Office of the Child Advocate
Annual Report
Fiscal Year 2019

The Commonwealth of Massachusetts
Maria Z. Mossaides
Child Advocate

The Office of the Child Advocate

The mission of the Office of the Child Advocate (OCA) is to ensure all children in the Commonwealth receive appropriate, timely and quality services with full respect for their human rights. Through collaboration with public and private stakeholders, the OCA examines services to children to identify gaps and trends and makes recommendations to improve the quality of those services. The OCA also serves as a resource for families who are receiving, or eligible to receive, services from the Commonwealth.

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Our Executive Agency Partners

DCF	Department of Children and Families
DDS	Department of Developmental Services
DEEC	Department of Early Education and Care
DESE	Department of Elementary and Secondary Education
DMH	Department of Mental Health
DPH	Department of Public Health
DPPC	Disabled Persons Protection Commission
DYS	Department of Youth Services
EOEA	Executive Office of Elder Affairs
EOE	Executive Office of Education
EOHHS	Executive Office of Health and Human Services
MCB	Massachusetts Commission for the Blind
MCDHH	Massachusetts Commission for the Deaf and Hard of Hearing

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CHARLES D. BAKER
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THE CHILD ADVOCATE

November 2019

Dear Governor Baker, Lieutenant Governor Polito, Speaker DeLeo, Senate President Spilka, Members of the General Court, and the Citizens of the Commonwealth,

I am pleased to present the Fiscal Year 2019 (FY19) report of the activities of the Office of the Child Advocate (OCA). The OCA was created over a decade ago to serve both as an ombudsman to ensure that children and their families receive quality, effective, and timely services that meet their needs and as an independent overseer identifying gaps in needed services and conducting investigations when needed. The OCA performs these core functions while also identifying and working on issues that require deeper review through a project-based approach. Each year the OCA identifies areas for review based on the data collected from both its core functions and the many task forces and committees in which the OCA participates. At times, we have engaged consultants to conduct reviews, such as our multi-year initiative at improving the coordination of the licensure and monitoring of residential schools, a study of the challenges facing grandparents raising grandchildren, and a report on young adults transitioning to adulthood from state services and programs.

This fiscal year, the OCA launched its newest statutory mandates. The Juvenile Justice Policy and Data Board is charged with studying our juvenile justice system – including the implementation of the various juvenile justice changes enacted as part of the comprehensive criminal justice bill in 2018 – and making annual recommendations for improvement. The Childhood Trauma Task Force is charged with studying how the Commonwealth should identify and provide services to youth who have experienced trauma and who currently have, or are at risk of, involvement with the juvenile justice system. The OCA was selected to lead these new initiatives in part because the OCA has served as a neutral convener that successfully brings together the full range of stakeholders, the public and private agencies, members of the legislature, advocates, and consumers to recommend solutions to identified problems facing children and their families.

The OCA is staffed by a small number of subject matter experts in child welfare, juvenile justice and education. We are committed to using the best available data and evidence-based research in developing our recommendations. We have worked tirelessly to ensure that policymakers and the public have the information needed to answer questions regarding how state agencies are performing their functions. We support efforts to improve the quality and quantity of data that is available, including annual improvements to the data the OCA presents in its annual report. We strive to be as transparent as we can while protecting the privacy of the children and families whose information we hold and review.

The OCA monitors a broad array of state agencies and services. The issues we explore change over time, but we continue to focus on certain key areas. In this past year we have continued to closely monitor the number of children and youth who are victims of child sexual abuse, commercial sex trafficking and exploitation. We are concerned about the national increase in youth suicide, especially the increase of suicide in younger children. We will be working with experts on a closer examination of suicide prevention activities that may lead to recommendations for state agencies. The OCA is also beginning to address the lack of accessible behavioral health services for children in the Commonwealth and the impact that may have on education. The OCA continues to be involved with state agencies in improving the provision of the full range of services, including housing, that will engage and support youth who are transitioning to adulthood.

With all that has been accomplished, there is still much more to be done to ensure our children, youth and young adults are able to thrive and grow. I continue to be grateful to have the support of the Governor and Legislative leadership. In addition, our work is only possible with the collaboration of the leadership and staff of our state agencies, our public sector colleagues and the advocacy and trade associations who represent the Commonwealth's children, families and child-serving organizations. I also wish to acknowledge the families who have brought their concerns to the OCA. Finally, I am grateful for my staff and their tireless efforts on behalf of the Commonwealth's children.

Sincerely,

Maria Z. Mossaides

Recommendations

The OCA's recommendations are not limited to those made in our Annual Report. OCA staff make recommendations in many formats across the full range of our activities, from the feedback upon review of individual cases to testimony provided at public hearings on proposed statutory changes. The following are examples of recommendations the OCA made during FY19, along with new recommendations for FY20.

Child Fatality Review Program

In FY19, the OCA recommended and secured funding from the Legislature to support the implementation of the recommendations outlined in the OCA state and local child fatality review team assessments.

The Massachusetts Child Fatality Review (CFR) program was established in 2000 following the passage of M.G.L. c. 38, § 2A. Pursuant to the statute, the purpose of child fatality review is to "decrease the incidence of preventable child fatalities and near fatalities" in the Commonwealth. The law requires that Massachusetts have two types of CFR teams; local child fatality review teams (CFRTs) and a state child fatality review team (SCFRT).

At the request of the SCFRT, in FY17 the OCA undertook the first ever comprehensive assessment of the functioning of both the state and local child fatality review teams. The first phase was completed in FY17 and focused on the local teams. In FY18, the OCA completed the second phase of the assessment, which focused on the state team. Both assessments have comprehensive findings and recommendations to improve the CFR program[1]. The funding provided by the Legislature allows the recommendations to be implemented, including the hiring of a Child Fatality Review Program Coordinator at the Department of Public Health to assist in facilitating this process.

Child Sexual Abuse Prevention Task Force[2]

Together, in FY19, the OCA and the Children's Trust recommended and secured funding in the FY20 budget for an 18-month pilot training program, focused on children and youth exhibiting problematic sexual behaviors.

[1] https://www.mass.gov/service-details/oca-project-reports

[2] The Child Sexual Abuse Prevention Task Force is a multidisciplinary group that was established in 2014 (Section 34 of Chapter 431 of the Acts of 2014) and is co-chaired by The Child Advocate and the Executive Director of the Children's Trust.

Five to six Massachusetts Children's Advocacy Centers will participate in the pilot training program. Funding will also be used to evaluate the results and to develop identification, intervention, and referral procedures for schools and other youth-serving organizations. These efforts will increase the state's capacity to effectively respond to the needs of children and youth exhibiting problematic sexual behaviors, therefore reducing or eliminating subsequent incidents and increasing community safety.

Child Welfare Data Work Group

In FY19, the OCA made recommendations to the Legislature that included updates to the statutory framework for Department of Children and Families (DCF) public reports and for the continuation of the Child Welfare Data Work Group.

In FY18, The Child Advocate and Department of Children and Families (DCF) Commissioner convened a work group to review and recommend changes and improvements to the various reports DCF was mandated to file with the Legislature. In response to these efforts, the Legislature, in Section 128 of Chapter 47 of the Acts of 2017, created a task force on Child Welfare Reporting, which is called the Data Work Group (DWG). The DWG met regularly in FY18 and FY19 and came to an agreement on the quality and number of public reports DCF should be required to file with the Legislature. In FY20, the DWG has agreed to focus on the following reporting categories: foster care review, federal reporting benchmarks, foster care recruitment, and services to young adults over 18.

Foster Care Review

Foster Care Review should remain with the Department of Children and Families.

In 2017, *An Act Establishing the Massachusetts Foster Care Review Office* (H.112) was filed in the Legislature to create a new independent agency to assume responsibility for Foster Care Review (FCR). The bill is supported by various advocacy organizations who feel that FCR, as currently done by DCF, is not as effective as it could be and is perceived as biased towards DCF. The OCA is opposed to the creation of an independent Office for Foster Care Review, in part, because information learned during FCR can be a valuable component of DCF's quality improvement.

In FY18, the OCA worked with DCF to develop a multi-faceted Work Plan to enhance the FCR process. The Work Plan addresses many of the concerns raised by advocates who support an independent agency for FCR. In FY19, the OCA met frequently with members of the Legislature to keep them informed on the progress being made. The OCA also met monthly with DCF to review progress on the Work Plan and improvements to FCR. The OCA remains committed to making recommendations and working with DCF to improve the FCR process in FY20.

Transition Age Youth

The OCA recommends the convening of an Interagency Council on Transition Age Youth.

The Executive Office of Health and Human Services (EOHHS) provides oversight to a range of state agencies[3] that provide services and supports to youth and young adults ages 14 to 26 who are transitioning to adulthood. Transition-age youth need support when they leave state supervision, and collaboration between these agencies is essential, given that many transition-age youth frequently receive services from more than one EOHHS agency.

To better understand the current status of services for transition-age youth, the OCA engaged the University of Massachusetts Division of Commonwealth Medicine[4] to provide an independent assessment. Commonwealth Medicine found that Massachusetts has made significant progress in assisting this population of transition-age youth and supporting cooperation among the EOHHS youth-serving agencies, yet gaps in services and supports remain. These gaps include a general lack of availability and coordination of services for transition-age youth.

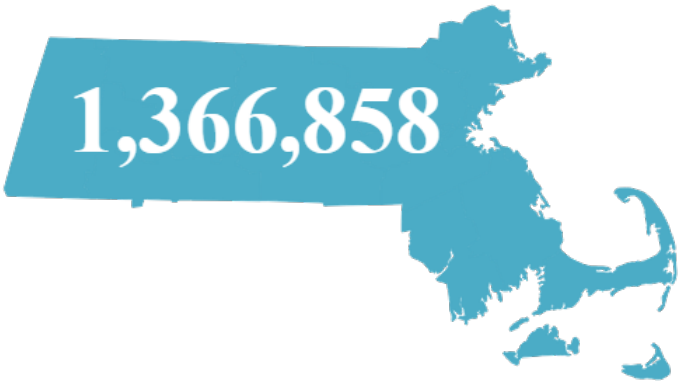
An Interagency Council on Transition Age Youth would examine and make recommendations to address the challenges facing transition-age youth, including the gaps in services and general lack of availability and coordination of services identified in this assessment.

[3] These agencies include the Department of Children and Families (DCF), Department of Developmental Services (DDS), Department of Mental Health (DMH) and Department of Youth Services (DYS).
[4] https://commed.umassmed.edu/

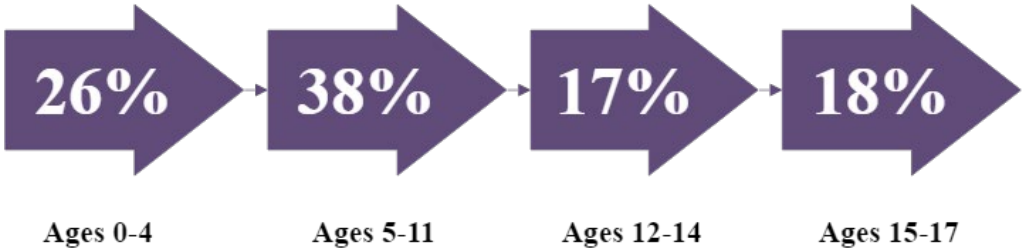
Data Snapshot of Children in Massachusetts

In an effort to provide a framework for the information provided in this report, the following statistics are a snapshot of the demographics of children[5] residing in Massachusetts. The data was taken from the Kids Count Data Center and is an estimate for calendar year 2018 (January 1, 2018-December 31, 2018) unless otherwise noted.

Total Number of Children (0-18 years old) in Massachusetts



Age of Children in Massachusetts



Racial/Ethnic Breakdown of Children in Massachusetts

- White (non-Hispanic): 61%
- Hispanic or Latino: 19%
- Black (non-Hispanic): 9%
- Asian (non-Hispanic): 7%
- Two or More Race Groups (non-Hispanic): 4%
- American Indian and Alaskan Native/Native Hawaiian and Other Pacific Islander: less than 1%

Fast Facts on Children in Massachusetts

- 12% of children under the age of 18 live below the poverty line (Kids Count, 2018).
- 16% of children have experienced two or more adverse experiences in their lifetime (Kids Count, 2016-2017).
- 23% of children speak a language other than English at home (Kids Count, 2017).

