

Massachusetts
Department
of Children
and Families

Annual Report FY2022

Descriptive and Outcome Data: FY2018 – FY2022

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December 30, 2022

On behalf of the Massachusetts Department of Children and Families (DCF), I am pleased to present the DCF Annual Report for State Fiscal Year 2022. This report expands on the FY2021 Annual Report incorporating new, improved data and statutorily required data measures and progress metrics. Covering the last five fiscal years, the FY2022 Annual Report provides a comprehensive overview of the system-wide reform that took flight in FY2016 and set out to modernize the Commonwealth's child welfare system.

The significant impact of reforms under the Baker-Polito Administration is evident throughout all four Annual Reports providing data for FY15 thru FY22. For instance, with Legislative support, the Department has increased funding by 33.5%, which included a 21% increase in social workers, specialists, supervisors, and managers who guide case decisions daily. As a result, rates of repeat maltreatment fell by 15.7% between FY2015 and FY2022, telling us that children are safer, while the clinical case counts decreased by 16.1% (4,256). In addition, between FY2016 and FY2022, children in placement (0-17) also reduced by 15.7% (1,512).

In our first two phases of reform, we focused on broad policies, staffing, and other systems issues that had not been updated or addressed in years. Since 2015, we have updated nearly 13 existing policies and introduced six new policies. We have strengthened our determination to address additional case practice and systemic reforms in response to tragic losses of life. We have worked closely with the Office of the Child Advocate (OCA) on implementing recommendations outlined in their independent investigations of high-profile cases and increased our understanding of specialized populations by updating policies, introducing new staff training based on current research and best practices, and hiring new staff specialized in education, disabilities, continuous quality improvement, and legal training. We also continue to modernize and solidify our approach to child protection work by treating policies as living documents and making updates when needed. We have also continued to work closely with the OCA on our Foster Care Review process and will release a stand-alone report on that work.

This FY2022 Annual Report is intended for a broad audience of child-serving organizations, DCF stakeholders, and the public. It mirrors and complements the detailed outcome measures the federal government already uses to assess the Department's performance. Importantly, it highlights DCF's core responsibilities to provide stakeholders and the public with a better understanding of the agency's complex work and the corresponding data to measure accountability.

I am proud of the inclusion of additional data and analysis provided in this report on racial disproportionality in the Commonwealth and within our child welfare system, sexual orientation and gender identity demographics to better understand the needs of LGBTQIA+ children and youth, and education metrics for children in placement. The pandemic sharply exposed the disparities that impact families in communities with more limited resources and support. Disproportionalities are now further highlighted in the amount of abuse and neglect reports filed on families of color and the educational outcomes of the children we serve.

I want to thank DCF staff, the Office of the Child Advocate, the Joint Committee on Children, Families & Persons with Disabilities, the House and Senate Committees on Ways and Means, the Office of the State Auditor, the Department of Public Health, Cambridge Family & Children's Service, Children's League of Massachusetts, the

Committee for Public Counsel Services, Harvard Kennedy School, Massachusetts Law Reform Institute, Massachusetts Society for the Prevention of Cruelty to Children, GLBTQ Legal Advocates and Defenders, the LGBTQ Youth Commission, Citizens For Juvenile Justice, Friends of Children, Mental Health Legal Advisors Committee and countless others for their participation in Data Work Group meetings and their ongoing contributions to this and prior reports. We look forward to future collaboration with them. The Data Work Group has concluded and published a report that includes recommendations on DCF's legislatively mandated reports.

DCF is filing this report pursuant to reporting requirements included in Item 4800-0015 of section 2 of chapter 24 of the acts of 2021, MGL c.18B, §7(e), c.18B §23, c.18B §24, c.18B §25, c.119 §23(f), c.119 §23(h), c.119 §39½, c.119 §51D.

As the Baker-Polito Administration ends and we reflect on the challenges facing children and families, I am proud of those in the Commonwealth's human service sector and child welfare. I am also proud of the significant accomplishments made over the last eight years and my DCF staff for doing the hard work of bringing them to fruition. We know these improvements must continue, and I am grateful for their commitment to social work, public service, and the children of the Commonwealth.

Sincerely,



Linda S. Spears
Commissioner

DEPARTMENT OF CHILDREN AND FAMILIES

Vision

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

Mission

Strive to protect children from abuse and neglect and, in partnership with families and communities, ensure children are able to grow and thrive in a safe and nurturing environment.

Goals

Work toward establishing the safety, permanency and well-being of the Commonwealth's children by stabilizing and preserving families, providing quality temporary alternative care when necessary, safely reunifying families, and, when necessary and appropriate, creating new families through kinship, guardianship, or adoption.

Executive Summary

Introduction

The FY2022 Annual Report of the Massachusetts Department of Children and Families (DCF) offers a comprehensive view of children and families involved with child protective services in the Commonwealth from July 1, 2021, through June 30, 2022, and the four prior fiscal years (FY2018-FY2021).

The annual report includes both federal outcome measures used to evaluate welfare agencies nationwide and key metrics aligned with the policies, practices, and priorities for the safety and well-being of the children in Massachusetts. Altogether, the data is a testament to the strength of the foundation laid by the historic system-wide reform initiated by the Baker-Polito administration in September 2015 to address longstanding issues and to modernize the Department's policies, practices, and operations.

Over the last five years, sustained progress is seen with more stable foster care placements, more children in kin foster care, timelier adoptions, significant caseload reduction, increased engagement of transition-age youth, and a steady decline in children returning to foster care following reunification. The Department continues to prioritize timely permanency for children and its urgent focus includes working with and advocating with the courts to complete more adoptions annually. It is ultimately the responsibility of the courts to award permanent custody of children and youth.

The annual report functions as a measure of accountability and as a window to the community-based service needs of DCF-involved children and their parents. The Department continues to add and enhance metrics related to disproportionality, Sexual Orientation and Gender Identity (SOGI), and educational well-being compared to Commonwealth's total child population. While the Department moved policy and practice priorities forward during FY2022, the lingering effects of the pandemic continue to impact metrics.

As an example, while the overall case count for the department declined in FY2022, the average weighted caseload ratio for social workers rose between FY2021 and FY2022. This change is the only year-over-year increase in the five years covered by this report and reflects the current workforce stressors seen across the U.S. Overall case counts began decreasing in May 2016 due to caseload management reforms, and by June 2022, there were 16.1% fewer cases compared to May 2015.

Reports of Suspected Abuse and Neglect (51A Reports)

DCF depends on reports of suspected abuse and neglect to identify children in need of a child protection response. Parental substance misuse, domestic violence, and mental health are the most common factors that bring families to the attention of the Department.

In FY2022, DCF received 91,427 51A reports, 8.3% more than FY2021 but 5.6% fewer than the 96,879 reports received in FY2019. The FY2022 uptick is likely attributable to children becoming more visible in the community by the summer of 2021 and the return to in-person school for most children that Fall.

The vast majority of 51A reports are filed by mandated reporters, including first responders, school personnel, and health care professionals who are required by law to report suspected child abuse and neglect to DCF. Based on data tracked throughout the pandemic, increases within two mandated reporter groups stood out; reporting by public safety and school personnel rose by 9% and 11% respectively in CY2022 compared to CY2019 even as reports from all mandated reporters declined by 2% during the same time.

Foster Care

The federal government requires all states to report “placement stability,” by tracking the number of times children may move to a new foster home over a 12-month period. During FY2022, the Department demonstrated continued improvement in placement stability, a 23% increase since FY2018.

National research shows a strong correlation between a child’s stability and success in foster care, especially when they live with a family member. In late 2017, the Department began a pilot program designating one social worker in select DCF offices to locate relatives and caring adults already in the child’s life to serve as their foster parents. As a result, in FY2022 57% of children (0-17) in Departmental Foster Care (DFC) were cared for by kin compared to 47.6% when the Department began tracking this metric in 2009. Other recent reforms aimed at stabilizing children in foster care include the availability of support services to address the trauma and support needs of children in foster care, the development of an online portal where foster parents can access important information from the child’s record, adding medical social workers who provide direct support to foster parents to every DCF office, and offering ongoing foster parent support groups and trainings as webinars, in addition to in-person sessions.

Keeping siblings together further promotes stability in foster care. The bonds and familiarity siblings share can ease the transition to the foster home and are associated with better outcomes for children. Bolstered by the Department’s efforts to increase kinship foster homes, sibling groups of two or more placed together in the same foster home increased by 14% since FY2018. When a large sibling group enters foster care, or one child needs a higher level of care than in a family foster home setting, the Department works to keep as many siblings together as possible. The placement rate of at least two siblings in the same foster home rose to 77% in FY2022, a 3.5% increase from FY2018.

Overall, children needing foster care declined 15% from 9,316 in FY2018 to 8,143 children in FY2022. Most stay in foster care for under a year, with 59.8% of children returning home within 12 months of their removal. For the third consecutive year, the Department saw a concurrent downward trend of children removed from home and entering foster care.

Timely Permanency for Children in Foster Care

When a child enters foster care, the Department immediately begins working to achieve permanency, whether that is reunification, adoption, guardianship, or, for older teenagers, an adult who can step into a supportive parental role after they turn 18.

The Department’s first permanency goal for a child is safe reunification. Of the 4,098 children who exited foster care in FY2022, 56.2% were reunited with their parents. The federal government requires states to annually report the number of children who re-enter foster care within 12 months of reunification. Notably, DCF has shown improvement every year since FY2018, reducing the rate from 16.1% (679 children) five years ago to 12.7% (385 children) in FY2022. While it is encouraging that fewer children return to foster care, the median time children spend in foster care, regardless of their permanency goal, increased to 19.7 months in FY2022.

For most children who cannot safely reunify with their families, DCF strives to achieve permanency through adoption. Since FY2015, annual adoptions have increased by 38% due to reforms that reorganized and streamlined the Department’s finalization process. Adoptions reached a 5-year high of 936 in FY2019 but decreased to 830 in FY2022.

The courts are responsible for scheduling, and conducting all hearings and determining all custody decisions, including the termination of parental rights and the finalization of an adoption. Fewer adoption finalizations and the longer median time to permanency are continuing consequences of court closures during the pandemic as well as delays in more routine court administrative processes that impact permanency hearings. DCF continues to urge the courts to streamline court scheduling and other administrative processes that hinder the timely adoption of children in the Commonwealth.

Among the Department's chief priorities is achieving permanency in "child time" to minimize the uncertainty that comes from longer stays in foster care. Throughout FY2022, a new framework prioritizing permanency planning as soon as children enter foster care was expanded to all DCF offices and the ongoing pilot of Permanency Roundtables for older teenagers is in the process of expanding statewide. Permanency Roundtables provide another opportunity to explore options for adoption or guardianship and to rebuild lifelong connections, regardless of the permanency goal.

Youth in Transition

A young adult who is in the custody of the Department may continue to receive voluntary services after turning 18 by entering into a Voluntary Placement Agreement (VPA). In FY2022, 73% of youth who turned 18 chose to continue their engagement with the department, and 2,761 young adults accessed services, an 18% increase from FY2018.

All youth turning 18 in foster care devise transition plans with their social workers before their birthdays. During this time, they are encouraged to continue working with the Department to access education, housing, employment, and other support up to age 23, some of which are federally funded. A federal budget bill passed in December 2020 provided COVID-19 relief funding to all young adults, up to age 26 who aged out of foster care at age 18, regardless of whether they remained involved with the Department after turning 18. In late FY2021, Massachusetts received \$7.9 million of \$400 million distributed to all U.S. child welfare agencies. The bulk of the funds were paid directly to youth to support basic living expenses. DCF was also required to conduct a social media campaign and direct outreach to reach eligible youth. DCF adolescent social workers and contracted providers who serve older youth successfully helped reengage young people and Massachusetts was among the few states that spent its full allotment of funds by the federal deadline of September 30, 2022.

In the FY2022 annual report, the Department responded to feedback from stakeholders, child-serving partners, and legislators by adding or enhancing the following data points to provide a more complete view of the well-being of DCF-involved children and youth:

Racial Disproportionality: Hispanic/Latinx, Black, and other families of color have been historically overrepresented on child welfare agency caseloads nationwide. For the first time, this report examines the rates of disproportionality for the Department's transition-aged youth population. Key findings show that youth of color who turn 18 while in care were 1.1x-1.4x more likely to remain or return to care and 0.8x-0.9x less likely to leave care in FY2022 than white youth. For the second year, the annual report examines the racial disproportionality of children reported to the Department (51As), all child consumers, and all children in placement and compares this to the racial/ethnic distribution within the Massachusetts' child population. Key findings showed that Hispanic/Latinx and Black children were more than two times as likely to be reported to the Department as victims of abuse or neglect.

Gender Identity and Sexual Orientation of Children, Youth, and Young Adults in Placement: The Department first reported Sexual Orientation and Gender Identity (SOGI) data in the FY2020 annual report. The current report provides the most robust view of the caseload to date, due to a new requirement to enter SOGI data into the Department's i-FamilyNet database and new social worker trainings that teach the knowledge and skills to

talk with youth about gender identity and sexual orientation. In FY2022 the Department released its first-ever LGBTQIA+ Non-Discrimination Policy. DCF collaborated with the Data Work Group, the Massachusetts Commission on LGBTQIA+ Youth, and GLAD to enhance the quality and reliability of its SOGI data, including updates to SOGI demographic fields to capture sexual orientation and gender identity/expression more fully.

Education: DCF receives Massachusetts Department of Elementary and Secondary Education (DESE) data that compares educational outcomes for children in DCF custody to all Massachusetts students. The FY2022 annual report now includes metrics for students with high needs, attendance rates, and disciplinary actions. During the 2021-2022 school year, children in DCF custody had lower attendance rates, more school suspensions, and were more likely to be identified as high needs students than their peers.

DCF annual reports have historically included graduation rates as a measure of a youth's growth and development in foster care. While the 2021 graduation rate for youth in foster care remained below the Massachusetts average it has improved by almost 13% since 2012, countering concerns that loss of in-person classroom time during the pandemic would result in fewer youth graduating.

Notably, in FY2022, DCF implemented revisions to its Education Policy that promote educational stability and improve academic performance. The changes also include specific guidance aimed at children and youth in special education settings and reducing school disciplinary actions.

Looking Ahead

Finding a safe and timely path to permanency for children in foster care remains a key focus of the Department's agency-wide improvements. In addition to the expansion of Permanency Roundtables, the Department recently hired a manager to oversee a specialized unit of permanency social workers who will be assigned to each DCF region to review cases, work with field staff on sound decision making, and monitor policies and case practice. Interviews for the permanency social workers are complete and the new hires will be onboarded at the beginning of 2023. DCF will continue its active participation in a court-led initiative to expedite permanency proceedings.

Since 2015, after years of stagnant policymaking, the current administration introduced 6 new policies, revised 13 additional policies, and is poised to roll out major changes to its foster care policy at the beginning of 2023. Two separate policies focus on enhancing the safety and well-being of children in foster care by providing more departmental support to foster parents and streamlining processes to onboard of non-relative and kin foster homes more efficiently.

As with every DCF policy update, the launch of the foster care policies will be accompanied by updates to i-FamilyNet. This includes a new search function for quickly finding foster homes by location, care expertise, and age preferences to make the best matches for children and minimize placement disruptions. Placement stability is as equally important for children and youth whose behavioral health, mental health and trauma treatment needs require the structure and services of a congregate care setting. DCF continued to work collaboratively with the Health and Human Services Secretariat and its sister agencies to find safe and appropriate placements for high needs children and youth.

Young people who identify as LGBTQIA+, and especially those who are DCF-involved, face unique challenges within their families and communities. In FY2023, the Department will update its existing LGBTQIA+ practice guide, continue developing staff training that aligns with current best practices, and onboard its first-ever Director of LGBTQIA+ Services so that youth feel supported with high-quality care and services.

Feeling valued, recognized, included, and understood reassures children of their safety and can give families a greater sense of partnership with DCF. Staff across the state have been working to embed racial equity and inclusion more deeply into daily case practice. This includes a new Equity-Minded Practice Post Graduate Certificate program for DCF staff at Salem State University School of Social Work and Area Office trainings led by faculty from Bridgewater State University School of Social Work.

Child safety and well-being depend, in part, on the availability and evolution of data and technology, and sound equitable policies that reflect child welfare best practices. The Department uses what is learned from the annual report to expand the breadth of data so the right tools are available to identify child safety risks, inform child and family interventions, and provide DCF staff with the resources they need so that the Commonwealth's children grow up in safe homes where they can reach their greatest potential.

FY2022 Annual Report Data Summary

In this report, descriptive and outcome data are presented over rolling five-year time periods in both tabular and graphical formats. Demographic stratification is provided for key variables, along with narrative statements that define and describe the data elements and observed trends.

• Cases and Consumers

At the end of FY2022, 24,593 families were being served by DCF (22,232 clinical cases and 2,361 adoption cases). These cases involve 86,453 children and adults: 41,263 children (0-17), 2,194 young adults (18 & older), and 42,996 adults.¹ (Table 1, p.1; Table 3, p.2)

The 2,194 young adults (18 & older) were served by the Department prior to their 18th birthday and continued to receive services from DCF after they turned 18. To remain open with DCF beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult can sign a VPA at age 18 and remain open with the Department up to age 22. Young adults who decline DCF services at age 18 may later request services by signing a VPA prior to turning 23. In FY2022, 700 youth turned 18 years of age while in care. Of these, 73% remained open with the Department. (Table 37a, p.39)

White, Hispanic/Latinx, and Black children and adults account for most consumers served by the Department.² English is the primary language spoken amongst consumers, with Spanish being the next most prevalent language. (Table 7, p.4; Table 9, p.5)

• Children in Placement

The Department strives to safely stabilize families at home and 80% of children (0-17) open with the Department at the end of FY2022, safely remained at home. When this is not possible, children may be placed in out-of-home care (foster care or group care) to safeguard their safety and well-being. At the end of FY2022, DCF had 9,775 children and young adults in out-of-home placement. Of these, 8,143 (83%) were children (0-17) and 1,632 (17%) were young adults (18 & older). Between FY2018 and FY2022, children (0-17) in placement decreased by 15.5%

¹ Total families include all individuals with an active case status on the last day of the fiscal year and who were in a case with a family assessment or an action plan. These selection criteria exclude consumers not in placement who have an active case status that is pending the outcome of an investigation.

² Following federal guidelines, DCF reports on the following broad racial/ethnic groupings: Asian, Black, Hispanic/Latinx, Multi-Racial, Native American, Pacific Islander, and White.

(1,488). White (39%), Hispanic/Latinx (32%), and Black (14%) children (0-17) account for the majority of children in the Department's care. (Table 10, p.6; Figure 12, p.7; Table 14, p.9)

A permanency plan is established for children and young adults in the Department's care. This permanency plan seeks to ensure that each child has a nurturing family – preferably one that is permanent – within a timeframe supportive of their needs. At the end of FY2022, 95% of children (0-17) with a specified permanency plan goal who were in DCF placement had a permanency plan that met the federal standard for permanency (i.e., family reunification, adoption, guardianship, stabilize intact family, or permanent care with kin). The majority had a permanency plan of family reunification (38%) or adoption (39%). (Table/Figure 15, p.10)

At the end of FY2022, 82% of placed children (0-17) were living in family settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). DCF has prioritized kin placement. Accordingly, 57% of children (0-17) placed in DCF foster homes were placed with kin. The overall kinship placement rate for children (0-17) in out-of-home placement was 39%. Kinship placement rates have been increasing over the past several years. (Table/Figure 16; Figures 16a-b, p.13)

DCF keeps siblings together whenever possible. In 77% of cases with a minimum of two siblings placed in a DFC foster home at the end of FY2022, two or more of the siblings were placed together—an increase of 3.5% compared to FY2018. Furthermore, 64% of those cases had all siblings placed in the same foster home—an increase of 14.0% compared to FY2018. (Table 17; Figures 17a-b, p.15)

The Department tracks several placement-related metrics. An understanding of these metrics is dependent upon knowing two key terms-of-art: *Home Removal Episode* (HRE) is the period between the start and end of DCF placement custody. *Placement Length-of-Stay* (LOS) measures the time between the start and end of DCF custody in a particular placement. The average LOS for children exiting care in FY2022 was 24.8 months. For children still in care at the end of FY2022, the average LOS at that point-in-time was 25.9 months. (Table 19, p.16)

Children in placement may experience one or more moves during an HRE. The Department works to minimize a child's placements changes through the provision of community-based individual and family supportive services. Relative to FY2018-FY2019, a larger share of the children entering care in FY2022 experienced placement stability (i.e., no more than two placement settings within the first 12 months of out-of-home care). Placement stability increased to 75.5% in FY2022, an 11.0% improvement over the FY2018 rate (68.0%). (Table/Figure 20, p.17)

The Department tracks a federal measure of *Placement Moves per 1,000 Placement Days* for children (0-17) who were in care at any time during the year. In FY2022, children (0-17) evidenced 7.14 *Placement Moves per 1,000 Placement Days*—a 23.4% improvement relative to FY2018. (Table/Figure 21, p.17)

The Department also tracks the number of first-time entries into out-of-home care as well as re-entries into out-of-home care. In FY2022, 3,964 unique children (0-17) entered out-of-home care. Of these, 2,950 (74%) were first-time entries and 627 (16%) were re-entries beyond 12 months of their exit from care. Combined, DCF found that over 90% of the children entering care had not been discharged from care during the prior 12 months. (Table/Figure 22, p.18)

In FY2022, 4,098 children exited from DCF out-of-home placement. Data reveal that 84% of children who exited out-of-home care in FY2022 achieved permanency. Of note, children who entered care at age 12 or younger achieved permanency at a significantly higher rate (95.4%) than children who entered out-of-home care at age 13 or older (56.4%). Children who were age 13 or older at the time of their entry into care were less likely to exit to adoption or guardianship. (Table/Figure 23; Tables/Figures 23a-b-c, pp.19-20)

- **Child Maltreatment (i.e., Child Abuse and/or Neglect)**

When DCF receives a report of abuse and/or neglect, called a 51A report, from either a mandated reporter or another concerned person, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent or family. Cases that fall outside the 51A process, are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

In FY2022, DCF received 91,427 intakes (i.e., Protective 51As, Safe Haven, Voluntary, and CRA/Court Referral), of which 99% (90,558) came to the attention of the Department through the 51A reporting process. A 51A may involve one or more children. Safe Haven, voluntary, CRA, and court referrals accounted for 1% (869) of all FY2022 intakes. This pattern of intake distribution was reflected throughout the FY2018-FY2022 reporting period and is comparable to the distribution observed in prior years. While intake counts are below those of FY2018-FY2019, intakes are up from the COVID-19 pandemic related decreases observed in FY2020-FY2021. (Table 25; Figures 25a-b, p.25)

Upon receiving a 51A report, the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect; whether there is immediate danger to the safety of a child; whether DCF involvement is warranted; and, if so, the most appropriate approach to the investigation.

The Department begins its screening process immediately upon receipt of a report. During the screening process, DCF obtains information from the person filing the report and contacts professionals involved with the family, such as doctors or teachers, who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.

If the report is "screened-in," it is assigned for a child protective services (CPS) response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Screened-in" reports may require an immediate emergency response, or a non-emergency response. Some 51A reports may not meet DCF's criteria for suspected abuse and/or neglect and are "screened-out."

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.

Of the 90,558 protective intakes (51As) received in FY2022 alleging child maltreatment, 49,067 (54%) were "screened-in" for a child protective service (CPS) response. Of the "screened-out" 51As (41,491), 6,979 were referred to the district attorney where additional investigations may occur (e.g., the report did not involve a child, the allegations are not within the Department's mandate concerning child abuse and neglect, and/or alleged perpetrator has been identified and was not a caregiver). It should be noted that "screened-in" 51As may also be referred to the district attorney. (Table 26; Figures 26a-b, p.26)

"Screened-in" 51As are assigned for a CPS Response (51B) to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Reasonable cause to believe" means a collection of facts, knowledge, or observations that tend to support or are consistent with the allegations and, when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation

of the validity of the allegation(s) received; a determination of current danger and future risk to the child; and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency, and well-being of their child.

Given that an instance of alleged maltreatment may be referred to the Department by several mandated/non-mandated reporters, multiple 51A intakes may be rolled into one protective response. As such, the Department completed 39,571 responses involving one or more children in FY2022. Of these, there were 16,151 (40.8%) support decisions and 6,806 (17.2%) substantiated concern decisions. The remaining 16,614 (42.0%) were unsupported. These determinations are defined on page 28. (Table/Figure 27, p.28; Table/Figure 28, p.30)

A 51A report may contain one or more allegations of abuse and/or neglect and may involve one or more children. In FY2022, the most frequently present allegation types were neglect (73.1%), physical abuse (21.3%), and sexual abuse (12.1%). Substance Exposed Newborn (SEN) and SEN-Neonatal Abstinence Syndrome (SEN-NAS) were alleged in 1.8% of 51A reports. (Table 29a, p.32)

During a 51B response, the Department determines whether there is “reasonable cause to believe” that a child has been a victim of maltreatment. Emergency responses must be completed within five business days. Non-emergency responses must be completed within 15 business days. Each of the abuse and/or neglect allegations within a 51A report is investigated and a decision is made for each allegation type. In FY2022, the most frequently supported allegations were neglect (86.6%), physical abuse (10.2%), SEN/SEN-NAS (5.1%), and sexual abuse (4.8%). (Table 29b, p.32)

There were 23,653 children (unduplicated child count) found to have experienced maltreatment in FY2022. A child may have been a victim of one or more types of maltreatment. Of these unique child victims, 86.7% were victims of neglect, 7.8% were victims of physical abuse, 3.5% were SEN/SEN-NAS newborns, and 3.5% were victims of sexual abuse. (Table 29c, p.32)

- **Performance/Process Outcome Metrics – Safety**

The *Reduction of the Recurrence of Maltreatment* is an important federal measure of the safety and well-being of children and families. As such, the Department monitors the recurrence of maltreatment on open and closed cases on a quarterly and annual basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported report of maltreatment.

In FY2022, 89.59% of the children who experienced an occurrence of maltreatment within the first six months of FY2022 did not experience a recurrence of maltreatment within six months of their prior maltreatment. Of note, there were fewer child victims in FY2022 than in each of the four prior fiscal years (i.e., FY2018-FY2021). (Table /Figure 30, p.33)

The Department also tracks the number of children who experienced supported maltreatment while residing in an out-of-home placement setting. An additional federal measure is *Victimization Rate per 100,000 Days in Care*. In FY2022, data show that for every 100,000 days of placement, 18.23 maltreatment events were supported for DCF placed children. Maltreatment may occur while the child is visiting with parents, in the community, or in the placement setting. (Tables/Figures 31-31b, p.34)

- **Performance/Process Outcome Metrics – Permanency**

Rate of Reunification within 12 Months of entering care is a federal measure of time to permanency. The *Rate of Reunification within 12 Months* has decreased since FY2018. The decline in reunification within 12 months of entering foster care corresponds to successful efforts to reunify a large cohort of children awaiting permanency from FY2015-FY2017. (Table/Figure 32, p. 35)

Re-entry to DCF custody is inversely correlated with time to reunification, meaning that the longer it takes to achieve permanency, the less likely that a child is to re-enter DCF custody. Thus, although time to reunification has increased, the rates of re-entry within 12 months for children who exited to reunification have steadily decreased since FY2018. (Table/Figure 33, p.35)

The Department actively works to achieve permanency through adoption when reunification cannot be safely accommodated. Toward this end, the number of children (0-17) with legalized adoption increased by 19.8% in FY2019 compared to FY2018. Though FY2020 evidenced 850 adoptions, the COVID-19 pandemic impacted adoption legalizations in the last quarter of FY2020. This impact was particularly evidenced in the 720 adoptions legalized in FY2021. While lower than pre-pandemic counts, the 830 adoptions in FY2022 reflect a 15.3% increase over FY2021. (Table/Figure 34, p.37)

Guardianships are also a measure of permanency. Though guardianships have increased in recent years, like other permanency measures, guardianships declined during the COVID-19 pandemic. While lower than pre-pandemic counts, the 319 guardianships in FY2022 reflect a 27.6% increase over FY2021. (Table/Figure 36, p.38)

The Department provides outreach and transition services to young adults when they turn 18. DCF provided these services to 2,761 unique young adults in FY2022—an 18.1% increase over FY2018. (Table/Figure 37, p.39)

- **Performance/Process Outcome Metrics – Wellbeing**

Access to appropriate and timely medical services is important to child well-being. Data collected from FY2016-FY2022 reflect year-over-year progress through FY2019 toward meeting the agency's requirement that each child entering care should receive an initial medical screening and a comprehensive medical evaluation. FY2020-FY2022 medical visits were impacted by decreased access to medical care during the COVID-19 pandemic. Largely credited to the creation of a full-time DCF medical director and the on-boarding of medical social workers in all 29 DCF Area Offices, a significant increase in medical visit compliance has been observed. In FY2022, completion rates of medical screenings and comprehensive medical evaluations increased by 233% compared to FY2016. Timeliness of medical visits in FY2022 increased by 241% over FY2016. (Table/Figure 38, p.40)

The Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE's methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. While graduation rates are below DCF targets, the data reveals that four-year graduation rates for children in DCF custody have improved by 12.9%—from 50.3% in the 2012 school year to 56.8% in the 2019 school year. Recognizing that many students need longer than four years to graduate from high school, and that it is important to acknowledge this major accomplishment, the Department (and DESE) calculates a five-year graduation rate. The five-year graduation rate for children in DCF custody in the 2019 school year was 68.2%. In 2020, the four-year and five-year graduation rates declined to 50.6% and 66.8%, reflecting the impact of the COVID-19 pandemic on academic achievement. The FY2021 four-year graduation rate of 56.7% is equivalent to pre-pandemic rates. (Table/Figure 39, p.41)

DESE reports on students identified as High Needs. A student qualifies as High Needs if they are designated as either low income/economically disadvantaged, English learner/former English learner, or a student with disabilities/IEP. In school year 2021-22, 84.8% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 56.2% for all Massachusetts students. (Table 39a, p. 41)

In school year 2021-22, children in DCF custody attended 86.8% of their enrolled school days. This was comparable to the 89.7% attendance rate for Massachusetts students identified by DESE as High Needs students. (Table 39b, p.42)

- **Child/Youth Fatalities**

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office through the Department's *Central Office Incident Notification* (COIN) process. In FY2022, 94 child/youth fatalities were brought to the attention of the Department. Of these: 32 were open in a DCF case or a 51B Response, 22 had a prior history with the Department, and 40 had no history with the Department.

