, and background check procedures of DCF pursuant to Section 219. It directs the OCA, in consultation with the Office of the Inspector General (IGO), to develop management recommendations to ensure the improved administration of DCF relative to several enumerated areas and to conduct a survey of clients and employees of DCF. A copy of Section 219 is attached as Appendix A. This review has been conducted in four parts. The first three have previously been released:

- Interim Report to the Legislature (March 31, 2015), which describes the results of a survey of DCF employees.
- Interim Report to the Legislature (June 22, 2015), which describes the results of the survey of parents and guardians involved with DCF.

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

[4] OCA Reports on Jeremiah Oliver, January 2014 and Chase Gideika, May 2014.

- Interim Report to the Governor and Legislature of findings related to DCF's management structure (September 9, 2015), which was issued prior to the current update on DCF's plans.

The purpose of the OCA's final report is to make recommendations about the changes that are required at DCF to reestablish a stronger and more effective management infrastructure, improve clinical services, and reestablish quality control mechanisms and overall improvement in operations. Special attention is paid to the recordkeeping areas specified in Section 219.

The work contained in the reports cited in the beginning of this report spans two administrations. Governor Deval Patrick commissioned the CWLA report after the disappearance of Jeremiah Oliver and tragedies of other children. Since taking office in January 2015, the administration of Governor Charlie Baker has also grappled with DCF tragedies that highlighted significant and pervasive problems at DCF.

The social worker's union, Service Employees International Union (SEIU) Local 509, has also become a full partner in the reform effort in a new, bold way. The objective now is to repair the Department so that we can be confident in its ability to protect and ensure the safety of the Commonwealth's children, and to work with some of the state's most fragile families, as was envisioned when the Department was created in the 1980s. The union correctly sees that insufficient management and supervision has led to a lack of clear direction and quality control, all of which harms their members.

The Legislature has made clear its commitment to reform by restoring most of the budget cuts made between FY09-FY14, and by requesting the OCA to undertake a management review of DCF and to make recommendations to improve the Department. Some of these recommendations will require the addition of more funds to DCF's budget.

At the heart of each of these initiatives is the goal of making the best decisions possible for the children and families who require the services of the Commonwealth's child welfare system. These families are, by their very nature, among our most needy, complex and vulnerable citizens. Many of them are affected by the current opioid crisis, domestic violence, neglect, abuse, poverty, or lack of parenting skills or capacity. Each year DCF receives more than 90,000 reports of abuse and neglect. The Department initially must decide whether to investigate or "screen-out" a report. Screening in or out is the determination of whether each report meets the criteria for investigation. If DCF does investigate, then it must assess the risk to the children. The Department must determine whether the children can safely be kept with their families with appropriate family support services, or remove the children and put them in safer homes. At any point in time, there are approximately 27,000 families and 48,000 children being supervised by DCF, including 8,000 children taken into DCF custody and living in foster, kinship or residential

placements. It is against this backdrop of the families served by the Commonwealth, and the work of many to produce the reports and findings listed in Footnote 1, as well as the work of people in DCF and throughout state government, that the OCA respectfully submits its final report.

FINDINGS AND RECOMMENDATIONS

I.   DCF MANAGEMENT INFRASTRUCTURE

The three most critical needs at DCF are to (1) establish a supervisory and management structure; (2) hire sufficient social work staff to achieve the caseload standard of a weighted caseload of 18 families for each caseworker; and (3) institutionalize a robust quality assurance and data analysis program. The Department's infrastructure has been so weakened over many years that it was unable to provide the case oversight and quality control required to ensure good clinical decisions, and to evaluate operations to update policies. There has been insufficient management supervision connecting the area and regional offices to the central administration. Critical systems for communicating problems and making corrections are missing, blocking the continuous learning essential to decision-making.

The Department's ability to oversee clinical decision-making was hit particularly hard by the budget cuts of the past seven years, losing an estimated 21 percent of managers between FY09 – 14. During the same period, the DCF budget fell from $836 million (FY09) to a low of $737 million (FY12). The impact of these cuts is even more severe because each year certain mandated cost of living increases consume a greater portion of budget resources.

As a result of cuts beginning in FY09, DCF regional offices were reduced from six to four; the 29 area offices were administratively combined with one area director responsible for two offices, or about 2,000 families[5]. The numbers of regional and area office clinical, program, and administrative managers were also reduced. Staff in the field was left to operate without clear guidance, up-to-date policies, and management information to ensure consistent practice, or sufficient training. There were no systematic channels to transmit directives to the field from the central office, or sufficient mangers to monitor implementation to ensure consistency, and to verify that clinical case reviews were being conducted and supervised properly. It is an understatement to say that reductions in the regional and area offices have adversely affected the quality of case practice throughout DCF.

The Early Retirement Incentive Program (ERIP) in 2015 resulted in an additional loss of 96 managers, clerical, administrative, and legal staff. Approximately half of these were managers, including two of the four regional directors. The Deputy Commissioner for Field Operations also retired. One of the remaining two regional directors was promoted to fill the deputy

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[5] June 2015 DCF reports 27,217 families under DCF's supervision. Therefore each of the 29 area offices had an average of 939 families, or 1,877 families for each area director, on average.

commissioner position in an acting capacity. Only one of the four regional directors has been in the position more than six months.

As the management and administrative structure shrank – by design, by attrition or by resignation – the area and regional offices were unable to provide the line staff with a range of supports. The result was that the central office and fewer regional offices were left to do the best they could with limited resources. The random nature of the loss also resulted in a greater impact in some offices where the loss was disproportionately high.

The long process of rebuilding is underway. There is new investment in DCF but it will take time for it to become fully operationalized. The budget and resources are being restored. The FY16 budget is $906 million. More may need to be requested in a FY16 deficiency budget request to fund initiatives already underway. These will need to be included in the FY17 maintenance budget. Additional support beyond this level should also be anticipated.

This section provides an update on the status of efforts to improve DCF management structure and ensure sound supervision in the field. Such a structure is the backbone of any child welfare agency.

A. Central Office

The central office is responsible for the overall management, administration, quality assurance, training and policy-making functions. Reports produced by the Department, including case reviews of fatalities and near fatalities, are so delayed that they are outdated by the time they are issued. The results of these internal reviews are discussed inconsistently with both the social work team involved in the case as well as the Department's managers who could learn from case reviews findings. The lessons learned from these cases have not been consistently incorporated into policy revisions nor training curricula. There have been no system-wide quality reviews of cases, with the exception of the random case reviews required periodically by the federal government, and the targeted safety "tiered reviews" in 2013[6]. The need for good management and supervision is seen again and again in these tragic cases.

Public reports that provided a snapshot of caseload characteristics data and had been posted on the Department's website for years (e.g., numbers of reports received, screening rates, number of families served, children in foster and adoptive homes, and case closings) are not being updated routinely. The most recent reports posted on the Department's website were more than a year out

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[6] "Tiered reviews" were initiated in 2013 mandating statewide review of all DCF families with children under five years old living with in the home of parents or guardians. They were called tiered reviews because of the variety of risk factors chosen and the fact that the reviews were phased according to the age of the children (e.g., birth to six months; seven months to three years; three years to under six).

of date and have been removed until they can be made current. The lack of summary data about the Department's operations may be one reason for the abundance of special requests by the Legislature.

Many of DCF's policies have not been updated in over a decade. Budget cuts have affected many of the other central office functions including human resources (HR), finance, information technology (IT), and legal services. All of these units need to be strengthened. For example, the lack of legal capacity increases the waiting time for legal reviews of cases, and hampers the ability to provide timely attention to the caseload matters requiring court involvement.

These are important central office responsibilities. However, as DCF rebuilds its management infrastructure, the role and functions of DCF's central office needs to be reassessed with a view towards which functions should be maintained centrally, and which should be regionalized. By defining what functions should be statewide, the central office can be strengthened. Several task forces have been established within DCF to undertake this analysis and are expected to present their findings to the Commissioner and Secretary of EOHHS by January 2016. Task forces have also been created to examine training and other important functions. One outcome of the task forces should be clarification of roles at all levels of DCF.