[5] For the purposes of this report, the term "children" refers to any individual between the age of birth to 18, "youth" refers to any individual between the age of 14-18 and "young adult" refers to any individual between the age of 19-22 unless otherwise stated.

Complaint Line

The OCA's enabling statute, M.G.L. c. 18C § 5, requires the OCA to receive complaints about services provided to children, young adults and families by state agencies. Family members, foster parents, advocates, attorneys, and other individuals contact the OCA to express concern about a service a child or young adult is receiving, or eligible to receive, from a state agency. Additionally, anyone needing help identifying and navigating resources related to the health, education, safety and/or well-being of any child or young adult in the Commonwealth may contact the OCA.

The OCA has several well-established points of contact: telephone, email, online complaint form, and mail. Staff members are available during business hours[6] to help identify services or resources, assist with resolving a problem that involves a state agency, and provide information and referrals as needed. In more complex matters, staff will meet to discuss the situation at hand, and with the consent of the individual who contacted the OCA, may reach out to the state agency involved.

Not all Complaint Line contacts are a complaint or a concern. Rather, some individuals contact the OCA seeking only information and referrals. To distinguish between these two types of contacts, the OCA has designated two categories for the Complaint Line:

1. **Complaint:** An individual expresses dissatisfaction about services being provided to a child or young adult of the Commonwealth.

2. **Information and Referral:** An individual requests information, referrals, or education on a specific topic and does not express dissatisfaction with any agency or program that provides services to a child or young adult of the Commonwealth.

Overview of FY19 OCA Complaint Line Contacts

In FY19, 397 initial contacts were made to the OCA Complaint Line.[7] Of the 397 initial contacts, 76% (303) were **complaint** contacts and the remaining 24% (94) were **information and referral** contacts.

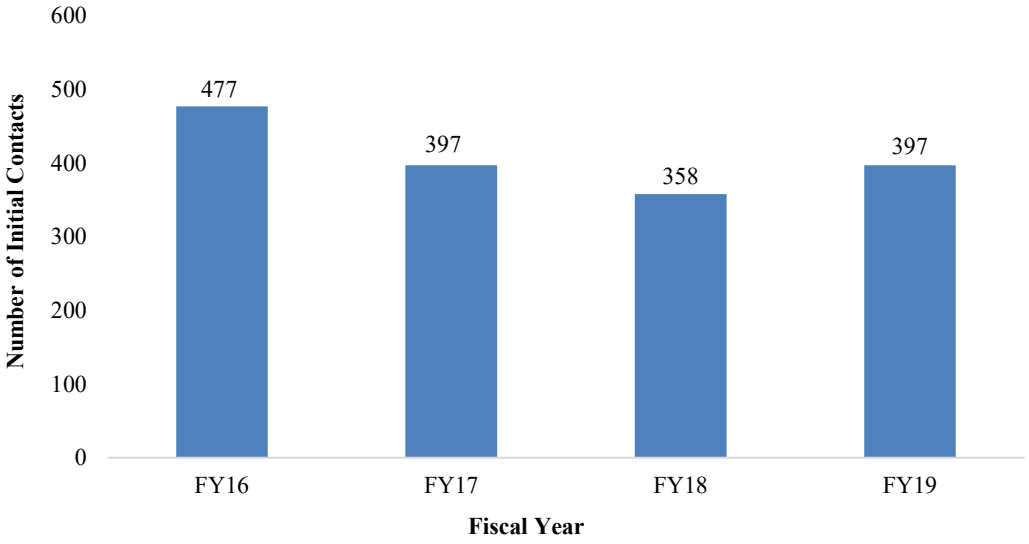
[6] OCA staff are available Monday-Friday, 9:00am – 5:00pm, excluding state holidays, by the OCA Complaint Line telephone 617-979-8360 or by e-mail at childadvocate@mass.gov.

[7] In addition, the OCA received 19 voicemails where staff could not get a hold of the caller after two attempts were made to reach these individuals. The OCA's Complaint Line response policy includes responding to voicemails within two business days and making two attempts to contact the caller.

Of the 397 initial contacts to the OCA, the greatest number of contacts were made by parents and grandparents. The OCA also received calls and emails from other relatives (e.g. aunts and uncles), other adults in the child or young adult's life (e.g. family friends), foster parents, and professionals who interact with the child or young adult (e.g. attorneys, teachers, and therapists).

Figure 1 shows the total number of initial contacts to the Complaint Line for the past four fiscal years. These numbers reflect only an individual's initial contact with the OCA; any follow-up contact with the same individual about the same issue is not included in Figure 1. Therefore, the actual number of telephone calls, emails, online complaint forms and mail received by the OCA in a fiscal year is considerably higher than what is reflected in the chart below.

Figure 1: Total Complaint Line Initial Contacts FY16 - FY19



Complaint Category

Although there were 397 initial contacts to the Complaint Line during FY19, many individuals expressed more than one concern. As a result, the number of categorized areas of concern is higher than the number of initial contacts to the OCA. Figure 2 shows that in FY19, the most common Complaint Line area of concern was child welfare.[8]

The second most common complaint category was abuse and/or neglect. In many of these contacts, individuals were reporting a concern that a child was being abused and/or neglected. In these instances, the OCA provided the individual with the phone number for the Child-at-Risk

[8] A child welfare concern does not have to involve a child or family with current Department of Children and Families (DCF) involvement.

Hotline[9] to file a report of abuse and/or neglect with Department of Children and Families (DCF).

Figure 2: FY19 Complaints: Areas of Concern
(n=419 categorized contacts)

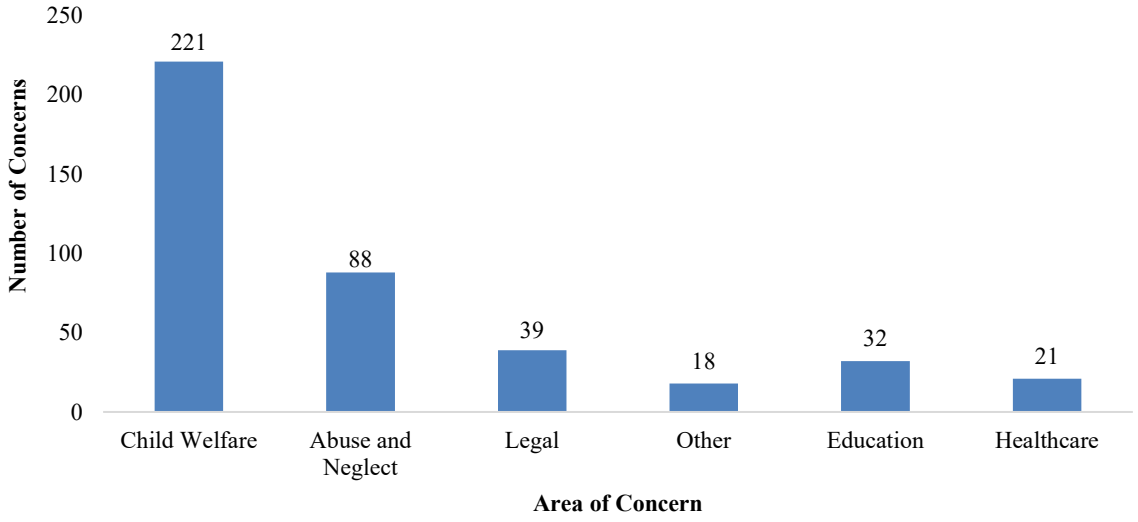


Table 1 provides examples of the specific concerns the OCA received during FY19 on the Complaint Line.

Table 1: Types of Concerns by Category

Category of Concern	Type of Concern
Abuse and/or Neglect	DCF's response to a report of abuse and/or neglect Maltreatment of a child at home or in an out-of-home setting
Child Welfare	Adoption and/or guardianship process Lack of responsiveness from DCF Placement of a child in DCF care and custody Parent and/or grandparent visitation rights
Education	Lack of an Individualized Education Plan (IEP) for a child Special education
Healthcare	MassHealth coverage Extended stays in emergency rooms for behavioral health reasons Children not receiving services and support for their healthcare needs
Legal	Court appointed attorney Delays in court proceedings
Other	Child support

[9] To report suspected child abuse and/or neglect, contact the Department of Children and Families (DCF). During regular business hours (8:45am – 5:00pm Monday-Friday), call the DCF Area Office that serves the city or town where the child lives. Nights, weekends and holidays, call the Child-At-Risk-Hotline at 1-800-792-5200. For more information, visit: https://www.mass.gov/how-to/report-child-abuse-or-neglect

Information and Referral

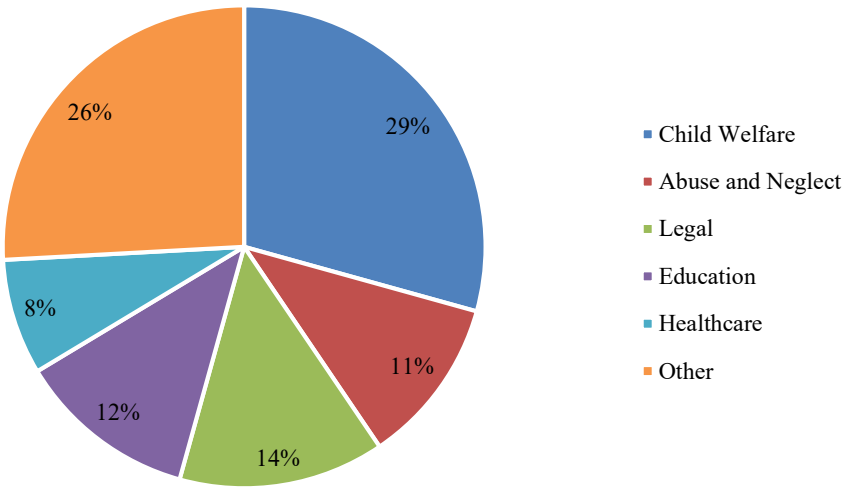
The Information and Referral requests covered a wide variety of topics in FY19. Many individuals who contacted the OCA with an Information and Referral request had questions about more than one topic. Therefore, the number of categorized information and referral requests (116) is higher than the number of initial contacts made to the OCA (94).

As shown in Figure 3, while the most common request for information was related to child welfare (34), the second highest number of requests for information fell into the other (30) category. Included in the other category were:

- inquiries regarding what the OCA can and cannot do;
- requests for how to become a child advocate; and
- clarification of information presented in OCA reports and/or media reports.

Legal inquiries (16) were related to an individual asking how to find legal representation or individuals wanting legal advice. The OCA cannot provide legal advice or direct advocacy services. The OCA provides an individual requesting legal advice with resources on how to find legal representation or specific pro bono legal services in their area.

Figure 3: FY19 Information and Referral: Request Categories (n=116)



OCA Action

The OCA keeps information received on the Complaint Line in a confidential database. This helps the OCA track issues that impact children, young adults and their families, assists in establishing priorities for future research and evaluation projects, guides OCA staff in identifying additional resources, and enhances our ability to respond to individuals who contact our office. As a result of information received on the Complaint Line during FY19:

The OCA began developing a more comprehensive list of resources, both statewide and regionally focused, to improve our ability to assist all individuals who contact the OCA.

Through analysis of our Complaint Line data, the OCA identified that many individuals who contact the OCA express a need for support locating and accessing services specific to their geographic area, are seeking direct advocacy services, or need no-cost or low-cost legal representation. The comprehensive list of resources will be available in FY20 on the OCA website and to any individual who contacts our office.

The OCA developed and implemented an outreach plan to increase awareness of the OCA and the Complaint Line.

During FY19, the OCA increased awareness of the OCA and the Complaint Line through social media (Twitter) and distributed materials with information about the OCA and the Complaint Line at statewide conferences for human service professionals. To strengthen awareness of the OCA among the child and young adult population, in FY20 the OCA will develop and implement an outreach plan specifically focused on children and young adults receiving state services, especially those in out-of-home placements.

The OCA will be conducting a survey of individuals who contact the Complaint Line in FY20.

The OCA recognizes that as part of our continuous quality improvement, feedback about our efforts on the Complaint Line is critical to understanding areas where the OCA is effective and to identify opportunities for improvement.