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Manners of death include accidental, community violence, inflicted personal injury, chronic or acute medical condition, neglect, overdose, suicide, Sudden Unexpected Infant Death (SUID), and other/undetermined manner of death. (Tables 40a-b, p.43)

- **Operations – Budget, Service Costs, Staffing Trends, and Caseload Workload**

Reversing an 11.9% downward trend in budgetary appropriations during the period of FY2010-FY2012, the DCF enacted budget began increasing in FY2013, and, by FY2023 (\$1,195,705,610), was 62% greater than FY2012 (\$737,077,781). The steepest gains have been evidenced in the past eight years. These budgetary appropriations have supported significant increases in staffing (21%) between FY2015-FY2022 and increases in services (8%) between FY2018-FY2022. (Table/Figure 42, p.44; Table 43, p.45; Tables/Figure 44-44a, p.46)

During FY2018-FY2022:

- Significant investments were made including:
 - Foster care rate increase every year (\$10.1M investment over the course of 5 years)
 - 766 Residential School rate increase every year (\$7.9M investment over the course of 5 years)
 - Chapter 257 provider rate increases (\$6.8M investment over the course of 5 years)
 - Expansion of Support and Stabilization services to include foster parents (\$10.5M investment over FY2020-FY2021)
- There was also significant growth in services such as:
 - Adoption subsidy (\$12.7M over the course of 5 years)
 - Guardianship subsidy (\$6.3M over the course of 5 years)
 - Support and Stabilization services (\$43.1M over the course of 5 years)
- These investments were offset by a significant reduction in children/youth in out-of-home placement resulting in a net reduction in placement costs of (-\$19.0M over the course of 5 years)

Current DCF staffing levels have significantly increased relative to July 2015 staffing levels. Social worker staffing levels have increased by 15% and staffing levels for all other bargaining units have increased by 49%. Recognizing that managerial oversight capacity had been decreasing since 2008, the Department engaged in a purposeful effort to re-establish managerial ratios to support agency operations. Accordingly, by July 2022, managerial

staffing levels increased by 62% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central Region), decouple Area Offices, and appropriately staff the DCF Central Office. (Tables/Figure 44-44a, p.46)

Caseload is a proxy measure of workload. High caseloads can result in overburdened social workers and potentially underserved families. With shifting national workforce trends following the pandemic, the department saw increases in worker caseloads, especially in the first half of the fiscal year. Though caseloads have improved the FY2022 12-month average weighted caseload ratio was 16.36:1. Increased budgetary appropriations have supported the Department's efforts to reduce staff workload by hiring additional clinical staff, including more than 600 frontline social workers since FY2015 and increasing the managerial and supervisory oversight essential for identifying cases appropriate for safe closing. The FY2021 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers was 14.82:1. This is below the negotiated caseload ratio of no more than 15.00:1 (15 families), and lower than the average caseload ratio for FY2018. (Tables/Figure 45-45a, p.47)

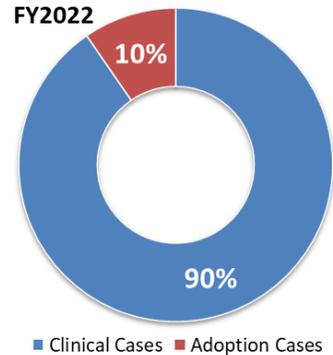
I. CASE COUNTS

• Case Counts Fiscal Year End

As summarized in Table/Figure 1 below, at the close of state FY2022 (6/30/2022), DCF had 24,593 open cases. Of these, 90% (22,232) were clinical cases and 10% (2,361) were adoption cases.

	FY2018	FY2019	FY2020	FY2021	FY2022
Clinical Cases	25,392	23,784	22,088	23,938	22,232
Adoption Cases	2,421	2,451	2,385	2,369	2,361
Case Count Fiscal Year End	27,813	26,235	24,473	26,307	24,593

FIGURE 1. Cases FY2022



FY2022 case counts are 12% (3,220) below the FY2018 case counts.

• Case Openings/Closings/Re-Openings

Table/Figure 2 present caseload over the past five fiscal years as a function of case openings, closings, and re-openings. DCF cases may remain open for a brief or extended period of time, during which the primary goal is to stabilize the family and mitigate risk of harm to children. During any given year, cases may close and subsequently re-open for either protective or non-protective reasons.

	FY2018	FY2019	FY2020	FY2021	FY2022
Case Count Start of Fiscal Year	27,360	27,813	26,235	24,473	26,307
Case Openings	10,850	10,363	9,348	9,347	8,577
Case Closings	(18,823)	(20,105)	(18,273)	(15,375)	(17,193)
Case Re-Openings	8,426	8,164	7,163	7,862	6,902
Case Count Fiscal Year End	27,813	26,235	24,473	26,307	24,593
Unduplicated Count of Cases Open at Any Time during the Fiscal Year	43,743	44,832	41,508	40,467	40,568

- **Case Count Start of Fiscal Year:** Total count of cases open with DCF at the start of the fiscal year.
- **Case Openings:** Total count of cases that “open for the first time” with DCF at any time during the fiscal year. These are unique case counts.
- **Case Closings:** Total count of DCF cases that “close” at any time during the fiscal year. These may not be unique case counts, as a case may close, re-open, and subsequently close within a fiscal year.
- **Case Re-openings:** A case “re-opening” is defined as a DCF case that closed prior to or during the current fiscal year and subsequently re-opened during the current fiscal year. These may not be unique case counts, as a case may have re-opened multiple times during a given fiscal year.
- **Unduplicated Count of Cases Open at Any Time during the Fiscal Year:** Unique count of cases open for at minimum one day within the fiscal year.

FIGURE 2. Case Count Trends – Openings/Closings/Re-Openings



II. CONSUMER COUNTS

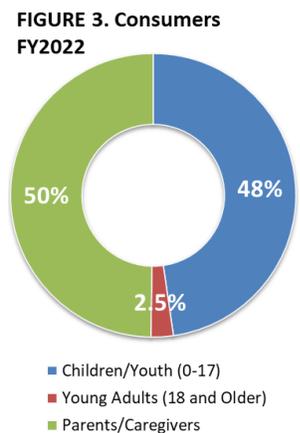
• Consumer Counts Fiscal Year End

Table/Figure 3 show that at the end of FY2022, DCF had 86,453 open consumers. Consumers with the identified role type of “adult” (i.e., parent/caregiver) accounted for 42,996 of the total open consumers. Consumers with the identified role type of “child” accounted for 43,457 of the total open consumers, and range from children aged 0-17 years (95%), to “young adults” (5%) who voluntarily remain open with DCF from the ages of 18-22 years.

TABLE 3. Consumer Counts Fiscal Year End

	FY2018	FY2019	FY2020	FY2021	FY2022
Consumer Role Type = Adult (i.e., Parents/Caregivers)	50,103	46,255	42,972	47,066	42,996
Consumer Role Type = Child	50,070	47,108	43,343	46,736	43,457
Children 0-17	47,980	45,058	41,236	44,465	41,263
Young Adults 18 & Older	2,090	2,050	2,107	2,271	2,194
Total Consumer Count Fiscal Year End	100,173	93,363	86,315	93,802	86,453

NOTE: Consumer counts are dependent on data entry. Minor fluctuations in point-in-time counts calculated immediately after quarter and several months later are to be expected.



• Consumer Children, Young Adults, and Adults – Openings/Closings/Re-Openings

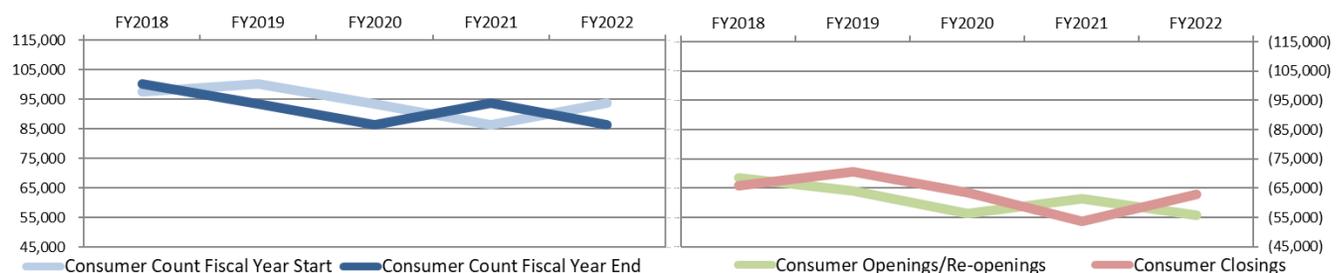
Table/Figure 4 present the consumer growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

TABLE 4. Consumer Openings/Closings/Re-openings

	FY2018	FY2019	FY2020	FY2021	FY2022
Consumer Count Start of Fiscal Year	97,542	100,173	93,363	86,315	93,802
Consumer Openings	21,630	20,290	18,256	19,041	17,388
Consumer Closings	(65,806)	(70,721)	(63,372)	(53,760)	(62,965)
Consumer Re-Openings	46,807	43,621	38,068	42,206	38,228
Consumer Count Fiscal Year End	100,173	93,363	86,315	93,802	86,453
Unduplicated Count of Consumers Open at Any Time during the Fiscal Year ⁽¹⁾	133,394	128,239	118,435	120,362	116,641

⁽¹⁾ **Unduplicated Count of Consumers Open at Any Time during the Fiscal Year:** Unique count of consumers open for at minimum one day within the year.

FIGURE 4. Consumer Trends – Openings/Closings/Re-Openings



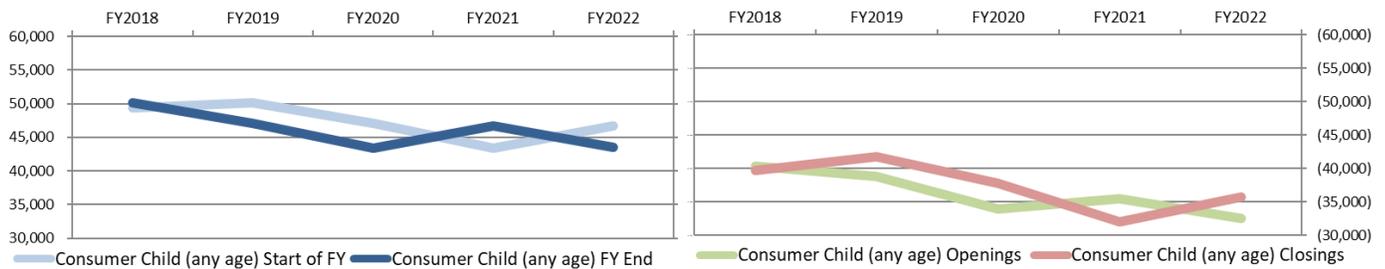
- **Consumer Children (of any age) – Openings/Closings/Re-Openings**

Table/Figure 5 present the consumer child (of any age) growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

	FY2018	FY2019	FY2020	FY2021	FY2022
Consumer Child (of any age) Count Start of Fiscal Year	49,386	50,070	47,108	43,343	46,736
Consumer Child (of any age) Openings	14,630	13,749	12,544	12,746	11,687
Consumer Child (of any age) Closings	(39,686)	(41,755)	(37,730)	(32,049)	(35,732)
Consumer Child (of any age) Re-Openings	25,740	25,044	21,421	22,696	20,766
Consumer Children (of any age) Count Fiscal Year End	50,070	47,108	43,343	46,736	43,457
Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year ⁽¹⁾	83,291	81,984	75,463	73,296	73,645

⁽¹⁾ *Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year: Unique count of child consumers (of any age) open for services (i.e., open in an assessment or in a clinical/adoption case) at minimum one day within the Fiscal Year.*

FIGURE 5. Consumer Children (of any age) Trends – Openings/Closings/Re-Openings

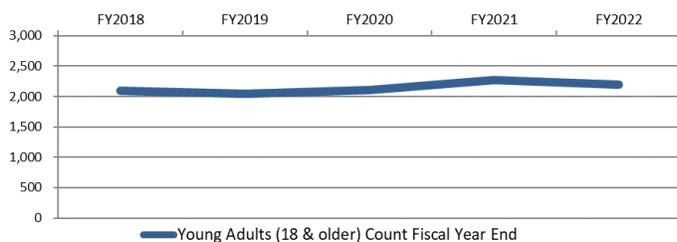


- **Consumer Young Adults (18 & Older) Counts**

Table/Figure 6 present the consumer young adults (18 & older) counts at the close of each of the past five fiscal years. Each of these young adults (18 & older) was served by the Department prior to their 18th birthday. In order to remain open with the Department beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult may sign a VPA at age 18 and remain open with the Department. Young adults who do not sign a VPA at age 18 can later receive services by signing a VPA prior to turning 23-years-old.

	FY2018	FY2019	FY2020	FY2021	FY2022
Consumer Young Adults (18 & older) Count Fiscal Year End	2,090	2,050	2,107	2,271	2,194

FIGURE 6. Consumer Young Adults (18 & Older) Trends



• **Consumer Children, Young Adults, and Adults – Demographics-Primary Language**

Table 7 shows that at the end of FY2022, White (35%), Hispanic/Latinx (34%), and Black (13%) children (0-17) accounted for the vast majority of children served by the Department. A comparable distribution is observed for young adults (18 & older) as well as adult consumers.

TABLE 7. Race/Ethnicity FY2022 ⁽¹⁾

	Children (0-17)		Young Adults (18 & Older)		Adults	
White	14,575	35%	795	36%	18,461	43%
Hispanic/Latinx (of any race)	13,976	34%	722	33%	12,017	28%
Black	5,304	13%	439	20%	6,294	15%
Asian	441	1%	44	2%	606	1%
Native American	57	*	2	*	70	*
Pacific Islander	9	*	2	*	24	*
Multi-Racial (two or more races)	2,653	6%	127	6%	898	2%
Unable to Determine/Declined	1,759	4%	54	2%	2,317	5%
Missing	2,489	6%	9	*	2,309	5%
Total Consumers Fiscal Year End	41,263	100%	2,194	100%	42,996	100%

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

FIGURE 7. Consumer Children (0-17) Open with DCF by Race/Ethnicity FY2022

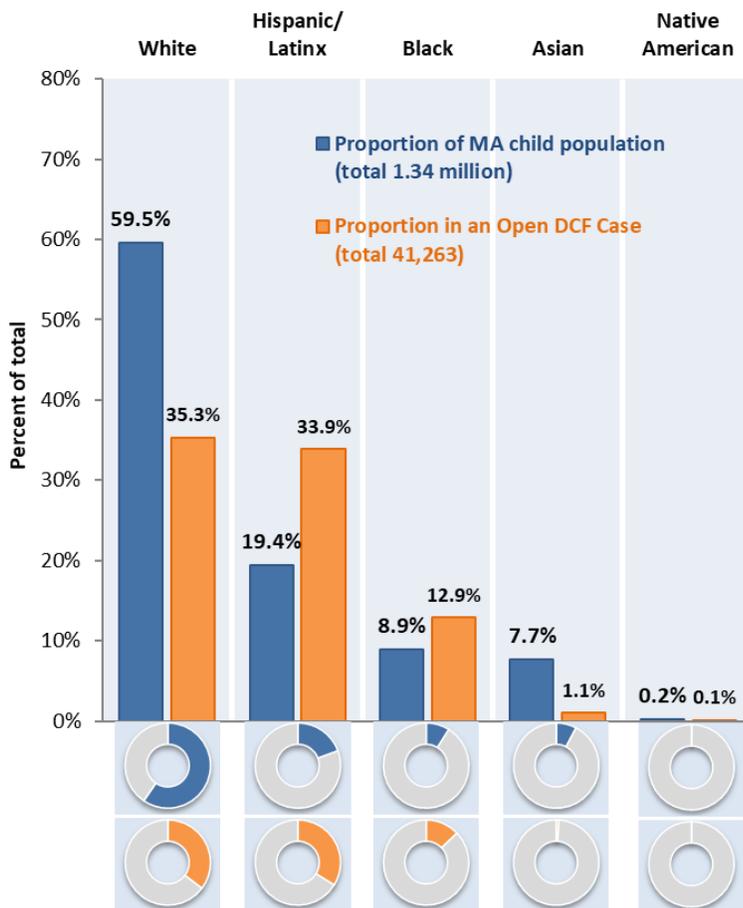


Figure 7 and Table 8 show the proportion of children open with DCF by race and ethnicity compared to the proportion of the child population in Massachusetts.

The *Rate-of-Disproportionality* (RoD) is an indicator of inequality. In Table 8, RoDs are calculated by dividing the actual DCF open case rate for a given race/ethnicity by the Massachusetts child population rate for that specific race/ethnicity.

- *RoDs > 1.0* indicate overrepresentation.
- *RoDs < 1.0* indicate underrepresentation.

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

TABLE 8. DCF Served Population

	RoD	RRI
White	0.6	n/a
Hispanic/Latinx	1.7	2.9x
Black	1.4	2.4x
Asian	0.1	0.2x
Native American	0.7	1.3x

- **Consumer Children, Young Adults, and Adults – Demographics-Primary Language**

Table 9 shows that at the end of FY2022, the vast majority of consumers open in a DCF case were primary English speakers. The next most commonly identified primary language was Spanish.

TABLE 9. Primary Language FY2022	Children (0-17)		Young Adults (18 & Older)		Adults	
American Sign Language	14	*	-	*	38	*
Arabic	34	*	1	*	61	*
Cape Verdean Creole	94	*	6	*	240	1%
Chinese	21	*	4	*	75	*
English/Unspecified^	38,333	93%	1,870	85%	36,407	85%
French	-	*	1	*	30	*
Haitian Creole	121	*	24	1%	308	1%
Khmer (Cambodian)	17	*	-	-	68	*
Polish	3	*	-	-	8	*
Portuguese	331	1%	19	1%	718	2%
Russian	26	*	1	*	40	*
Spanish	2,079	5%	214	10%	4,286	10%
Vietnamese	12	*	3	*	58	*
Other	164	*	51	2%	659	2%
Total Consumers Fiscal Year End	41,263	100%	2,194	100%	42,996	100%

*Less than 1% after rounding.

^English may be overcounted (i.e., i-FamilyNet Primary Language selection defaults to English).

III. CONSUMERS IN PLACEMENT

The Department provides services to safely stabilize families (80% of caseload). When that is not possible, children may be placed in out-of-home care (20% of caseload) to safeguard their safety and well-being. Table 10 shows that at the end of FY2022, DCF had 9,775 consumer children/young adults in out-of-home placement. Of these, 8,143 (83%) were children (0-17 years of age) and 1,632 (17%) were young adults (18 & older).

TABLE 10. Children/Young Adults in Placement

	FY2018	FY2019	FY2020	FY2021	FY2022
Children (0-17)	9,631	8,809	8,414	8,464	8,143
Young Adults (18 & older)	1,514	1,519	1,592	1,706	1,632
Children/Young Adults in Placement Fiscal Year End	11,145	10,328	10,006	10,170	9,775

- Age Group Distribution for Children and Young Adults in Placement**

Table 11 shows that children under the age of six years account for 36% of the children (0-17) in placement. For context, young children are the most at-risk for protective concerns.

TABLE 11. Age Group FY2022

	Children (0-17)		Young Adults (18 & Older)	
0 – 2 Years Old	1,554	19%	18 – 19 Years Old	747 46%
3 – 5 Years Old	1,371	17%	20 – 21 Years Old	696 43%
6 – 11 Years Old	2,219	27%	22 – 23 Years Old	186 11%
12 – 17 Years Old	2,999	37%	24 and Older	3 *
Unspecified	-	-		- -
Total in Placement Fiscal Year End	8,143	100%		1,632 100%

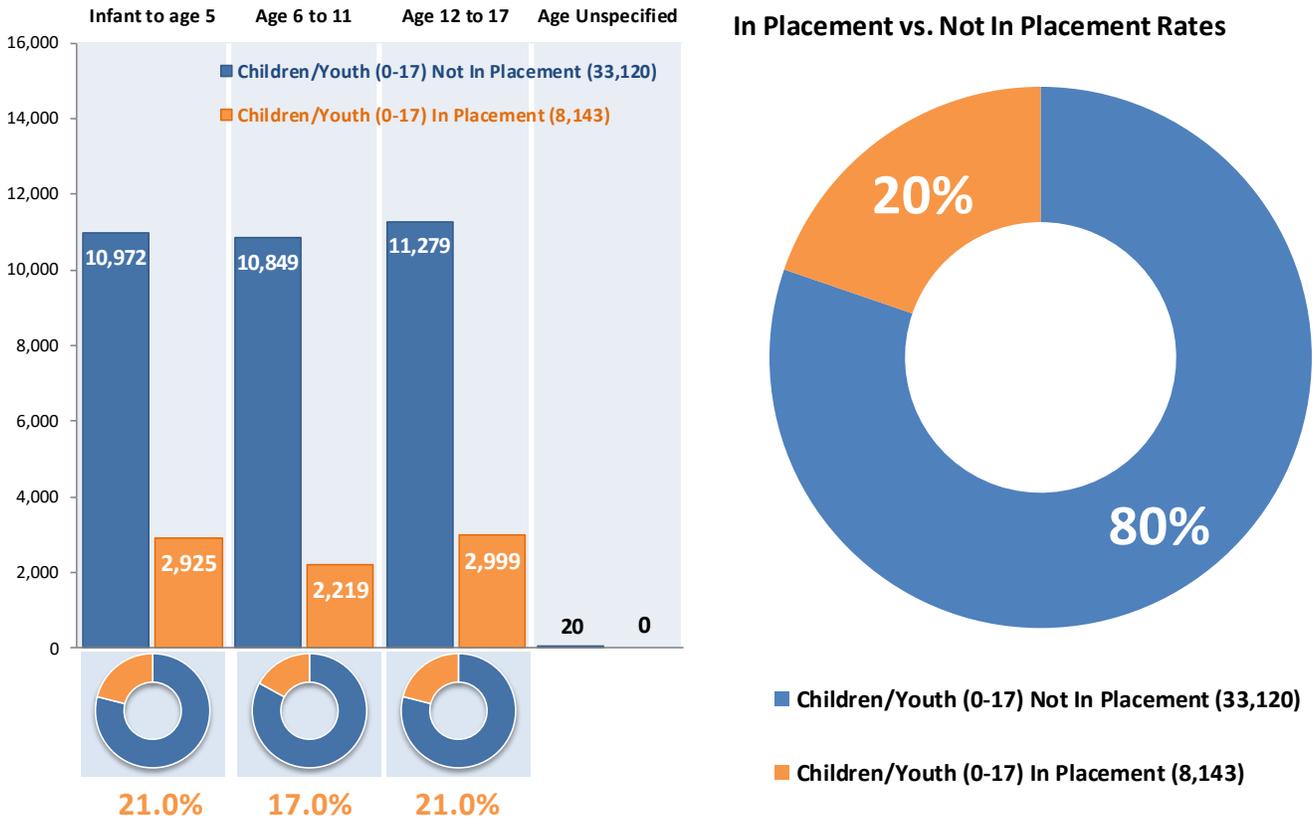
*Less than 1% after rounding.

- **Children (0-17) in Placement as a Rate of Total Children Served**

Figure 12 shows that 20% (8,143/41,263) of children (0-17) in an open case were placed out-of-home at the end of FY2022.

- For children (0-5) in a DCF open case, 21% (2,925/13,897) were in an out-of-home placement.
- For children (6-11) in a DCF open case, 17% (2,219/13,068) were in an out-of-home placement.
- For youth (12-17) in a DCF open case, 21% (2,999/14,278) were in an out-of-home placement.

FIGURE 12. Consumer Children (0-17) in Placement as a Percent of Total Children Served



- **Children and Young Adults in Placement – Demographics-Birth Sex**

Table 13 shows that children (0-17) in placement are fairly evenly distributed within the demographic of birth sex.

TABLE 13. Birth Sex FY2022

	Children (0-17)		Young Adults (18 & Older)	
Female	4,016	49%	888	54%
Male	4,126	51%	741	45%
Intersex	1	*	3	*
Missing (not recorded)	-	-	-	-
Total in Placement Fiscal Year End	8,143	100%	1,632	100%

*Less than 1% after rounding.

- **Children, Youth, and Young Adults in Placement – Gender Identity/Expression**

Table 13a shows the documented Gender Identity/Expression of children, youth, and young adults in placement at the end of FY2022.

TABLE 13a. Gender Identity/Expression of Children, Youth, and Young Adults in Placement

	Children (3-10 yrs.) [^]	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups [^]
Androgynous	.1%	.1%	.1%	.1%	.1%
Female	45.2%	43.0%	47.4%	51.8%	46.7%
Gender Nonconforming	.2%	1.4%	1.5%	.7%	.8%
Genderqueer	-	.3%	-	-	.1%
Male	47.9%	46.9%	43.8%	42.3%	45.7%
Non-Binary**	-	-	-	-	-
Questioning	.2%	1.5%	1.4%	.1%	.7%
Transgender (Female to Male)	-	.7%	1.7%	1.8%	.9%
Transgender (Male to Female)	-	.2%	.2%	1.1%	.3%
Two Spirit**	-	-	-	-	-
Not Listed/Other	3.3%	2.0%	1.3%	.5%	2.0%
Does Not Wish to Answer	3.1%	3.8%	2.5%	1.5%	2.8%
Documented Gender Identity or Does Not Wish to Answer Total	1,700	861	907	947	4,415
Total in Placement FY2022 End	3,240	1,632	1,717	1,632	8,221

*Less than 0.1% after rounding.

[^]Excludes children less than 3 years-of-age.

**Non-Binary and Two Spirit were added post FY2022 end date.

Gender Identity is an individual's internal view of their gender, one's innermost sense of being male, female, both or neither. Gender Expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Note: The capacity to collect gender identity/expression as a structured data element was introduced in 2017 with the implementation of the Family Assessment and Action Planning Policy and became a mandatory field in 2022. Gender identity/expression is self-reported. The Department is working to improve data collection quality.

- **Children, Youth, and Young Adults in Placement – Sexual Orientation**

Table 13b shows the documented Sexual Orientation of children, youth, and young adults in placement at the end of FY2022.