B. Regional Offices

In 2010 the six DCF regional offices were reduced to four[7]. The central and western regional offices were combined resulting in approximately half of the DCF's caseload being overseen by one western/central Massachusetts office. This is not only the biggest region in terms of families, but also the largest geographic territory.

At the directive of Governor Baker in October 2015, a fifth regional office in Central Massachusetts with a staff of 11 is expected to be operational by January 2016. Each of the five regional offices will include clinical personnel to review cases, a continuous quality improvement (CQI) specialist, a nurse, and specialists in domestic violence, substance abuse and mental health, as well as legal and administrative support. The need to reestablish the sixth regional office still needs to be assessed, as do the functions that should properly be performed by the regional offices compared with those that should be performed by the central office.

C. Area Offices

DCF is in the process of de-coupling all of its 29 area offices so that each office will have a dedicated area director (AD), an area clinical manager (ACM), and an area administrative manager (AAM). Eleven area offices now have their own area director. DCF is hiring an

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[7] There were six regional offices from the mid-1990s – 2010.

additional nine directors to administratively divide the remaining 18 area offices. It is anticipated these improvements will be implemented by January 2016.

The staffing model for a DCF area office is based on a 5:1 social worker to supervisor ratio, with each social worker having an 18:1 weighted caseload. The goal is for four supervisors to report to one area program manager (APM) - a 4:1 ratio; the APM provides overall clinical oversight and case monitoring. Achieving this goal will require an additional 19 APMs. The postings for these positions are in process. For the past several years, area clinical managers (ACMs) were asked to double as APMs to supervise units. They will soon have distinct duties in each area office overseeing clinical casework and working with the quality assurance staff in regional and central offices.

By early 2016, each area office should have an area director, a 4:1 ratio of supervisors to APMs, an ACM and an AAM. This structure reflects CWLA's recommendations. It is the appropriate structure required to supervise work in the field.

D. Legal Office Staffing

The legal office at DCF oversees the court involved cases including the Care and Protection and Termination of Parental Rights petitions. They also are responsible for appellate work, and contribute to policy and regulation development, and other legal matters involving the Department. If legal work cannot be done in a timely way, children and families, and DCF social work staff are affected. Along with social workers, managers and other administrative personnel, the Department cannot operate without an adequate number of attorneys to handle the work.

DCF is close to being fully staffed with 86 attorneys. There are an additional six attorneys in the appellate unit and 15 legal managers across the state. Including paralegals and support staff, there are about 130 people in the legal department. DCF is in the process of developing a staff allocation model that will determine the actual number and geographic allocation of staff attorneys needed.

The General Counsel also supervises the Background Record Check unit, discussed later in this report, and the Fair Hearings Office. The Fair Hearings Office is responsible for administrative appeals of Departmental actions required under the state Administrative Procedures Act. This unit soon will have 14 hearing officers, as well as paralegals and supervisors. The increase in hearings officers should eliminate the backlog of administrative appeals, and ensure they are done in a timely manner going forward. The data from administrative appeals is another source of information for the Department's CQI process.

E. Hiring Challenges

While the focus of this review is on management practices, staffing to comply with caseload standards is one of the three most critical needs at DCF. In the past year, 600 hundred new social workers have been hired. Many of these new employees are replacements for people who left the Department or replacements for individuals who have been promoted. Half are part of the Commonwealth's investment to hire 300 more social workers to achieve the weighted caseloads to bring the Department to the 18:1 standard. Tackling high caseloads has been a major initiative the past two years. An additional 58 social worker positions are in the process of being filled to reduce caseloads in area offices with the largest number of cases in excess of the desired standard.

The return to five regional offices each with staff, the addition of approximately nine new area directors, plus area ACMs, AAMs, and 19 APMs are in varying stages of the hiring process. Only some of these positions were funded in the FY16 appropriation. Funding for the remaining positions must be included in a deficiency request for FY16 and annualized in the FY17 maintenance budget. The authorization to fill these positions is based on a shared understanding between the Executive and Legislative branches that these staffing levels are critical to the functioning of DCF. Hiring is also underway for management analysis (data specialists) and CQI (clinical specialists) staff, 30 medical social workers, new case-carrying social workers, and personnel to fill all vacant positions[8]. It is an extraordinary task to fill these positions, then to properly train and bring onboard these staff. Sufficient HR resources need to be available to DCF to ensure that the hiring and promotion process is expedited.

The impact on DCF operations must be seen in the context that the hiring done to enrich the Department's management and supervisory structure creates a situation where there are new employees at every level of the Department. As employees are promoted, their former positions become vacant, causing a cascading effect. By filling the management positions at all levels, it then becomes necessary to fill the lower level manager, supervisor and social worker positions.

DCF's large scale hiring is necessary to create a stronger supervisory and management structure but it also means that, combined with all the retirements and earlier loss of managers, there is a high probability that many employees are new to their position, regardless of whether they are internal promotions or external hires. In assembling new teams throughout the organization, special attention needs to be paid to ensure that the teams are composed of staff with sufficient ranges of experience so that there is balance across the organization. Experience on the front-line team assists in reaching better clinical decisions. As the re-staffing proceeds it may be necessary to utilize the ability to return retired managers for limited periods to provide this needed support and guidance.

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[8] DCF has authorization to backfill 100 percent of all ERIP positions.

Finding qualified candidates to hire or promote into these management positions is an issue worthy of discussion. With so many vacant management positions, careful screening is needed to hire the best available candidates. Some qualified internal candidates are reluctant to accept a management position because of salary compression. Managers may not be paid more than they currently earn in lower level positions, yet managers lose the protections guaranteed under union contracts. This is a risk some are not willing to assume.

F. Management Training

Individuals promoted to supervisor, APM and other management positions are generally trained as social workers, and have little or no management or supervisory training. Yet the performance of each of these jobs necessitates directing and overseeing work, analyzing data to identify strengths and weaknesses across their units, and reviewing trends to identify supervision and retraining needs. There is limited management training available to the Department at a time when the need has never been greater. Some statewide management training is available, but because of the volume of new DCF management staff, the possibility of accessing additional training, or contracting for training sessions onsite at DCF should be explored.

Summary Findings:

The findings include both findings of actions currently underway, and additional findings of areas requiring attention. Recommendations pertain to the second set of findings.

The OCA found the following management infrastructure rebuilding efforts underway:
- Creating a fifth regional office in central Massachusetts with a staff of 11.
- Hiring one director for each of the 29 area offices, each supervising approximately 1,000 families.
- Hiring ACMs and AAMs so that there is one of each in every area office.
- Hiring an additional 19 APMs to bring the ratio of supervisors to managers to 4:1.
- Reviewing the structure of central office and regional offices to redistribute the functions where they will best meet the needs of the agency. Clarify the roles and responsibilities at each level of the Department. Included in this process will be a determination regarding whether or not a sixth regional office is needed.
- Assigning internal task forces the responsibility to define and clarify policies, supervisory responsibilities, training needs of the Department, and other functions.
- Hiring managerial retirees to work at the Department on a temporary basis.

The OCA identified the following issues that still need to be addressed and correspond to recommendations below:

- Need for adequate staffing to process hiring and promotions in an expedited way, and for sufficient fiscal and information technology staff to be able to handle the increased needs of the Department as it undergoes significant changes.
- The need for sufficient attorneys to handle the child welfare work of the Department including Care and Protection petitions, Terminations of Parental Rights and appeals.
- Salary compression exists between social workers and supervisors and management positions, which may be a disincentive to apply for managerial jobs within DCF.
- The rapid changes at the Department create the need for more management training and supports. Managers do not have sufficient training in supervision, performance evaluation, or in the use of information and data to improve case practice.
- Administrative budgets must include sufficient funding for technology (iPads and cell phones), office furniture and equipment, or mileage reimbursement. This is an important component of staff funding.

Recommendations:

The OCA commends the efforts underway to rebuild DCF's management infrastructure. The following recommendations are in addition to these initiatives.