Critical Incident Reports

The OCA's statute, M.G.L. c. 18C § 5, requires that a critical incident is reported to the OCA when a child and/or young adult is receiving services from a state agency and suffers a fatality, near fatality, serious bodily injury or emotional injury.[10] Specifically, these types of critical incidents are defined by the OCA as:

Fatality: A child or young adult dies between the age of birth to twenty-two.

Near Fatality: Near fatal injuries are accidental, or the result of a medical condition, or the result of abuse and/or neglect and is dependent on verbal certification by a physician that the child or young adult's condition is considered life threatening.

Serious Bodily Injury: Serious bodily injuries are accidental, or the result of an underlying medical condition, or the result of abuse and/or neglect and lead to bodily injury "which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ or mental faculty or emotional distress". (M.G.L. c. 18C § 1)

Emotional Injury: A child or young adult is known to witness the fatality or life-threatening incident of an individual related to an unexpected medical event, overdose, violent act or suicide.[11]

Other: An agency will sometimes report incidents that do not met the definition of a critical incident, but the agency believes the incident is important to share with the OCA. An example of this type of discretionary report might involve an altercation between youth placed in an out-of-home setting or incidents of violence in the community that involve children receiving services.

In FY19, the following EOHHS agencies reported critical incidents concerning the children and young adults they serve:

- Department of Children and Families (DCF) reported critical incidents involving children in their custody or children and young adults receiving services, as well as children and young adults whose families had DCF involvement within the preceding twelve months.

[10] DDS, DMH, DPH and DYS report critical incidents if a child and/or young adult is receiving services from their agency at the time of the incident. Prior to FY19, DCF reported critical incidents about a child and/or young adult who was involved in an open case or had been involved in an open case in the preceding six months. As a result of the *Critical Incident Report Definitions Pilot Project* between the OCA and DCF in FY18 and FY19, this criteria was expanded to include a child or young adult who was involved in a report of child abuse and/or neglect intake, investigation or case at the time of the incident, or within the preceding 12 months.

[11] This includes any setting, such as the home, community or any other out-of-home setting.

- Department of Developmental Services (DDS) reported critical incidents involving children and young adults receiving services in the community.
- Department of Mental Health (DMH) reported critical incidents involving children and young adults who are their clients in the community, acute care, residential treatment programs and hospital settings.
- Department of Public Health (DPH) reported critical incidents involving children and young adults receiving their services in the community and in residential treatment programs they license and fund.
- Department of Youth Services (DYS) reported critical incidents involving youth or young adults detained or committed by the Juvenile Court to DYS who are receiving services in the community, in group or foster care, residential treatment programs and secure treatment centers.

Overview of Critical Incident Reports

Reports

During FY19, the OCA received 182 statutorily required *reports* regarding 186 critical incidents (fatality, near fatality, serious bodily injury, emotional injury) involving 229 children and/or young adults. The number of reports does not equal the number of critical incidents or children and/or young adults because:

a) there can be more than one child and/or young adult involved in the critical incident being reported; or

b) there can be one child and/or young adult involved in more than one critical incident. For example, a child suffers a serious bodily injury during a violent act in the home (emotional injury); or

c) two agencies may submit a report about the same child and/or young adult if the child or young adult is receiving services from both agencies; or

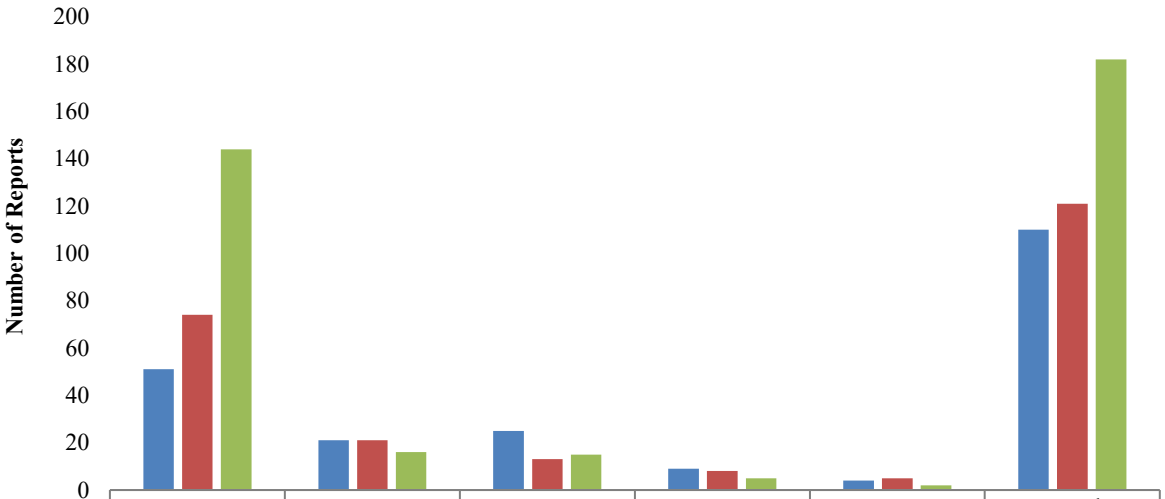
d) there can be more than one category of a critical incident in the report. For example, a child and/or young adult passes away and there are siblings in the home who witnessed the death (emotional injury).

Figure 4 shows the total number of reports submitted over the past four fiscal years, as well as the number of reports submitted per agency over the same time period. The number of children and/or young adults served by each of these agencies varies significantly, therefore the number

of reports in Figure 4 should not be understood as evidence of wrongdoing by the agency involved. [12] Additionally, the increase in reports between FY18 and FY19 are the result of:

- changes to the OCA statute in July 2016 that added emotional injury to the types of critical incidents that require a report to the OCA; and
- the FY18-FY19 *Critical Incident Report Definitions Pilot Project* between the OCA and DCF.[13] The project developed a shared understanding of the definitions of near fatality, serious bodily injury, and emotional injury. Critical incident definitions were finalized during FY19 and retroactively applied to FY18 critical incident data.

Figure 4: Number of Reports Submitted per Agency FY17-FY19



	DCF	DYS	DPH	DDS	DMH	Total
FY17	51	21	25	9	4	110
FY18	74	21	13	8	5	121
FY19	144	16	15	5	2	182

Age and Gender

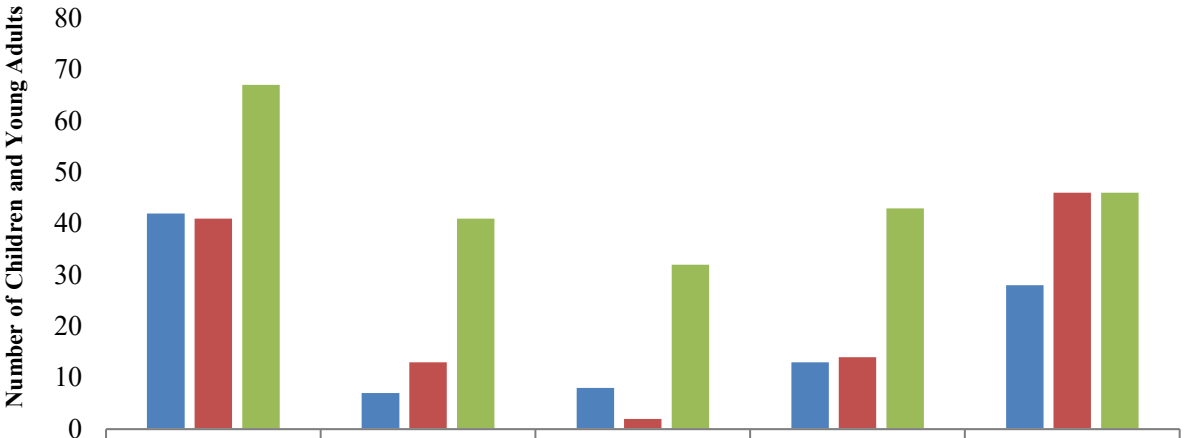
Figure 5 shows the age range of children and young adults involved in reports from FY17-FY19. Critical incident reports often list multiple children and/or young adults, as it is common for siblings to witness the same event. This leads to a larger number of affected children and/or young adults than the number of independent reports.

[12] The OCA received the most reports (144) from DCF, who served a total of 113,055 children and youth in FY19.

[13] DCF was selected because it serves more children than the other agencies.

The OCA has gender information for 228 out of 229 children and young adults; 50% (114) were identified as male, 49% (113) were identified as female, and one was identified as transgender/gender non-conforming.[14]

Figure 5: Age Range of Children and Young Adults in Reports FY17-FY19



	0-3 years old	4-7 year old	8-11 years old	12-15 years old	16-22 years old
FY17	42	7	8	13	28
FY18	41	13	2	14	46
FY19	67	41	32	43	46

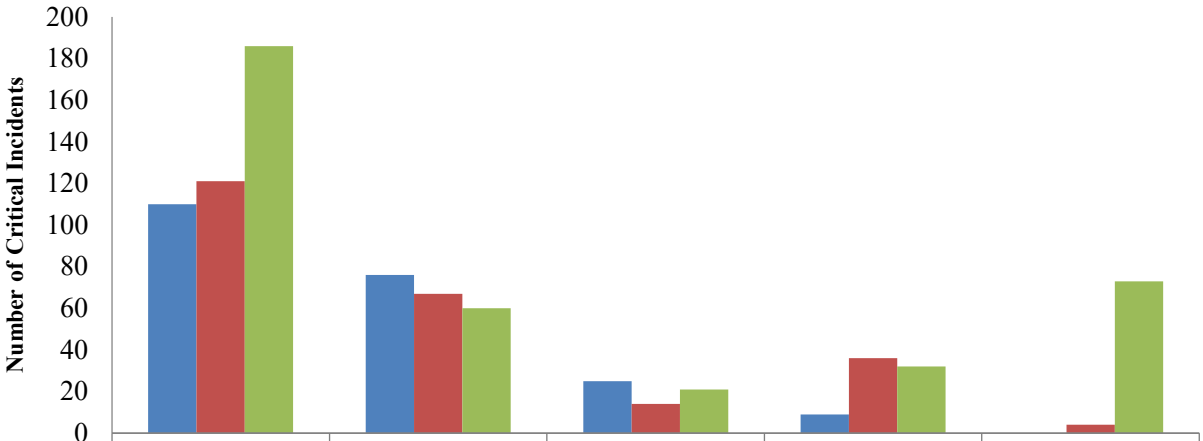
Critical Incidents

Figure 6 shows the total number of critical incidents (fatality, near fatality, serious bodily injury, emotional injury) between FY17-FY19. The OCA critical incident definition of emotional injury was developed as a result of the *Critical Incident Report Definitions Pilot Project* between the OCA and DCF. During FY19, the OCA worked with the reporting agencies to ensure a common understanding of the new emotional injury definition. As expected, during FY19, the number of reported critical incidents involving an emotional injury sharply increased as the new definition was applied.

As a result of the OCA applying the refined definitions finalized in FY19 to the FY18 critical incident reports, some critical incidents were recategorized. For example, an incident that was categorized as a near fatality could have been recategorized as a serious bodily injury. This recategorization has contributed to the decrease in near fatality reports for FY18 and sharp increase in serious bodily injury reports over the past two fiscal years.

[14] Data on gender is based on what the agency lists as the child's gender in the report and/or information in related agency reports, if available. Children do not self-identify in these reports.

Figure 6: Critical Incidents by Fiscal Year
FY17-FY19



	Total	Fatality	Near Fatality	Serious Bodily Injury	Emotional Injury
FY17	110	76	25	9	0
FY18	121	67	14	36	4
FY19	186	60	21	32	73

Events Reported in Critical Incidents

The death or serious injury of a child or young adult is a sentinel event that deserves prompt attention. While only the Office of the Chief Medical Examiner makes the final determination regarding the cause and manner of death, the report of a critical incident (fatality, near fatality, serious bodily injury, emotional injury) provides important information about the nature of the event that may have led to the injury or death of a child or young adult. The OCA categorizes and analyzes all events reported in critical incidents, as the risk of injury or death due to an injury, unsafe sleep environment, suicide and violence may be decreased with prevention education and outreach.

Figure 7 shows the types of events reported in critical incidents across agencies for FY19.[15] Analysis of FY19 data shows the following event trends from FY18 to FY19:

- Sudden unexpected infant death[16] (SUID) decreased by 21%. This may reflect the work of the Interagency Safe Sleep Task Force, launched in FY18, to reduce SUID in

[15] This data does not include types of emotional injuries, which will be analyzed in a later section. The six "other" types of events for FY19 include two separate assaults at congregate care facilities, one injury sustained during an arrest, and three unknown causes of death.