TABLE 13b. Sexual Orientation of Children, Youth, and Young Adults in Placement

	Children (3-10 yrs.) [^]	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups [^]
Asexual	2.4%	1.2%	1.4%	2.8%	2.0%
Bisexual	.1%	1.9%	7.5%	5.1%	3.1%
Gay	-	1.1%	1.4%	3.2%	1.2%
Lesbian	.1%	.4%	1.8%	1.6%	.8%
Pansexual/Omnisexual	-	.7%	1.1%	1.0%	.6%
Queer	-	.1%	-	.1%	.1%
Questioning	.1%	3.5%	3.1%	.9%	1.6%
Straight/Heterosexual	46.1%	52.3%	57.5%	69.6%	54.8%
Not Listed/Other	23.0%	12.5%	8.5%	4.5%	13.9%
Does Not Wish to Answer	28.3%	26.4%	17.8%	11.2%	22.0%
Documented Sexual Orientation or Does Not Wish to Answer Total	1,437	750	800	819	3,806
Total in Placement FY2022 End	3,240	1,632	1,717	1,632	8,221

*Less than 0.1% after rounding.

[^]Excludes children less than 3 years-of-age.

Sexual Orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions.

Note: The capacity to collect sexual orientation as a structured data element was introduced in 2017 with the implementation of the Family Assessment and Action Planning Policy and became a mandatory field in 2022. Sexual Orientation is self-reported. The Department is working to improve data collection quality.

• **Children and Young Adults in Placement – Demographics-Race/Ethnicity**

Table 14 shows that at the end of FY2022, White (39%), Hispanic/Latinx (32%), and Black (14%) children (0-17) accounted for the majority of children in placement. A similar distribution is also observed for young adults (18 & older).

TABLE 14. Race/Ethnicity of Children, Youth, and Young Adults in Placement ⁽¹⁾

	Children (0-17)		Young Adults (18 & Older)	
White	3,183	39%	599	37%
Hispanic/Latinx (of any race)	2,637	32%	534	33%
Black	1,133	14%	325	20%
Asian	54	1%	35	2%
Native American	21	*	2	*
Pacific Islander	-	-	-	-
Multi-Racial (two or more races)	820	10%	94	6%
Unable to Determine/Declined	289	4%	43	3%
Missing	6	*	-	-
Total in Placement FY2022 End	8,143	100%	1,632	100%

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

FIGURE 14. Consumer Children (0-17) in Out-of-Home Placement by Race/Ethnicity

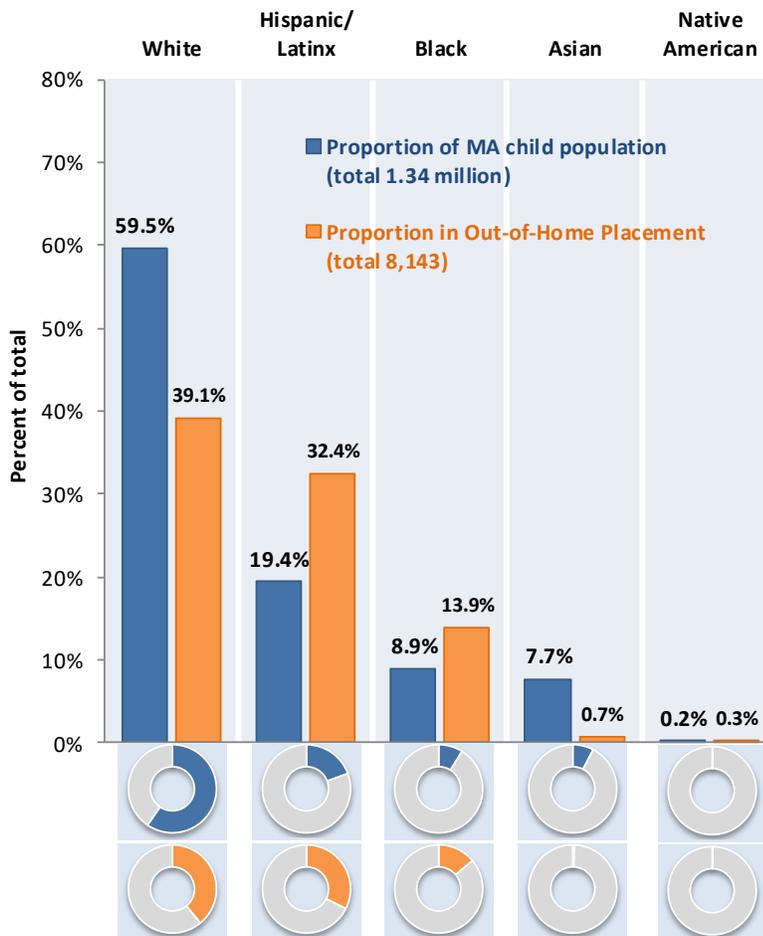


TABLE 14a. Out-of-Home Placement

	RoD	RRI
White	0.7	n/a
Hispanic/Latinx	1.7	2.5x
Black	1.6	2.4x
Asian	0.1	0.1x
Native American	1.4	2.1x

Refer to page 58 for a definition of RoD and RRI.

• **Permanency Plan Distribution for Children (0-17) in Placement**

Table/Figure 15 show that 95% (7,590) of children (0-17) with a specified permanency plan goal who were in placement at the end of FY2022 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, Stabilize Intact Family, and Permanent Care with Kin).

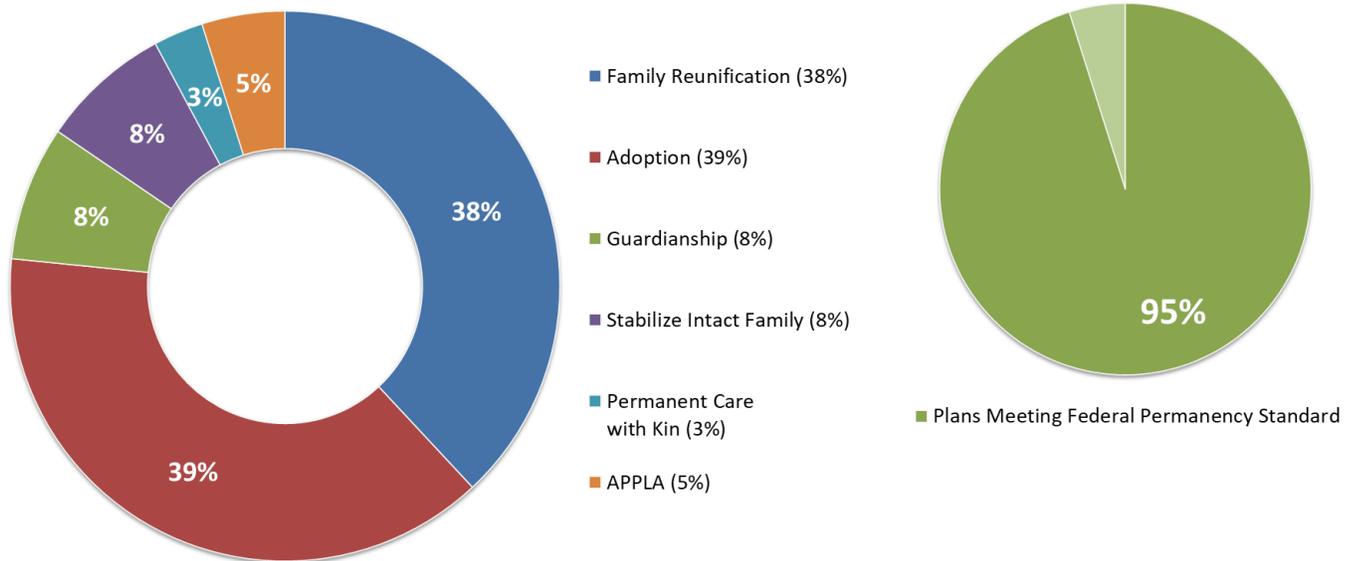
TABLE 15. Permanency Plan: Children (0-17)

	FY2018		FY2019		FY2020		FY2021		FY2022	
Family Reunification	3,660	39%	2,961	35%	3,128	38%	3,094	37%	3,037	38%
Adoption	3,262	35%	3,365	39%	3,244	39%	3,184	38%	3,075	39%
Guardianship	967	10%	786	9%	761	9%	720	9%	632	8%
Stabilize Intact Family	808	9%	775	9%	536	6%	677	8%	612	8%
Permanent Care with Kin	237	3%	260	3%	274	3%	239	3%	234	3%
APPLA	465	5%	425	5%	384	5%	360	4%	390	5%
Unspecified as of report run date (excluded from rate calculation)	232	n/a	237	n/a	87	n/a	190	n/a	163	n/a
Children in Placement Fiscal Year End	9,631		8,809		8,414		8,464		8,143	

⁽¹⁾ **APPLA:** Another Planned Permanent Living Arrangement— The child welfare agency (DCF) maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option considered only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.

The summation of percentages may not equal 100% due to rounding in Table 15/Figure 15.

FIGURE 15. Permanency Plan for Children (0-17) FY2022



- **Racial/Ethnic Distribution by Permanency Plan for Children (0-17) in Placement**

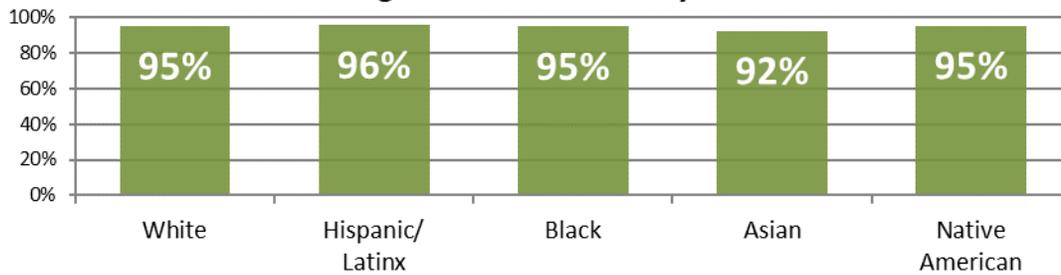
Table/Figure 15a show the racial/ethnic distribution by permanency plan for children in placement at the end of FY2022.

TABLE 15a. Permanency Plan Race/Ethnicity FY2022

	White		Hispanic /Latinx		Black		Asian		Native American	
Family Reunification	1,172	38%	989	38%	432	39%	21	40%	10	48%
Adoption	1,260	40%	970	37%	377	34%	14	27%	9	43%
Guardianship	252	8%	188	7%	108	10%	6	12%	1	5%
Stabilize Intact Family	194	6%	257	10%	88	8%	2	4%	-	-
Permanent Care with Kin	89	3%	75	3%	40	4%	5	10%	-	-
APPLA	156	5%	115	4%	57	5%	4	8%	1	5%
Unspecified as of report run date (excluded from rate calculation)	60	n/a	43	n/a	31	n/a	2	n/a	-	n/a
Children in Placement Fiscal Year End	3,183		2,637		1,133		54		21	

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

FIGURE 15a. Plans Meeting Federal Permanency Standard



• **Permanency Plan Distribution for Young Adults (18 & Older) in Placement**

Table 15b shows that 20% (324) of young adults (18 & older) with a specified permanency plan goal who were in placement at the end of FY2022 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, Stabilize Intact Family, and Permanent Care with Kin).

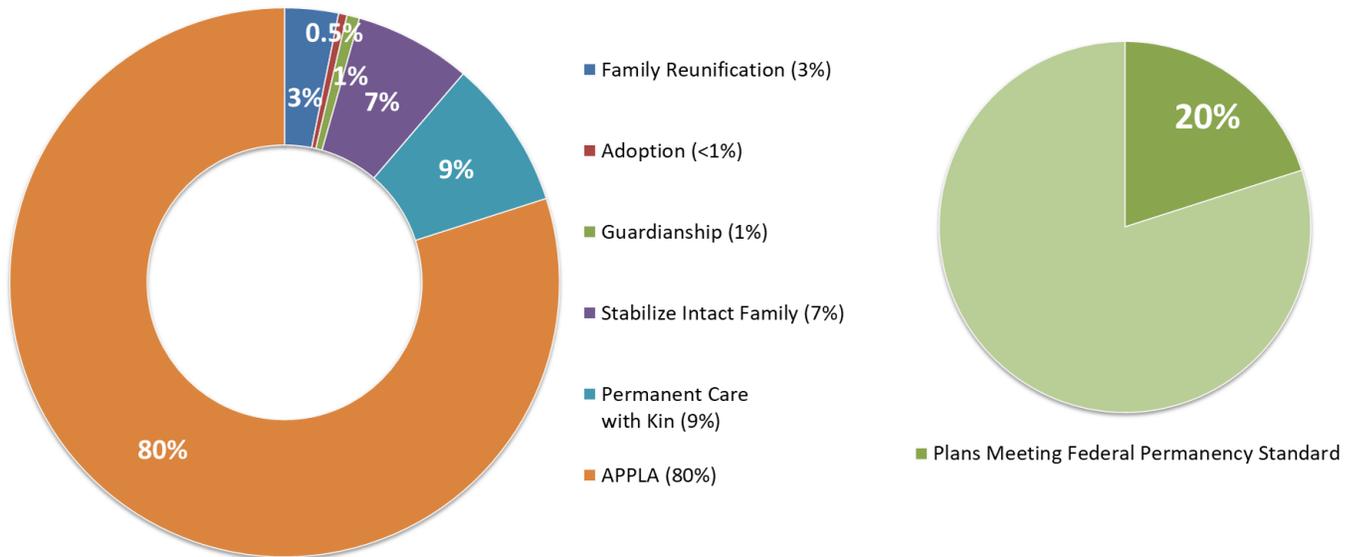
TABLE 15b. Permanency Plan for Young Adults (18 & Older)

	FY2018		FY2019		FY2020		FY2021		FY2022	
Family Reunification	71	5%	59	4%	56	4%	55	3%	51	3%
Adoption	3	*	8	1%	5	*	9	1%	8	*
Guardianship	9	1%	7	*	7	*	14	1%	12	1%
Stabilize Intact Family	297	20%	292	20%	225	14%	177	10%	111	7%
Permanent Care with Kin	57	4%	58	4%	91	6%	122	7%	142	9%
APPLA	1,050	71%	1,052	71%	1,191	76%	1,311	78%	1,291	80%
Unspecified as of report run date (excluded from rate calculation)	27	n/a	43	n/a	17	n/a	18	n/a	17	n/a
Young Adults (18 & Older) in Placement Fiscal Year End	1,514		1,519		1,592		1,706		1,632	

*Less than 1% after rounding.

⁽¹⁾ **APPLA:** Another Planned Permanent Living Arrangement— The child welfare agency (DCF) maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option considered only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.

FIGURE 15b. Permanency Plan for Young Adults (18 & >) FY2022



• **Children and Young Adults by Placement Type**

Table/Figure 16 show that at the end of FY2022, 82% of placed children (0-17) were living in family-type settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). Recognizing that children experience greater emotional and placement stability when safely placed with kin (i.e., kinship and child specific foster parents), DCF has prioritized kin placement. Accordingly, Figure 16a shows that 57% of children (0-17) placed in DFC foster homes were placed with kin. The overall kinship placement rate (Figure 16b) for all children (0-17) in out-of-home placement (of any type) was 39%.

TABLE 16. Placement Type FY2022

	Children (0-17)		Young Adults (18 & Older)	
Departmental Foster Care (DFC) – Kinship	2,581	32%	73	4%
Departmental Foster Care (DFC) – Child Specific	588	7%	69	4%
Departmental Foster Care (DFC) – Unrestricted	1,886	23%	76	5%
Departmental Foster Care (DFC) – Pre-adoptive	501	6%	4	*
Departmental Foster Care (DFC) – Independent Living	2	*	816	50%
Comprehensive Foster Care (CFC) – Contracted	1,081	13%	132	8%
Congregate Care – Treatment Residence	563	7%	119	7%
Congregate Care – Medically Complex Residence	8	*	1	*
Congregate Care – Residential School	331	4%	90	6%
Congregate Care – Emergency Residence	255	3%	-	-
Congregate Care – Youth and Young Adult	20	*	206	13%
Non-Referral Location (e.g., hospital, other state agency)	191	2%	36	2%
Missing/Absent from Approved Placement	136	2%	10	1%
Total in Placement Fiscal Year End	8,143	100%	1,632	100%

*Less than 1% after rounding.

FIGURE 16. Placement Type for Children (0-17)

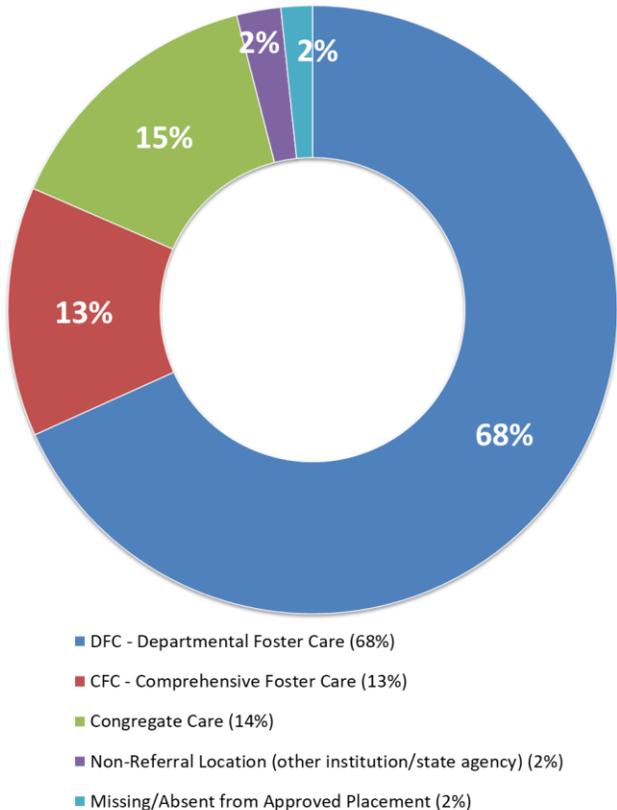


FIGURE 16a. Kin Placement as a % of DFC for Children (0-17)

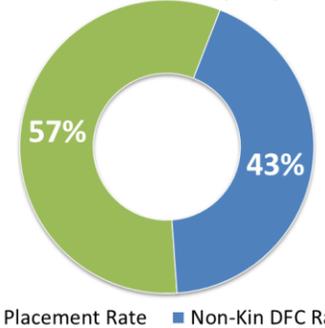
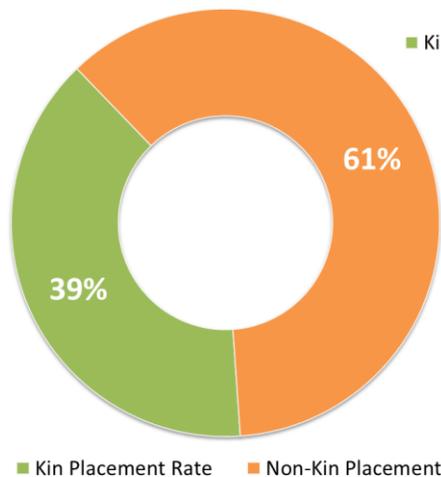


FIGURE 16b. Kin Placement as a % of ALL Placed Children (0-17)



• **Children (0-17) Five-year Distribution by Placement Type**

Table 16c shows that the utilization of Departmental and Comprehensive Foster Care placement compared to Congregate Care has been relatively stable within the past five years.

	FY2018		FY2019		FY2020		FY2021		FY2022	
Departmental Foster Care (DFC) – Kinship	2,801	29%	2,565	29%	2,593	31%	2,674	32%	2,581	32%
Departmental Foster Care (DFC) – Child Specific	668	7%	633	7%	610	7%	558	7%	588	7%
Departmental Foster Care (DFC) – Unrestricted	2,277	24%	1,995	23%	1,880	22%	1,898	22%	1,886	23%
Departmental Foster Care (DFC) – Pre-adoptive	481	5%	503	6%	515	6%	503	6%	501	6%
Departmental Foster Care (DFC) – Indep. Living	5	*	3	*	3	*	2	*	2	*
Comprehensive Foster Care (CFC) – Contracted	1,465	15%	1,369	16%	1,310	16%	1,190	14%	1,081	13%
Congregate Care – Treatment Residence	817	8%	703	8%	653	8%	693	8%	563	7%
Congregate Care – Medically Complex Residence	14	*	14	*	16	*	9	*	8	*
Congregate Care – Residential School	450	5%	440	5%	428	5%	364	4%	331	4%
Congregate Care – Emergency Residence	380	4%	330	4%	201	2%	281	3%	255	3%
Congregate Care – Youth and Young Adult	17	*	11	*	8	*	7	*	20	*
Non-Referral Location (e.g., hospital, state agency)	139	1%	139	2%	110	1%	175	2%	191	2%
Missing/Absent from Approved Placement	117	1%	104	1%	87	1%	110	1%	136	2%
Total in Placement Fiscal Year End	9,631	100%	8,809	100%	8,414	100%	8,464	100%	8,143	100%

*Less than 1% after rounding.

• **Children (0-17) Racial/Ethnic Distribution by Placement Type**

Table 16d presents the racial/ethnic distribution for children (0-17) by placement type at end of FY2022.

	White		Hispanic /Latinx		Black		Asian		Native American	
Departmental Foster Care (DFC) – Kinship	1,142	36%	775	29%	306	27%	20	37%	4	19%
Departmental Foster Care (DFC) – Child Specific	255	8%	180	7%	68	6%	4	7%	1	5%
Departmental Foster Care (DFC) – Unrestricted	663	21%	636	24%	276	24%	14	26%	8	38%
Departmental Foster Care (DFC) – Pre-adoptive	206	6%	161	6%	61	5%	-	-	2	10%
Departmental Foster Care (DFC) – Indep. Living	1	-	1	*	-	-	-	-	-	-
Comprehensive Foster Care (CFC) – Contracted	351	11%	404	15%	169	15%	5	9%	2	10%
Congregate Care – Treatment Residence	231	7%	169	6%	88	8%	3	6%	1	5%
Congregate Care – Medically Complex Residence	3	*	4	*	-	-	-	-	-	-
Congregate Care – Residential School	136	4%	91	3%	56	5%	3	6%	2	10%
Congregate Care – Emergency Residence	98	3%	77	3%	49	4%	1	2%	-	-
Congregate Care – Youth and Young Adult	6	*	4	*	4	-	-	-	-	-
Non-Referral Location (e.g., hospital, state agency)	62	2%	74	3%	28	2%	2	4%	1	5%
Missing/Absent from Approved Placement	29	1%	61	2%	28	2%	2	4%	-	-
Total in Placement Fiscal Year End	3,183	100%	2,637	100%	1,133	100%	54	100%	21	100%

FIGURE 16d. Kin/CS Placement as a % of Placed Children (0-17) within Race/Ethnicity

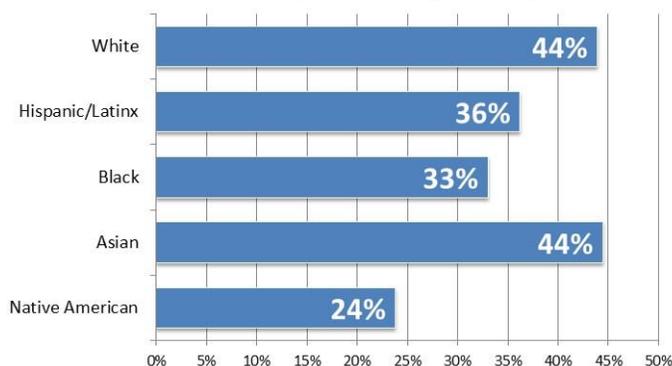


Figure 16d presents kin/child specific placement within race/ethnicity.

• Sibling Placements

Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. Table 17 and Figures 17a-b show that the “2 or more sibling placement rate” increased by 3.5% and the “all DFC sibling placement rate” increased by 14.0% between FY2018 and FY2022.

TABLE 17. Sibling Placement Rates

	FY2018	FY2019	FY2020	FY2021	FY2022
Cases with 2 or More Siblings in DFC Placement (denominator)	1,381	1,256	1,232	1,213	1,196
Cases with 2 or More Siblings in Same DFC Home (numerator)	1,024	964	961	957	918
2 or more Sibling Placement Rate Fiscal Year End	74%	77%	78%	79%	77%
Cases with all Siblings in Same DFC Home (numerator)	772	760	762	767	762
ALL DFC Placed Sibling Placement Rate Fiscal Year End	56%	61%	62%	63%	64%

FIGURE 17a. 2+ Sibling Rate

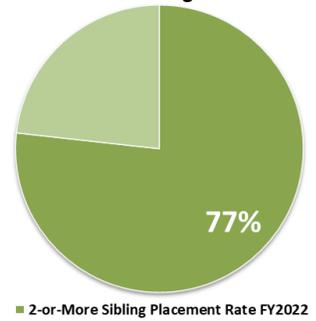
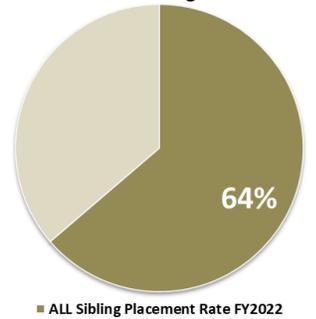


FIGURE 17b. All Sibling Rate



• Continuous Time in Placement

The period between the start and end of DCF placement custody is known as a *Home Removal Episode (HRE)*. *Continuous Time in Placement* is a federal measure defined as the timespan between the start and end of an HRE (see definition on p.51). Table 18 and Figures 18a-b-c reveal that at the end of FY2022, 62% of children (0-17) had a continuous time in out-of-home placement of two years or less.

TABLE 18. Continuous Time in Placement

	FY2018	FY2019	FY2020	FY2021	FY2022
0.5 years or less	2,367	2,088	1,643	1,846	1,718
> 0.5 years to 1 year	1,638	1,434	1,553	1,373	1,323
> 1 year to 2 years	2,343	2,131	2,051	1,987	1,990
> 2 years to 4 years	2,269	2,081	2,042	2,201	2,065
> 4 years	1,014	1,075	1,125	1,057	1,047
Total Children (0-17) in Placement Fiscal Year End	9,631	8,809	8,414	8,464	8,143

FIGURE 18b. FY2022

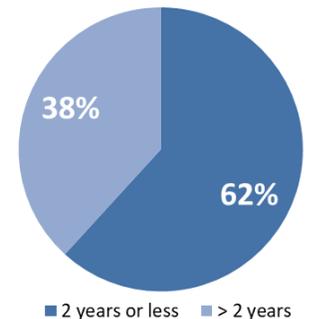


FIGURE 18a. Continuous Time in Placement for Consumer Children (0-17)

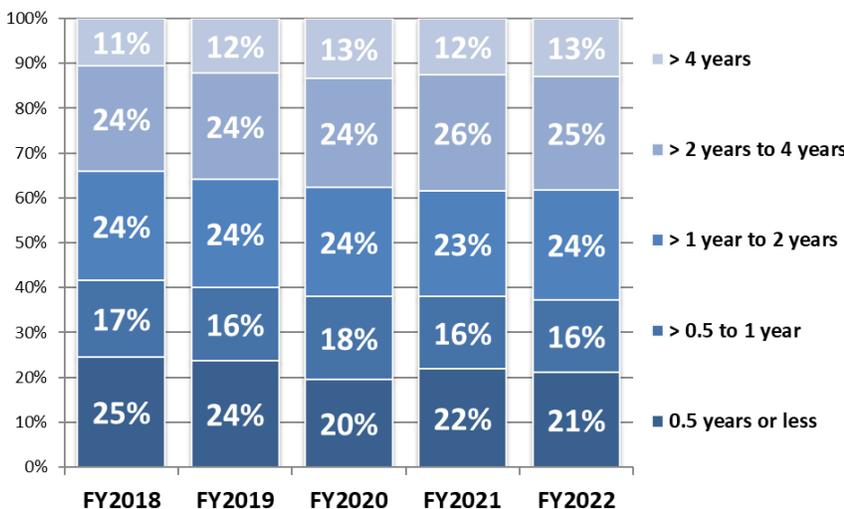
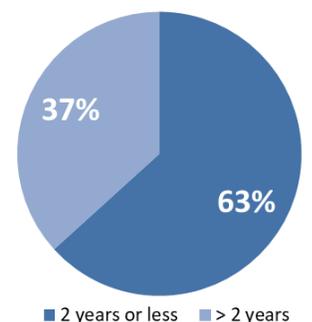


FIGURE 18c. FY2018-22



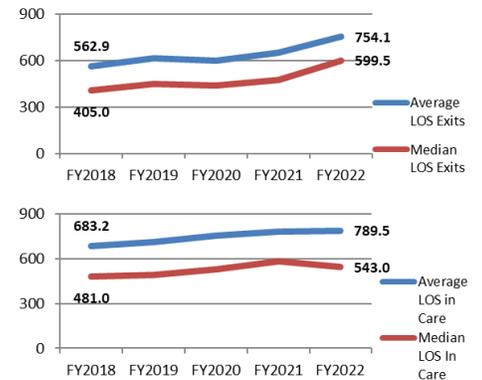
- **Placement Length-of-Stay**

Table/Figure 19 present the annual average/median *Placement Length-of-Stay* (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year. LOS increased in FY2022.