1. Analyze the staffing for human resources, fiscal and information technology to determine sufficient number needed to handle all of the changes underway and include the requisite number in the budget request.
2. Analyze the legal office staffing allocation model and include the requisite number of attorneys required in DCF's budget request.
3. Conduct an analysis of salary compression and any issues that are disincentives to assuming managerial responsibilities.
4. Create a robust training program for a manager that includes training around supervision, performance evaluation, use of data for managing, and policy. The availability of management training programs through the state, universities or other resources should be explored, including contracting for management training to be provided onsite at DCF.
5. Request overhead funds to provide handheld technology (iPads and cell phones), office furniture and supplies and mileage reimbursement for each new staff person.

II.   CONTINUOUS QUALITY IMPROVEMENT (CQI) AND DATA ANALYSIS

The purpose of a CQI system is to provide accurate and credible information to DCF management in order to make continuous improvements in its case work. It is also needed to provide accurate and credible information to EOHHS, the administration, the Legislature, oversight agencies and other stakeholders to enable them to make informed decisions regarding the Department's operations. CQI includes both monitoring and evaluation functions. Monitoring refers to the ongoing review of DCF operations. By collecting and analyzing data on a regular basis, the CQI system can be used to:

- Supervise staff
- Detail the activities that have been undertaken in a particular time period
- Assess the extent to which program implementation is consistent with stated policies and plans
- Determine the costs involved in implementation
- Gauge the likely success in terms of achieving intended objectives and outcomes

Evaluation refers to periodic assessments of particular programs and the organization as a whole. Monitoring and evaluation are complementary activities. Together, they can be used to help the Department determine whether adjustments to policies or practices are needed, or whether additional training or supports are required to reach the desired outcomes. To be effective, it is critical that assessments of practice and outcomes be done routinely, and that efforts are ongoing and consistent. Data and continuous quality improvement (CQI) must be seen as integral to the work of a child welfare agency. Success for such efforts requires leadership from the top of the agency and a commitment through the department to all line staffs. It must become an essential part of the Department's culture. Feedback loops must exist to identify gaps in practice. This monitoring will reveal whether policies and procedures are followed consistently across regions and teams. Evaluating outcomes will reveal whether these policies and practices are effective. The information gained through monitoring and evaluation is needed to guide the policy, practice and training improvements that will support best practices. A good CQI program, combined with management analytics, should become part of all Department improvement plans and initiatives.

The development of qualitative and quantitative methods of assessing agency performance, and measuring outcomes for children and families is vitally important. Those closest to the work must be actively engaged in the looking at all areas of case practice and policies and be able to assess both strengths and weaknesses. Qualitative and quantitative data collections are equally important and interrelated. Data and information are the only ways to benchmark progress. Through the use of data and CQI reviews, the Department will be able to identify areas of policy and social work practice that are deficient or unevenly applied across DCF, or that represent best

practice and should be replicated. CQI and data are the fundamental way to standardize case practice across area offices.

The National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs produced "Using Continuous Quality Improvement to Improve Child Welfare Practice: A Framework for Implementation"[9] that describes the six key components of any CQI program:

1. Organizational culture supports and actively promotes CQI.
2. The agency adopts specific outcomes, indicators, and practice standards that are grounded in the agency's values and principles.
3. Agency leaders, children, youth, families, and stakeholders receive training in the specific skills and abilities needed to participate in CQI.
4. Agencies collect qualitative and quantitative data and information from and about children, youth, families, and staff.
5. Staff, children, youth, families and stakeholders review, analyze, and interpret qualitative and quantitative data to inform agency practices, policies and programs.
6. Agencies use CQI results to improve policies, practices, and programs.

Social workers and staff at the area offices are engaged with the families and children with whom they are working daily. It is impossible for them to step back and see the bigger picture, to understand trends or identify strengths and weaknesses. One needs to have a different vantage point in order to do that. To employ a metaphor, dancers on a dance floor can see the couples next to them, but you need to be in the balcony to see what is happening on the whole dance floor. That is what good data and CQI methods do. They provide the view from the balcony.

While the Department has managed to comply with federal case reviews, it has been cited for its lack of timely management reporting and CQI systems. However, massive amounts of data reside in FamilyNet and iFamilyNet[10]. Nearly every report mentioned in the footnote on page one has stressed the need for data and CQI.

As far back as 2001, a time when DCF had more quality assurance practices in place than it has more recently, federal government reviewers noted the need for a dedicated, centralized and independent quality assurance (QA) unit at DCF:

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[9] "Using Continuous Quality Improvement to Improve Child Welfare Practice: A Framework for Implementation," published by Casey Family Programs and National Child Welfare Resource Center for Organizational Improvement, at the University of Maine, May 17, 2005.
[10] iFamilyNet and FamilyNet are DCF's electronic case management system. FamilyNet was first implemented in 1998 and is the legacy server-based system. iFamilyNet is the web and mobile-based version that will eventually replace FamilyNet system over the next two years as more functionality is built. iFamilyNet offers the ability to access case files from iPads and laptops in the field.

"While a number of QA practices effective in evaluating the quality of services were noted, stakeholders clearly emphasized the need for a centralized, independent QA System/Unit to better inform the policy and practice of the Department on a regular basis. It is the opinion of many stakeholders that data need to be readily and systematically available for use in the State's ongoing efforts to improve the quality and effectiveness of services for children and their families."[11]

Transparency and accountability are also crucial. The public deserves information about whether its child welfare system is achieving the desired child and family outcomes. The Executive Branch and Legislature must receive reports that hold DCF accountable both programmatically and fiscally. Using both data and randomly sampling cases are necessary to ensure that appropriate decision-making is happening. Among other things, everyone, from the Commissioner down to supervisors, needs to be assured through viewing data-driven reports that home visits are made, that service plans are updated every six months, that children are moved towards permanency, and that caseloads are being managed appropriately. Unless importance is placed on the need for such data, and staff assigned to produce it regularly, it will not happen. The same holds true for more qualitative-based random case sampling. This is one of the only ways to identify if policies and best practices are being followed, if there is proper clinical supervision and consultation, and if children and families are being served appropriately. The OCA and other reports have identified the confusion that exists among DCF staff about what policies are in effect. If a quality assurance methodology were in place, perhaps there would have been some earlier identification and resolution of any confusion regarding current DCF policy and practice requirements.

DCF leadership, the Secretary of EOHHS and the Governor recognize the need for data, improved reporting, and a robust CQI process in order to improve the Department. Several initiatives are underway to create the framework for a quality assurance and management reporting operation. It includes revitalizing the Office of Management, Planning and Analysis (OMPA) and a newly created CQI unit. OMPA was established in the early 1990s, but marginalized in the early to mid-2000s. These two offices are staffed separately as they require different skills, however, they must be closely and inextricably linked by their work. A brief description of both is included below. These two units, reporting to the Assistant Commissioner for Continuous Quality Improvement, are critical to improving DCF performance and standardizing practice statewide. Together with the Case Investigation Unit (CIU), Special Investigations Unit (SIU), Foster Care Review Unit (FCRU), as well as the Fair Hearings Unit, OMPA and CQI form the nucleus of efforts to enhance the quality of case practice.

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[11] "Child and Family Services Review: Final Assessment," U.S. Department of Health and Human Services, Administration for Children and Families, July 2001.

A. Continuous Quality Improvement (CQI) Unit

A new CQI unit will consist of a director in the central office and five supervisory level social workers – one per regional office (two in the western region until the central regional office opens in January 2016) who will perform CQI audits. The CQI unit will be fully staffed by December 2015. It is anticipated that the unit will conduct both random and targeted case audits. Working closely with OMPA, they will be able to look at how specific types of cases are handled and feed information about their findings back into case practice and policy development. The unit will have at least two avenues for disseminating its findings: to the Commissioner and staff in policy and training, as well as to the regional and area office staffs who need to understand the strengths and weaknesses of the work performed in their offices. This process will help immeasurably to standardize practice, identify problems, and inform policy and training decisions.