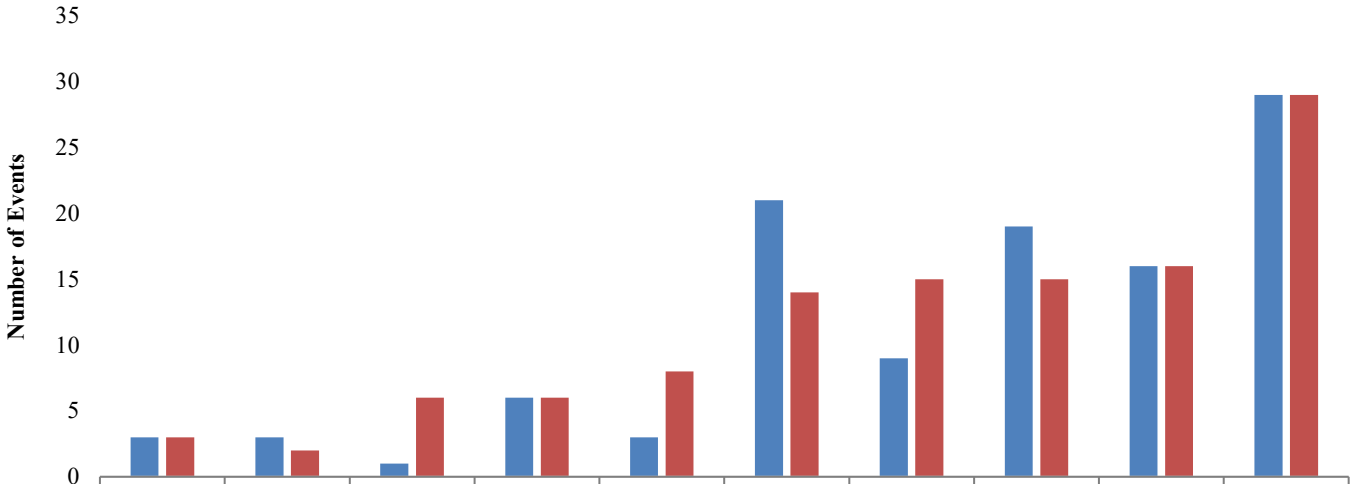
[16] Sudden unexpected infant death (SUID), also known as sudden unexpected death in infancy (SUIDI), is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome (SIDS) and ill-defined deaths), occurring during infancy (American Academy of Pediatrics Policy Statement, November 2016). Figures and data presented in this section include the following causes of death: SIDS, accidental suffocation & strangulation in bed, and undetermined cause.

Massachusetts by increasing awareness and promoting infant safe sleep practices. The relationship between SUID and infant safe sleep is well established in national research, and by review of OCA critical incident data, DPH health data and multidisciplinary reviews conducted by local child fatality review teams.

- The overall number of reported injury events decreased by 42%. However, there were more injury events reported in fatality critical incidents in FY19 compared to FY18. The types of events that were reported in FY19 fatal critical incidents include car accidents, house fires and drownings.

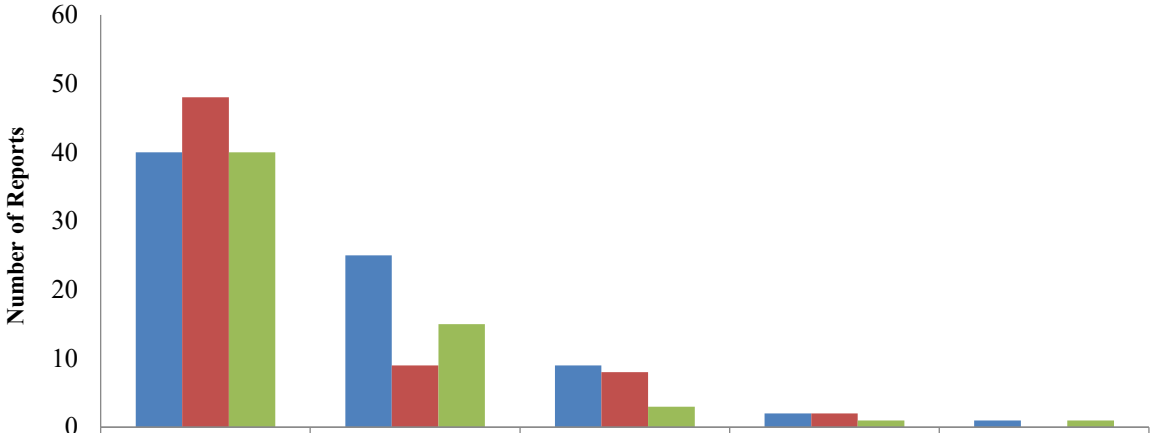
- Children and young adult overdose events increased by 67%. Six of the 15 overdose events involved fentanyl, five involved marijuana and three involved alcohol. Other overdose events involved prescription drugs and suspected, but not confirmed, opioid use. There were five children under the age of five who overdosed from exposure to substances in the home.

Figure 7: Types of Events Reported in Fatality, Near Fatality, and Serious Bodily Injury Critical Incidents FY18 and FY19



	Suicide	Sexual Abuse	Other	Physical Abuse	Suicide Attempt	Injury	Oerdose	SUID	Victim of Community Violence	Medical
FY18	3	3	1	6	3	21	9	19	16	29
FY19	3	2	6	6	8	14	15	15	16	29

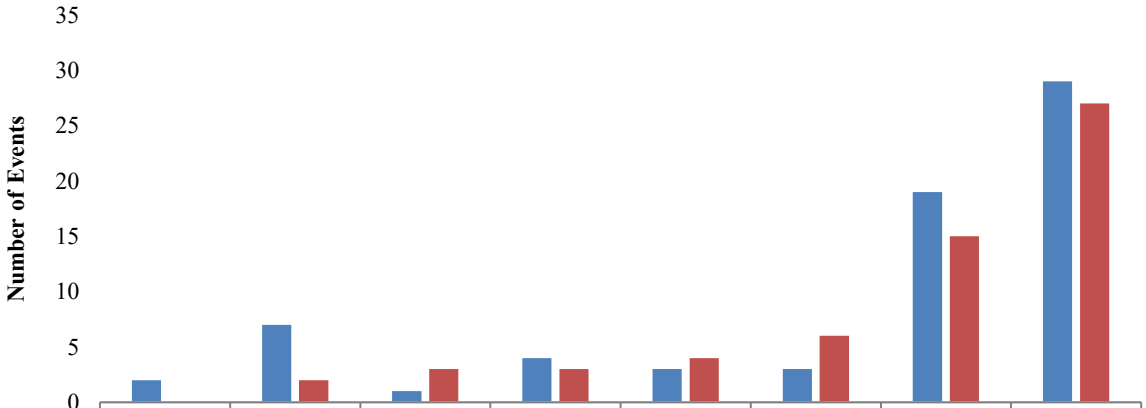
Figure 8: Number of Fatality Reports per Agency
FY17-FY19



	DCF	DPH	DDS	DYS	DMH
FY17	40	25	9	2	1
FY18	48	9	8	2	0
FY19	40	15	3	1	1

Figure 9 are the events that were reported in the fatality critical incidents.

Figure 9: Type of Events Reported in Fatality Critical Incidents
FY18-FY19



	Physical Abuse	Victim of Community Violence	Other	Suicide	Overdose	Injury	SUID	Medical
FY18	2	7	1	4	3	3	19	29
FY19	0	2	3	3	4	6	15	27

Table 2 shows the age group of children and young adults involved in a fatality critical incident by type of event for FY19. Medical deaths continue to be the most common type of event

reported in fatality critical incidents, followed by SUID. The types of events that were reported in FY19 as injury-related fatalities include car accidents, house fires and drownings.

Table 2: Age Group of Children and Young Adults by Type of Event in Fatality Critical Incidents (n=61 children and young adults)

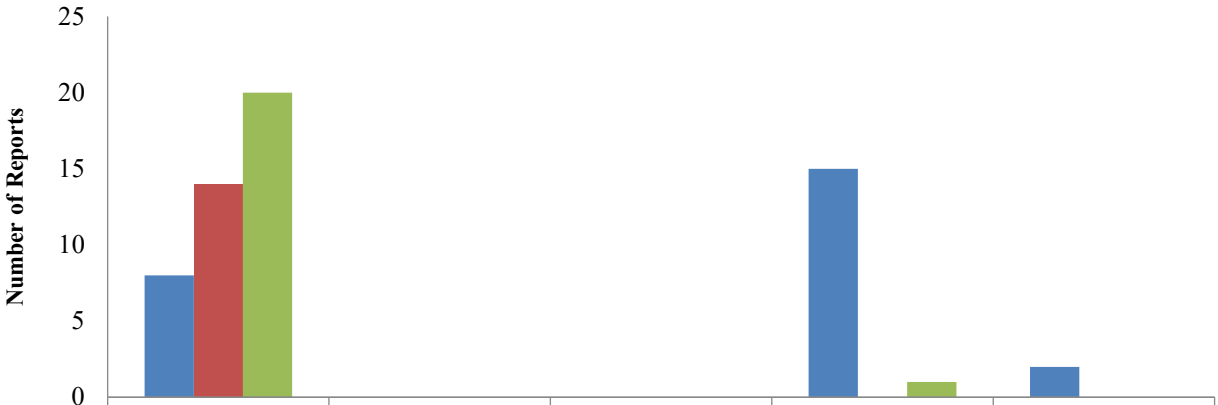
Age	Physical Abuse	Victim of Community Violence	Other	Suicide	Overdose	Injury	SUID	Medical	Total
Birth to three	0	0	1	0	0	1	15	12	29
Four to seven	0	0	1	0	0	5	0	8	14
Eight to 11	0	0	0	1	1	1	0	4	7
12 to 15	0	0	0	1	1	0	0	1	3
16 to 22	0	2	1	1	2	0	0	2	8
Total	0	2	3	3	4	7	15	27	61

Near Fatalities

Near fatality critical incidents are defined by the OCA as accidental, or the result of a medical condition, or the result of abuse and/or neglect and are dependent on verbal certification by a physician that the child or young adult's condition is considered life threatening.

The OCA received 21 reports involving the near fatality of 21 children and young adults. Figure 10 shows the number of reports submitted per agency involving near fatalities.

Figure 10: Number of Near Fatality Reports per Agency FY17-FY19



	DCF	DPH	DDS	DYS	DMH
FY17	8	0	0	15	2
FY18	14	0	0	0	0
FY19	20	0	0	1	0

Figure 11 are the events that were reported in near fatality critical incidents.

Figure 11: Types of Events Reported in Near Fatality Critical Incidents FY18-FY19

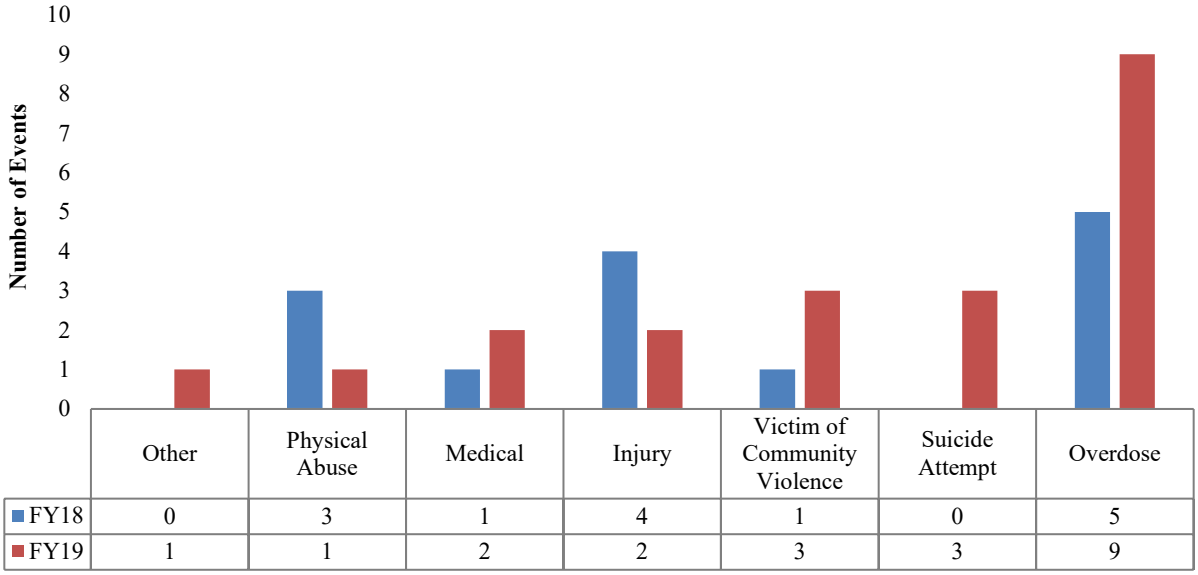


Table 3 shows the age group of children and young adults involved in a near fatality critical incident by type of event for FY19. Overdose continues to be the most common type of event reported in near fatalities and has almost doubled over the past two fiscal years.