TABLE 19. Placement Length-of-Stay ⁽¹⁾

	FY2018	FY2019	FY2020	FY2021	FY2022
Average LOS Days for Children Exiting Care by FY End	562.9	615.3	600.3	651.7	754.1
Average LOS in Months	18.5	20.2	19.7	21.4	24.8
Median LOS Days for Children Exiting Care by FY End	405	451	436	474	599.5
Median LOS in Months	13.3	14.8	14.3	15.6	19.7
<hr/>					
Average LOS Days for Children in Care at FY End	683.2	712.0	756.6	781.0	789.5
Average LOS in Months	22.4	23.4	24.9	25.7	25.9
Median LOS Days for Children in Care at FY End	481	493	531	581	543
Median LOS in Months	15.8	16.2	17.5	19.1	17.9

⁽¹⁾ Length-of-stay values exclude youth who turned 18 on or before their discharge from care and those who turned 18 before the end of the fiscal year and remained in care.



- **Placement Length-of-Stay by Race/Ethnicity**

Table 19a presents the annual average/median Placement Length-of-Stay (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year by race/ethnicity.

TABLE 19a. Placement Length-of-Stay by Race/Ethnicity ⁽¹⁾

	White	Hispanic /Latinx	Black	Asian	Native American
Average LOS Days for Children Exiting Care by FY End	754.57	774.46	756.38	567.94	665.6
Average LOS in Months	24.8	25.4	24.9	18.7	21.9
Median LOS Days for Children Exiting Care by FY End	625	604	574	415	203
Median LOS in Months	20.5	19.8	18.9	13.6	6.7
<hr/>					
Children Exiting Care by FY End	1,700	1,289	559	42	7
<hr/>					
Average LOS Days for Children in Care at FY End	757.78	795.63	862.41	794.38	978.65
Average LOS in Months	24.9	26.1	28.3	26.1	32.2
Median LOS Days for Children in Care at FY End	540.5	560	589	490	756
Median LOS in Months	17.8	18.4	19.4	16.1	24.8
<hr/>					
Children in Care at FY End	3,183	2,637	1,133	54	21

⁽¹⁾ Length-of-stay values exclude youth who turned 18 on or before their discharge from care and those who turned 18 before the end of the fiscal year and remained in care.

IV. PLACEMENT STABILITY

Children in placement may experience one or more moves during an HRE. Placement instability is generally disruptive to a child’s emotional, social, and academic well-being. Placement instability also tends to increase the time to permanency (i.e., reunification, adoption, guardianship, and permanent care with kin).

- **Placement Stability for Children (0-17) in Placement for Less than 12 Months**

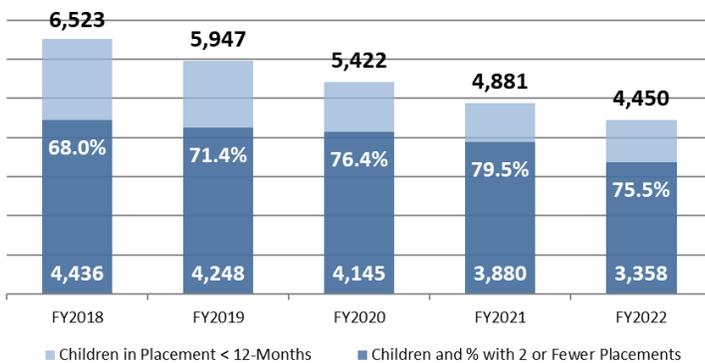
Table/Figure 20 show that, of all the children (0-17) served in a placement setting during FY2022 who were in placement for at least 8 days but less than 12 months, 75.5%, had two or fewer placement settings.

TABLE 20. Placement Stability for Children (0-17) in Placement Less Than 12 months

	FY2018	FY2019	FY2020	FY2021	FY2022
Children in Placement < 12 Months (denominator)	6,523	5,947	5,422	4,881	4,450
Children with 2 or Fewer Placements (numerator)	4,436	4,248	4,145	3,880	3,358
CFSR2 Measure 4.1: Of all children who were served in placement during the 12-month period ending with the Fiscal Year, and who were in placement for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	68.0%	71.4%	76.4%	79.5%	75.5%

National median: 83.3%, 75th percentile: 86.0% (higher score is preferable)

FIGURE 20. Children (0-17) in Placement Less Than 12 Months and % with Two or Fewer Placement Settings



- **Placement Moves per 1,000 Placement Days for Children (0-17) In Care for Less than 12 Months**

Table/Figure 21 show the number and rate per 1,000 placement days for children (0-17) who entered care during the specified fiscal year. Of note, placement stability improved by 23.4% in FY2022, relative to FY2018.

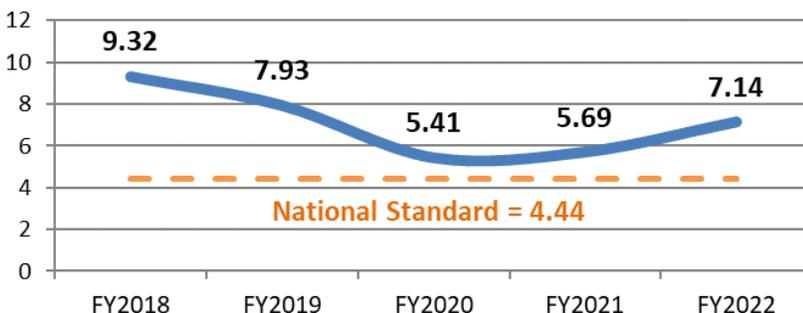
TABLE 21. Placement Moves per 1,000 Placement Days

	FY2018	FY2019	FY2020	FY2021	FY2022
Total Number of Placement Days (denominator)	840,668	778,735	780,760	642,653	622,966
Total Number of Placement Moves (numerator)	7,831	6,175	4,225	3,654	4,448
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	9.32	7.93	5.41	5.69	7.14

National Standard: 4.44 (lower score is preferable)

NOTE: Values for FY2018-20 were recast in FY2021 to correct a data issue.

FIGURE 21: Placement Moves per 1K Placement Days



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

Table 21a shows the number of placement moves per 1,000 placement days for children (0-17) who entered care during FY2022 by race/ethnicity.

TABLE 21a. Placement Moves per 1,000 Placement Days by Race/Ethnicity

	White	Hispanic /Latinx	Black	Asian	Native American
Total Number of Placement Days (denominator)	243,459	193,222	92,803	5,035	1,613
Total Number of Placement Moves (numerator)	1,399	1,525	930	21	7
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	5.75	7.89	10.02	4.17	4.34
<i>National Standard: 4.44 (lower score is preferable)</i>					

V. PLACEMENT ENTRIES/RE-ENTRIES INTO CARE FOR CHILDREN (0-17)

As found in Table/Figure 22, 3,964 unique children (0-17) entered out-of-home care during FY2022. Of these, 90% (3,577) were either:

- New entries who had never been in DCF out-of-home care (2,950), or
- Re-entered care more than 12 months after their most recent HRE (627)

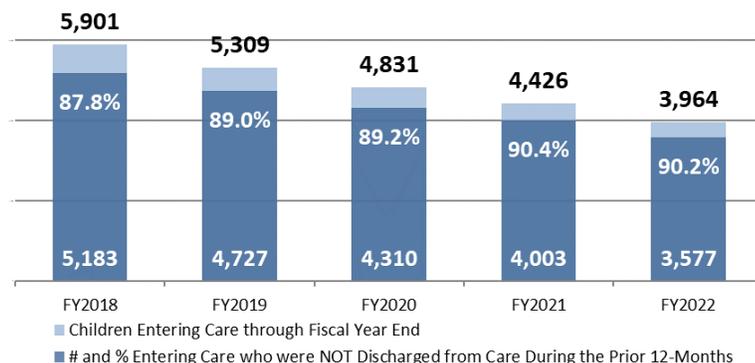
The remaining 9.8% (387) children re-entered care within 12 months of their most recent HRE.

TABLE 22. Children (0-17) Entering Care

	FY2018	FY2019	FY2020	FY2021	FY2022
Children Entering Care through Fiscal Year End (denominator)	5,901	5,309	4,831	4,426	3,964
First Time Entry into Care (numerator)	4,421	4,003	3,620	3,354	2,950
Re-Entry in More than 12 Months (numerator)	762	724	690	649	627
Re-Entry Within 12 Months	718	582	521	423	387
% of Children Entering Care who were NOT Discharged from Care During the Prior 12 Months.⁽¹⁾	87.8%	89.0%	89.2%	90.4%	90.2%

⁽¹⁾ Higher score is preferable.

FIGURE 22. Children Entering Care and % NOT Discharged from Care during Prior 12 Months



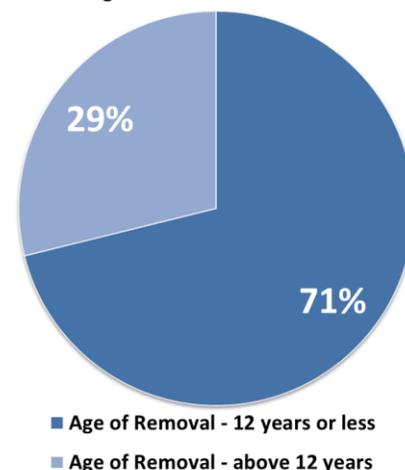
VI. PLACEMENT EXITS

• Exits from Care for Children (0-17)

Table/Figure 23 show that there were 4,098 exits from out-of-home placement. Of these 4,098 exits, 71% (2,915) were children who entered out-of-home care at 12 years of age or younger.

	FY2018	FY2019	FY2020	FY2021	FY2022
Age of Removal – 12-years or less	4,053	4,121	3,643	3,195	2,915
Age of Removal – above 12-years	1,757	1,715	1,588	1,271	1,183
ALL Exits from Care	5,810	5,836	5,231	4,466	4,098

FIGURE 23. Age of Removal - FY2022 Exits



• Exit Reasons for Children (0-17) that Exited from Care

When children enter DCF out-of-home care, concerted efforts are made to safely achieve permanency through reunification, adoption, and guardianship. Tables/Figures 23a-b reveal that 84% of children that exited out-of-home care in FY2022 achieved permanency.

TABLE 23a. Care Exit Reasons:

Age of Removal - ALL	FY2018	FY2019	FY2020	FY2021	FY2022
Reunification – permanency	62.4%	60.1%	61.9%	63.3%	56.2%
Adoption – permanency	13.4%	16.0%	16.2%	16.1%	20.2%
Guardianship – permanency	10.1%	10.2%	8.0%	5.9%	7.8%
Transfer to Other Agency	.2%	.1%	.1%	.2%	.1%
Emancipation	13.8%	13.5%	13.6%	14.4%	15.6%
Death of Child – all causes	.1%	.1%	.1%	.2%	<.1%
Total	100%	100%	100%	100%	100%

FIGURE 23a. Exits by Permanency Type

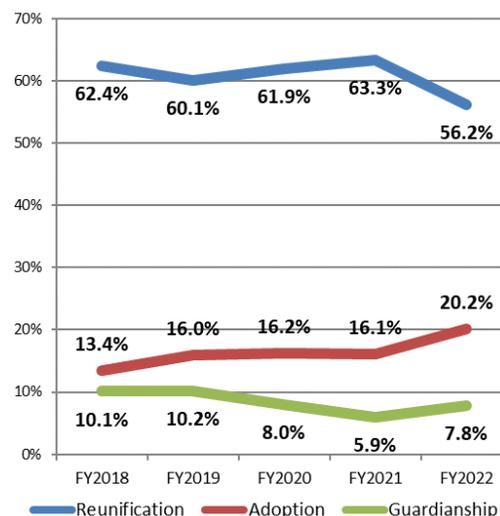


FIGURE 23b. Exits to Permanency

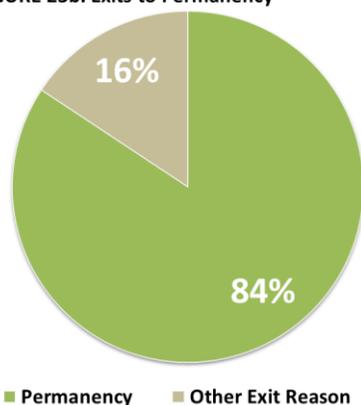


TABLE 23b. Care Exit Reasons:

Age of Removal	FY2018		FY2019		FY2020		FY2021		FY2022	
	12 or Less	Above 12								
Reunification	64.0%	58.9%	61.5%	56.9%	63.5%	58.2%	66.4%	55.2%	58.1%	51.7%
Adoption	19.1%	.4%	22.6%	.2%	23.2%	.3%	22.4%	.2%	28.3%	.4%
Guardianship	13.4%	2.4%	13.0%	3.5%	10.0%	3.2%	7.1%	2.8%	9.1%	4.2%
ALL OTHER EXIT REASONS	3.5%	38.3%	2.9%	39.4%	3.3%	38.3%	4.0%	41.7%	4.6%	43.6%

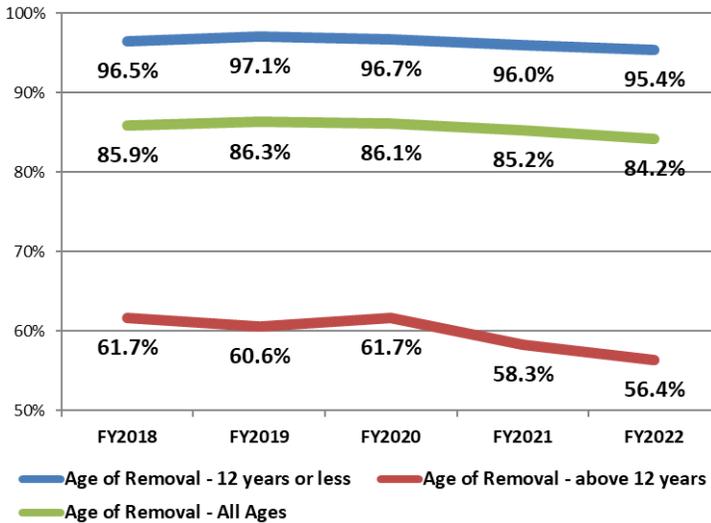
- Exit Reasons for Children (0-17) Who Exited from Care by Age of Removal

TABLE 23c. Exits to Permanency:

Reunification/Adoption/Guardianship	FY2018	FY2019	FY2020	FY2021	FY2022
Age of Removal –12 years or less	96.5%	97.1%	96.7%	96.0%	95.4%
Age of Removal – above 12 years	61.7%	60.6%	61.7%	58.3%	56.4%
Age of Removal – All Ages	85.9%	86.3%	86.1%	85.2%	84.2%

Higher score is preferable.

FIGURE 23c. Permanency by Age of Removal



While 84.2% of children (0-17) that exited out-of-home care in FY2022 exited to permanency, Table/Figure 23c show that children who entered care at age 12 years or less achieved permanency at a higher rate (95.4%) than children who entered out-of-home care at age 13 or older (56.4%). Further, Table 23b (p.19) reveals that children age 13 or older at the time of entry into care were less likely to exit to adoption or guardianship, than children entering care at age 12 years or less.

- Exits from Care by Race/Ethnicity

Table 24 presents exits from care by race/ethnicity as a rate of children in placement at the start of the fiscal year.

TABLE 24. Exits from Care by Race/Ethnicity – RoD and RRI FY2022⁽¹⁾

	Children (0-17) in Placement Start of FY2022		Children (0-17) Exiting in FY2022		RoD	RRI
White	3,417	40%	1,700	41%	1.0	n/a
Hispanic/Latinx (of any race)	2,751	33%	1,289	31%	1.0	0.9x
Black	1,183	14%	559	14%	1.0	0.9x
Asian	65	1%	42	1%	1.3	1.3x
Native American	20	.2%	7	.2%	0.7	0.7x
Pacific Islander	1	*	6	.1%	-	-
Multi-Racial (two or more races)	743	9%	340	8%	0.9	0.9x
Unable to Determine/Declined	281	3%	154	4%	n/a	n/a
Missing	3	*	1	*	n/a	n/a
Total	8,464	100%	4,098	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 58 for a definition of RoD and RRI.

- **Exits from Care to Reunification by Race/Ethnicity**

Tables 24a presents exits from care to reunification by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 24a. Exits to Reunification by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children (0-17) Exiting in FY2022		Children (0-17) Exits to Reunification		RoD	RRI
White	1,700	41%	896	39%	0.9	n/a
Hispanic/Latinx (of any race)	1,289	31%	756	33%	1.0	1.1x
Black	559	14%	326	14%	1.0	1.1x
Asian	42	1%	23	1%	1.0	1.0x
Native American	7	.2%	3	.1%	0.8	0.8x
Pacific Islander	6	.1%	4	.2%	1.2	1.3x
Multi-Racial (two or more races)	340	8%	200	9%	1.0	1.1x
Unable to Determine/Declined	154	4%	96	4%	n/a	n/a
Missing	1	*	1	*	n/a	n/a
Total Fiscal Year End	4,098	100%	2,305	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 58 for a definition of RoD and RRI.

- **Exits from Care to Adoption by Race/Ethnicity**

Tables 24b presents exits from care to adoption by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 24b. Exits to Adoption by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children (0-17) Exiting in FY2022		Children (0-17) Exits to Adoption		RoD	RRI
White	1,700	41%	394	47%	1.1	n/a
Hispanic/Latinx (of any race)	1,289	31%	246	30%	0.9	0.8x
Black	559	14%	83	10%	0.7	0.6x
Asian	42	1%	4	.5%	0.5	0.4x
Native American	7	.2%	2	.2%	1.4	1.2x
Pacific Islander	6	.1%	1	.1%	0.8	0.7x
Multi-Racial (two or more races)	340	8%	73	9%	1.1	0.9x
Unable to Determine/Declined	154	4%	27	3%	n/a	n/a
Missing	1	*	-	-	n/a	n/a
Total Fiscal Year End	4,098	100%	830	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 58 for a definition of RoD and RRI.

- **Exits from Care to Guardianship by Race/Ethnicity**

Tables 24c presents exits from care to guardianship by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 24c. Exits to Guardianship by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children (0-17) Exiting in FY2022		Children (0-17) Exits to Guardianship		RoD	RRI
White	1,700	41%	166	52%	1.3	n/a
Hispanic/Latinx (of any race)	1,289	31%	76	24%	0.8	0.6x
Black	559	14%	36	11%	0.8	0.7x
Asian	42	1%	6	2%	1.8	1.5x
Native American	7	.2%	-	-	-	-
Pacific Islander	6	.1%	-	-	-	-
Multi-Racial (two or more races)	340	8%	25	8%	0.9	0.8x
Unable to Determine/Declined	154	4%	10	3%	n/a	n/a
Missing	1	*	-	-	n/a	n/a
Total Fiscal Year End	4,098	100%	319	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 58 for a definition of RoD and RRI.

- **Exits from Care to Aging Out by Race/Ethnicity**

Tables 24d presents exits from care to emancipation (i.e., aging out) by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 24d. Exits to Emancipation by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children (0-17) Exiting in FY2022		Exits to Emancipation		RoD	RRI
White	1,700	41%	239	37%	0.9	n/a
Hispanic/Latinx (of any race)	1,289	31%	215	34%	1.1	1.2x
Black	559	14%	114	18%	1.3	1.5x
Asian	42	1%	9	1%	1.4	1.5x
Native American	7	.2%	2	.3%	1.8	2.0x
Pacific Islander	6	.1%	1	-	1.1	1.2x
Multi-Racial (two or more races)	340	8%	43	7%	0.8	0.9x
Unable to Determine/Declined	154	4%	18	3%	n/a	n/a
Missing	1	*	-	-	n/a	n/a
Total Fiscal Year End	4,098	100%	641	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 58 for a definition of RoD and RRI.

VII. CHILD MALTREATMENT

The Department responds to allegations of abuse and neglect reported by professionals and the public. When a case is opened, DCF works collaboratively with families to assess their needs, connects families with services in the community and works with them to ensure children can grow and thrive in a safe, supportive and stable home.

When DCF receives a report of abuse and/or neglect, called a 51A report, from either a mandated reporter or another concerned person, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent/family. These cases are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

Defining Terms

Child Abuse

This definition is not dependent upon location. Abuse can occur while the child is in an out-of-home or in-home setting.

- The non-accidental commission of any act by a caregiver which causes or creates a substantial risk of physical or emotional injury or sexual abuse of a child.
- The victimization of a child through sexual exploitation or human trafficking, regardless if the person responsible is a caregiver.

Child Neglect

Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

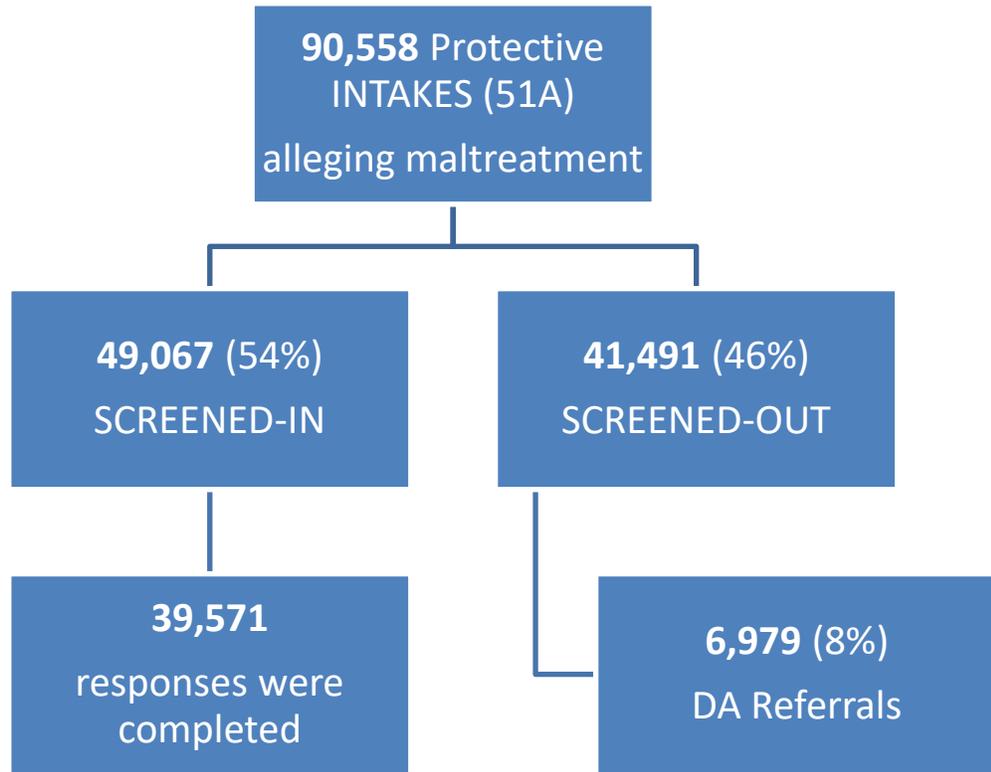
Caregiver

- A child's parent, stepparent, guardian, or any household member entrusted with responsibility for a child's health or welfare
- Any other person entrusted with responsibility for a child's welfare, whether in the child's home, a relative's home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such "caregiver" includes, but is not limited to:
 - School teachers
 - Babysitters
 - School bus drivers
 - Camp counselors

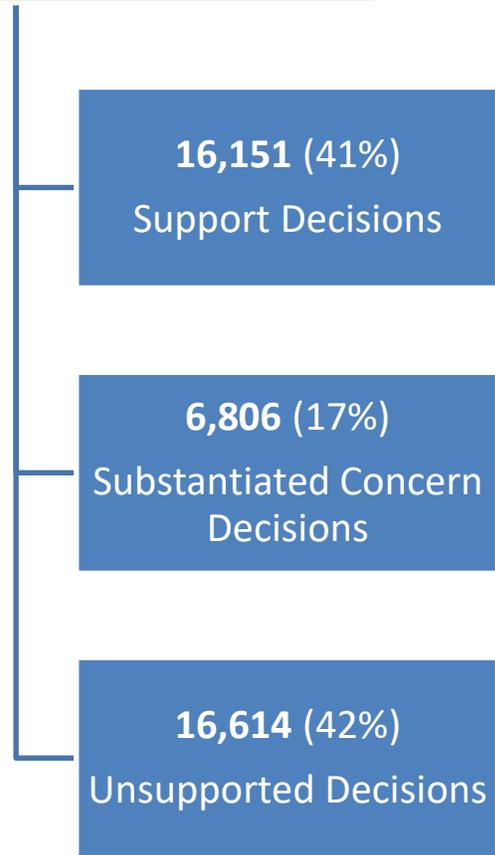
The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child such as a babysitter under age 18.

- Protective Intake (51A) Statistics at a Glance FY2022

Protective Intakes



Response Determinations



- **Intake Distribution**

Table 25 and Figures 25a-b present the DCF intake distribution for protective and non-protective intakes. Protective intakes decreased during the COVID-19 pandemic. In FY2022, DCF received 91,427 intakes, of which 99% (90,558) came to the attention of the Department through the 51A report process. Safe Haven, voluntary, Child Requiring Assistance (CRA) petitions, and court referrals accounted for 1% (869) of all FY2022 intakes.

TABLE 25. Intake Distribution

	FY2018	FY2019	FY2020	FY2021	FY2022
Protective Intakes (51As)	96,487	95,661	83,630	83,644	90,558
Safe Haven	2	-	2	1	-
Voluntary	329	244	248	239	223
CRA and Court Referral	913	974	637	515	646
Intake Distribution FY End	97,731	96,879	84,517	84,399	91,427

FIGURE 25a. FY2022 Intake Distribution

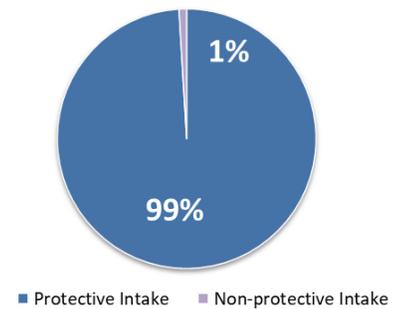
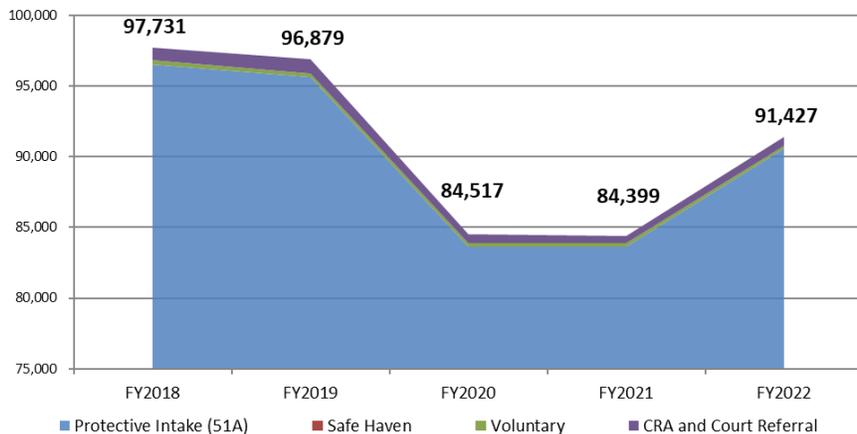


FIGURE 25b. Intake Distribution



- **Protective Intakes (51A Reports)**

Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF’s criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to approach the Department’s initial response.

The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child’s condition. DCF may also contact the family if appropriate.

If the report is “screened-in,” it is assigned for a Child Protective Services (CPS) Response to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Screened-in” reports require either an immediate five-day emergency response, or a non-emergency response. Some 51A reports may not meet DCF’s criteria for suspected abuse and/or neglect and are “screened-out.”

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or

neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges. A “screened-out” report may also be referred to the district attorney (e.g., the report did not involve a child, or the allegations are not within the Department’s mandate concerning child abuse and neglect, and/or alleged perpetrator has been identified and was not a caregiver).