B. Office of Management Planning and Analysis (OMPA)

This office is charged with preparing regular reports and statistical analyses using information collected in iFamilyNet. iFamilyNet was designed to capture information from individual case information so that DCF could use it to:
- Understand the nature of families needing service
- Use data to improve outcomes for children, adolescents and their families
- Provide the data needed for CQI reviews
- Report to the public about DCF's work
- Provide reports that meet federal requirements
- Analyze trends

OMPA should be producing the following types of routine and special data-driven reports:

- **Public reports**

    These are reports that describe basic data about the Department and the children and families it serves. These reports provide quantitative information about the number of reports of abuse and neglect, numbers of families who are open cases with DCF, numbers of children in foster care, for example. These reports should also provide qualitative data about client outcomes. Public reports are those reports that contain the type of data frequently requested by the federal government, the press, researchers and other stakeholders. The Department is frequently asked to produce a wide variety of reports for a wide range of constituents. The Department should review these requests and prepare and publish standard reports that will not require special public record requests. Making these reports timely, relevant, accurate and credible will provide much needed transparency to the Department's operations.

- **Management reports**

Part of the rebuilding process must include reestablishing monthly management reporting on key indicators measured against goals. This "dashboard" offers a way to review performance at the agency, regional and area level. It is also possible to drill down to the supervisory unit and even worker level to see current performance against department-established goals. Examples of measures include: investigations completed in 24 hours or 10 days; children visited during month; assessments completed within 45 days; foster care reviews held timely; and adoption finalizations to name several. A sample dashboard is attached as Appendix B.

DCF is capable of producing quarterly reports for all federal Child and Family Services Review (CFSR) measures by area office and should therefore be capable of looking across area offices at trends, and comparing Massachusetts to other states using this common national reporting format.

- **Data to support quality assurance reviews**

Reports should be created to support clinical reviews of samples of DCF cases. Some CQI reviews that might be useful are:
  - All cases open for more than two years
  - Children freed for adoption and in pre-adoptive homes, but not finalized more than six months
  - Children and adolescents in residential care over 18 months
  - Adolescents aging out of foster care
  - Families with children under five and multiple 51As (i.e., the tier reviews)

Similarly, reports could be used to randomly select cases for review that look at compliance with agency policies, such as:
  - Photographs in case records
  - Medical records information
  - Background record checks information

The capability also exists to look at specific subsets of child and family information. For example, the Department could look at caregivers with substance abuse indications, or children on psychotropic medications. But the data are currently unreliable.

- **Predictive Analysis**

The 2013 "tier reviews" prioritized families with children under five, multiple 51As, and other factors was a move towards identifying high risk factors and then selecting families to

look at through a risk lens. Using capability that the OCA believes is currently designed into iFamilyNet, it is conceptually possible to identify parents with substance abuse allegations, for example. The drop-down menus in iFamilyNet allow workers to click boxes to indicate the existence of substance abuse, behavioral health, or medical issues. However, at present these data are unreliable. Such information will be documented in dictation, assessments or service plans but workers are not currently required to use the drop-down menus to tick off these factors. Improving data reliability is an issue of negotiating a policy change and training workers to consistently record information using the provided drop down menus. The lack of reliable data is an area that the federal government cites the state on in its audits. Improved data collection and reliability could help assess risks to children and provide better clinical oversight of families.

In addition to the CQI and OMPA units, four other units are worth noting as integral to improving the quality of case practice.

The Case Investigation Unit (CIU) investigates the deaths of children who are being supervised by DCF and has a staff of two senior investigators. CIU investigations should be completed in a timely manner and conferenced with staff within six months after a child's death in order to be useful. DCF regulations specify the reporting requirements for CIU investigations and should be reexamined and efforts made for the work to be done in accordance with regulatory timeframes. CIU reports are behind schedule and the results are rarely shared with staff or used to improve practice where warranted.

The Special Investigations Unit (SIU) investigates critical incidents involving institutions and foster homes. It has a staff of about 20 investigators, screeners and supervisors.

The Foster Care Review Unit (FCRU) is responsible for six-month reviews of every child in foster home, and has a staff of approximately 25, as well as a cadre of trained citizen volunteers who review each foster child's placement.

All of these units, together with the Fair Hearings Unit within the Office of the General Counsel, should be viewed as components of the Department's overall continuous quality improvement operation. The CIU, SIU, and FCRU currently report to the Assistant Commissioner for Continuous Quality Improvement. Part of DCF's plan for rebuilding OMPA and creating a CQI unit, must be a plan for how conduct reviews, the timeliness of findings and recommendations, and a plan for feeding the recommendations into policy and practice.

Summary Findings:

The OCA found that DCF has made progress on the following:
- DCF has focused attention on the need for CQI and management data.
- The Office of Management Planning and Analysis (OMPA) is being revitalized. It will have a staff of seven plus a director and should be fully operational by January 2016. All members of this unit will be in central office.
- The Continuous Quality Improvement (CQI) unit will consist of a director in the central office and five supervisory level social workers – one per regional office (two in the western region until the central regional office opens in January 2016) who will perform CQI audits, and will be fully staffed by December 2015.
- Both offices report to the Assistant Commissioner for Continuous Quality Improvement.
- Recently DCF has joined The Center for State Child Welfare Data at Chapin Hall, housed at the University of Chicago. This is important because states do collect data and want to compare themselves with others in order to have critical knowledge about children, families, communities, and agencies. This will be an important resource for making policy and practice decisions informed by the facts.

The OCA identified the following issues that still need to be addressed:
- Management reports of caseload characteristics have not been updated in more than a year.
- There is no management report containing key performance indicators, or a dashboard, that allows managers and supervisors to maintain accountability and assess areas that require attention.
- No CQI reviews have been scheduled as the unit has just been staffed.
- It is unclear how the CQI reviews will be linked to individual performance evaluations, training programs or policy development. These connections should be articulated in practice and in policy.
- iFamilyNet has the capability, using drop down menus, for social workers to note family issues, such as substance abuse, and for children to note medical issues such as allergies. However, the use of these features is not currently required by policy and, therefore, unreliable. This makes producing reports using these data unreliable. iFamilyNet contains categories of information that could be used for analyses, such as substance abuse, and could be modified to include other categories of characteristics that would assist DCF in use of predictive analytics.
- There are no regular performance reports sent to the Secretary of EOHHS, Legislature or other oversight agencies for the monitoring of DCF performance.

Recommendations:

The OCA recommends that DCF:
1. By January 2016 update reports that provide a snapshot of caseload characteristics and post them on their website.
2. By July 2016 implement a management report of key performance indicators and performance goals, including a system for reviewing the numbers monthly at the Commissioner, regional, area office and supervisory levels, with support from OMPA. (See sample Appendix B)
3. By July 2016 develop and provide to the OCA, Secretary of EOHHS and Legislature a schedule of CQI reviews to be undertaken in calendar 2016 and 2017.
4. As DCF develops CQI methodology, it should clarify the connections between CQI review findings, individual performance evaluations, training, and policy development.
5. DCF should work within policy and iFamilyNet capabilities to track substance abuse and other family issues, which are indicated. This would address the problem raised by federal reviews of DCF. This requires the Department, working with the SEIU Local 509, to codify in policy the requirement to use the drop down menus in order to improve data reliability. The same is true for the specific information required by the medical policy. Allergies and medications, in particular, are important to track and are already in iFamilyNet and included in policy as a requirement to check relevant boxes.
6. By July 2016 begin to provide quarterly performance reports to the OCA, Secretary of EOHHS and Legislature tracking DCF progress.

III.   POLICY AND PRACTICE

Recent internal DCF and OCA case reviews have illustrated the lack of clarity of expected practice due to the myriad policies, procedures, guidance memoranda, and "tip sheets" issued by the Department. The failure to update DCF policies that contain the requirements that social workers must follow, led to the issuance of additional "guidance" documents, which are recommended but not required. Without strong supervision or definitive requirements, social workers were often left to figure out for themselves what they were required to do. The DCF culture must be rebuilt into one in which accountability, communication, responsiveness, and commitment to improvement are valued and rewarded. The Department needs to create the organizational climate for success. This can be accomplished through policies and protocols, training, and constant communication and feedback mechanisms throughout the entire organization, in combination with strong leadership and management. Positive affirmations of good work can also assist in building a climate that reinforces good practice.

By developing both formal and informal mechanisms to involve DCF staff from every level of the organization in policy and practice development and implementation, as well as parents and caretakers, policies will have the benefit of incorporating practical concerns and have the buy-in of all stakeholders. Representatives from SEIU Local 509 have come together with the Governor's Office, the Secretary of EOHHS and the DCF Commissioner to devise updated policies that will help clarify and guide case practice. Their collective goal is to establish the framework for assessment and decision-making so that social workers, supervisors and managers will all have the same playbook. This level of cooperation is unprecedented and should become a model for labor-management relations. The administration and the union should be commended for this cooperation, which will benefit not only the staff of the Department but the children and families they serve.