Table 3: Age Group of Children and Young Adults by Type of Event in Near Fatality Critical Incidents (n=21 children)

Age	Other	Physical Abuse	Medical	Injury	Victim of Community Violence	Suicide Attempt	Overdose	Total
Birth to three	1	1	0	1	0	0	4	7
Four to seven	0	0	0	1	0	0	0	1
Eight to 11	0	0	1	0	0	1	0	2
12 to 15	0	0	0	0	0	2	2	4
16 to 22	0	0	1	0	3	0	3	7
Total	1	1	2	2	3	3	9	21

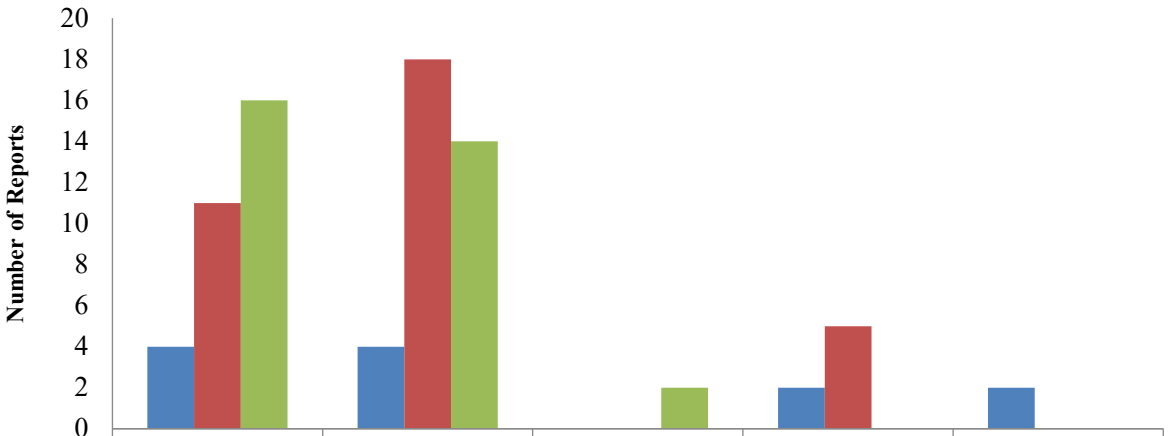
Serious Bodily Injuries

Serious bodily injury critical incidents are defined by the OCA statute, and involves one or more of the following:

- a substantial risk of death;
- extreme physical pain;
- protracted or obvious disfigurement;
- protracted or loss or impairment of the function of a bodily member, organ, or mental faculty

The OCA received 32 reports involving the serious bodily injury of 33 children and/or young adults. Figure 12 shows the number of reports submitted per agency involving serious bodily injuries.

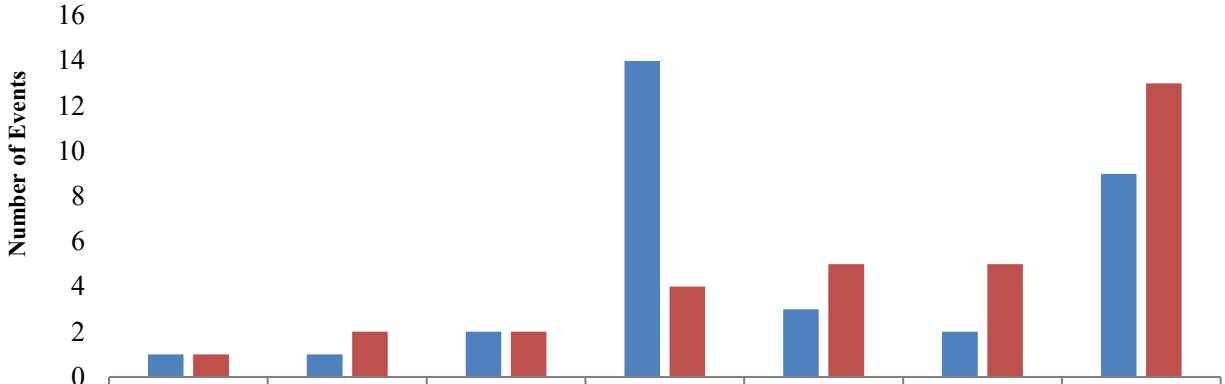
Figure 12: Number of Serious Bodily Injury Reports per Agency FY17-FY19



	DCF	DYS	DDS	DMH	DPH
FY17	4	4	0	2	2
FY18	11	18	0	5	0
FY19	16	14	2	0	0

Figure 13 are the events that were reported in serious bodily injury critical incidents.

Figure 13: Types of Events Reports in Serious Bodily Injury Critical Incidents
FY18-FY19



	Other	Overdose	Sexual Assault	Injury	Suicide Attempt	Physical Abuse	Victim of Community Violence
FY18	1	1	2	14	3	2	9
FY19	1	2	2	4	5	5	13

Table 4 shows the age group of children and young adults involved in a serious bodily injury critical incident by type of event for FY19. Review of the events in these reports show:

- the number of serious bodily injuries from an injury-related event has decreased by 71% over the past two fiscal years; and
- the types of community violence events were stabbings (2), gunshot wounds (5), and physical assaults (6).

Table 4: Age Group of Children and Young Adults by Type of Event in Serious Bodily Injury Critical Incidents
(n=33 children)

Age	Other	Overdose	Sexual Assault	Injury	Suicide Attempt	Physical Abuse	Victim of Community Violence	Total
Birth to three	0	1	0	2	0	1	0	4
Four to seven	0	0	0	0	0	2	0	2
Eight to 11	0	0	0	0	0	1	0	1
12 to 15	0	0	1	0	2	1	1	5
16 to 22	1	1	1	3	3	0	12	21
Total	1	2	2	5	5	5	13	33

Emotional Injuries

Given the increased understanding of the impact of trauma on the lives of children and young adults, the OCA requested a statutory change in the definition of a critical incident to include emotional injury in the categories of incidents required to be reported. As a result, effective in July 2016, emotional injury was added to the OCA's statutory definition of critical incident.

The OCA initiated a process for arriving at a shared definition across the various child-serving agencies. Determining when an emotional injury has occurred is complex and developing a definition of emotional injury for the purposes of critical incident reporting required careful consideration. To develop the definition of emotional injury, the OCA:

- conducted national research about the definition and the impact of an emotional injury;
- examined the types of fatality, near fatality and serious bodily injury critical incidents being reported to the OCA; and
- collaborated with DCF in the *Critical Incident Reporting Definitions Pilot Project* with the goal of establishing an emotional injury definition.

Effective FY19 and retroactively applied to FY18, the OCA defines emotional injury as:

A child or young adult who is known to witness the fatality or life-threatening incident of an individual related to an unexpected medical event, overdose, violent act, or suicide. [17]

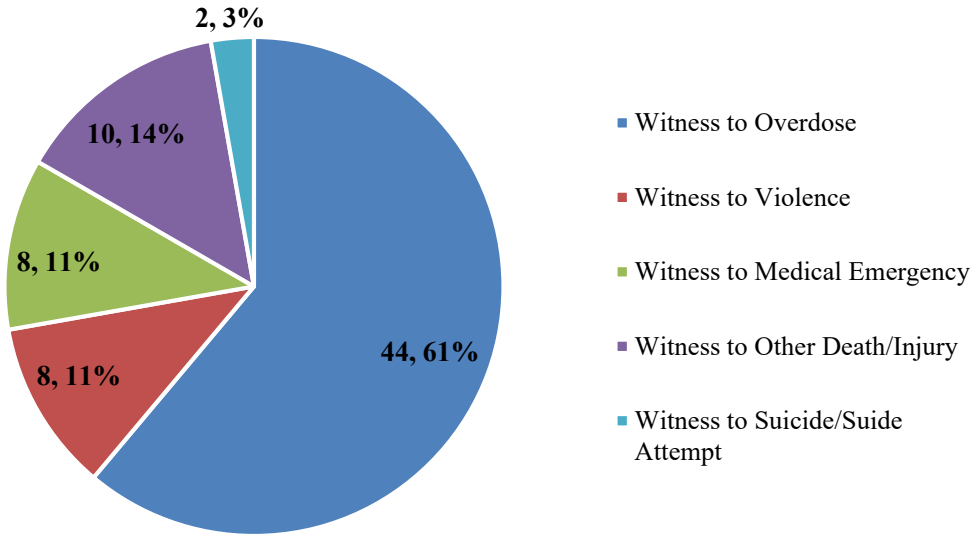
In FY18, four emotional injuries were reported to the OCA: two from DPH, one from DCF, and one from DYS.

During FY19, the OCA worked with the reporting agencies to ensure a common understanding of the new emotional injury definition. As expected, during FY19, the number of reported critical incidents involving an emotional injury sharply increased as the new definition was applied.

In FY19, the OCA received 73 reports involving the emotional injury of 116 children and young adults[18]. Seventy-two (72) reports were from DCF and one report was from DMH. Figure 14 shows the types of events witnessed by children and young adults. Most were regarding the witness to an overdose.

[17] This includes any setting, such as the home, community or any other out-of-home setting.
[18] This number is higher than the actual number of emotional injury reports because there can be multiple children who witness the same fatality or near fatality in one report.

Figure 14: Emotional Injury by Type of Event



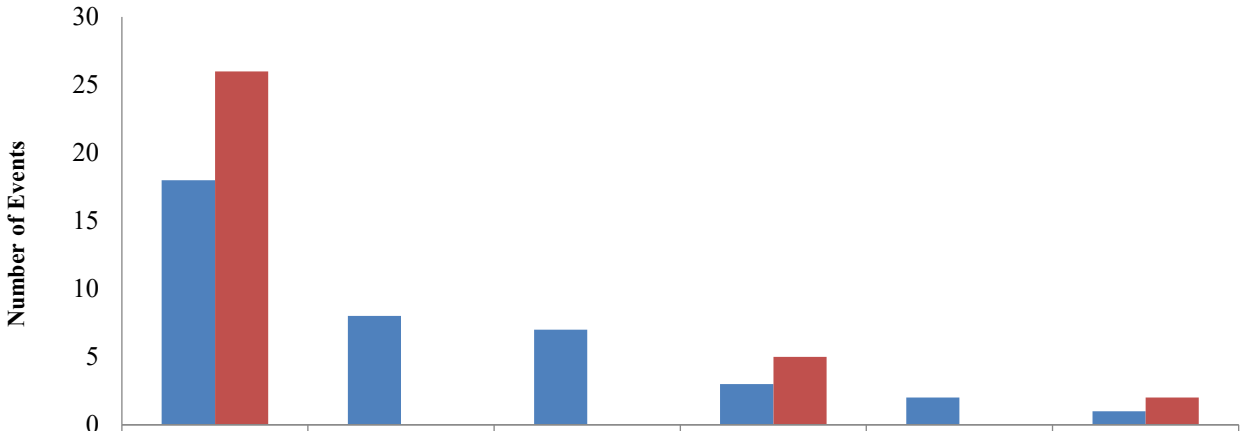
Emotional injuries impacted 116 children and young adults, which is 51% of all children and young adults identified in critical incidents for FY19. Of the 116 children and young adults involved, 48% (56) were identified as male and 52% (60) were identified as female.