Timeframes for completing a 51A Screening:

- **Screening:** Begins immediately for all reports.
 - Screening for an emergency response is to be completed within two hours
 - Screening for a non-emergency response is to be completed within one business day, but may be extended for one additional business day in limited circumstances

• **Protective Intakes (51As) – Screening and District Attorney (DA) Referral Rates**

Corresponding to a decrease in reporting by mandated reporters (e.g., school personnel) during the COVID-19 pandemic, Table 26 and Figures 26a-b reflect a 12.6% decrease in protective intakes in FY2020 (-12,031) and FY2021 (-12,017) relative to FY2019. By FY2022, the decrease is within 5.3% (-5,103) relative to FY2019.

	FY2018	FY2019	FY2020	FY2021	FY2022
Screen-In Emergency	9,168	8,399	8,502	9,629	8,785
Screen-In Non-Emergency	47,386	45,948	38,788	40,562	40,282
Screen-Out	34,688	35,315	31,194	28,661	34,512
Screen-Out DA Referral	5,245	5,999	5,146	4,792	6,979
Protective Intakes (51As) Fiscal Year End	96,487	95,661	83,630	83,644	90,558

FIGURE 26a. Screened-In 51a Intakes

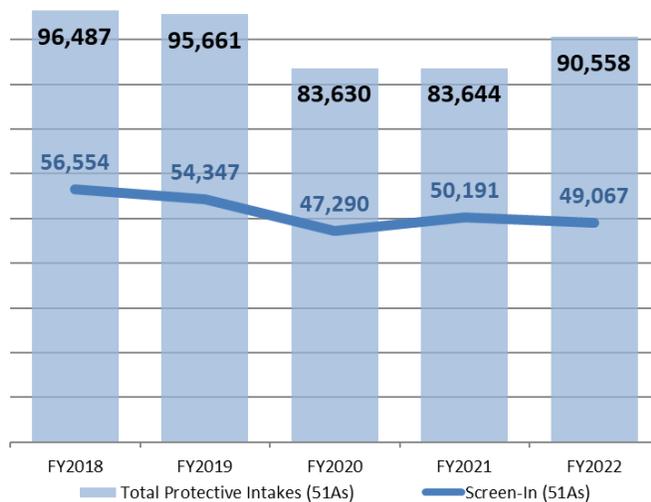
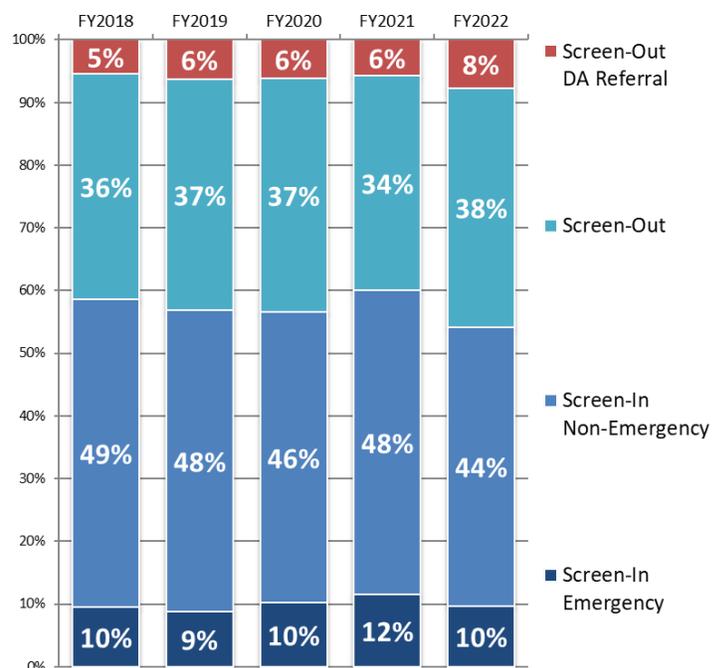


FIGURE 26b. Screening and DA Referral Rates



• **Protective Intakes (51As) by Race/Ethnicity**

Table/Figure 26c show the proportion of children named in protective intakes by race/ethnicity compared to the proportion in the Massachusetts’ child population. While Hispanic/Latinx and Black children are 2.3x more likely to be referred to the Department through a 51A report in comparison to White children, the screen-in rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

TABLE 26c. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2022 ⁽¹⁾

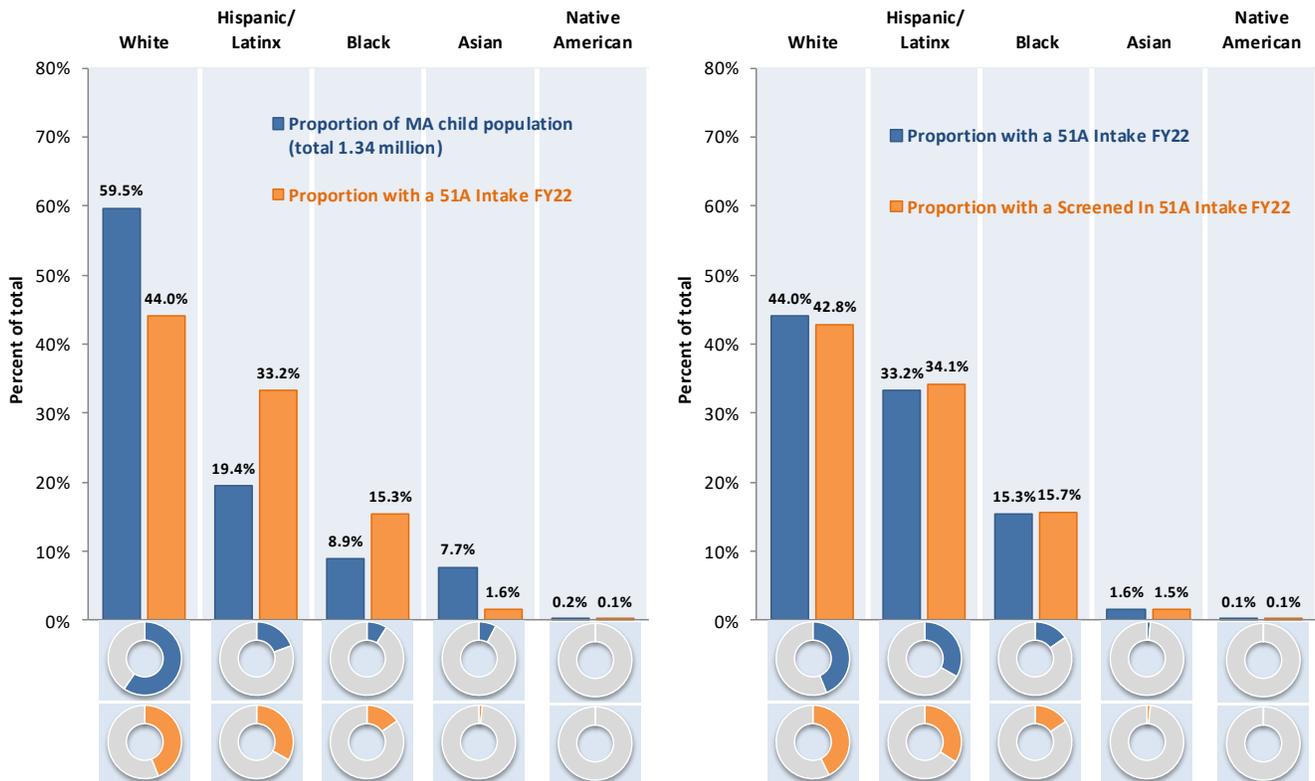
	51A Intake Distribution	RoD	RRI	Screened In 51A Intake Distribution	RoD	RRI
White	44.0%	0.7	n/a	42.8%	1.0	n/a
Hispanic/Latinx (of any race)	33.2%	1.7	2.3x	34.1%	1.0	1.1x
Black	15.3%	1.7	2.3x	15.7%	1.0	1.1x
Asian	1.6%	0.2	0.3x	1.5%	1.0	1.0x
Native American	.1%	0.7	1.0x	.1%	1.1	1.1x
Pacific Islander	*	-	-	*	-	-
Multi-Racial (two or more races)	5.7%	-	-	5.7%	-	-
	100%			100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

FIGURE 26c. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2022



- **Protective Responses (51Bs)**

“Screened-in” 51A reports are assigned for a Child Protective Services (CPS) Response (51B) to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Reasonable cause to believe” means a collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received; a determination of current danger and future risk to the child; and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency, and well-being of their child.

At the conclusion of the CPS Response, a determination is made as to whether the report is:

- **Unsupported** – There is not “reasonable cause to believe” that the child was abused and/or neglected or that the child’s safety or well-being was compromised.
- **Supported** – There is “reasonable cause to believe” the child was abused and/or neglected; the actions or inactions by the parent(s)/caregiver(s) place the child in danger or pose substantial risk to the child’s safety or well-being; or the person was responsible for the child being a victim of sexual exploitation or human trafficking.
- **Substantiated Concern** – There is “reasonable cause to believe” that the child was neglected and the actions or inactions by the parent(s)/ caregiver(s) create the potential for abuse and/or neglect, but there is no immediate danger to the child’s safety or well-being. DCF also determines whether Department intervention is needed to safeguard the safety and well-being of the children in the home. If DCF involvement continues, a Family Assessment and Action Plan is developed with the family.

Timeframes for completing a CPS Response:

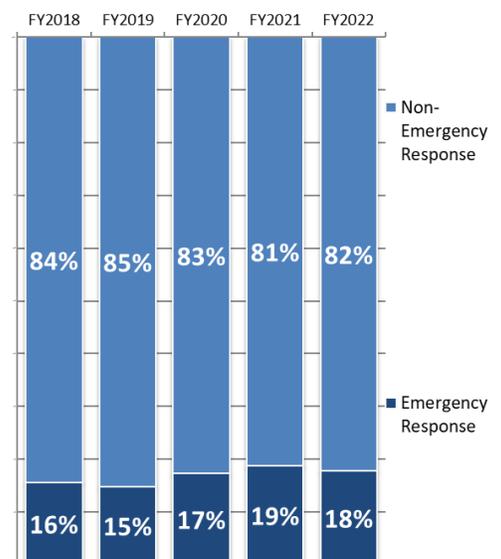
- **Emergency response** – Must begin within two hours and be completed within five business days of the report.
- **Non-emergency response** – Must begin within two business days and be completed within 15 business days of the report.

- **Protective Responses (51Bs) – Emergency/Non-Emergency**

Table/Figure 27 show response type for 51A reports.

	FY2018	FY2019	FY2020	FY2021	FY2022
Emergency Response	7,165	6,570	6,652	7,391	7,027
Non-Emergency Response	38,859	37,711	31,873	31,995	32,544
Protective Responses FY End	46,024	44,281	38,525	39,386	39,571

FIGURE 27. Response Type



- **Protective Responses (51Bs) – Emergency/Non-Emergency by Race/Ethnicity**

Table/Figure 27a display the proportion of children subject to an Emergency or a Non-Emergency protective response by race and ethnicity compared to the proportion of children with a protective intake (51A).

TABLE 27a. Protective Responses (51Bs) – Emergency /Non-Emergency by Race/Ethnicity – Unduplicated by Child FY2022 ⁽¹⁾

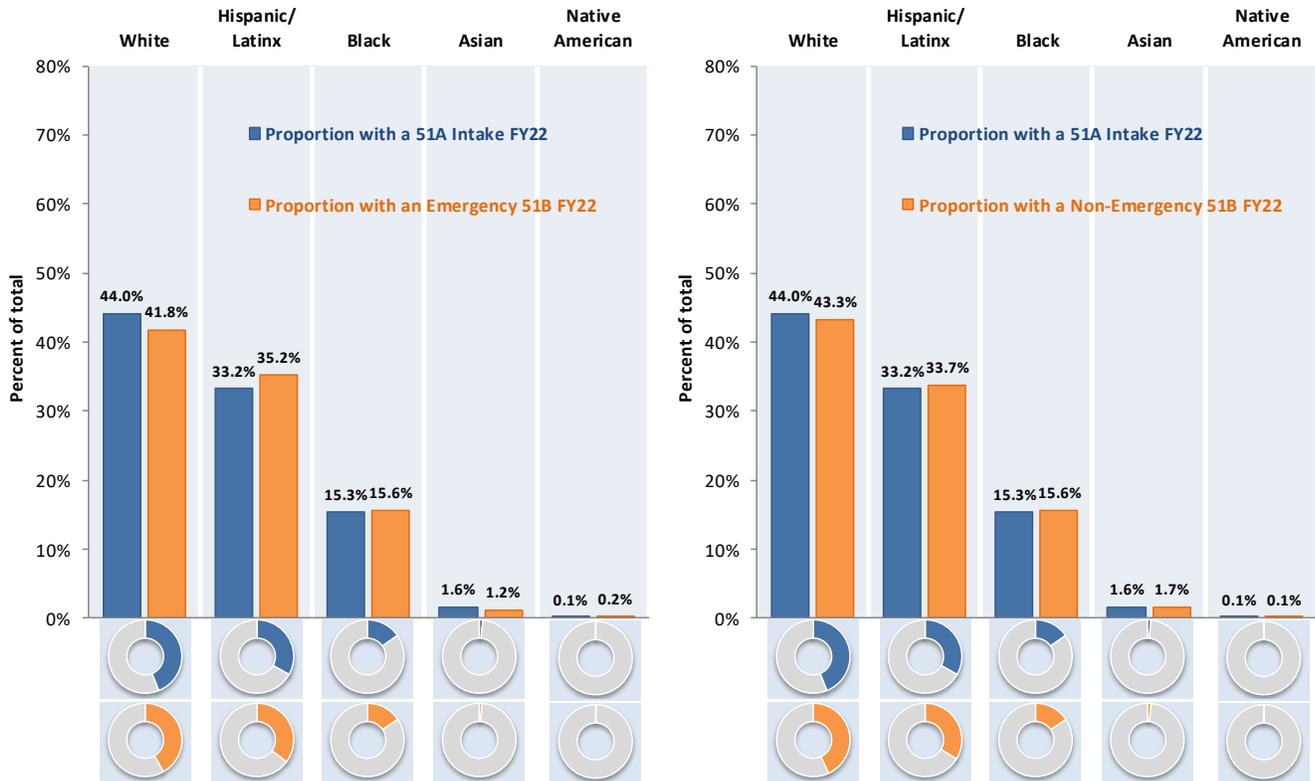
	51B Response Emergency	RoD	RRI	51B Response Non-Emergency	RoD	RRI
White	41.8%	0.9	n/a	43.3%	1.0	n/a
Hispanic/Latinx (of any race)	35.2%	1.1	1.1x	33.7%	1.0	1.0x
Black	15.6%	1.0	1.1x	15.6%	1.0	1.0x
Asian	1.2%	0.8	0.8x	1.7%	1.0	1.1x
Native American	.2%	1.8	1.9x	.1%	1.1	1.1x
Pacific Islander	.1%	-	-	*	-	-
Multi-Racial (two or more races)	6.0%	-	-	5.6%	-	-
	100%			100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

FIGURE 27a. Responses (51Bs) – Emergency/Non-Emergency by Race/Ethnicity – FY2022



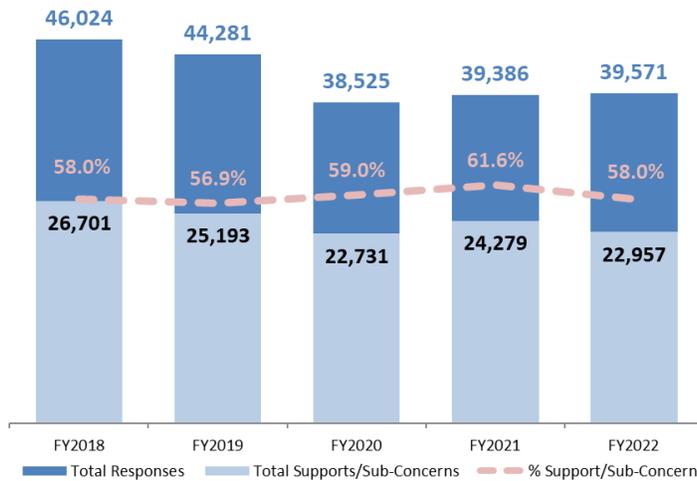
- **Protective Responses (51Bs) – Determinations**

Table/Figure 28 show a 58.7% average combined support/substantiated-concern rate for screened-in reports over the five-year time span of FY2018-22.

TABLE 28. Protective Responses

Support/Concern Counts	FY2018		FY2019		FY2020		FY2021		FY2022	
Investigation – Support Decision	18,573	40.4%	17,952	40.5%	16,583	43.0%	16,350	41.5%	16,151	40.8%
Investigation – Substantiated Concern	8,128	17.7%	7,241	16.4%	6,148	16.0%	7,929	20.1%	6,806	17.2%
Total Supported/Substantiated-Concern	26,701	58.0%	25,193	56.9%	22,731	59.0%	24,279	61.6%	22,957	58.0%

FIGURE 28. Response Determinations



- **Protective Response (51B) Determinations by Race/Ethnicity**

Table/Figure 28a display the proportion of response (51B) determinations of children subject to a protective response by race and ethnicity compared to the proportion of children with a protective intake (51A). While Hispanic/Latinx and Black children are 2.3x more likely to be referred to DCF through a 51A report in comparison to White children (see Table/Figure 26c), support and substantiated concern rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

TABLE 28a. Responses Determinations by Race/Ethnicity – Unduplicated by Child FY2022⁽¹⁾

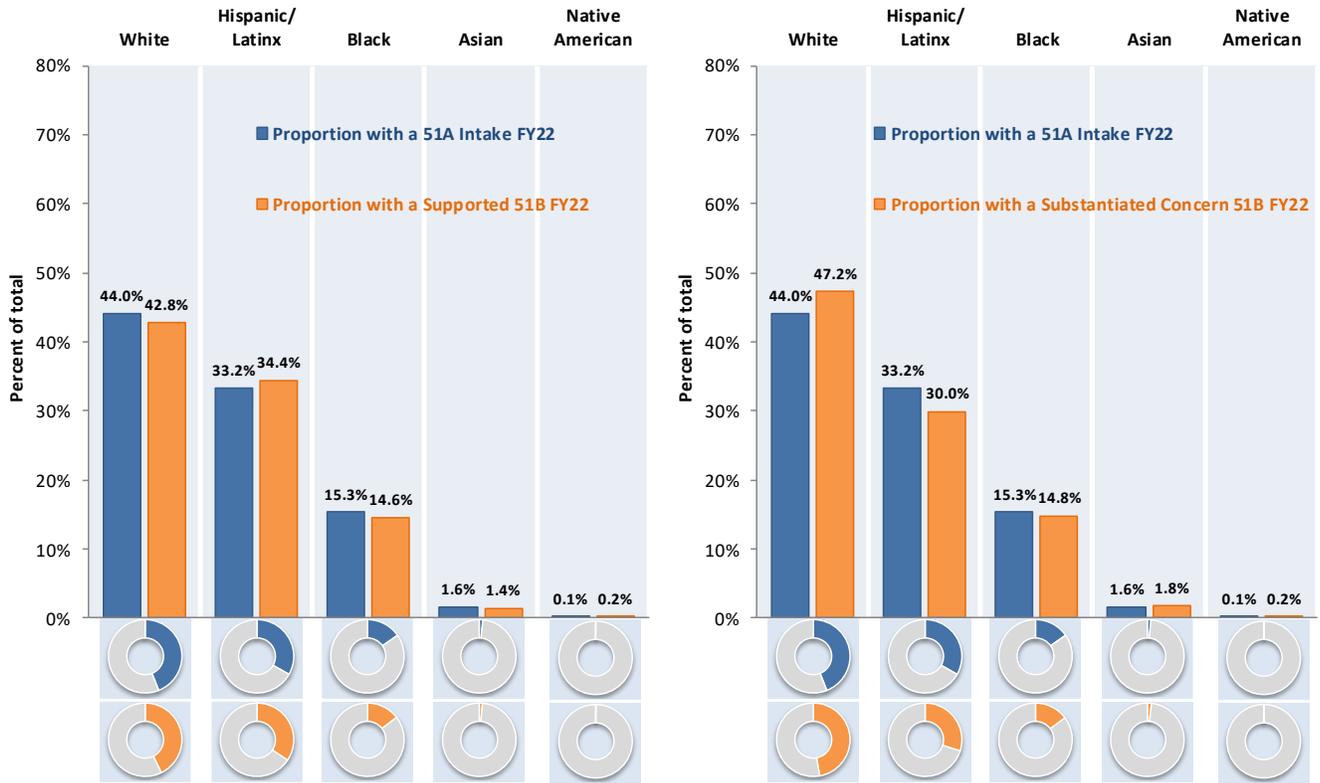
	51B Response Support Distribution	RoD	RRI	51B Response Substantiated Concern Distribution	RoD	RRI
White	42.8%	1.0	n/a	47.2%	1.1	n/a
Hispanic/Latinx (of any race)	34.4%	1.0	1.1x	30.0%	0.9	0.8x
Black	14.6%	1.0	1.0x	14.8%	1.0	0.9x
Asian	1.4%	0.9	0.9x	1.8%	1.1	1.1x
Native American	.2%	1.8	1.9x	.2%	1.7	1.5x
Pacific Islander	.1%	-	-	*	-	-
Multi-Racial (two or more races)	6.4%	-	-	5.9%	-	-
	100%			100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

FIGURE 28a. Response Determinations by Race/Ethnicity – FY2022



• Protective Responses (51Bs) – Timeliness of Responses

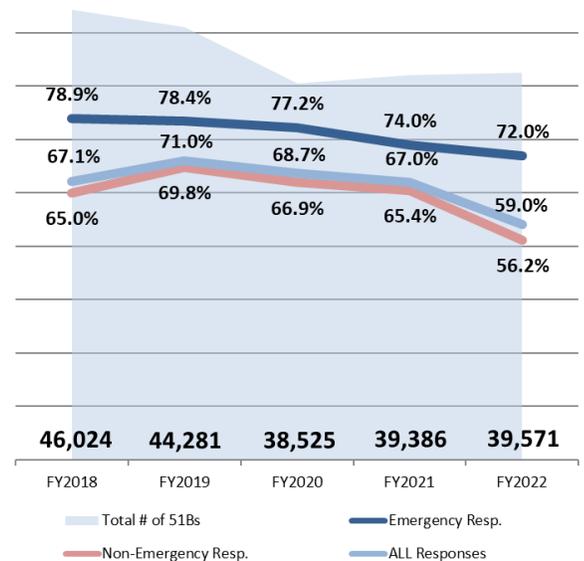
Table/Figure 29 show a decline in timeliness of completing emergency and non-emergency responses post COVID-19 pandemic.

TABLE 29. Timeliness of Responses

	FY2018	FY2019	FY2020	FY2021	FY2022
Emergency Response	78.9%	78.4%	77.2%	74.0%	72.0%
Non-Emergency Response	65.0%	69.8%	66.9%	65.4%	56.2%
Timeliness of ALL Responses	67.1%	71.0%	68.7%	67.0%	59.0%

Higher score is preferable.

FIGURE 29. Timeliness of Responses



- **Protective Intakes (51As), Responses (51Bs), and Child Victims – Allegations**

TABLE 29a. Count of Intakes (51As) and Allegations

	FY2022	%
Neglect	66,183	73.1%
Physical Abuse	19,256	21.3%
Sexual Abuse	10,935	12.1%
Human Trafficking-Labor	15	*
Human Trafficking-Sexually Exploited Child	1,326	1.5%
Neglect-Substance Exposed Newborn (SEN)	1,597	1.8%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	57	.1%
Invalid Allegation	970	1.1%
Total 51A Reports ⁽¹⁾	90,558	

As evidenced in Table 29a, 73.1% of the 90,558 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 21.3% of reports, sexual abuse in 12.1%, and SEN/SEN-NAS in 1.8%.

⁽¹⁾ An Intake (51A) may include one-or-more allegations.

*Less than 0.1% after rounding.

TABLE 29b. Count of Supported Responses (51Bs) and Allegations

	FY2022	%
Neglect	13,986	86.6%
Physical Abuse	1,649	10.2%
Sexual Abuse	774	4.8%
Human Trafficking-Labor	4	*
Human Trafficking-Sexually Exploited Child	362	2.2%
Neglect-Substance Exposed Newborn (SEN)	767	4.7%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	53	.3%
Invalid Allegation	-	-
Total Supported 51B Responses ⁽²⁾	16,151	

Table 29b reveals that 86.6% of the 16,151 supported responses included a finding of neglect. Physical abuse was evident in 10.2% of the supported responses, SEN/SEN-NAS in 5.1%, and sexual abuse in 4.8%.

⁽²⁾ A response (51B) may include one-or-more supported allegations.

*Less than 0.1% after rounding.

TABLE 29c. Unduplicated Child Victims by Supported Allegation ⁽³⁾

	FY2022	%
Neglect	20,499	86.7%
Physical Abuse	1,853	7.8%
Sexual Abuse	826	3.5%
Human Trafficking-Labor	4	*
Human Trafficking-Sexually Exploited Child	328	1.4%
Neglect-Substance Exposed Newborn (SEN)	781	3.3%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	53	.2%
Invalid Allegation	-	-
Unduplicated Child Victims ⁽⁴⁾	23,653	

Table 29c shows that 86.7% of 23,653 unique children found to have experienced maltreatment, were victims of neglect. Physical abuse was evidenced for 7.8% of the child victims, SEN/SEN-NAS for 3.5%, and sexual abuse for 3.5%.

⁽³⁾ A child victim may have one or more supported allegations. *Less than 0.1% after rounding.

⁽⁴⁾ A child victim may have one or more supported allegations within a specific allegation type.

These counts are unduplicated (i.e., a child with 2 or more supported NEGLECT allegations is only counted once in this table).

VIII. PERFORMANCE AND OUTCOME METRICS

• Safety Outcome 1 - Recurrence of Maltreatment – CFSR-2

The *Reduction of the Recurrence of Maltreatment* (i.e., abuse and/or neglect) is an important federal measure of the Department’s success in promoting the safety of children and families. As such, the Department routinely monitors recurrence of maltreatment on open and closed cases on a quarterly and annual basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported report of maltreatment.

Safety Outcome 1 – Recurrence of maltreatment tracks a cohort of children (0-17) with an occurrence of substantiated maltreatment within the first six months of a 12-month reporting period and identifies those children (0-17) who experience a subsequent substantiated recurrence of maltreatment within six months of the prior maltreatment event.

Denominator: The number of children with at least one substantiated or indicated maltreatment report in a six-month period.

Numerator: Of the children in the denominator, the number who had another substantiated or indicated maltreatment report within six months of their initial report. For **absence of recurrence of maltreatment**, the numerator is the number of children who did not have another substantiated or indicated maltreatment report within six months of their initial report.

This federal CFSR-2 safety outcome measure includes children who are in an open DCF case as well as those not in open cases.

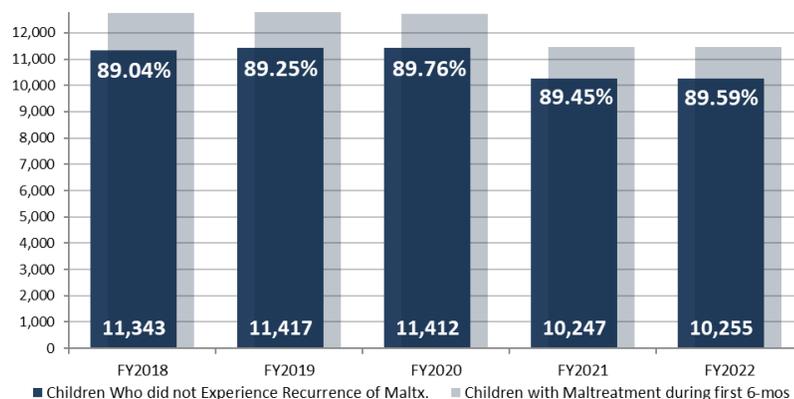
Table/Figure 30 reveal that in FY2022, 89.59% (10,255/11,446) of the children who experienced an occurrence of maltreatment within the first six months of FY2022 did not experience a recurrence of maltreatment within the next six months (i.e., through the end of FY2022). **NOTE: Measure below is presented as the absence of recurrence of maltreatment.**

TABLE 30. Recurrence of Maltreatment – CFSR2

	FY2018	FY2019	FY2020	FY2021	FY2022
Children with Maltreatment during First 6 months (denominator)	12,739	12,792	12,714	11,456	11,446
Children Who did not Experience Recurrence within 6 months (numerator)	11,343	11,417	11,412	10,247	10,255
Children with Recurrence within 6 months	1,396	1,375	1,302	1,209	1,191
% of Children Who did not Experience Recurrence of Maltreatment	89.04%	89.25%	89.76%	89.45%	89.59%

Measure 1.1 – National median: 93.3%, 75th percentile: 94.6% (higher score is preferable)

FIGURE 30. Children Who did not Experience Recurrence of Maltreatment



• **Safety Outcome 2 – Maltreatment in Foster Care – CFSR-2 & CFSR-3**

This federal measure follows a cohort of children/youth (0-17) in the custody of the Department who resided in an out-of-home placement setting at any time during a specified 12-month period (denominator = unduplicated count of children in the cohort). The numerator consists of those children in the denominator who do not experience substantiated maltreatment (i.e., abuse and/or neglect) by a substitute care provider (e.g., foster parent or group care staff) during the 12-month period. Both numerator and denominator consist of unique child counts (i.e., children who experience multiple maltreatment events during the 12-month period are counted once in the denominator and once in the numerator).