The development of policies alone is not enough. Staff must be thoroughly trained, practice changes delineated, and forms must be designed, field tested and incorporated into iFamilyNet. This is a long and multi-pronged process. For example, the new Family Assessment and Case (Service) Planning Policy is scheduled to be effective in March 2016, at the same time as iFamilyNet 5.0 is ready. Training must be completed by that time as well. The link between policy, training and supportive information technology is inextricable, therefore are considered together in this section. The following provides more detail on each and presents the OCA's additional recommendations.

A. Policies

In the past year, the following policies have become effective:
- Background Record Check
- Case Transfer (between DCF offices)
- Photo Documentation Guidance (will be incorporated into all new policies henceforth)
- Protective Intake (November 2015)
- Supervisors (November 2015)

In March 2016 it is anticipated that the following policy, which address the systemic problems raised in recent case reviews, will become effective and will be tied to forms and fields in iFamilyNet:
- Family Assessment and Case (Service) Planning. To be released concurrently with the iFamilyNet 5.0 roll-out.

Other policies under review that need to be finalized and implemented as soon as it is practical are:
- Case Closing

- Family Resources
- Ongoing Casework Policy, Procedures and Documentation

B. Policy Manual

DCF's policy manual will be updated with each new policy and made available to all staff. The manual is currently available via the DCF intranet so that staff has access to policies online, including on their iPads in the field. However, the capability to do key word searches does not yet exist. If a social worker has a question about some aspect of a service plan today, there is no way to search for it as one would do an internet search. Accomplishing this task requires the attention of the state information technology office (MassIT), as well as EOHHS and DCF IT staff. It is an acknowledged area of need, but has not yet been addressed.

C. Training

Training of DCF staff must be ongoing. This is a real challenge to the Department. More than 600 new social workers have started in the past year and another 100 positions are in the process of being filled. A new management structure is being put into place and those managers and all supervisors must be trained as well. Policies are being issued and they too require training. iFamilyNet 5.0 will require training as well. DCF has a real need for training because of all the new staff and need to standardize case practice across the Department. Time spent in training classes also affects staffing throughout DCF as workers must have others covering for them.

DCF's training working group, mentioned earlier in this report, is looking at three questions that have implications for policy and technology, as well as training:
- How to support the area office staff quickly and with minimal risk to the areas by requiring large numbers of staff to participate in training sessions. This is especially tricky given the need to bring on board huge numbers of new staff.
- How to provide ongoing training to staff, including their scheduling and time commitments, in order to teach new policies and iFamilyNet functions.
- Deciding what new content must be built for training purposes in order to align policy with training curricula.

The working group plans to make detailed recommendations to the Commissioner no later than January 2016. In the meantime, current training is continuing on a parallel track while the training work group continues its work.

Summary Findings:

The OCA found that DCF has accomplished or expects to accomplish the following in 2015 and early 2016:
- Policies are being drafted, discussed and field tested and implemented on a faster schedule than in previous years. The union has become a full partner in the process and is assisting in the effort to develop policies.
- During 2015 the following policies became effective:
  o Background Record Check (BRC)
  o Case Transfer (between DCF offices)
  o Protective Intake
  o Supervisors
  o Photo Documentation Guidance (should be incorporated into all new policies henceforth).
- By March 2016, it is anticipated that the following policy, which addresses some of the systemic problems raised in recent case reviews, will become effective:
  o Family Assessment and Case (Service). This policy must be issued in conjunction with changes in iFamilyNet enabling these documents to be created using mobile technology.
- Other policies under review that need to be finalized and implemented are:
  o Case Closing
  o Family Resources
  o Ongoing Casework Policy, Procedures and Documentation
- A training working group is looking at three aspects of training and will report on their work to the Commissioner by January 2016.

The OCA's additional findings include:
- Recent case reviews mandate policy changes to provide clarity around expectations and expand the Department's responsibilities (e.g., requiring background checks on all families during an investigation of abuse or neglect). These changes need to be reflected in training and in iFamilyNet, which includes the forms and checklists that social workers need. Policies take months, sometimes years to finalize and implement. That is too long given the observations regarding case practice areas highlighted in reviews.
- The development of policies, training programs and iFamilyNet applications require coordination and devoted resources. It is unclear whether or not enough resources are available to expedite these tasks.
- The lack of readily accessible policies with the ability to do key word searches is problematic to staff in the field.

Recommendations:

1. Because of issues identified in recent case reviews, these policies should be finalized and implemented as soon as possible:
    - o Case Closing
    - o Family Resources
    - o Ongoing Casework Policy, Procedures and Documentation
    - o Policy changes identified during recent case reviews.
2. Analyze the available resources to develop policies, training programs and revise iFamilyNet. Seek additional staffing if warranted.
3. DCF's policy manual should be continuously updated and available to all staff via the DCF intranet. MassIT and EOHHS should dedicate resources to work with DCF to do key word searches of the manual to assist in helping staff find relevant policies to guide their work in the field.
4. Training development should also consider ways to support employees in coping with the secondary trauma and stress encountered during their work with children and families.

IV.   RECORDKEEPING PRACTICES

Complete, current information in the records of children, families and foster and adoptive parents is vitally important. Good social work depends on being able to access information that can support efforts with children or family resources. DCF's recordkeeping systems are in transition between those involving paper files, server-based electronic records, and web-based electronic records.

Like all state child protection agencies, DCF receives federal funding which is accompanied by an obligation to report data via a State Automated Child Welfare Information System (SACWIS). The Massachusetts SACWIS system, originally called FamilyNet, was implemented in 1998. Before the introduction of FamilyNet, DCF case records consisted of paper records and were kept in files or binders at the 29 local area offices. With the creation of FamilyNet, a server-based system, electronic records were created for certain functions of case recordkeeping but did not include all functions. In 2009, DCF began transferring some functions of FamilyNet to a web-based application called iFamilyNet. Periodic upgrades to iFamilyNet have occurred, and eventually all FamilyNet functions (considered the legacy system) will be transferred to iFamilyNet, eliminating the need to alternate between the two systems and allowing information to be accessed via mobile devices. As functions are brought over, the user interface is built to align with current policy and practice and take advantage of modern technologies, such as the ability to electronically upload and store documents and photos. However, currently, DCF electronic records are stored on FamilyNet, iFamilyNet (or both), with some paper records kept at area offices. Examples of paper records are those requiring signatures, those that cannot be

scanned and uploaded, and paper records kept in compliance with laws relating to confidentiality, such as criminal record checks.

Section 219 recognizes this need for streamlining and improving recordkeeping and directed the OCA to address several important practices that impact the safety and well-being of children under DCF supervision. These areas are:

- Medical examinations
- Annual update of photographs of children
- Recordkeeping of background checks for pre-adoptive and foster parents, and all household members over age 15
- Centralized collection and maintenance of all criminal history waivers allowing for regular monitoring

A. Medical documentation

DCF is responsible for ensuring the safety, health, and well-being of the children in its care. Children coming into state care frequently have not received consistent medical care, or may move between placements. The Department's Policy for "Medical Examinations for Children Entering DCF Custody" details the type and frequency of medical screenings that each child must have. This policy includes the requirement for a 7-day medical screening followed by a more comprehensive 30-day assessment when a child comes into care. Children's medical visits follow the recommended schedule of periodic visits and immunizations. Current and accurate medical records are important for children in DCF care and custody because both Department staff and the children's caregivers need current information on the medical health of children available at any time of day or night.