Table 5: Age Group of Children and Young Adults by Type of Event in Emotional Injury Critical Incidents
(n=116 children)

Age	Witness to Overdose	Witness to Violence	Witness to Medical Emergency	Witness to Other Death/Injury	Witness to Suicide/Suicide Attempt	Total
Birth to three	24	2	0	1	1	28
Four to seven	16	0	5	2	1	24
Eight to 11	14	3	3	2	0	22
12 to 15	16	6	7	2	1	32
16 to 22	6	2	1	0	1	10
Total	76	13	16	7	4	116

Figure 15 shows the emotional injuries that children and young adults witnessed by type of event and whether the individual they witnessed suffered a near fatality or fatality.

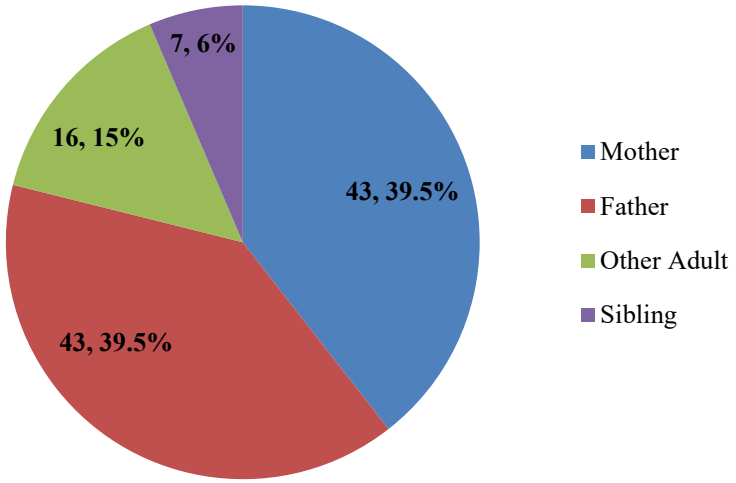
Figure 15: Emotional Injuries by Type of Event and Outcome (n=72 incidents)



	Witness to Overdose	Witness to Medical Emergency	Witness to Other Death/Injury	Witness to Violence	Witness to Suicide/Suicide Attempt	Other
Fatality	18	8	7	3	2	1
Near Fatality	26	0	0	5	0	2

Figure 16 shows the majority of children and young adults witnessed the fatal or near fatal incident of their parent and in some instances, both parents.

Figure 16: Relationship Between the Child and Individual (n=109 adults)



OCA Action

When the OCA receives a report of a critical incident, an immediate review of the report is done to learn more about the circumstance of the incident and the reporting agency involvement with the child or young adult and family. The OCA uses this information to identify case practice concerns specific to the child or young adult and family involved, as well as patterns and trends within an agency and across agencies about childhood injuries and deaths – such as infants and unsafe sleep environments. When a case practice concern, pattern or trend is identified, the OCA collaborates with the agency involved to discuss the issue and determine opportunities for improvement. As a result of our analysis of FY19 critical incident reports, the OCA:

Initiated a project focused on the emotional injury of children.[19]

The OCA is concerned for the number of children and young adults who are exposed to the near fatality or fatality of another individual and the impact the event may have on their well-being. As a result of the FY19 emotional injury critical incident data, the OCA is initiating a project to:

- understand the total number of children and young adults in Massachusetts witnessing these types of specific incidents, not just those receiving services from a state agency; and
- learn about national or statewide initiatives, services and programs are available to children and young adults who witness these types of incidents.

The OCA will use the information learned in this project to:

- identify trends, gaps in service needs and opportunities for the OCA to recommend promising practices, initiatives or programs that provide support for these children and young adults; and
- collaborate with the child serving state agencies, as well as the OCA Childhood Trauma Task Force, to develop policies and/or practices to assure optimal response, intervention and support is being provided to the children, young adults and families who are experiencing these incidents.

Initiated an examination of critical incident reports received between FY10 and FY19 involving suicide or suicide attempts.

[19] Effective FY18, the OCA definition of critical incident emotional injury is: A child or young adult who is known to witness the fatality or life-threatening incident of an individual related to an unexpected medical event, overdose, violent act, or suicide.

National data shows that the youth suicide rate has increased over the past three years. In 2014, the suicide rate for 15-24 year olds was 11.6 per 10,000. In 2017, the rate rose to 14.46 per 10,000.[20] According to the United Health Foundation, recent data shows the suicide rate in Massachusetts for 15-19 year olds is 6.4 per 100,000.[21]

Youth suicide attempts in Massachusetts are also on the rise. According to the Youth Risk Behavior Survey[22], the rate of reported suicide attempts among youth rose from 5.4 in 2015 to 7.0 in 2017.

The OCA is meeting with state and provider agencies to learn about youth suicide prevention efforts across Massachusetts, as well as conducting an analysis of all suicide and suicide attempt critical incident reports received between FY10 and FY19. The goal of these efforts is for the OCA to:

- identify any trends in suicide and suicide attempts among youth receiving state services;
- understand the youth suicide prevention efforts across the state; and
- identify any gaps in youth suicide prevention efforts or support services available.

The OCA anticipates this project will be completed in FY20. The OCA will use the findings to make recommendations and collaborate with state and provider agencies to develop strategies aimed at youth suicide prevention.

Worked to assure children, young adults, and their families are receiving services from state agencies that are appropriate to meet their identified needs.

When the OCA reviews a critical incident, the OCA reviews the circumstance of the incident and the agency involvement with the child or young adult and their family. The focus of the critical incident review is to determine whether maltreatment may have contributed to the injury or death and whether there was an opportunity for the reporting agency to assist the family and/or protect the child or young adult.

When a report of alleged abuse and/or neglect regarding any critical incident from DDS, DMH, DPH, DYS, or DCF is filed with DCF,[23] the OCA reviews the DCF investigation and will follow-up with the reporting agency to request more information, if needed.

[20] American Foundation for the Prevention of Suicide, 2019
[21] https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/MA
[22] http://www.doe.mass.edu/sfs/yrbs/
[23] DCF is the state agency statutorily required to receive, screen and, if necessary, investigate all allegations of abuse and/or neglect for children under the age of 18.

For critical incident reports about children or young adults receiving services directly from DCF, the OCA conducts a thorough electronic record review[24] to learn about the child or young adult and family involvement with DCF, current or past allegations of abuse and/or neglect, DCF's response to those allegations and the overall quality of DCF services provided to the child or young adult and family.

Upon review of any critical incident, if the OCA is concerned the actions or inactions of a reporting agency may have contributed to the event that resulted in the critical incident; or the OCA believes the child, young adult or family is not receiving the quality of services to meet their needs - the OCA will contact the agency involved to request more information, share identified concerns and promote accountability.

Department of Children and Families (DCF)

The OCA receives the most critical incident reports from DCF. This is expected because DCF serves more children than any other state agency. In FY19, DCF served a total of 113,055 children and youth.

The OCA received and reviewed 144 reports of critical incidents from DCF during FY19. Of these 144 reports, the OCA provided written and/or verbal feedback about identified concerns in 40 reports. Most of the feedback was about specific case practice concerns. The identified case practice concerns did not necessarily contribute to the critical incident, but the OCA determined it warranted the attention of DCF.

Through our review of the DCF reported critical incidents, the OCA also observed:

- An increase in overdoses with the DCF population. In FY18, there were a total of seven overdoses among DCF involved children or young adults; three fatal and four near fatal. In FY19 there were 14 overdoses; one serious bodily injury, nine near fatalities and four fatalities.

- Of the 72 reported emotional injury critical incidents in FY19, 44 of them concerned a child and/or young adult witnessing an overdose.

The OCA wanted to learn more about DCF's work with children and young adults who are using substances or involved in a critical incident due to witnessing the overdose of another individual. DCF informed OCA that their internal Critical Incident Team, which includes the Director of Substance Abuse, meets weekly to review reports related to emotional injury and provides

[24] The OCA has access to the DCF electronic database, iFamilyNet.

recommendations based on these reviews back to the Area Offices. In addition, DCF provided the following information about their substance use initiatives:

Family Engagement

- The focus of DCF's work to address substance use is to first assess the impact of parental substance use/misuse on the immediate safety of the child(ren), the child's longer-term well-being and to plan their intervention accordingly.

- DCF has shifted its practice toward assessing the impact of substance use on the entire family, especially when parents are in the recovery process and when children are living with relatives. The focus continues to be on ensuring social workers engage all family members in safety planning and minimizing the impact of parental substance misuse on the child. Another core piece of DCF's work is referring families to supportive services in their communities.

- Working closely with the Department of Public Health (DPH) and the Bureau of Substance Addiction Services (BSAS), in FY18 DCF received federal approval to develop and implement Plans of Safe Care for mothers of all substance exposed newborns in the Commonwealth, regardless of DCF involvement. The plan documents the care the mother receives and identifies services and supports for the newborn, mother, and family members.

Capacity Building

- In 2016, the Department began expanding its substance abuse expertise and capacity in response to the opioid crisis. Working in collaboration with the Legislature, the Governor's FY16 budget included funding to double the number of substance abuse coordinators from five to 10.

- To support mothers who are involved with DCF, the Department recently hired six Plan of Safe Care Specialists who are part of the DCF Substance Abuse Unit. Like the Substance Abuse Coordinators, the Plan of Safe Care Specialists will bridge communication with substance abuse treatment providers and provide case consultation to DCF social workers and staff.

Training

- DCF has remained focused on increasing clinical supports to the field. This includes engaging substance abuse coordinators and medical social workers as well as 5 mental

health specialists and 9 domestic violence specialists who offer expertise to inform case formulations and decision making.

- In addition to support from the Substance Abuse Unit, the Department's Child Welfare Institute (CWI) offers frequent substance abuse-related trainings for social workers and managers with a strong focus on engaging families and assessing parents' ability to safely care for their children. Additionally, all substance abuse coordinators offer regularly scheduled trainings at the regional and area offices.

- Beginning in 2018-2019, the Child Welfare Institute began providing social workers, supervisors and managers training in Motivational Interviewing, a method of working with people to help them find internal motivation to change behavior. This method is practical, empathetic and considers the difficulty of life changes, especially in cases involving substance misuse.

Abuse and/or Neglect in Out-of-Home Settings

Massachusetts General Law (Chapter 119, Section 51B) mandates the OCA receive from DCF reports of abuse and/or neglect that have been investigated and supported regarding children in out-of-home settings.[25] These settings include foster care (including kinship foster care), residential treatment programs, licensed and unlicensed childcare, preschool, elementary and secondary schools, hospitals and transportation services.

OCA staff review, analyze and discuss each report received from DCF. In select incidents the OCA will obtain more information through collaboration with the agencies involved, such as the licensing agency.[26] The goal of getting more information from multiple agencies is to help the OCA develop a better understanding of the challenges the out-of-home setting is experiencing, such as workforce retention and training.

Overview of Abuse and/or Neglect Reports

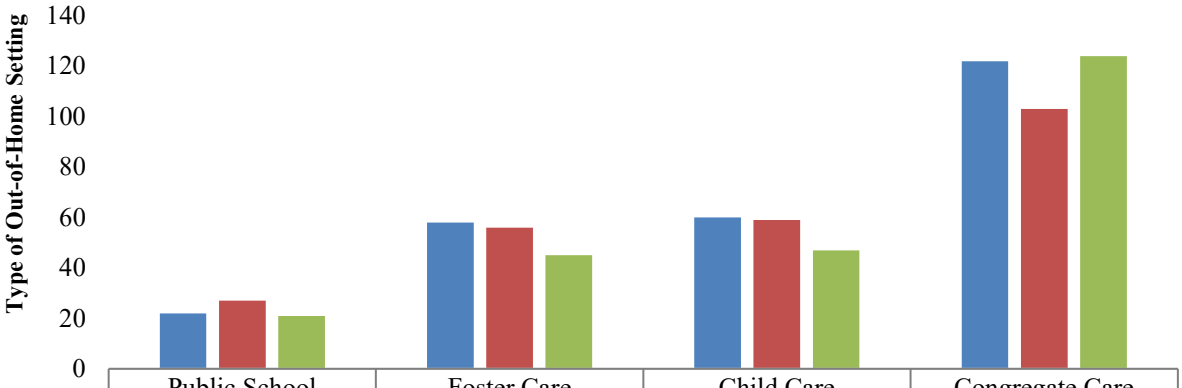
In FY19, the OCA received from DCF 261 supported reports of abuse and/or neglect that occurred in out-of-home settings. In these reports, 578 individual allegations of abuse and/or neglect were supported. There are more supported allegations than number of reports because in each report of abuse and/or neglect there could be:

- more than one type of allegation (neglect, physical abuse, sexual abuse, etc.); and/or
- more than one child or alleged perpetrator involved in the incident

Figure 17 shows the distribution of supported reports of abuse and/or neglect received across the four most common types of out-of-home settings.[27]

[25] A report of abuse and/or neglect filed with DCF is a "51A" report. The "51B" report is the DCF investigation into the allegations of abuse and/or neglect. (Chapter 119 of Massachusetts General Laws)
[26] The Department of Early Education and Care (EEC) is responsible for the licensing of childcare programs, congregate care programs and foster care placement agencies. The Department of Mental Health (DMH) licenses and monitors acute private and general hospitals with inpatient psychiatric units in Massachusetts.
[27] In FY19, the OCA also received from DCF one report of supported abuse and/or neglect that occurred in a hospital setting, nine reports about transportation companies, two reports about private schools, and 12 reports about other settings, such as after-school programs.