Safety Outcome 2 – Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what percentage were the subject of substantiated maltreatment by a foster parent/group care staff?

- **Denominator:** Number of children in foster care (i.e., out-of-home) at any time during a 12-month period.
- **Numerator:** Of the children in the denominator, the number with a substantiated maltreatment by a foster parent or group care staff within the 12-month period. For **absence of maltreatment in foster care** the numerator is the number without a substantiated maltreatment within the 12-month period.

This Federal CFSR-2 safety outcome measure includes only those children/youth who are in the custody and care (out-of-home placement) of the Department at the time of their maltreatment.

Table/Figure 31 reveal that 98.41% (12,838 /13,045) of the children who were in an out-of-home placement at any time during FY2022 did not experience maltreatment by a substitute care provider.

	FY2018	FY2019	FY2020	FY2021	FY2022
Children in Placement During Fiscal Year (denominator)	16,583	15,837	14,639	13,692	13,045
Children Who did not Experience Maltreatment in Foster Care (numerator)	16,381	15,677	14,448	13,531	12,838
Children with Maltreatment in Foster Care	202	160	191	161	207
% of Children Who did not Experience Maltreatment in Foster Care	98.78%	98.99%	98.70%	98.82%	98.41%

Measure 1.1 – National median: 99.5%, 75th percentile: 99.7% (higher score is preferable)

FIGURE 31. Children Who did not Experience Maltreatment in Foster Care

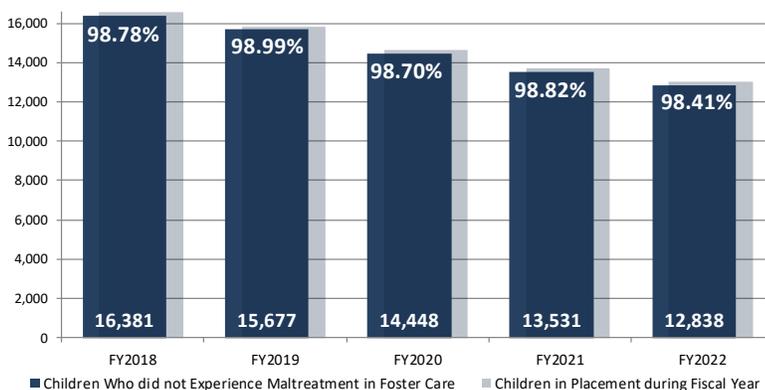


FIGURE 31b. Victimization per 100K Days in Care

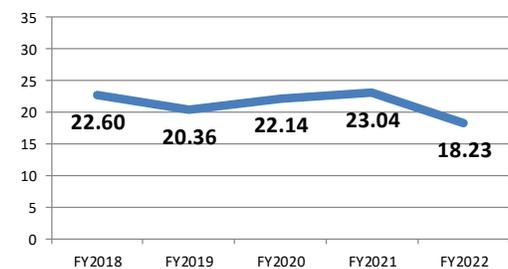


TABLE 31b. Victimization* Rate per 100K Days in Care – CFSR3

	FY2018	FY2019	FY2020	FY2021	FY2022
Total # of Placement Days (denominator)	3,910,806	3,763,142	3,532,506	3,363,334	3,297,648
Total # of Victimitations (numerator)	884	766	782	775	601
Victimization* per 100,000 Days in Care	22.60	20.36	22.14	23.04	18.23

Table/Figure 31b present an FY2022 victim rate of 18.23 per 100,000 days of DCF care.

**Victimization may have been perpetrated by someone other than the resource provider (e.g., parent or other member of the community).*

NOTE: Values were recast for FY2018-FY2021 to more closely align with federal CFSR3 syntax.

- **Permanency Outcome – Reunification in 12 Months – CFSR-2**

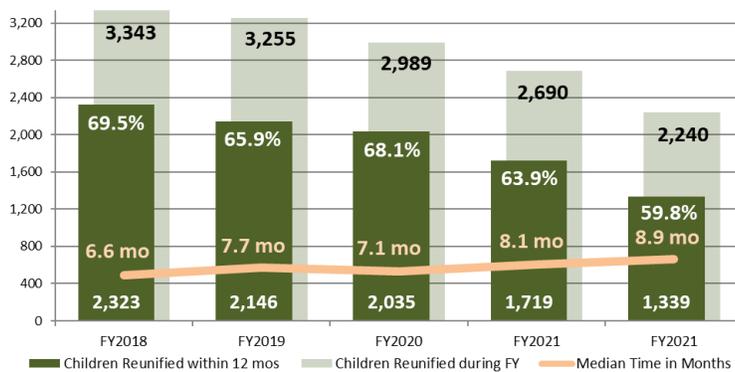
Table/Figure 32 show that 59.8% of the children/youth who reunified in FY2022, reunified within 12 months of entering care. Median time to reunification was 8.9 months.

	FY2018	FY2019	FY2020	FY2021	FY2022
*Children Reunified During the Fiscal Year (denominator)	3,343	3,255	2,989	2,690	2,240
Children Reunified within 12 months (numerator)	2,323	2,146	2,035	1,719	1,339
Measure 1.1: Of all children discharged from foster care to reunification in the 12-month period ending with the fiscal year, and who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home?	69.5%	65.9%	68.1%	63.9%	59.8%
Measure 1.2: Median Time to Reunification in Months	6.6 mos.	7.7 mos.	7.1 mos.	8.1 mos.	8.9 mos.

*Measure 1.1 – National median: 69.9%, 75th percentile: 75.2% (higher score is preferable) *By definition, this is a subset of Table 24a/34b reunifications.*

Measure 1.2 – National median: 6.5 months, 25th percentile: 5.4 months (lower score is preferable)

FIGURE 32. Children Reunified in 12 Months



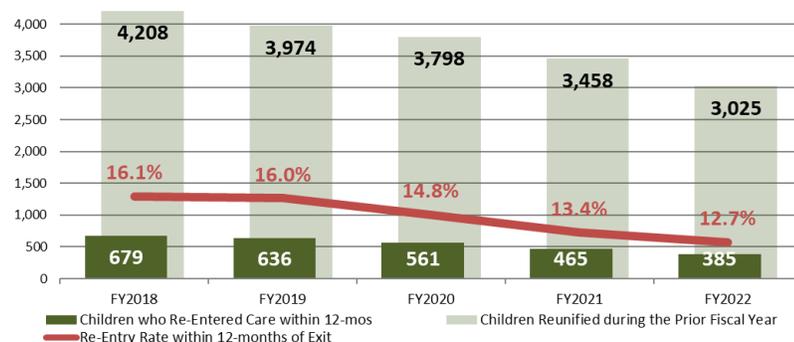
- **Permanency Outcome – Re-Entries – CFSR-2**

Reflecting continuous improvement, Table/Figure 33 show that the rates of re-entry into out-of-home care within 12 months for children who exited to reunification has steadily decreased since FY2018.

	FY2018	FY2019	FY2020	FY2021	FY2022
Children Reunified During the Prior Fiscal Year (denominator)	4,208	3,974	3,798	3,458	3,025
Children Who Re-Entered Foster Care within 12 months (numerator)	679	636	561	465	385
Measure 1.4: Of all children who were discharged from foster care to reunification in the 12-month period prior to the 12-month period ending with the selected fiscal year, what percent re-entered foster care in less than 12 months from the date of discharge?	16.1%	16.0%	14.8%	13.4%	12.7%

Measure 1.4 – National median: 15.0%, 25th percentile: 9.9% (lower score is preferable)

FIGURE 33. Foster Care Re-Entries within 12 months of Reunifications



- **Permanency Outcome – Exits to Permanency by Race/Ethnicity**

Table 33a shows exits from care to permanency by race/ethnicity as compared to children in placement at the start of the fiscal year.

TABLE 33a. Exits to Permanency by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children (0-17) in Placement Start of FY2022		Children (0-17) Exiting to Permanency in FY2022		RoD	RRI
White	3,417	40%	1,456	42%	1.0	n/a
Hispanic/Latinx (of any race)	2,751	33%	1,078	31%	1.0	0.9x
Black	1,183	14%	445	13%	0.9	0.9x
Asian	65	1%	33	1%	1.2	1.2x
Native American	20	.2%	5	*	0.6	0.6x
Pacific Islander	1	*	5	*	-	-
Multi-Racial (two or more races)	743	9%	298	9%	1.0	0.9x
Unable to Determine/Declined	281	3%	133	4%	n/a	n/a
Missing	3	*	1	*	n/a	n/a
Total	8,464	100%	3,454	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

- **Reunification by Race/Ethnicity – Rate-of-Disproportionality**

Table 33b shows exits to reunification by race/ethnicity as compared to children with a goal of reunification at the start of the fiscal year.

TABLE 33b. Reunifications by Race/Ethnicity – RoD and RRI FY2022 ⁽¹⁾

	Children with Goal of Reunification Start of FY2022		Children Reunified in FY2022		RoD	RRI
White	1,250	40%	896	39%	1.0	n/a
Hispanic/Latinx (of any race)	1,036	33%	756	33%	1.0	1.0x
Black	419	14%	326	14%	1.0	1.1x
Asian	24	1%	23	1%	1.3	1.3x
Native American	4	.1%	3	.1%	1.0	1.0x
Pacific Islander	-	-	4	.2%	-	-
Multi-Racial (two or more races)	250	8%	200	9%	1.1	1.1x
Unable to Determine/Declined	110	4%	96	4%	n/a	n/a
Missing	1	*	1	*	n/a	n/a
Total	3,094	100%	2,305	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

- **Permanency Outcome – Adoptions – CFSR-2**

Table/Figure 34 show that the rates of adoption within 24 months of HRE increased between FY2018 and FY2020. Notwithstanding the COVID-19 pandemic-related suspension of adoption legalizations between March 16 and May 4, 2020, 850 adoptions were legalized in FY2020. The pandemic’s impact on adoption legalizations was most evident in FY2021. FY2022 ended with 830 adoption legalizations – 110 more adoptions than FY2021.

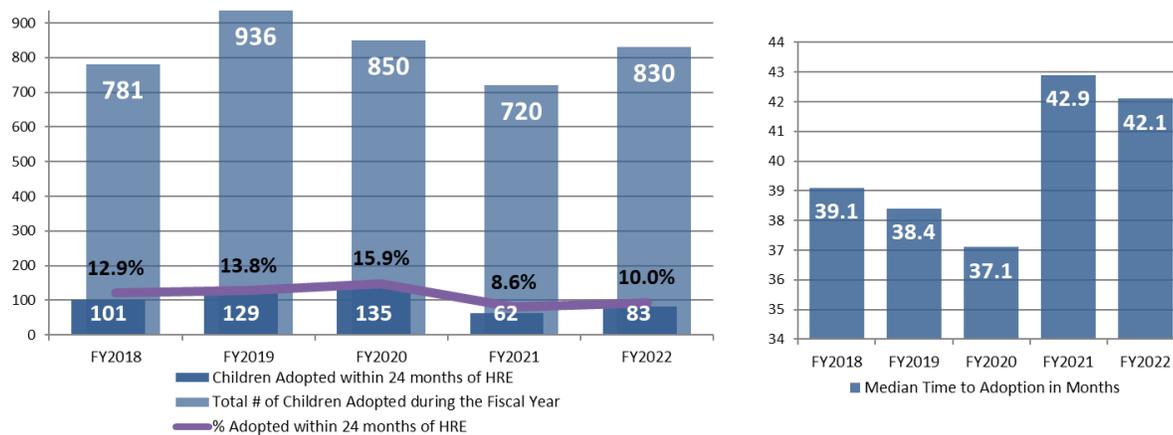
TABLE 34. Timeliness of Adoptions – CFSR2

	FY2018	FY2019	FY2020	FY2021	FY2022
Total # of Children (0-17) Adopted during the Fiscal Year (denominator)	781	936	850	720	830
Children (0-17) Adopted within 24 Months of Home Removal (numerator)	101	129	135	62	83
Measure 2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month period ending with the selected Fiscal Year, what percent were discharged in less than 24 months from the date of the latest removal from home?	12.9%	13.8%	15.9%	8.6%	10.0%
Measure 2.2: Median Time to Adoption in Months	39.1 mos.	38.4 mos.	37.1 mos.	42.9 mos.	42.1 mos.

Measure 2.1 – National median: 26.8%, 75th percentile: 33.6% (higher score is preferable)

Measure 2.2 – National median: 32.4 months, 25th percentile: 27.3 months (lower score is preferable)

FIGURE 34. Timeliness of Adoptions



- **Adoptions by Race/Ethnicity – Rate-of-Disproportionality**

Table 35 shows exits to adoption by race/ethnicity as compared to children with a goal of adoption at the start of the fiscal year.

TABLE 35. Adoptions by Race/Ethnicity – RoD and RRI FY2022⁽¹⁾

	Children with Goal of Adoption Start of FY2022		Children Adopted in FY2022		RoD	RRI
White	1,317	42%	394	47%	1.1	n/a
Hispanic/Latinx (of any race)	1,012	32%	246	30%	0.9	0.8x
Black	413	13%	83	10%	0.8	0.7x
Asian	17	.5%	4	.5%	0.9	0.8x
Native American	11	.3%	2	.2%	0.7	0.6x
Pacific Islander	1	*	1	.1%	-	-
Multi-Racial (two or more races)	315	10%	73	9%	0.9	0.8x
Unable to Determine/Declined	98	3%	27	3%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total	3,184	100%	830	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

Refer to page 58 for a definition of RoD and RRI.

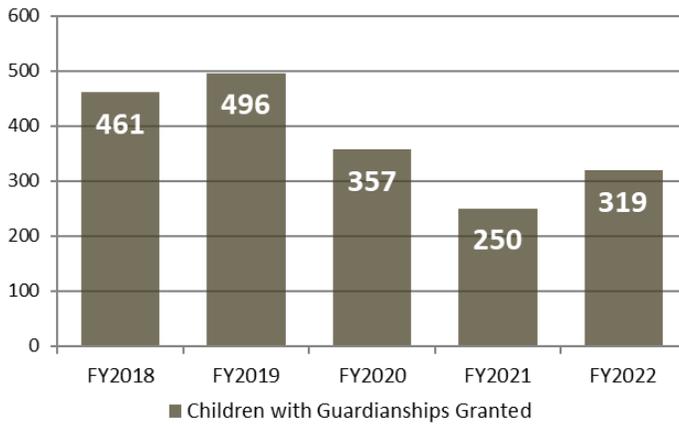
- **Permanency Outcome – Guardianships Granted**

As reflected in Table/Figure 36, 319 guardianships were granted in FY2022. While lower than pre-pandemic counts, the 319 guardianships in FY2022 reflect a 27.6% increase over FY2021.

TABLE 36. Guardianships

	FY2018	FY2019	FY2020	FY2021	FY2022
Children with Guardianships Granted	461	496	357	250	319

FIGURE 36. Guardianships Granted



- **Guardianships Granted by Race/Ethnicity – Rate-of-Disproportionality**

Table 36a shows exits to guardianship by race/ethnicity as compared to children with a goal of guardianship at the start of the fiscal year.

TABLE 36a. Guardianships Granted by Race/Ethnicity – RoD and RRI FY2022⁽¹⁾

	Children with Goal of Guardianship Start of FY2022		Children Granted Guardianships in FY2022		RoD	RRI
White	301	42%	166	52%	1.2	n/a
Hispanic/Latinx (of any race)	223	31%	76	24%	0.8	0.6x
Black	103	14%	36	11%	0.8	0.6x
Asian	7	1%	6	2%	1.9	1.6x
Native American	1	.1%	-	-	-	-
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	61	8%	25	8%	0.9	0.7x
Unable to Determine/Declined	24	3%	10	3%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	720	100%	319	100%		

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.

*Less than 0.1% after rounding.

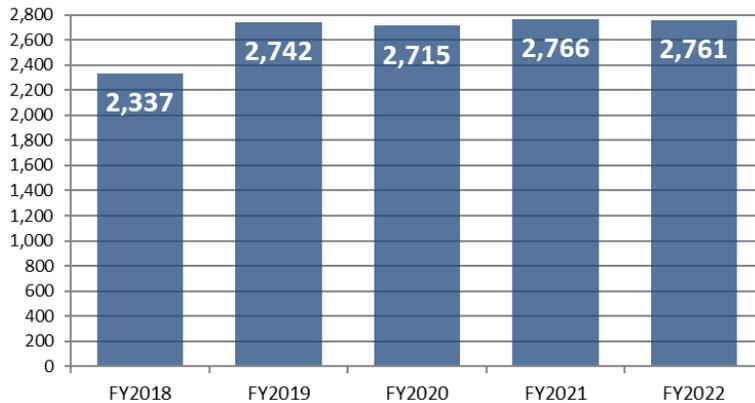
Refer to page 58 for a definition of RoD and RRI.

• **Permanency Outcome – Young Adult (18-22) Outreach/Transition Services**

DCF provides outreach/transition services to young adults transitioning out of care. Table/Figure 37 show that DCF provided outreach/transition services to 2,761 unique young adults in FY2022.

	FY2018	FY2019	FY2020	FY2021	FY2022
Young Adults (18-22) Provided Outreach/Transition Services	2,337	2,742	2,715	2,766	2,761

FIGURE 37. Young Adult Outreach/Transition Svcs.



Outreach/Transition Services include:

- DCF Placement
- Follow Along-Residential/Group Home
- Stepping Out – Group Home and IL
- Independent Living services
- State College Preparation
- Teen Parenting services
- Support and Stabilization services

• **Permanency Outcome – Transition Age Youth Remaining in Care After Turning 18**

Table 37a shows that in FY2022, 73% of transition aged youth voluntarily remained in care at age 18 or returned to care within the fiscal year. As shown in Table 37b, youth of color who turned 18 while in care were 1.1x – 1.4x more likely to remain/return to care and/or 0.8x – 0.9x less likely to leave care in FY2022 than White youth.

TABLE 37a. Transition Age Youth Remaining In Care After Turning 18

	FY2018		FY2019		FY2020		FY2021		FY2022	
Youth Who Turned 18 in Fiscal Year (denominator)	836		833		754		674		700	
Youth Who Turned 18 and Remained/Returned to Care in FY	586	70%	601	72%	555	74%	507	75%	509	73%
Youth Who Turned 18 and Left Care in FY	250	30%	232	28%	199	26%	167	25%	191	27%
Youth Who Turned 18 and Left Care in FY, Who Returned to Care in a Subsequent FY	10	4%	8	3%	14	7%	15	9%	aging	

TABLE 37b. Transition Age Youth – RoD and RRI FY2022

	Youth Who Turned 18 and Remained/Returned to Care in FY2022				Youth Who Turned 18 and Left Care in FY2022	
	RoD	RRI			RoD	RRI
White	1.0	n/a			1.1	n/a
Hispanic/Latinx (of any race)	1.0	1.1x			1.0	0.9x
Black	1.1	1.1x			0.9	0.8x
Asian	1.4	1.4x			-	-
Multi-Racial (two or more races)	1.0	1.1x			1.0	0.9x

⁽¹⁾ All races exclude children of Hispanic/Latinx origin.
NOTE: Low Ns for Native American and Pacific Islander.

Refer to page 58 for a definition of RoD and RRI.

- **Well-being – Medical (7 & 30 day) Rates & Timeliness**

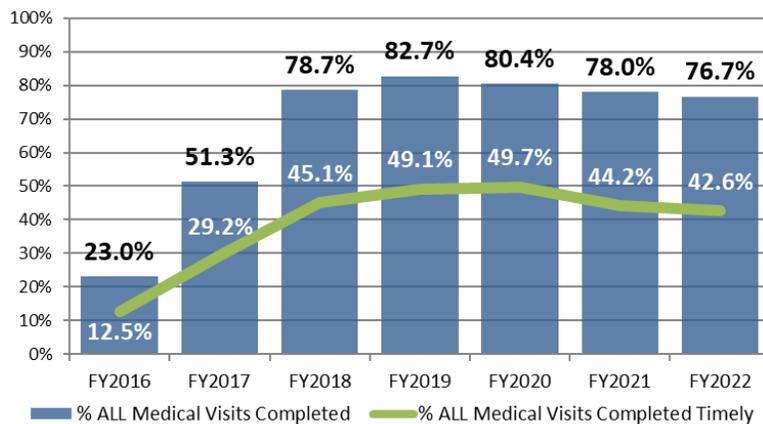
Table/Figure 38 reflect year-over-year progress through FY2019 toward meeting the agency’s policy requirement that each child entering care should receive an initial screening and a comprehensive medical evaluation. FY2020-22 medical visits were impacted by decreased access to medical care during the COVID-19 pandemic.

TABLE 38. Medical Visits (7 & 30 day)

	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
Total Medical Visits Due (denominator)	12,905	11,636	11,280	10,109	9,303	8,484	7,959
Total Medical Visits Completed (numerator)	2,973	5,964	8,879	8,360	7,479	6,615	6,104
Medical Visits Completed Timely (numerator)	1,615	3,395	5,090	4,967	4,619	3,747	3,393
% of ALL Medical Visits Completed	23.0%	51.3%	78.7%	82.7%	80.4%	78.0%	76.7%
% Medical Visits Completed Timely	12.5%	29.2%	45.1%	49.1%	49.7%	44.2%	42.6%

Higher score is preferable.

FIGURE 38. Medical Visits Completed & Timeliness



Though impacted by the COVID-19 pandemic, Figure 38 presents increased medical visit compliance in FY2022 compared to FY2016.

- Completion rates increased by 233%
- Timeliness of medical visits increased by 241%

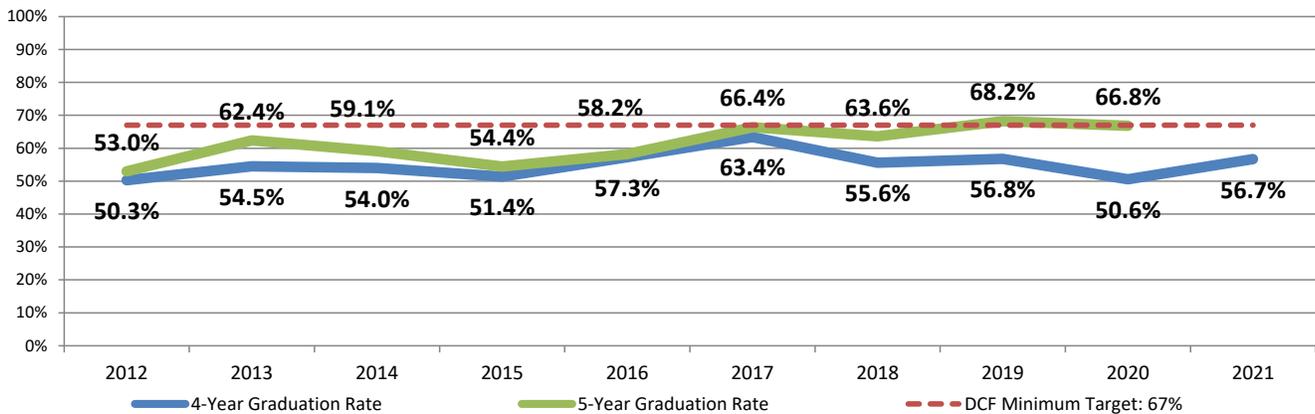
Note: Creation of a full-time DCF Medical Director and hiring Medical Social Workers for all 29 DCF Area Offices have contributed to this trend.

- **Well-being – Education-Graduation Rates**

Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE’s methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. Recognizing that many students need longer than four years to graduate from high school, and that it is important to recognize this major accomplishment regardless of the time to graduation, the Department (and DESE) calculates a five-year graduation rate.

	DCF Minimum Target	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Four-Year Graduation Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%
Five-Year Graduation Rate	<i>not established</i>	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	<i>aging</i>

FIGURE 39. Graduation Rates – Four & Five Year



- **Well-being – Education-Students with High Needs**

Table 39a reveals that during school year 2021-22, 84.8% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 56.2% for all Massachusetts students.

	Massachusetts All Students 2021-22	DCF Custody Students 2021-22
Students with High Needs	56.2%	84.8%
High Need Factors		
Low Income/Economically Disadvantaged	43.8%	66.7%
English Learner	11.0%	8.7%
Former English Learner	23.9%	15.3%
Student with Disability*	19.1%	48.1%

*Indicates the percent of enrolled students with an Individualized Education Program (IEP).

- **Well-being – Education-School Attendance Rates**

Table 39b shows that during school year 2021-22, children in DCF custody attended 86.8% of their enrolled school days. The attendance rate for all Massachusetts students was 91.5%, and 89.7% for Massachusetts students identified by DESE as High Needs students.

TABLE 39b. School Attendance Rates	Massachusetts All Students 2021-22	Massachusetts Students with High Needs 2021-22	Students in DCF Custody 2021-22
Student Attendance Rates	91.5%	89.7%	86.8%

- **Well-being – Education-Safety Disciplinary Action**

Table 39c presents school year 2021-22 safety disciplinary actions for all Massachusetts students, Massachusetts students identified by DESE as High Needs students, and children in DCF custody.

TABLE 39c. Safety Disciplinary Action	Massachusetts All Students 2021-22	Massachusetts Students with High Needs 2021-22	Students in DCF Custody 2021-22
In-School Suspension	1.6%	2.2%	4.2%
Out-of-School Suspension	3.1%	4.6%	11.8%
Expulsion	*	*	*
Removed to Alternate Setting	*	*	.1%
Emergency Removal	.3%	.4%	1.4%
Students with a School-Based Arrest	*	*	*
Students with a Non-Arrest Law Enforcement Referral	*	*	*

*Less than 0.1% after rounding.

IX. CHILD/YOUTH FATALITIES

• Child/Youth Fatalities by Family History with DCF

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office. Table 40a presents DCF history for child/youth fatalities reported to DCF. In FY2022, 94 child/youth fatalities were brought to the attention of the Department. Of these: 32 were open in a case or a Response, 22 had a prior history with the Department, and 40 had no history with the Department.

	FY2018	FY2019	FY2020	FY2021	FY2022
Open Case at Time of Fatality ¹	34	25	24	19	31
Open in a Response at Time of Fatality		6	1	3	1
Case Closed within 6 Months of Fatality	4	3	2	3	2
Case Closed more than 6 Months Prior to Fatality	18	9	8	13	13
Previous 51A or Response		4	8	9	7
No Previous DCF History at Time of Incident Leading to Fatality	51	54	30	40	40
Total Child/Youth (0-17) Fatalities	107	101	73	87	94

¹Open Case at Time of Fatality includes: Care and Protection, CRA, and Voluntary Cases.

• Child/Youth Fatalities by Manner of Death

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Table 40b presents the manner of death for child/youth fatalities reported to DCF.

	FY2018	FY2019	FY2020	FY2021	FY2022
Accidental – includes MV accidents, drownings, falls, fires, etc.	19	21	15	11	10
Community Violence	2	4	1	3	1
Inflicted Physical Injury	6	1	4	1	2
Medical – chronic or acute medical condition	22	21	13	12	21
Neglect	-	-	-	2	-
Overdose	3	5	3	4	7
Suicide	10	7	5	7	3
Sudden Unexpected Infant Death (SUID) – includes unsafe sleep	22	29	17	25	15
Other – includes undetermined/pending medical examiner finding	23	13	15	22	35
Total Child/Youth (0-17) Fatalities	107	101	73	87	94

NOTE: Manner of death may or may not be based on the medical examiner's (ME) determination. Absent a clear determination by the ME, the manner of death is ascertained by a review of the conditions at the time of death.