DCF's policy states that the medical section of iFamilyNet must be completed by social workers and include the following:

- Name, address and telephone number of the primary medical practitioner
- Names and dates of medical or oral health examinations or tests, including any tests, recommendations, findings or treatments
- Medical, oral health and behavioral health conditions that have been observed or diagnosed
- Known allergies
- Immunization history
- Health related equipment that is being used

Each time a child receives medical treatment the caretaker must ask the medical personnel to complete an encounter form that documents the medical visit. These forms are used by the social worker to support the iFamilyNet medical entry. The limited number of electronic records

reviewed by the OCA reflect that most children received both the 7-day medical screening and the 30-day comprehensive screenings; however, the paper encounter forms were less likely to be physically located in the child's case record. According to current policy, 7- and 30-day medical screenings must be documented in iFamilyNet but the paper documentation maintained in the child's physical case record. However, there is a lack of clarity regarding the information that needs to be maintained, and whether the information needs to be maintained electronically or in paper format. Based on these factors, the OCA found that medical recordkeeping practices are inconsistent and need to be clearly described and reinforced.

The Department states that its goal is to provide medical information in the most efficient way possible and minimize the amount of paper to be stored. Electronic records provide greater access to information for both social workers and caregivers and are easier to locate during crises, on weekends and evenings. DCF plans to include additional functionality in iFamilyNet 5.0 when it is implemented in March 2016 that will allow for uploading and storing medical documentation. This will also make information accessible at any time that it is needed.

On October 13, 2015, DCF announced the appointment of Dr. Linda Sagor to be the first full-time medical director, effective in January 2016. Dr. Sagor will facilitate compliance with Department policy requiring every child to have a medical screening and participate in discussions about the most effective way to maintain medical information and ensure its accessibility. She is also charged with maintaining relationships with hospital-based pediatric child abuse specialists, developing and implementing a policy for monitoring psychotropic medications prescribed to foster children, and completing the Department's efforts to establish a panel of doctors to advise DCF on medically complex cases.

In addition to Dr. Sagor, who reports directly to the Commissioner, the medical team at DCF will include the nurses who are already in each of the regional offices, and 30 newly authorized medical social workers, one for each area office and central office. These medical social workers will:
- Ensure that the medical examinations are up-to-date and are appropriately reflected in children's case files,
- Make sure that allergies, medications, and other medical information is clearly documented,
- Develop relationships with local pediatricians and hospitals to facilitate discussions about complex cases,
- Assist in the analysis of concerns related to medications, medical conditions, and hospital discharge planning, and
- Train area office staff regarding medical issues.

The medical social worker positions have been posted and are in the hiring process. DCF anticipates they will be on staff by January 2016. Because these medical social workers will reside in area offices, they will report to a manager in their office. However, they will have a dotted line (informal) reporting relationship to the DCF Medical Director and will be an integral part of the medical team. This new structure will be by far the richest medical component at DCF since the Department's inception in the 1980s.

Summary of Findings:

- Medical recordkeeping practices are inconsistent, with some information maintained electronically in iFamilyNet and other information kept on paper in the child's paper record. While medical screenings are often noted in iFamilyNet, the corresponding paper documentation is not always in the child's paper case file. It is unknown if iFamilyNet data regarding specific medical conditions are reliable. The Department believes that use of electronic records, including the uploading of documentation, will enable records to be accessible at any time. iFamilyNet 5.0 will include upload capability.
- DCF will add a new complement of staff to oversee the provision of medical care beginning in January 2016 including a medical director and 30 medical social workers. These will be in addition to the nurses in each regional office.

Recommendations:

1. DCF should reexamine the current medical policy and define an effective and efficient way to record medical information and upload electronic records in order to minimize the need to file paper documentation in physical case records. The revised policy should stress the need to communicate current medical information to every caregiver.
2. Medical social workers should ensure that children receive all necessary medical treatment and their medical records are kept up-to-date.

B. **Photographs**

On March 19, 2015, DCF issued a practice guideline, "Guidelines for Photo Documentation." The guideline states that DCF takes photographs for two purposes: to document observations related to abuse or neglect, and to maintain a current photograph that identifies the physical appearance of children in DCF custody. The guidance document states that photos should be added to the case file within six weeks after the child enters the Department's care or custody and updated every six months thereafter. Social workers are mandated to follow DCF Policies, but are not required to follow "guidelines" because only policies have been negotiated with the union. DCF is in the process of incorporating photo guidelines into the new policies being adopted and implemented, which will have the effect of requiring social workers to upload photos into each electronic case record. The requirement is included in the new Case Transfer

Policy (issued March 2, 2015) and should be included in all applicable policies as they are revised, negotiated and adopted hereafter.

DCF social work staff currently has the capacity to take photos on their cell phones and iPads and DCF's iFamilyNet system has the capacity to upload photos taken using mobile technology. The photo requirement was not mandatory at the time of the OCA review, and therefore the OCA determined that it was premature to assess its implementation.

Summary of Findings:

- Photo policies are being revised and will include the requirement for photos of children to be uploaded to case records on iFamilyNet.
- The current guidance refers only to children in the care and custody of the Department, not to all children under DCF's supervision.

Recommendation:

1. By July 1, 2016, DCF shall report to the OCA, Secretary of EOHHS and Legislature on the status of current photographs in the case files of children in the care or custody of the Department, and in accordance with policy.
2. DCF require that photos be taken of **all** children at the end of an investigation that supports allegations of abuse or neglect, in addition to those in care and custody of the Department. This would clarify DCF's responsibility for maintaining current pictures of children where a 51A report has been substantiated. This policy change would require a revision of the recently released Intake Policy (released November 17, 2015.)

C. Background Record Checks and Waivers

Foster and pre-adoptive parents open their homes to children whose families are in crisis. The foster family may provide short-term care or may wish to provide a home for a child with the possibility of adoption in the future. The foster family may be related to a child, which is called a kinship foster home, or may be licensed and supervised through an agency under contract with DCF to provide foster care services. DCF and its provider agencies must ensure the child will be safe and nurtured in that home. One of the ways that DCF screens foster homes is by conducting background record checks (BRCs) of all adults and youth age 15 and older in the home. In its report issued March 26, 2014, the State Auditor's Office found that DCF did not have adequate documentation to substantiate that it had conducted all required BRCs on individuals living in some of its foster homes and, therefore, could not substantiate that these BRCs were performed before DCF placed children in foster homes. Based in part on this finding, the Legislature asked the OCA to examine DCF's record-keeping processes relevant to BRCs of foster homes. BRCs include:

- DCF history,
- Criminal Offender Record Information (CORI),
- Sexual Offender Registration Information (SORI), and
- FBI fingerprint-based records that search national databases.

BRC information is sensitive and confidential, and its collection and storage is controlled by state and federal law, regulation, and policy. Other than DCF history, DCF may neither copy this information into its case records nor photocopy it. CORI and SORI data may only be summarized in records by indicating the category of findings obtained and the number and age of each. In addition, when a DCF family resource worker makes the decision to approve a foster home, BRC information is considered in conjunction with information such as the written application, a home study, and other required documentation. There are many pieces of information considered prior to approving a foster, adoptive or kinship home. To complicate matters further, one-third of all foster homes are licensed and supervised through provider agencies under contract to DCF, which have complementary procedures required under their contracts.

Following the recommendations of the CWLA report, DCF modified its BRC Policy 86-014, effective February 3, 2015, and provides that persons residing in a foster home convicted of specified criminal offenses will disqualify the home from consideration as a foster home. Other specified offenses lead to a five-year ban; while still other offenses require varying levels of approval, ranging from the DCF worker's supervisor to the area director all the way to the Commissioner. These approvals are based on the findings of each foster home being reviewed. These practices are outlined in the BRC policy and are consistent with the Federal Adam Walsh Act and Federal Title IV-E requirements.

DCF needs to revise its regulations to reflect the BRC policy changes. The criminal background "waiver" process will be reframed so that the totality of the BRC will be part of the approval process. This will fulfill the recommendation included in the CWLA report, which was to incorporate the national best practice standards in this regard.

The current policy provides for the following procedure for collecting and storing the BRC information for all prospective foster and pre-adoptive families:
1. The DCF central office BRC unit runs CORI, SORI, and fingerprint-based searches. (At the time of the Legislature's Post Audit report DCF did not have access to run SORIs directly. It acquired that ability shortly after the January 2015 report.)
2. If there is an exclusionary result, the applicant is denied and the process stops there.
3. Personnel in the DCF central office BRC unit review results and relays findings to the family resource worker in the area office.
4. Paper copies of CORI and SORI are transmitted to the BRC liaison at the area office.