Figure 17: Number of Supported Abuse/Neglect Reports by Type Of Out-of-Home Setting FY17-FY19



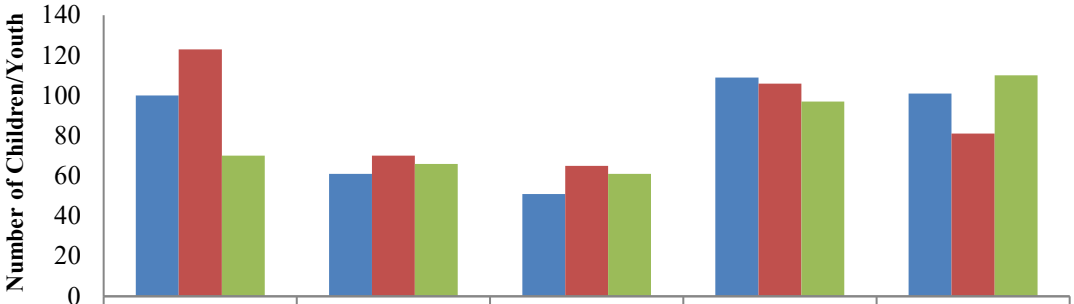
	Public School	Foster Care	Child Care	Congregate Care
FY17	22	58	60	122
FY18	27	56	59	103
FY19	21	45	47	124

Age and Gender

At least 404 children were affected by incidents identified in supported investigations. For those children (356) for whom gender information is available, 40% were identified as female and 60% were identified as male.

Figure 18 shows the age distribution of children (if provided) involved in the reports of abuse and/or neglect over the past three fiscal years.

Figure 18: Age Range of Children Identified in Supported Abuse/Neglect Reports FY17-FY19

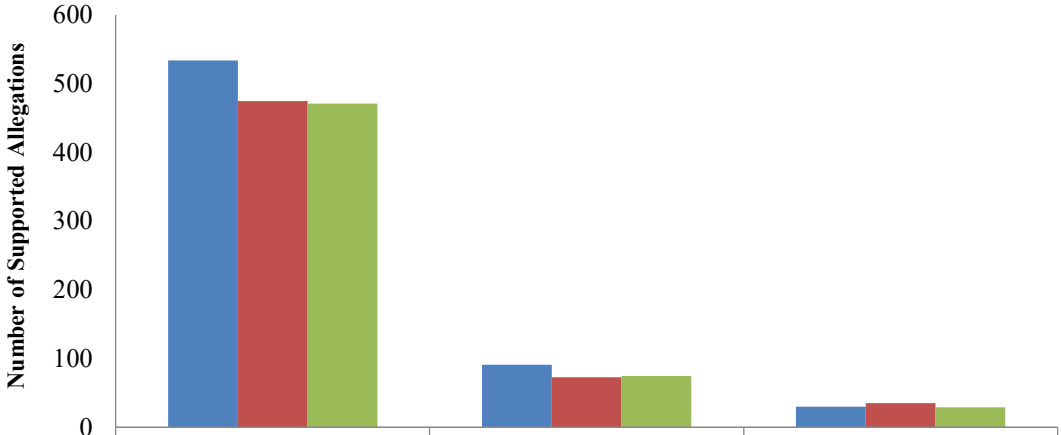


	0-3 years old	4-7 years old	8-11 years old	12-15 years old	16-17 years old
FY17	100	61	51	109	101
FY18	123	70	65	106	81
FY19	70	66	61	97	110

Supported Allegations by Type of Allegation and Out-of-Home Settings

Figure 19 shows the number of neglect, physical abuse and sexual abuse supported allegations for the past four fiscal years.[28]

Figure 19: Supported Allegations by Type
FY17-FY19



	Neglect	Physical Abuse	Sexual Abuse
FY17	534	91	30
FY18	475	73	35
FY19	471	75	29

Childcare

In FY19, the OCA reviewed 47 supported reports of abuse and/or neglect in childcare. At least 79 children were affected by these incidents and 57% of these children (45) were between the age of birth and three years old.

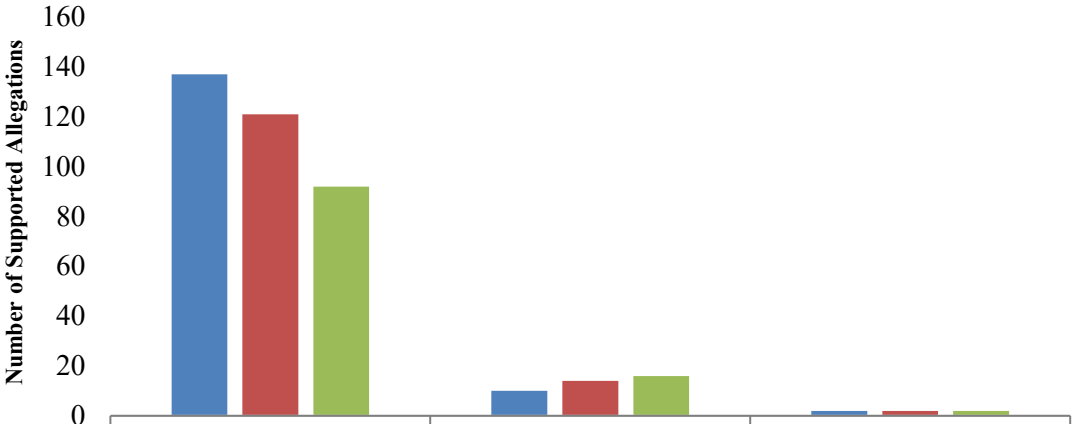
In FY19, allegations of neglect were most commonly supported due to improper or inadequate supervision of a child(ren). This includes leaving a child with an unapproved caretaker, leaving a child unattended or having more children at the childcare then the provider's license allows.

In FY19, supported allegations of physical abuse allegations include shaking a child, pulling a child's hair and unexplained injuries to a child.

Figure 20 shows the number and type of supported allegations in childcare over the past three fiscal years.

[28] In FY19, there were also three supported allegations of human trafficking – commercially sexually exploited child.

Figure 20: Supported Allegations in Child Care
FY17-FY19



	Neglect	Physical Abuse	Sexual Abuse
FY17	137	10	2
FY18	121	14	2
FY19	92	16	2

Congregate Care

Congregate care programs are for children who need care in a placement setting other than their home or foster care. Congregate care includes short-term stabilization programs as well as longer term group care.

As of June 30, 2019, 1,498 children receiving services from DCF were placed in congregate care.[29] A child may be placed in congregate care by DCF, but children not involved with DCF may also be placed in one of these programs by other agencies within or outside of Massachusetts, such as local school districts, other states or the child's parents.

Table 6 shows number of children receiving services from DCF who are placed in congregate care.

[29] Department of Children and Families Quarterly Profile – FY2018 Q4 (4/1/18-6/30/18), retrieved from https://www.mass.gov/files/documents/2018/09/18/Quarterly%20Profile%20FY2018-Q4.pdf

Table 6: DCF Children Placed in Congregate Care

Type of Congregate Care	Total Number of DCF Children in Congregate Care as of June 30, 2019
Group Home	703
Continuum	14
Residential	440
STARR (short-term residential)	330
Teen Parenting	11
Total	1,498

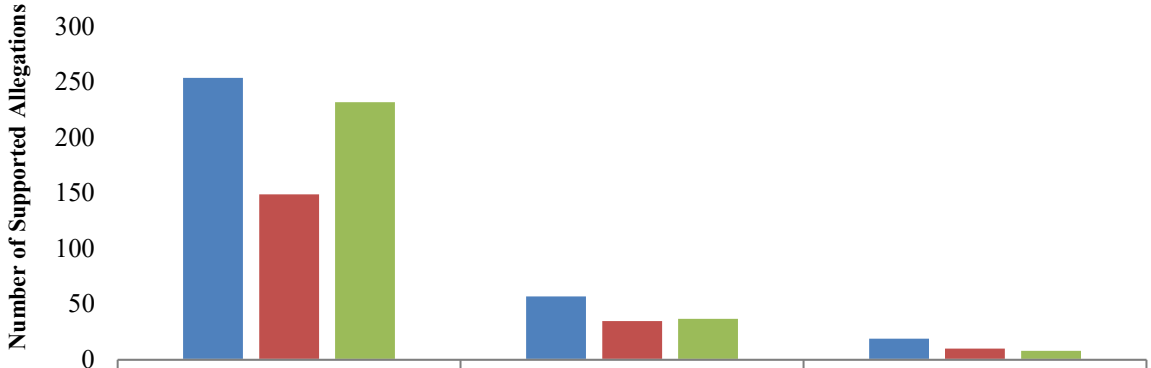
In FY19 the OCA reviewed 124 supported reports of abuse and/or neglect in congregate care and at least 184 children were affected by these incidents. For those with gender information (161), 33% were identified as female (53) and 67% identified as male (108).

For those children with age information (183):

- 1% (2) were between the age of four and seven years old
- 12% (22) were between the age of eight and 11 years old
- 34% (62) were between the age of 12 and 15 years old
- 53% (97) were 16 years old or older

Figure 21 shows the number and type of supported allegations in congregate care over the past three fiscal years.

Figure 21: Supported Allegations in Congregate Care FY17-FY19



	Neglect	Physical Abuse	Sexual Abuse
FY17	254	57	19
FY18	149	35	10
FY19	232	37	8

Foster Care

When a child is removed from their home due to abuse and/or neglect, foster care is one type of placement setting they may experience. DCF placed 13,902 children in foster care throughout FY19.[30]

Table 7 lists the types of foster care homes, the number of children placed in each type and the definitions of the different types of foster care.

Table 7: Types of Foster Care

Foster Care Type	Total Number of Children birth-to-17 in Foster Care as of June 30, 2019[31]	Definition
Kinship	3, 198	Kinship foster care providers are related to the child by blood, marriage or adoption.
Child Specific	1,995	Child specific foster care providers are non-kinship individuals who are a significant adult in the child's life to whom the parents ascribe the role of family. These foster care providers are licensed for a particular child.
DCF Unrestricted and/or Pre-Adoptive	503	An unrestricted and/or pre-adoptive foster care provider is an individual who has been licensed by DCF to provide foster/pre-adoptive care for a child usually not previously known to the individual.
Comprehensive Foster Care (CFC)	1,369	Comprehensive foster care programs provide therapeutic services and supports in a family-based placement setting to children for whom a traditional foster care environment will not be sufficiently supportive; are transitioning from a residential/group home level of care and require the intensity of services available through this program; or are discharging from a hospital setting.
Total	7, 065 (+ 3 in DCF Independent Living Programs)	

In FY19 the OCA reviewed 45 supported reports of abuse and/or neglect in foster care and 77 children were affected by these incidents. For those with gender information (76), 49% were identified as female (37) and 51% identified as male (39).