X. OPERATIONS

- Budget**

The trend revealed in Table/Figure 42 reflects significant 62% increases in DCF funding between FY2012 and FY2023, with the steepest gains being made in the past eight years. These increases supported increased service cost (p.44), staffing (p.45), and facilitated workload reduction for staff (p.46).

TABLE 42. Budget

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
H1/H2	790,253,582	837,971,012	791,463,548	759,968,559	737,860,098	770,874,703	789,244,696	818,984,881
GAA	800,095,093	836,477,528	785,259,603	742,987,038	737,077,781	759,310,881	778,991,325	827,008,493
9C		(20,185,196)	(9,583,245)			(7,043,000)		

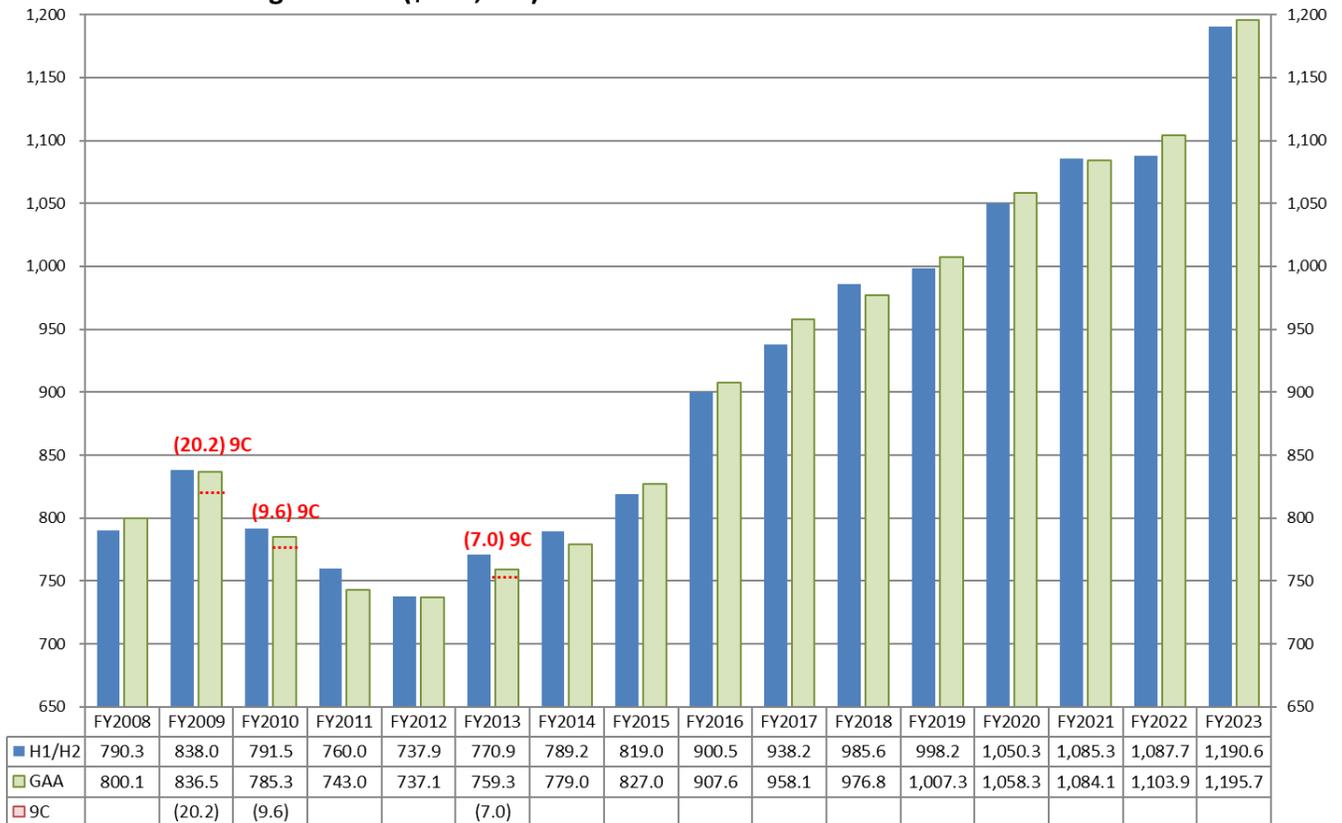
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
H1/H2	900,518,423	938,191,906	985,597,540	998,215,540	1,050,279,338	1,085,313,753	1,087,728,624	1,190,611,726
GAA	907,625,914	958,081,728	976,750,150	1,007,346,982	1,058,279,339	1,084,138,227	1,103,929,461	1,195,705,610
9C								

H1/H2: Governor's proposed budget

GAA: General Appropriations Act – The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.

9C: MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.

FIGURE 42. Historical Budget Levels (\$000,000)



- **Service Costs**

Table 43 shows an 8% (\$46.1M) increase in service expenditures between FY2018 and FY2022. During this time period:

- Significant investments were made including:
 - Foster care rate increase every year (\$10.1M investment over the course of 5 years)
 - 766 Residential School rate increase every year (\$7.9M investment over the course of 5 years)
 - Chapter 257 provider rate increases (\$6.8M investment over the course of 5 years)
 - Expansion of Support and Stabilization services to include foster parents (\$10.5M investment over FY2020-21)
- There was also significant growth in services such as:
 - Adoption subsidy (\$12.7M over the course of 5 years)
 - Guardianship subsidy (\$6.3M over the course of 5 years)
 - Support and Stabilization services (\$43.1M over the course of 5 years)
- These investments were offset by a significant reduction in children/youth in out-of-home placement resulting in a net reduction in placement costs of (-\$19.0M over the course of 5 years)

TABLE 43. Service Costs (\$)	FY2018	FY2019	FY2020	FY2021	FY2022*	FY2018 to FY2022
Placement	412,900,134.97	404,954,244.81	390,888,843.12	386,384,438.83	393,905,301.90	-5%
Departmental Foster Care	79,623,854.43	78,832,742.00	80,080,943.92	83,055,835.67	85,452,561.02	7%
Foster Care – CFC-IFC (contracted)	74,024,145.91	73,295,641.44	69,558,398.00	65,130,030.42	59,532,613.13	-20%
FRFC – Complex Med. Foster Care	932,951.48	1,115,071.65	1,077,417.25	1,006,941.24	803,959.76	-14%
CC Network – Treatment Residence	-	-	-	-	68,136,522.44	**
CC Network – Medically Complex Res.	-	-	-	-	1,451,398.16	**
CC Network – Residential School	-	-	-	-	38,243,054.93	**
CC Network – Emergency Residence	-	-	-	-	26,636,819.29	**
CC Network – Youth and Young Adult	-	-	-	-	8,334,865.78	**
^Congregate Care – Group Home	124,322,055.76	123,713,484.85	114,555,965.53	114,729,899.77	51,066,547.66	**
^Congregate Care – Continuum	8,051,478.80	7,034,438.56	7,764,219.30	7,340,198.78	1,258,290.36	**
^Congregate Care – Res. School	74,068,950.95	71,663,428.08	74,590,285.17	71,143,366.80	30,505,748.54	**
^Congregate Care – STARR	50,468,628.84	48,166,600.81	42,466,437.98	43,307,379.45	22,192,957.00	**
^Congregate Care – Teen Parenting	1,408,068.80	1,132,837.42	795,175.97	670,786.70	289,963.83	**
Other	169,314,830.17	179,853,851.63	200,380,432.98	212,737,260.69	234,404,348.89	38%
Adoption Subsidies	72,709,517.72	74,463,319.57	78,764,778.26	81,193,563.81	85,373,546.69	17%
Guardianship Subsidies	27,620,233.33	31,088,759.96	33,877,296.51	33,412,044.18	33,958,108.91	23%
Foster Care Support Services	240,830.50	115,366.86	125,569.71	327,485.16	403,815.90	68%
CC Network – Child Specific Add-On	-	-	-	-	1,018,873.37	**
^Congregate Care – Placement Add-On	2,351,563.67	2,561,502.03	2,932,030.12	2,693,930.54	1,308,567.66	**
Parenting Capacity Evaluation	-	-	-	-	74,148.73	**
Respite	94,573.85	36,710.62	24,859.16	16,077.96	2,977.40	**
Support & Stabilization	64,546,724.75	70,170,374.08	82,170,677.19	91,556,403.40	107,639,389.36	67%
Support Services (other)	1,751,386.35	1,417,818.51	2,485,222.03	3,537,755.64	4,624,920.87	164%
TOTAL SERVICE COSTS	582,214,965.14	584,808,096.44	591,269,276.10	599,121,699.52	628,309,650.79	8%

*FY2022 service costs may not be final at time of report production and will be updated in the FY2023 report.

^The congregate care placement taxonomy was replaced by the Congregate Care Network (CC Network) midyear FY2022.

**Year-over-year comparisons across these service costs are not possible given the midyear FY2022 taxonomy changes.

• **Staffing Trends**

Tables 44 and 44a and Figure 44 show that DCF staffing has significantly increased relative to July (Jul) 2015 staffing levels. Social Worker staffing levels have increased by 15%, and staffing levels for all other bargaining units (BU) have increased by 49%. Recognizing that managerial oversight capacity had been decreasing since 2008 and losing significant ground relative to the expanding non-managerial staffing levels, the Department engaged in a purposeful effort to re-establish managerial ratios which supported the agency’s needs. Accordingly, by July 2022, managerial staffing levels increased by 62% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central MA Region), decouple Area Offices, and appropriately staff the DCF Central Office.

TABLE 44. Staffing

	Managers (M99)	All Other Bargaining Units	Social Workers (Bargaining Unit 08)	TOTAL
Jul-2008	282	405	2,749	3,435
Jul-2009	280	356	2,773	3,409
Jul-2010	264	338	2,673	3,275
Jul-2011	240	325	2,677	3,242
Jul-2012	233	323	2,637	3,193
Jul-2013	227	341	2,635	3,203
Jul-2014	226	343	2,787	3,356
Jul-2015	196	326	2,906	3,427
Jul-2016	275	399	3,163	3,837
Jul-2017	305	431	3,324	4,060
Jul-2018	308	439	3,521	4,268
Jul-2019	318	439	3,510	4,267
Jul-2020	324	427	3,485	4,236
Jul-2021	326	471	3,523	4,320
Jul-2022	318	486	3,346	4,149

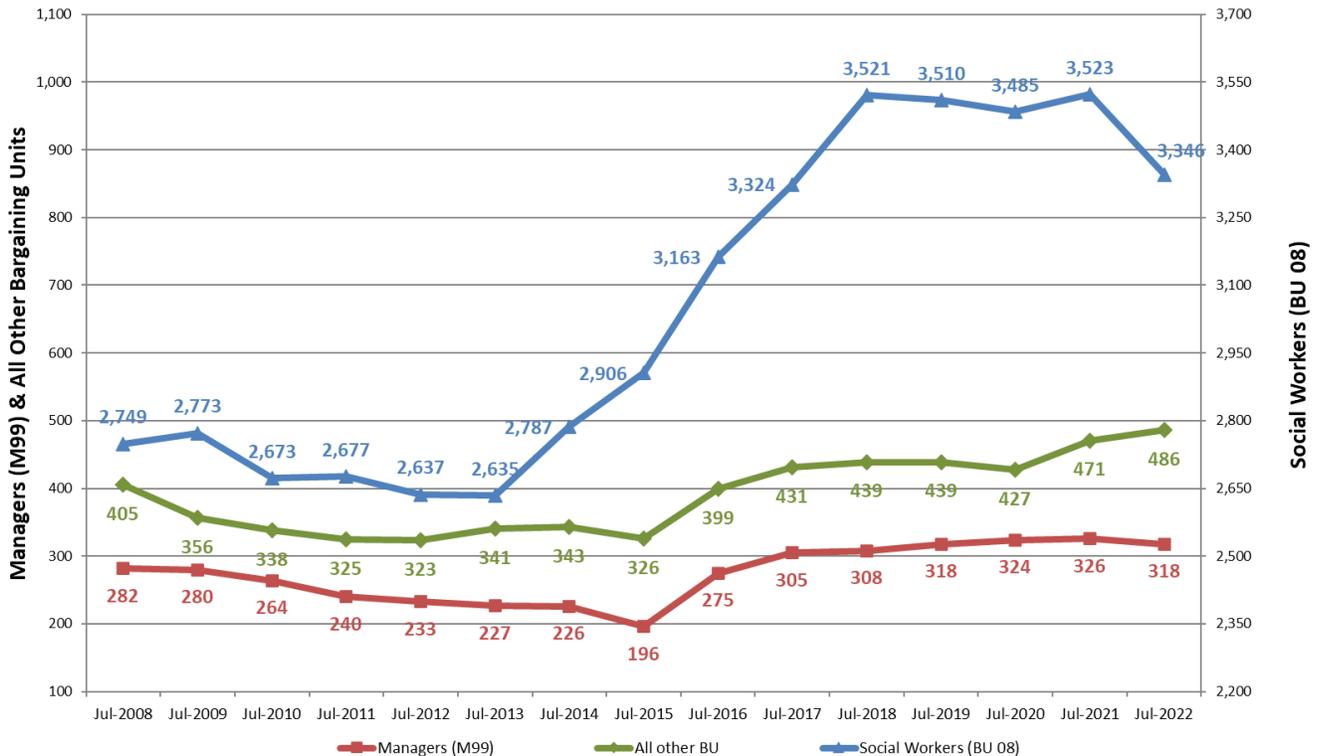
TABLE 44a. Percent Change

	Jul-2015 to Jul-2022
Managers (M99)	62%
All Other Bargaining Units (NAGE & MNA)	49%
Social Workers (BU 08)	15%
ALL DCF STAFF	21%

NOTE: DCF ramped up Social Worker FTEs over the past several years in an effort to meet identified staffing needs. Reaching appropriate FTE levels, hiring moved to a *maintenance mode* in FY2019. The 177 social worker FTE delta shown at the end of FY2022 reflects recruitment and retention challenges post COVID-19 pandemic.

Staffing counts are rounded FTEs.

FIGURE 44. Staffing Trends



- **Caseload/Workload**

Table 45 shows the total weighted caseloads and ratios for FY2018-FY2022. The FY2022 12-month average weighted caseload ratio of 16.36:1 reflects workforce retention and recruitment challenges, which is consistent with the national workforce trends following the pandemic.

	FY2018	FY2019	FY2020	FY2021	FY2022
Weighted Caseload Ratio – End of Fiscal Year	16.11:1	15.56:1	13.73:1	16.73:1	16.55:1
Total Weighted Caseload – End of Fiscal Year (denominator)	35,463.41	33,126.58	29,386.42	33,591.72	31,271.62
FTE Count of Case Carrying Workers – End of Fiscal Year (numerator)	2,201.73	2,128.91	2,139.76	2,007.66	1,889.80
Weighted Caseload Ratio – 12-Month Average	15.80:1	15.30:1	14.74:1	14.82:1	16.36:1
Total Weighted Caseload – 12-month average (denominator)	34,389.51	33,501.14	31,241.81	30,941.78	31,207.94
FTE Count of Case Carrying Workers – 12-month average (numerator)	2,176.58	2,189.21	2,119.29	2,088.30	1,907.13

⁽¹⁾Weighted Caseloads (recast in FY2020 to 15:1) are pro-rated by each worker’s FTE (full-time equivalency) value. **NOTE: 15:1 = 15 families**

Weighted caseloads represent the cumulative sum of workload values credited to the worker functions of intake worker (screeners), response worker (investigators), ongoing social workers, and adoption workers. Table 45a displays how weighted credit is assigned by function:

	Full Caseload per 1.0 FTE	Credit	Ratio
Intake Worker	55 intakes per month	0.273	15.00:1
Response Worker	10 investigations per month	1.5	15.00:1
Ongoing Case Management	15 families at any time	1.0	15.00:1
Adoption Case Management	15 adoption cases at any time	1.0	15.00:1
Family Resource Worker	25 foster homes at any time	1.0	25:00:1

APPENDIX

GLOSSARY

Appendix A

51A Report	<p>A 51A is a report alleging maltreatment (abuse, neglect, sexual exploitation, and/or human trafficking) of one or more children under the age of 18 in the Commonwealth. The Department's hotline or intake units conduct a screening process to determine whether a report is appropriate for further action.</p> <p>There are two phases of protective intake: the screening of reports; and a response to any report that is "screened-in". The purpose of screening is to gather sufficient information to determine whether a DCF response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency, and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family. Activities for screening a report of child maltreatment are designed to determine, based on facts in the report and those gathered during screening:</p> <ul style="list-style-type: none"> ● If there is an immediate concern for child safety ● If a "reportable condition" under MGL c. 119 § 51A exists <p>A "reportable condition" exists when there is information that a child may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation or human trafficking.</p> <p>Reports determined to be emergencies must be "screened-in" immediately and a response must be initiated within two hours. The screening of reports determined not to be emergencies must be completed within one working day. In very limited circumstances, where it is necessary to complete activities critical to making the screening decision, screening of a non-emergency report may be extended for up to one additional working day with approval from a manager.</p> <p>Based on the information received, collected, and analyzed during the screening process the report will be:</p> <ul style="list-style-type: none"> ● "Screened-in" for response ● "Screened-out" ● "Screened-out" with a district attorney referral
9C	<p>MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.</p>
Abuse (allegation)	<p>Abuse means the non-accidental commission of any act by a caretaker upon a child under age 18 which causes or creates a substantial risk of physical or emotional injury or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. Abuse is not dependent upon location (e.g., abuse can occur while the child is in an out-of-home or in-home setting.)</p>
Adoption (permanency through)	<p>The purpose of permanency through adoption is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. Adoption is a process by which a court establishes a legal relationship of parent and child with the same mutual rights and obligations that exist between children and their birth parents. The permanency plan of adoption does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in children's lives.</p>
Adoptions Legalized	<p>Adoption involves the creation of the parent-child relationship between individuals who are not naturally so related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family.</p> <ul style="list-style-type: none"> ● Finalized adoption (i.e., legalization)

GLOSSARY

Appendix A

APPLA (permanency through)	<p>Permanency through Another Planned Permanent Living Arrangement (APPLA): The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support his or her development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship, or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanency. The Department will continue to provide services and support the youth’s safety, permanency, and well-being.</p>
Care with Kin (permanency through)	<p>Permanency through Care with Kin: The purpose is to provide the child with a committed, nurturing, and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage, or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties. The kinship family reinforces the child’s racial, ethnic, linguistic, cultural, and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child’s safety, permanency, and well-being until such time as the kin receives a permanent custody or other final custody order.</p>
Caregiver / Caretaker	<ul style="list-style-type: none"> ● A child’s parent, stepparent, guardian, or any household member entrusted with the responsibility for a child’s health or welfare ● Any other person entrusted with responsibility for a child’s welfare, whether in the child’s home, a relative’s home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such “caregiver” includes, but is not limited to: <ul style="list-style-type: none"> ● School teachers ● Babysitters ● School bus drivers ● Camp counselors <p>The “caregiver” definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child, such as a babysitter under age 18.</p>
Caseload	<p>The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or consumers) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).</p>
Case Management Services	<p>Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families.</p>
Child and Family Services Review (CFSR)	<p>The Federal Children's Bureau conducts the Child and Family Service Reviews (CFSRs), which are periodic reviews of state child welfare systems, to achieve three goals:</p> <ul style="list-style-type: none"> ● Ensure conformity with federal child welfare requirements ● Determine what is actually happening to children and families as they are engaged in child welfare services ● Assist states in helping children and families achieve positive outcomes <p>After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.</p>
Child Protective Services Agency (CPS)	<p>An official agency of a state having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families.</p>

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Children Requiring Assistance (CRA) Intake	Courts can refer a child to DCF if a child is committed by the juvenile court and found in need of foster care or a Child Requiring Assistance (CRA) case. CRA cases involve youth that have committed status offenses such as repeatedly running away from home, disobeying school rules, or skipping school. Finally, if there is concern that a child may run away or otherwise not appear in court for their case, the judge can give temporary custody of the child to DCF.
Comprehensive Foster Care (CFC)	Foster homes that offer more intense therapeutic care and supports setting for children with more complex needs. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of the Department of Early Education and Care (EEC) and DCF.
Clinical Case	A clinical case consists of all members of a family (e.g., parents and children) or young adult open with DCF and assigned to a social worker for an assessment or for case management.
Congregate Care	Congregate care is a term for placement settings that consists of 24-hour supervision for children in a varying degree of highly structured settings such as group homes, residential childcare communities, childcare institutions, residential treatment facilities, or maternity homes.
Congregate Care – Continuum	Provides an array of community-based wraparound services that are designed to maintain youth within their homes and support families as the primary caregivers. This includes in-home family treatment, parent support, youth mentoring, youth and family outreach, care coordination, and linkage with both formal and informal community resources and supports. For youth who cannot be maintained safely at home, services available within Continuum include long-term and short-term, out-of-home care (e.g., group home, pre-independent living, intensive foster care, or respite).
Congregate Care Network – Emergency Residence	Two congregare care, out-of-home treatment service models designed to accept emergency intakes on a 24/7 basis to meet the needs for immediate placement for youth with behavioral needs (moderate to severe) that reflect a lack of self-regulation.
Congregate Care – Group Home	Group homes provide an array of out-of-home treatment services supporting youth and their families (in cases where the families are available) when the youth cannot function safely at home or in a family setting. Group home services provide flexible individualized treatment, rehabilitation, and support/supervision services that vary in intensity based upon individual youth and family needs.
Congregate Care Network – Medically Complex Residence	Two congregare care, out-of-home treatment service models for youth with complex medical needs that cannot be managed in a home setting due to the need for 24/7 direct skilled nursing or medical equipment. Youth will have a range of other challenges, which may include sensory impairments, intellectual disabilities, or physical impairments. One of the models serves youth who also have behavioral health challenges.
Congregate Care Network – Residential School	Congregate care, out-of-home treatment services that are integrated with an on-site special education school. Youth receiving residential school services need a self-contained, integrated treatment, and educational program due to severity of behavioral risk to self or others preventing them from safely attending school off-site.

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Congregate Care – STARR	Stabilization and Rapid Reintegration (STARR) programs are for youth needing immediate/emergency temporary placement and/or stabilization services, as well as for youth who require more intense services. All youth referred will receive stabilization services, while some youth will require additional assessment, treatment, and family reintegration services
Congregate Care – Teen Parenting	Congregate Care program which provides teen parents and their children a safe place to reside where they are able to gain the skills and knowledge necessary to become competent parents and lead productive, independent lives. Program staff ensures that teen parents are connected with resources in the community such as education, medical care, childcare, and counseling.
Congregate Care Network – Residence	Four congregare care, out-of-home treatment service models for youth with behavioral needs (moderate to severe) that reflect a lack of self-regulation. Specialized models address a specific need or group (e.g., CSEC (Commercial Sexual Exploitation of Children), intellectual disabilities, Autism Spectrum).
Congregate Care Network – Youth and Young Adult	Four congregare care, out-of-home treatment service models for older adolescents and young adults to increase their skill set towards independently navigating community living and increasing self-sufficiency. Youth and Young Adult includes a model specifically for pregnant and parenting youth.
Consumer Role Type	Individuals involved with the Department are identified as consumers. There are two primary consumer types: <ul style="list-style-type: none"> • Consumers with the identified role type of “adult” • Consumers with the identified role type of “child.” Consumers with the role type of “child” range from children ages 17 and under to “young adults” who voluntarily remain open with DCF from the ages of 18-22 years.
Continuous Time in Placement	The timespan between the start and end of a Home Removal Episode (HRE). The continuous time in placement is calculated from the current HRE start date and either the HRE end date or the last day of the quarter, whichever comes first. Breaks in service of less than 30 days are considered continuous and all days in placement are summed together by child. The days out of placement are not included in the sum. A child may have multiple placements during this period.
Court Referral Intake	Sometimes the courts refer children and families to DCF. Court referrals can come from cases where a parent voluntarily surrenders a child or if a child has been abandoned by a parent or guardian.
Custody	Child in the custody of the department means a child placed in the Department’s custody through court order, including an order under a Child Requiring Assistance (CRA) petition, formerly known as CHINS, or through adoption surrender.
Danger	A condition in which a caregiver’s actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.
Departmental Foster Care (DFC)	Foster care placements provide stability and safety for children/youth that have been brought into the protective care of the state. These foster care placements may be with family or extended family, or through unrelated caretakers who have completed training and are approved as licensed foster parents assigned to a DCF social worker.
DFC – Child Specific Foster Care	Foster care placements where a non-kinship individual(s) is identified and licensed as a placement for a particular child (e.g., teacher or parent(s) of the placed child’s friend). This is a person who the family or child has a strong bond with and is significant in their life.

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DFC – Kinship Foster Care	Foster care placements provided by persons related by either blood, marriage, or adoption (e.g., adult sibling, grandparent, aunt, uncle, first cousin) or other adult to whom the child and/or parent(s) ascribe the role of the family based on cultural and affectional ties or individual family values.
DFC – Independent Living	Services may be provided at either scattered or centralized (e.g., apartment) sites with staff that provide outreach and care coordination to young adults and are available for face-to-face crisis intervention 24 hours a day, seven days a week. This model serves young adults 17.5 or older who are not able to be served in a family setting due to their clinical needs, but who are able to live on their own with support; independently manage community access; have attained a sufficient level of independent living skills to enable them to live without on-site staffing; require and are able to utilize staff support to strengthen these independent skills; exhibit a strong level of self-regulation; are enrolled in school or a GED program; or have completed the above and are working or involved in vocational training.
DFC – Pre-Adoptive Foster Care	A resource that has been identified as the child’s permanent family. The person(s) has been approved for the adoption and is a licensed adoptive family. The child is required to be in that specific home for a minimum of six months before the adoption can be finalized.
DFC – Unrestricted Foster Care	An individual(s) who has been licensed by the Department as a partnership resource to provide foster/pre-adoptive care for a child usually not previously known to the individual(s).
Differential Response	Differential response enables child protective services (CPS) to differentiate its response to reports of child abuse and neglect based on several factors. The CPS system selects the initial response (investigation or initial assessment) based on a number of factors. Differential response is also referred to as dual track, multiple track, or alternative response.
District Attorney (DA) Referral	If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.
Domestic Violence	Domestic violence is a pattern of coercive control that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. Domestic violence is not defined by a single incident of violence or only by violent acts.
Emotional Injury (allegation)	Emotional injury means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
Fair Hearings	In accordance with 110 CMR 10.00-10.36, the Department established a Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or contracted providers who are dissatisfied with certain actions or inactions by the Department to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.
Family Assessment and Action Plan	The Family Assessment and Action Planning Policy provides guidance on conducting clinical assessments and creating “action plans.” The policy went into effect on February 6, 2017 and replaces DCF’s “Assessment Policy # 85-011” and “Service Planning and Referral Policy # 97-003.” As part of the new policy, the term “action plan” replaces “service plan.”

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Family Resource Worker	This social worker completes home studies, performs foster home visits, supports foster parents, and identifies out-of-home placements for children.
Fiscal Year	The Commonwealth's fiscal year begins July 1 and ends June 30 of the following calendar year. Fiscal Year 2022 ran from July 1, 2021, through June 30, 2022.
Five-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within five years.
Four-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within four years.
General Appropriations Act (GAA)	The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.
Gender Identity	Gender Identity is an individual's internal view of their gender, one's innermost sense of being male, female, both or neither. Gender Expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.
Guardianship (permanency through)	Permanency through guardianship: The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
Guardianships Legalized	Finalized guardianship (i.e., legalization)
H1 Budget	Governor's proposed budget
Home Removal Episode (HRE)	The period between the start and end of DCF placement custody is known as a Home Removal Episode (HRE).
Human Trafficking (allegation)	Pursuant to MGL c.233, §20M and MGL c.265, §§50-51 a person who is subjected to harboring, recruitment, transportation, provision, obtaining, patronizing, or soliciting for the purpose of: <ul style="list-style-type: none"> • Sex trafficking (i.e., inducement to perform a commercial sex act, forced sexual services, and/or sexually explicit performance) • Labor trafficking (i.e., forced services, involuntary servitude, peonage, debt bondage, or slavery)
i-FamilyNet	The Department's web-based Statewide Automated Child Welfare Information System (SACWIS). DCF's i-FamilyNet serves as the agency's electronic case management system.
Initial Assessment	Prior to the Department's new Protective Intake Policy, DCF's differential response included an Initial Assessment (IA) which was conducted in response to allegations where the severity of the suspected abuse and/or neglect did not rise to the level requiring an investigation. An IA provided an alternative approach for DCF to work with a family who may need help from the Department in addressing issues of neglect or safety for their children.
Juvenile Court	The Juvenile Court oversees civil and criminal matters statewide involving children including youthful offender, care and protection, and delinquency.