5. Foster homes are approved at the area office based in part upon information provided by the BRC unit in central office. Provider agency requests are approved centrally.
6. Upon approval, applicants attend foster parent MAPP training[12], with the exception of kinship families, who may attend but are not required to do so.

The DCF BRC unit staff has increased to eight employees and is adding an additional four employees and a supervisor, bringing the total number to 13. This additional staff should improve the response time to area office and provider agency requests. The DCF BRC unit is now under the direction of the DCF General Counsel's office.

DCF's BRC policy requires that each area director designate a liaison to the Department's BRC unit. The area office liaison provides the background record check information to the appropriate clinical staff to summarize in relevant foster and pre-adoptive case records. The CORI liaison must arrange for all printed CORI records received to be stored in a secure, locked cabinet, and separate from children's case files and foster and pre-adoptive family records. When cases are transferred from one area office to another, the printed CORI and SORI records should be transferred from the sending CORI liaison to the receiving CORI liaison. In response to the State Auditor's findings, area offices made a concerted effort to clean up records and store them appropriately. The OCA found that the CORI and SORI documents were maintained by the area offices examined in locked, secure cabinets. However, staff noted that there is very limited space for storage. DCF staff needs better access to scanning or other digital imaging technology so that the volume of paper records they keep might be reduced.

Completion of the BRC, including the summarized results, are noted in family resource electronic records. In Section 219, the Legislature directs the development of comprehensive electronic and paper recordkeeping for this information. DCF plans to design additional capacity to upload BRC findings in iFamilyNet 5.0, due for release in March 2016. Any changes to recordkeeping must comply with federal and state laws, regulations, and policies. Security and criminal justice agencies must approve whatever information is included and in what format. Maintaining actual fingerprints electronically would be subject to the same federal and state security requirements as CORI and SORI information.

Currently much foster home information is still paper-based and located in area offices. The server-based FamilyNet system has information pertaining to foster care reviews, and provides help to social workers in identifying foster home resources. It is anticipated that the cloud-based

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[12] MAPP (Massachusetts Approach to Partnerships in Parenting) is adapted from a program developed at the Child Welfare Institute and has been redesigned by the Massachusetts Department of Children and Families in 2001. It covers an overview of the caregiving process, permanency planning, a child's transition into foster care, effects of maltreatment on development, adoption issues, trauma, behavioral support, attachment, health and safety issues, and culture, connections and identity.

iFamilyNet system, available 24 hours a day, will have additional capabilities and that background check information will be able to be stored online in the new version 5.0 available in March within the confines of state and federal privacy laws mentioned before. Within these parameters, it should be possible for more reporting and auditing to be completed.

The CWLA report made recommendations related to the initial approval, and annual redetermination of foster, pre-adoptive and kinship families, including background record checks that factor into approval decisions. The House Committee on Post Audit and Oversight reviewed the CWLA recommendations in its January 2015 report and largely concurred with CWLA's recommendations, which stated in part that:

> "DCF and EEC should consistently support an approval process, rather than a waiver or variance process. Regulations and standards should identify the qualities and characteristics needed by the foster/kinship/adoptive parent, and the minimum requirements that must be evident in the home. Any waivers or variances granted by either DCF or EEC should be limited to non-safety standards."[13]

DCF plans to further revise its policies and regulations over the next year, including strengthening the licensing and monitoring of foster, adoptive and kinship homes.

Summary of Findings:

- DCF's BRC Policy 86-014 clarifies the background record check process, responsibilities, and recordkeeping requirements. Anticipated changes in regulations will further codify these requirements. iFamilyNet 5.0 is expected to increase capacity to maintain BRC findings in each family resource record but must comply with legal requirements regarding storage of confidential records.
- The CWLA report recommended a review of all child placements in homes approved through the prior BRC waiver process in order to identify those needing heightened case monitoring, home visitation, supervision, or case oversight. This audit remains to be done.
- The State Auditor's report recommended that DCF develop the ability to generate a list of homes in which adults had been granted BRC waivers. This capacity has not been developed in iFamilyNet.

Recommendations:

The OCA makes the following recommendations related to recordkeeping practices and reporting:

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[13] CWLA report, page 18. Referencing federal government *Report To Congress On States' Use Of Waivers Of Non-Safety Licensing Standards For Relative Foster Family Homes* (2011). Children's Bureau, ACF, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/report_congress_statesuse.pdf.

1. By July 2016 DCF should report to the Secretary of EOHHS, OCA and the Legislature on the implementation of the new regulation and iFamilyNet as pertains to background record checks and approval of foster homes.
2. By July 2016 DCF should review all child placements in homes approved through the prior background check waiver process, to identify those for heightened case monitoring, home visitation, supervision, or case oversight. A plan for ongoing monitoring should be finalized and reported to the OCA, Secretary of EOHHS and the Legislature.
3. By July 2016 DCF should report to the Secretary of EOHHS, OCA and the Legislature on its progress in enhancing BRC recordkeeping and should design a system for a centralized report of foster home approvals that can be used for CQI and auditing purposes.

CONCLUSION

DCF is under a mandate to change the Department and implement numerous reforms in every area. The CWLA report is considered the blueprint for reform, augmented by the many other reports and recommendations during the past 18 months. DCF is receiving financial, operational and technology support from the administration and the Legislature to implement these reforms. At the Department, initiatives are underway everywhere. There are an exceptional number of new hires and promotions to address caseload problems and rebuild a management infrastructure. Policies, case practice and training are being revised. Quality assurance and data management systems are being instituted. Internal task forces are examining every aspect of DCF's work. It is a massive change management effort. DCF has developed an internal road map to track what it is doing and the Commissioner has appointed an implementation team to ensure the process stays on track.

Now is the time to produce a public-facing document that describes the goals and objectives of the turnaround effort with milestones and timeframes for accomplishing each task. Such a document would give the public, administration and Legislature the information they need to monitor progress and insure that the Commonwealth's investment is well spent.

As the implementation proceeds over the next two years, case reviews and data sampling methods should be used to verify improvements in the case work of the Department. The public needs to have more confidence that children are protected from risk and that families working with the Department and being appropriately served. Such monitoring must be ongoing to ensure that Massachusetts' child welfare system is solidly built.

The lesson the Commonwealth must learn from past experience is that tragedies will eventually befall children and families when too many bricks are removed from its child welfare system. It is a problem that does not manifest itself immediately but over the course of years as the infrastructure crumbles. The nature of the work of a child welfare agency means that there will always be crises for children and families. This is why everything that can be done to ensure that the child welfare system is well situated to deal with these problems must be done. Therefore it is important to accept that DCF must weather cyclical budget storms, which are inevitable in state government. There must be sustained commitment to fund the Department over time.

SUMMARY OF RECOMMENDATIONS

The OCA commends the efforts underway to rebuild DCF's management infrastructure, quality assurance capabilities, policies and practices and recordkeeping. The OCA also makes the following recommendations.

Overarching

1. Create a Public DCF Implementation Plan

The OCA recommends that DCF develop a plan, with milestones and timeframes, to gauge progress towards rebuilding the agency, based on indicators that meet the needs of EOHHS, OCA and the Legislature.

Change management is a multi-year process. A comprehensive document, one that can be adjusted periodically, is vital for maintaining support, monitoring, and for seeing the road ahead.

This document should describe the steps being taken to turn the Department around and should be a public version of the more detailed internal work plan. It is assumed that the basis of the plan would be the CWLA blueprint, with additional recommendations from the other reports. Close reading of these reports shows that there is a degree of consensus about the work that needs to be accomplished.

The lesson the Commonwealth must learn from past experience is that tragedies will eventually befall children and families when critical elements are removed from its child welfare system. The system is able to coast for a short while after its infrastructure is impaired. Everything must be done to ensure that the child welfare system is well situated to deal with these problems. Therefore it is important to accept that DCF must weather cyclical budget storms, which are inevitable in state government.