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Maltreatment	The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child, or an act or failure to act, which presents an imminent risk of serious harm to a child.
Mandated Reporter	<p>Any person who suspects a child is being abused or neglected should call DCF to make a 51A report (named for its statute, MGL c.119, §51A), but mandated reporters are legally required to inform the Department.</p> <p>Mandated Reporters are defined by MGL c.119, §51A and include: any physician; medical intern; hospital personnel engaged in the examination, care or treatment of persons; medical examiner; psychologist; emergency medical technician; dentist; nurse; chiropractor; podiatrist; osteopath; public or private school teacher; educational administrator; guidance or family counselor; day care worker; any person paid to care for or work with a child in any public or private facility, home, or program funded by the Commonwealth or licensed pursuant to the provisions of MGL c.28A; voucher management agencies; family day care system; child care food program; probation officer; clerk/magistrate of the district courts; clergy; parole officer; social worker; foster parent; firefighter or police officer; school attendance officer; allied mental health and human services professional as licensed pursuant to the provisions of MGL c. 112, §165; drug and alcoholism counselor; psychiatrist; and clinical social worker.</p>
Medical Neglect (allegation)	A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so or offered financial or other resources to do so.
Missing/Absent from Approved Placement	<p>Children are “missing” from Department care or custody if their whereabouts are unknown. These include: children who may have been abducted; children who may have run away or be “on the run” from a Department placement whose whereabouts are unknown; children whose whereabouts are unknown whether or not they make periodic contact with the Department, a placement resource, parent(s)/caregiver(s), or custodian; or a child who has come under Department jurisdiction on an emergency basis under MGL c.119, §51B and the child’s whereabouts become unknown before the initial court hearing.</p> <p>Children are “absent from approved placement” if their whereabouts are known but they refuse to return to their approved DCF placement or family home.</p>
Neglect (allegation)	Neglect means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth, or other essential care, provided; however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).
Neonatal Abstinence Syndrome (NAS) (allegation)	A Substance Exposed Newborn (SEN) may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN.
Non-mandated Reporter	Non-mandated reporters are all persons who are not mandated reporters.
Non-Referral Location	<p>Any location other than home in which a child remains in the custody of DCF, but either does not have or is not utilizing a paid placement service. Examples include:</p> <ul style="list-style-type: none"> • Hospitalization • Other state agency

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Ongoing Social Worker	<p>Ongoing social workers provide the necessary services to help children who are abused and/or neglected. In many situations, social workers interact with children and family members, including siblings, parents, extended relatives, and guardians in order to assess the needs of each child and determine the best course of action for improving the child family environment.</p> <p>Duties and Responsibilities (these duties are a general summary and not all inclusive):</p> <ul style="list-style-type: none"> • Assess, evaluate, conduct initial and ongoing case management of children and family services and needs • Develop, review, update, and ensure implementation of strength-based service plans for each child in care or custody including risk assessment, safety plans, and goals • Complete all documentation in accordance with agency and regulatory requirements • Make home and foster care visits and transport children to healthcare, social services, or other agency-related appointments as required • Maintain ongoing communication with DCF staff and other constituencies and initiate court action when necessary • Empower families to make stable commitments to children by accessing counseling and coordinating visits with biological parents and/or guardians and other relatives, develop a helping relationship, and ensure needed supports and services are provided • Attend weekly supervision, weekly staff meetings, in-service training, and team meetings • Maintain a high degree of professionalism in the community with schools, courts and with referring agencies seeking to build and sustain positive relationships
Open Case	Child/family in the process of a family assessment or with an active action plan.
Open Consumer	Children, young adults, and adults who are open in a family assessment or have an active action plan.
Outreach	Outreach means those Department activities conducted in the community to make the community aware of the philosophy of the Department, the variety of social services offered by the Department, the ways to obtain Department services, and the Department's desire to work in conjunction with other community resources and agencies to meet children's needs. Outreach activity provides a way for the Department to identify existing resources, duplications, gaps in services, and unmet service needs in the community.

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Parental Capacities	<p>The Department uses the Protective Factors Framework to help assess child safety. An understanding of the child(ren)'s age and developmental status as well as the parent/caregiver's culture, abilities and any disabilities (e.g., intellectual, physical, developmental) must be considered when assessing a parent/caregiver's capacity to safely parent their child(ren). The protective factors that must be considered in a determination of parental capacities are:</p> <ul style="list-style-type: none"> • Knowledge of Parenting and Child Development: Parent/caregiver understands how to keep the child(ren) safe; uses age/developmentally appropriate discipline methods; and responds to the unique development of the child during different ages and stages • Building Social and Emotional Competence of Children: Parent/caregiver, through a nurturing and responsive relationship, helps the child(ren) develop the ability to form safe and secure adult and peer relationships and to experience, regulate and express emotions • Parental Resilience: Parent/caregiver has the ability to make positive changes that sustain child(ren)'s safety and well-being while managing stress and adversity • Social Connections: Parent/caregiver maintains healthy, safe, and supportive relationships with people, institutions, and the community that provide a sense of belonging • Concrete Support in Times of Need: Parent/caregiver provides for the family's basic needs and knows how to access and advocate for services that promote safety and well-being for their child(ren)
Permanency	Ensuring a nurturing family – preferably one that is legally permanent – for every child within a timeframe supportive of their needs.
Physical Injury (allegation)	Death, fracture of a bone, subdural hematoma, burns, impairment of any organ, soft tissue swelling, skin bruising, and any other such nontrivial injury depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises.
Placement Stability	Children in placement may experience one or more moves during a Home Removal Episode (HRE). Children with fewer moves are considered to have placement stability.
Probate and Family Court	The Probate and Family Court Department has jurisdiction over family-related and probate matters such as divorce, paternity, child support, custody, parenting time, adoption, termination of parental rights, and abuse prevention. The Probate and Family Court also handles wills, estates, trusts, guardianships, conservatorships, and changes of name. The court has 14 divisions.
Protective Case	A DCF "care and protection" case opened as a result of a supported 51A report.
Protective Intake	<p>Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted, and how best to target the Department's response.</p> <p>The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.</p>
Protective Response (Investigation)	"Screened-in" 51A reports are assigned for a Child Protective Services (CPS) response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected.

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Rate-of-Disproportionality (RoD)	<p>The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic group in the Massachusetts child census population or in an earlier decision-making stage.</p> <ul style="list-style-type: none"> • RoDs greater than 1.0 indicate overrepresentation • RoDs less than 1.0 indicate underrepresentation
Reasonable Cause to Believe	<p>A collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.</p>
Referral (intake)	<p>Notification to the CPS agency of suspected child maltreatment. This can include more than one child.</p>
Relative Rate Index (RRI)	<p>The RRI compares the observed rate of White children to the observed rate for children of color.</p> <ul style="list-style-type: none"> • RRIs greater than 1.0 indicate overrepresentation • RRIs less than 1.0 indicate underrepresentation
Reportable Condition	<p>Information indicating that a child may have been abused and/or neglected may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation and/or human trafficking.</p>
Response (51B)	<p>The Department assigns “screened-in” 51A reports for completion of a 51B response in accordance with MGL c. 119, § 51 B. Based on the facts gathered during the response, the assessment of parental capacities, the results of the risk assessment tool and clinical judgment, the response worker, in consultation with the supervisor, determines:</p> <ul style="list-style-type: none"> • A finding on the reported allegation(s) or discovered conditions, including a finding on any person(s) responsible • Whether Department intervention is necessary to safeguard child safety and well-being
Response Worker	<p>A social worker employed by the Department who conducts a response to allegations of abuse and/or neglect under MGL c. 119, § 51B and who has completed the Department’s training for response workers.</p>
Reunification of Family (permanency through)	<p>Permanency through reunification of family: The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child’s educational, physical/mental health, and social activities.</p>
Risk	<p>The potential for future harm to a child.</p>
Safe Haven Act	<p>Allows a parent to legally surrender newborn infants 7-days-old or younger at a hospital, police station, or manned fire station without facing criminal prosecution. See MGL c.119, §39½ (St. 2004, c.227; amended by St.2007, c.86).</p>
Safety	<p>A condition in which caregiver actions or behaviors protect children from harm.</p>
Screen-In for Response	<p>A 51A report that meets DCF’s criteria for suspected abuse and/or neglect. If a 51A report is “screened-in” it is assigned for a Child Protective Services (CPS) response to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Screened-in” reports may require an immediate emergency response or a non-emergency response.</p>

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Screen-In for Emergency Response	<p>Screening for an emergency response is to be completed within two hours. The response must begin within two hours of the report and completed within five business days.</p> <p>This is a determination that the report involves a situation where the failure to take immediate action would pose a substantial risk of death, serious emotional or physical injury, or sexual abuse of a child.</p>
Screen-In Non-Emergency Response	<p>Screening for a non-emergency response is to be completed within one business day but may be extended for one additional business day in limited circumstances. The non-emergency response must begin within two days of the report and be completed within fifteen business days.</p> <p>This is a determination that a child(ren) may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver or that a child has been or may be at risk of sexual exploitation or human trafficking, and that the situation as reported does NOT pose a substantial risk of death, serious emotional, or physical injury, or sexual abuse to a child.</p>
Screen-Out	<p>A 51A report that does NOT meet DCF's criteria for suspected abuse and/or neglect.</p> <p>This is a determination that:</p> <ul style="list-style-type: none"> • The report does not involve a child, or the allegations are not within the Department's mandate concerning child abuse and neglect • There was no indication that a child(ren) has been or may have been abused or neglected or may be at risk of being abused and/or neglected by a caregiver • The alleged perpetrator has been identified and was not a caregiver or the child(ren)'s caregiver is safely protecting the child(ren) from the alleged perpetrator, unless the allegations involve sexual exploitation or human trafficking • The specific injury or specific situation being reported is so old that it has no bearing on the current risk to the reported or other child(ren) • There are NO other protective concerns, and the only issue is maternal use of appropriately prescribed medication resulting in a Substance Exposed Newborn (SEN), the only substance affecting the newborn(s) was appropriately prescribed medication, and the mother was using the medication(s) as prescribed which can be verified by a qualified medical or other provider
Screen-Out District Attorney Referral	<p>51A reports that do NOT meet the standards for a Departmental response to ensure a child's safety and well-being. Nonetheless, the 51A Report involved (or may have involved) a crime that requires a mandatory (or discretionary) referral to the district attorney and local law enforcement agency.</p>
Sexual Abuse (allegation)	<p>Any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.</p>
Sexually Exploited Child	<p>As defined under MGL c.119, §21, any person under the age of 18 who has been subjected to sexual exploitation because such person:</p> <ul style="list-style-type: none"> • Is the victim of the crime of sexual servitude pursuant to section 50 of chapter 265 or is the victim of sex trafficking as defined in 22 United States Code 710 • Engages, agrees to engage or offers to engage in sexual conduct with another person in exchange for a fee, in violation of subsection (a) of section 53A of chapter 272, or in exchange for food, shelter, clothing, education, or care • Is a victim of the crime of inducing a minor into prostitution under section 4A of chapter 272 • Engages in common night walking or common streetwalking under section 53 of chapter 272

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Sexual Orientation	Sexual Orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions.
Sibling Placement Rate	Rate of siblings placed together (co-placed) in a foster care setting
Stabilization of Family (permanency through)	Permanency through stabilization of family is to strengthen, support, and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less or when longer placement is required due to the child's own developmental, medical, or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.
Substance Exposed Newborn (SEN) (allegation)	A newborn exposed to alcohol or other drugs in utero, whether or not this exposure is detected at birth through a drug screen or withdrawal symptoms. A SEN may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN. Fetal Alcohol Syndrome (FAS) as diagnosed by a qualified licensed medical professional is also a subset of SEN.
Substantial Evidence	Such evidence as a reasonable mind might accept as adequate to support a conclusion.
Substantial Risk of Injury	A situation arising either through intentional act or omission which, if left unchanged, might result in physical or emotional injury to a child or which might result in sexual abuse to a child.
Substantiated Concern Finding	<p>At the conclusion of the CPS Response, a "determination" is made. A "substantiated concern" finding means that there is "reasonable cause to believe" that the child was neglected, the actions or inactions by the parent(s)/ caregiver(s) create the potential for abuse or neglect, but there is no immediate danger to the child(ren)'s safety or well-being.</p> <p>Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> • A new case is opened • When there is a finding of substantiated concern on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment or action plan and/or change to existing interventions/services.
Substitute Care	Substitute care means the provision of planned, temporary 24-hour care when the parent or principal caretaker is unable or unavailable to provide care on a daily basis. Substitute care encompasses the provision of foster care, community residential care, and supervised independent living. The Department shall protect and promote the basic principle that every child has a right to a permanent family by providing substitute care which is time-limited, community-based and in the least restrictive setting possible.

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Appendix A

Supported Finding	<p>At the conclusion of the CPS Response, a determination is made. A support finding means that there is “reasonable cause to believe” that a child(ren) was abused and/or neglected; the actions or inactions by the parent(s)/ caregiver(s) place the child(ren) in danger or pose substantial risk to the child(ren)'s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking.</p> <p>Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> • A new case is opened • When allegations are supported on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there is a change in risk level to the child(ren) that warrants an update to the family's current Family Assessment and Action Plan and/or a change to existing interventions/services. <p>In very limited circumstances, with approval from a manager, the Department may make a finding of support and determine that Department intervention is not necessary. For example, the alleged perpetrator was not a family member (e.g., babysitter, bus driver); the parent(s)/caregiver(s) had taken necessary action to keep the child safe; the alleged perpetrator poses no current or potential threat to the reported child(ren) and is out of the home; and the parent(s)/caregiver(s) has taken necessary action to keep the child(ren) safe.</p>
Unsupported Finding	<p>At the conclusion of the CPS Response, a determination is made. An unsupported finding means that there is not “reasonable cause to believe” that a child(ren) was abused and/or neglected; that the child(ren)'s safety or well-being is being compromised; or the person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation or human trafficking where the caregiver distinction is not applied.</p> <p>Department intervention is not needed to safeguard the child(ren)'s safety and well-being. Although the Department does not open a new case, the family may apply for voluntary services from the Department and/or the Department may refer the family for services in the community if needed.</p> <p>When allegations on an open case are "unsupported," the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment and action plan and/or change to existing interventions/services.</p>
Victim (child)	<p>A child for whom the state determined at least one maltreatment (allegation of abuse and/or neglect) was supported or indicated. This includes children who die of child abuse and neglect. This is a change from prior years when children with dispositions of alternative (i.e., differential) response victim were included as victims. It is important to note that a child may be a victim in one report and a non-victim in another report.</p>
Voluntary Intake	<p>In some cases, after an assessment or investigation, DCF finds no evidence for abuse or neglect. In these cases, families can request that DCF open a voluntary case for them so that they can still access services.</p>
Voluntary Placement Agreement (VPA)	<p>A young adult open with the Department prior to turning age 18 may sign a VPA at age 18 and remain open with the Department. Young adults who decline a VPA at age 18 may later request services by returning and signing a VPA prior to turning 23 years-of-age.</p>

GLOSSARY
Appendix A

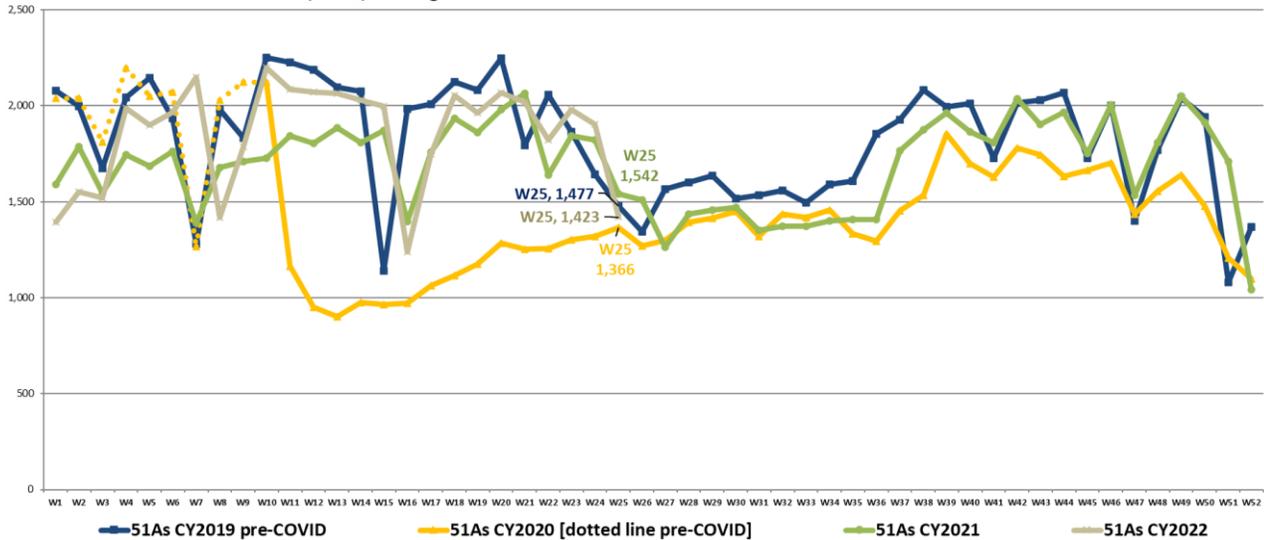
Well-Being	Healthy social, physical, and emotional functioning of children and their families. Safe, stable, and nurturing relationships between children, their siblings, and the adults who care for them are necessary cornerstones of their well-being and healthy development and shape how their physical, emotional, social, behavioral, and cognitive capacities will progress – all of which ultimately affect their health and functioning as adults.
Workload	The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to do the work required for each assigned case and complete other non-casework responsibilities.

IMPACT OF COVID-19 PANDEMIC Appendix B

- Protective Intakes (51A reports) During the COVID-19 Pandemic**

Figure 46 presents a weekly comparison of protective intakes (51A reports) filed in the 4-year period of CY2019 through CY2022. While overall CY2020 and CY2021 51A intake counts remained lower than pre-pandemic rates, signs of convergence with pre-pandemic rates are evident in CY2022.

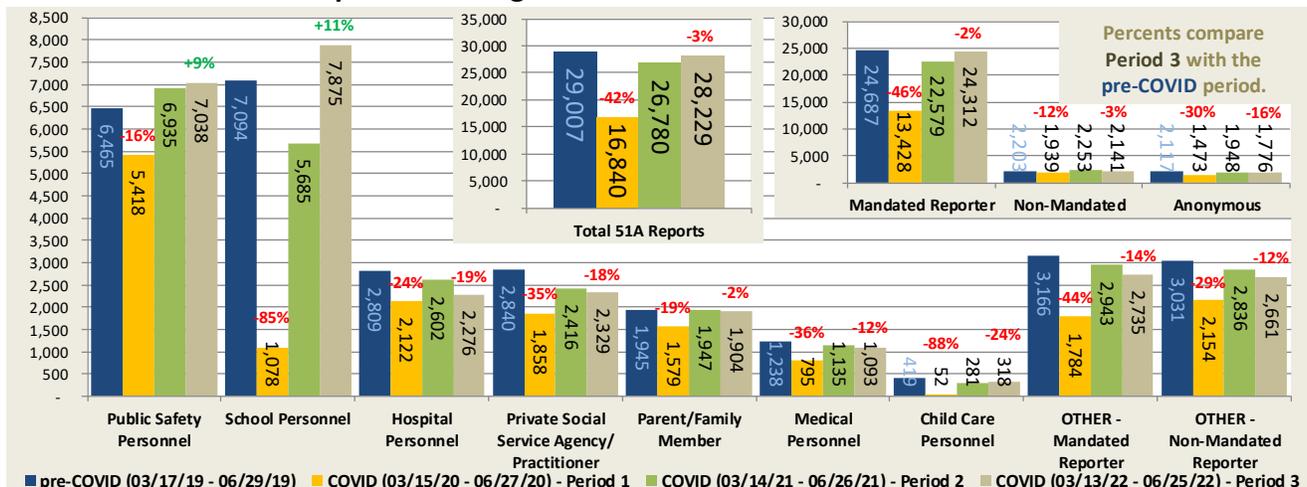
FIGURE 46. Protective Intakes (51As) During COVID-19



- Mandated Reporters During the COVID-19 Pandemic**

Figure 47 reveals that within the initial 15-weeks following the COVID State of Emergency declaration, 51A report filings decreased by 42% relative to an equivalent 15-week interval in CY2019. Reporting by mandated reporters was down by 46% relative to CY2019 and accounts for the majority of the observed reduction. Of note, 51A reports filed by school personnel were down 85%. By CY2022, 51A report filings have been tracking toward pre-pandemic levels. Nonetheless, overall filings were down by 3% and mandated reporter filings by 2%. In contrast, filings by public safety personnel rose by 9% and school personnel filings rose by 11% in CY2022 compared to CY2019.

FIGURE 47. Mandated Reporters During COVID-19



- **Case Closing Trend Pre vs Post COVID-19 Pandemic**

FIGURE 48. Case Closing Trend Pre vs Post COVID-19 (15 week intervals)

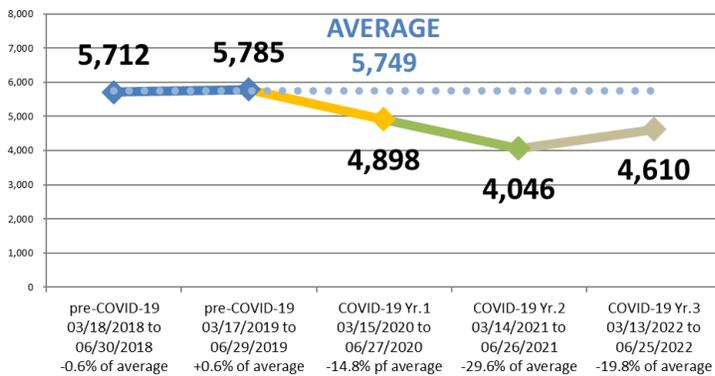
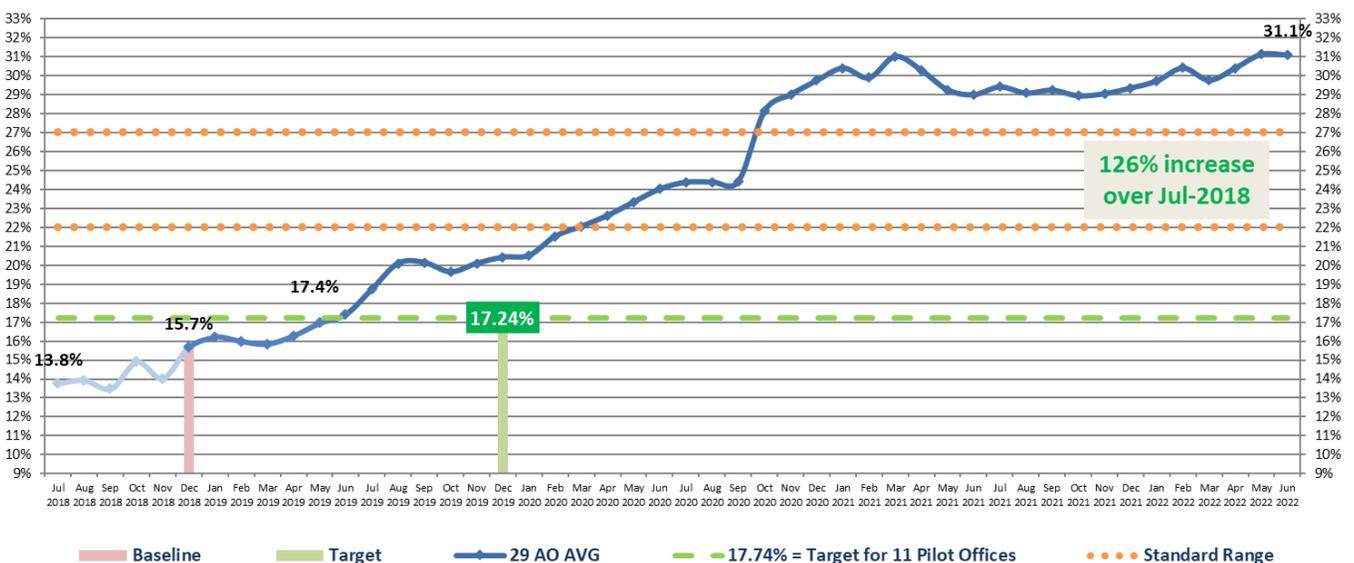


Figure 48 reveals that case closings decreased during the 15-week timespan between the COVID-19 State of Emergency declaration and the end of FY2020 relative to equivalent 15-week timespans in FY2018 and FY2019. This decrease continued through FY2021 but began to reverse in FY2022. DCF maintained its services to children and families during the pandemic.

- **Family Find – Kin First**

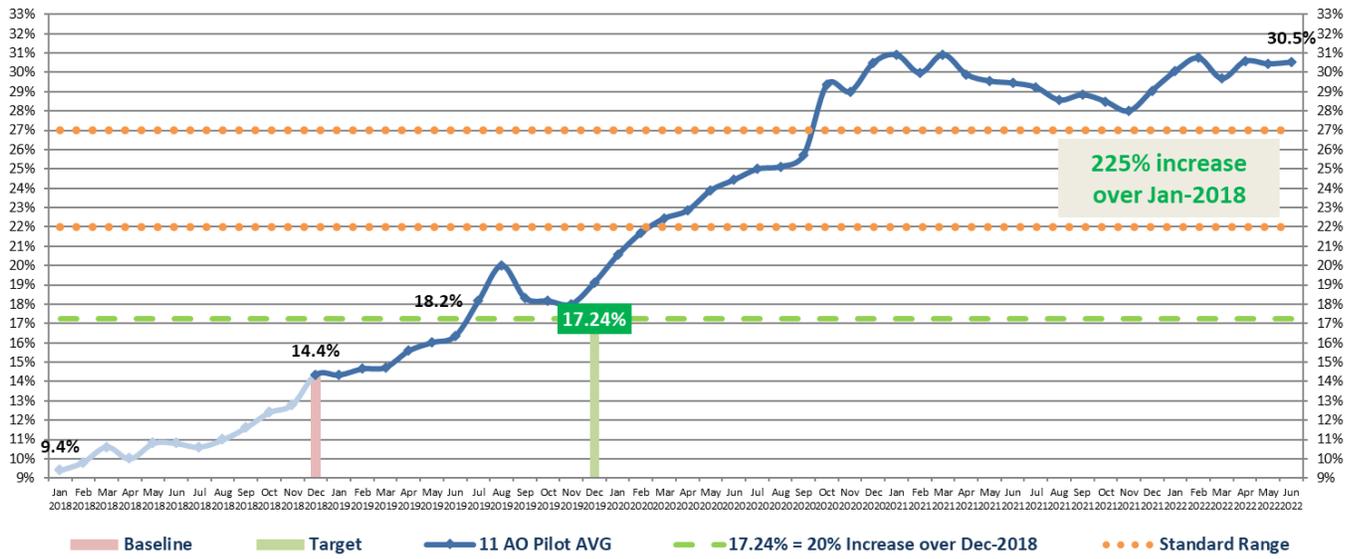
National research shows the most stable and successful foster care placements are children cared for by family. More than five years ago, the Department initiated Family Find, a pilot program dedicating one social worker in each office to focus on locating family members or other caring adults the child already knows. Family Find has expanded from three DCF offices to 11 and, since January 2018, the placement of children in kinship foster homes immediately following the home removal increased 126% statewide (Figure 49a) and 225% in the Family Find offices (Figure 49b). In FY2021 and FY2022, a five-year high of 58% of all children in departmental foster care were placed with kin.

FIGURE 49a. Percent of Initial Placements with Kin - Statewide



NOTE: Values for FY2021 were recast in FY2022 to correct a data issue.

FIGURE 49b. Percent of Initial Placements with Kin - 11 Pilot Area Offices



NOTE: Values for FY2021 were recast in FY2022 to correct a data issue.