2. Ensure Sustained Commitment to Fund DCF

There must be sustained commitment to fund the Department over time. The Commonwealth needs to fund DCF now in order to rebuild, but also commit to grow the budget for the future. The Legislature will be asked to fund deficiencies this fiscal year, and to support budget increases going forward. It is vital that the Legislature and the Executive Branch work collaboratively to provide the necessary resources to sustain the turn-around efforts underway at DCF and to support DCF's efforts to continuously improve its work with children and families. The children who have been harmed in the past few years have taught us this lesson.

3. Streamline the DCF Report Requirements from the Legislature

In recognition of the complex work facing DCF and the current number of reporting requirements, the OCA recommends that the Legislature review all of its required reports of DCF and simplify and agree to a set of standard reports. The new standard reports could serve to encompass some of those other, separate reports. The OCA would be pleased to facilitate the process of reviewing and streamlining the Legislative reports, with all involved stakeholders including DCF, while ensuring the provision of timely information.

Management Infrastructure

1. Analyze the staffing for human resources, fiscal and information technology to determine sufficient number needed to handle all of the changes underway and include the requisite number in the budget request.
2. Analyze the legal office staffing allocation model and include the requisite number of attorneys required in DCF's budget request.
3. Conduct an analysis of salary compression and any issues that are disincentives to assuming managerial responsibilities.
4. Create a robust training program for managers, which includes training around supervision, performance evaluation, use of data for managing, and policy. The availability of management training programs through the state, universities or other resources should be explored, including contracting for management training to be provided onsite at DCF.
5. Request overhead funds to provide handheld technology (iPads and cell phones), office furniture and supplies and mileage reimbursement for each new staff person.

Continuous Quality Improvement (CQI) and Data Analysis

1. By January 2016 update all public management reports that provide a snapshot of caseload characteristics and post them on their website.
2. By July 2016 implement a management report of key performance indicators and performance goals, including a system for reviewing the numbers monthly at the Commissioner, regional, area office and supervisory levels, with support from OMPA. (See sample Appendix B)
3. By July 2016 develop and provide to the OCA, Secretary of EOHHS and Legislature a schedule of CQI reviews to be undertaken in calendar 2016 and 2017.
4. As DCF develops CQI methodology, it should clarify the connections between CQI review findings, individual performance evaluations, training, and/or policy development.
5. DCF should work within policy and iFamilyNet capabilities to track substance abuse and other family issues, which are indicated. The same is true for the specific information

required by the medical policy. Allergies and medications, in particular, are important to track and understand and are already in iFamilyNet and included in policy as a requirement to check relevant boxes.

6. By July 2016 begin to provide quarterly performance reports to the OCA, Secretary of EOHHS and Legislature tracking DCF progress.

Policy and Practice

1. Because of issues identified in recent case reviews, these policies should be finalized and implemented as soon as possible:
   - Case Closing
   - Family Resources
   - Ongoing Casework Policy, Procedures and Documentation
   - Policy changes identified during recent case reviews.
2. Analyze the available resources to develop policies, training programs and revise iFamilyNet. Seek additional staffing if warranted.
3. DCF's policy manual should be continuously updated and available to all staff via the DCF intranet.
4. MassIT and EOHHS should dedicate resources to work with DCF to do key word searches of the manual to assist in helping staff find relevant policies to guide their work in the field.

Recordkeeping Practices

Medical Records

1. Reexamine the current medical policy and define an effective and efficient way to record medical information and upload electronic records in order to minimize the need to file paper documentation in physical case records. The policy, and training on the policy, should stress the need to indicate medical conditions on iFamilyNet through the use of drop down menus.
2. Medical social workers should ensure children's medical records are updated, and kept up-to-date going forward.

Photographs

1. By July 1, 2016, DCF should report to the OCA, Secretary of EOHHS and Legislature on the status of current photographs in the case files of children in the care or custody of the Department required by policy.
2. DCF should require that photos be taken of **all** children at the end of an investigation that supports allegations of abuse or neglect, in addition to those in care and custody of the Department. This would mandate that DCF is responsible for maintaining current pictures of children where a 51A report has been substantiated.

Background Record Checks and Waivers

1. By July 2016 DCF should report to the OCA, Secretary of EOHHS and the Legislature on the implementation of the new regulation and iFamilyNet as they pertain to background record checks and approval of foster homes.
2. By July 2016 DCF should review all child placements in homes approved through the prior background check waiver process, to identify those for heightened case monitoring, home visitation, supervision, or case oversight.
3. By July 2016 DCF should report to the OCA, Secretary of EOHHS and the Legislature on its progress in enhancing BRC recordkeeping and should design a system for a centralized report of foster home approvals that can be used for CQI and auditing purposes.

APPENDIX A

Commonwealth of Massachusetts Fiscal Year 2015
Outside Budget Section 219

Pursuant to section 5 of chapter 18C of the General Laws, the office of the child advocate, in consultation with the inspector general, shall conduct an emergency review of the office management, recordkeeping and background check policies of the department of children and families. The office shall develop best business practices and management recommendations to ensure the improved administration of the department, including, but not limited to, the development of: (1) comprehensive paper and electronic recordkeeping of the intake and status of children under the care of the department, including an annual update of the photographs of such children and documentation of all required medical examinations; (2) comprehensive paper and electronic recordkeeping of all required background checks of pre-adoptive and foster parents and their household members age 15 or older; (3) collection and maintenance practices to better access information related to approved criminal history waivers of foster parents, including a centralized, up-to-date compilation of all such waivers approved by the department and subsequent monthly reviews; (4) performance measurement tools to access the effectiveness of programs and services delivered; (5) improved communication between the commission's office, supervisors, staff members and children receiving services; (6) a concise procedure manual to be distributed and implemented with every department office; and (7) other administrative or business practices to ensure the effective management of the department.

The office of the child advocate shall request any information necessary to complete the review from the department of children and families, the executive office of health and human services, or any other office, department or agency as needed, and such departments shall grant all requests unless prohibited by law.

The office of the child advocate, subject to appropriation, may retain an independent third party expert or a consultant to assist in the emergency review. The office shall file a preliminary report with the joint committee on children, families and persons with disabilities on or before July 31, 2014.

On or before December 31, 2014, the office of the child advocate shall prepare and distribute a survey to clients and employees of the department of children and families, including social workers and supervisors. The office shall work with the department to ensure that the survey is distributed appropriately and standards for client privacy are upheld. The survey may be returned anonymously to the office. The survey should be designed to assess the problems that clients face with the department. The survey should also be designed to assess the problems that department employees experience during the course of their employment with the department.

The office shall study, review and report on the outcome of the surveys and assess the needs and resources of the department of children and families and submit the results of its investigation and study, and its recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerks of the house and senate by November 2015.

APPENDIX B - SAMPLE

DCF Management Indicators - Fiscal Year 2017

Perforance Indicators	1st Qrtr Target	July '16 Actual	Aug '16 Actual	Sept '16 Actual
Initial Investigations – 24 hours	100%			
Investigations – 10 days	90%			
Timely 45 Day Assessments (for month)				
No. of Initial Assessments Overdue	75%			
	#			
Timely Service Plans Completed (for month)				
No. of Service Plans Overdue				
Children Assigned and Seen During Month #				
Children Assigned and Seen During Month %	90%			
Children Assigned and NOT Seen During Month #				
Children Assigned and NOT Seen During Month %	10%			
Children NOT seen in 2 months				
Parents Assigned and Seen During Month #	90%			
Parents Assigned and Seen During Month %				
Parents Assigned and NOT Seen During Month #				
Parents Assigned and NOT Seen During Month %	10%			
Adoption Finalizations				
Adoption Finalizations (cumulative)				
Guardianship Finalizations				
Guardianship Finalizations (cumulative)				
Timely Initial homestudies – kinship/child spec (for month)				
No. of Initial Homestudies Not Completed (kinship/child spc)				
Net change in number of foster homes (kinship/child spc)				
Net change in number of foster homes (unrestricted)				
Timely Re-evaluation Completed (for month)				
Total Re-evaluations Due/Overdue & Completed				
Percent of foster homes with current re-eval	90%			
Foster homes visited during month				
6 Week Placement Review held timely	90%			
Foster Care Reviews held timely (six months)	80%			
Ongoing Social Worker Weighted Caseloads Over 18				
Ongoing Social Worker Weighted Caseloads Over 20				
Staff Attorney Caseloads over X				

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