[30]All children and youth (any age) placed in Departmental Foster Care or Contracted Foster Care at any time in FY19.
[31] Department of Children and Families Quarterly Profile – FY2018 Q4 (4/1/18-6/30/18), retrieved from https://www.mass.gov/files/documents/2018/09/18/Quarterly%20Profile%20FY2018-Q4.pdf

Out of the 77 children affected by these incidents:

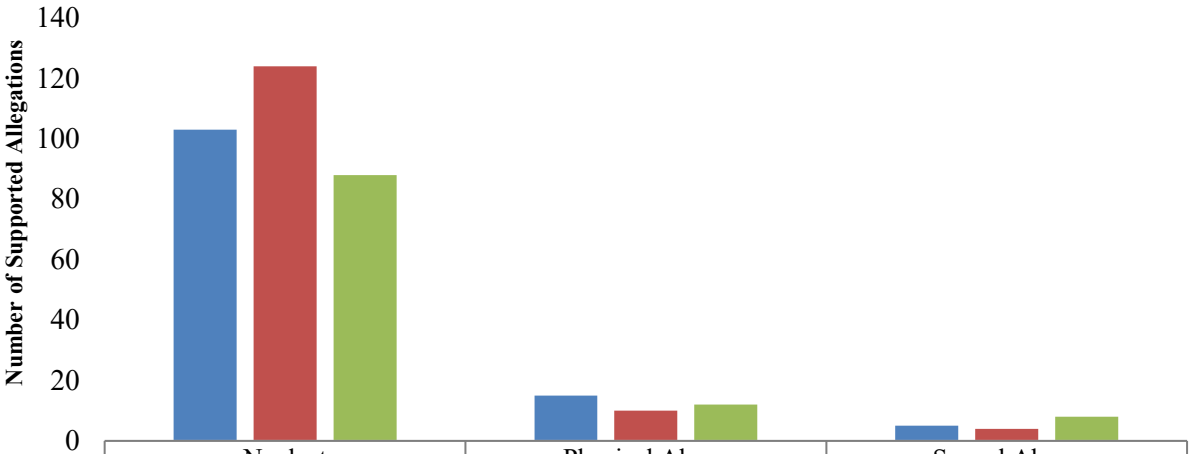
- 30% (23) were between the age of birth and three years old
- 26% (20) were between the age of four and seven years old
- 27% (21) were between the age of eight and 11 years old
- 13% (10) were between the age of 12 and 15 years old
- 4% (3) were 16 years old or older

Consistent with the past three fiscal years, in FY19 allegations of neglect were most commonly supported due to children being exposed to behaviors, activities or actions that may be harmful. This can include using age inappropriate discipline techniques, like name-calling, or allowing a child to be exposed to adult situations or content. Supervision issues were also common, which includes when foster parents allow a child to have unapproved contact with their biological parent or leave a child with an unapproved caretaker.

In FY19, the OCA also noticed a pattern in neglect incidents involved healthcare. In these incidents, foster parents did not provide the child with proper physical, dental, or behavioral health care. This includes not bringing a child to a medical appointment, failure to properly administer medication to a child, or lack of follow-up with a healthcare provider.

Figure 22 shows the number and type of supported allegations in foster care over the past three fiscal years.

Figure 22: Supported Allegations in Foster Care FY17-FY19



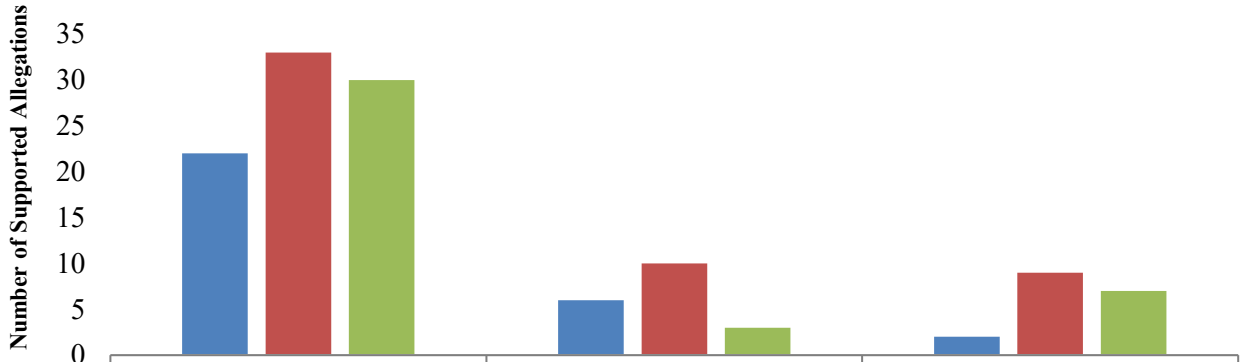
	Neglect	Physical Abuse	Sexual Abuse
FY17	103	15	5
FY18	124	10	4
FY19	88	12	8

Public Schools

In FY19, the OCA reviewed 21 supported reports of abuse and/or neglect in public schools. Thirty-five (35) children were affected by these incidents. For those with gender information (29), 62% were identified as female (18) and 38% identified as male (11). Seventeen (17) of these children were between the ages of 12 and 15 years old.

Figure 23 shows the distribution of supported allegations over the past three fiscal years.

Figure 23: Supported Allegations in Public Schools
FY17-FY19



	Neglect	Physical Abuse	Sexual Abuse
FY17	22	6	2
FY18	33	10	9
FY19	30	3	7

OCA Action

As a result of information learned from our review of the DCF supported reports of abuse and/or neglect in out of home settings, during FY19 the OCA:

Contacted select state agencies to request additional information or discuss the incident that led to a supported allegation of abuse and/or neglect.

Examples of these contacts include:

- DCF to ask about details and/or decisions about specific foster homes – such as the status of a foster parent's license following a supported report of abuse and/or neglect.
- DMH concerning multiple reports of abuse and/or neglect in a DMH licensed inpatient unit

Conducted internal reviews of five separate congregate care programs.[32]

The OCA will conduct an internal review of an out-of-home setting when the OCA receives three supported reports of abuse and/or neglect on the setting, or a child in the out-of-home setting suffered a fatality, near fatality or serious bodily injury. The OCA identified five separate congregate care programs that had three or more reports of supported allegations of abuse and/or neglect in FY19. Upon review of these program, some common themes were identified:

- inconsistencies in workforce development and training
- poor communication among staff, which led to inconsistent care of children or youth
- program policy violations
- problems with recruiting and retaining staff
- recurrent inappropriate staff behavior towards children or youth in the program

These themes are consistent with the issues the statewide community of human service providers are experiencing with workforce training, support and retention. The OCA is an active participant in the discussions focused on resolving these issues.

[32] OCA reviews include gathering in-depth background information on the out-of-home setting, the provider agency responsible for the management of the out-of-home setting, a comprehensive review of prior reports of abuse and/or neglect filed on the out-of-home setting, and in selected reviews – non-compliance reports and corrective action plans from the licensing agency involved.

Juvenile Justice Policy and Data Board

The OCA chairs the Juvenile Justice Policy and Data (JJPAD) Board, which was created as part of *An Act Relative to Criminal Justice Reform* (Chapter 69 of the Acts of 2018). The JJPAD Board is charged with evaluating juvenile justice system policies and procedures, as well as the implementation and impact of statutory changes to the juvenile justice system and making recommendations to the legislature for further improvements.

The JJPAD Board held its first meeting in December 2018 and set the following objectives for calendar year 2019:

- **Improve Aggregate Data Collection:** Study and make recommendations for improving juvenile justice system data collection, including developing recommendations to facilitate the collection of aggregate statistical data on every contact a youth has with justice system agencies.

- **Expand and Improve Community-Based Interventions:** Study and make recommendations for expanding and improving the use of community-based interventions, such as diversion, for justice-involved youth.

- **Identify Early Impacts of Juvenile Justice Statutory Changes:** Assess the impact of juvenile justice system statutory changes made in the 2018 criminal justice reform legislation.

The JJPAD Board created two subcommittees – a Data Subcommittee and a Community-Based Interventions Subcommittee – both of which are chaired by the OCA and focus on the first two objectives.

The JJPAD Board's FY19 activities and accomplishments include:

Improving Aggregate Data Collection

In June 2019, the JJPAD Board released *Improving Access to Massachusetts Juvenile Justice System Data*, which outlined the current availability of aggregate data on youth contact with juvenile justice system agencies and made recommendations for improvement. For more information, please visit: https://www.mass.gov/juvenile-justice-policy-and-data-board.

Following the release of the report, the OCA has, in partnership with the Executive Office of Technology Services and Security's Digital Services team, begun work on a juvenile justice

system data website. This website, which will launch in FY20, will make a variety of juvenile justice system data available to the public on an interactive dashboard.

Expanding and Improving Community-Based Interventions

In FY19, the Community-Based Interventions subcommittee undertook a variety of research projects designed to help the JJPAD Board better understand the strengths and challenges of our current system of community-based interventions and make well-informed recommendations for improving outcomes. These projects include:

- examining current police, district attorney and judicial diversion policies and processes across the state
- surveying system practitioners who make referrals to community-based interventions about service availability, gaps and barriers in their communities
- studying diversion policies and programs adopted by other states to identify promising practices

The JJPAD Board intends to release a report on community-based interventions in the fall of 2019.

Identifying Early Impacts of Juvenile Justice Statutory Changes

Legislation passed into law in 2018 made several substantial changes to the juvenile justice system. Since its first meeting, the JJPAD Board has had numerous conversations about the early impacts of the law, both positive and concerning. In FY19, the JJPAD Board has:

- identified available data elements and metrics that can help identify the potential early impacts of the law change
- developed a plan for examining the first-year worth of data, once it becomes available in late summer/fall of 2019
- identified areas of concern, including implementation challenges with regards to juvenile arrest procedures, diversion and school resource officer duties and training
- created two short term working groups to focus on these areas of concern and, if necessary, develop recommendations for changes in agency practice or updates to the law to address the concerns

The JJPAD Board intends to release a report on the early impacts of the law in FY20.

Childhood Trauma Task Force

The OCA chairs the Childhood Trauma Task Force (CTTF), which was also created by the Criminal Justice Reform Act of 2018. The CTTF is charged with studying and making recommendations for how the Commonwealth should identify and provide services to youth who have experienced trauma and are currently involved with the juvenile justice system or at risk of future juvenile justice system involvement. The CTTF operates as a subcommittee of the larger JJPAD Board, held its first meeting in January 2019 and has continued to meet monthly.

The CTTF's goals are to:

- prevent youth who have experienced trauma from entering the juvenile justice system by increasing the use of trauma screenings, assessments, and interventions
- reduce reoffending by addressing trauma impacting youth in the juvenile justice system

The CTTF's FY19 activities and accomplishments include:

- surveying a wide variety of child-serving organizations across the state – including schools, community services providers, justice system practitioners and behavioral health providers – on their current use of trauma screenings, assessments and interventions
- learning about critical issues and promising practices by inviting experts from a variety of organizations – including those working on community violence, school-based interventions and immigrant and refugee issues – to present and join the CTTF in conversation
- identifying each participating state agency's current trauma-related practices and initiatives

As a result of feedback from the survey and conversations with outside experts, as well as the group's own experience working in this field, the CTTF has found although many organizations consider themselves to be "trauma-informed," there is a lack of shared understanding of what trauma-informed practices are – and, in many cases, insufficient fidelity to those principles in day-to-day operations. To help address this, in FY20, the CTTF intends to develop a set of standards, using national research on best practices across multiple sectors as a guide, for what it means be a "trauma informed and responsive" organization. The group will also develop recommendations for how the Commonwealth can increase adoption and consistency of trauma-informed and responsive practices in all organizations that interact with and serve children.

OCA Projects and Initiatives

The OCA participates in many projects and initiatives across the state that work toward improving the lives of children and young adults in the Commonwealth. Involvement with these projects and initiatives help to inform and educate OCA staff about issues and provide the OCA an opportunity to share information and help synchronize policy and practice.

During FY19, the OCA either chaired or co-chaired the following initiatives:

Child Sexual Abuse Prevention Task Force

The Child Sexual Abuse Prevention Task Force (Task Force) is a multidisciplinary group that was established in 2014 (Section 34 of Chapter 431 of the Acts of 2014) and is co-chaired by The Child Advocate and the Executive Director of the Children's Trust. The Task Force is charged with:

- developing guidelines for child sexual abuse prevention and intervention plans by organizations serving children and youth
- developing tools for the development of child sexual abuse prevention and intervention plans by organizations serving children and youth
- recommending policies and procedures for implementation and oversight of the guidelines
- recommending strategies for incentivizing such organizations to develop and implement child sexual abuse prevention and intervention plans
- developing a five-year plan for using community education and other strategies to increase public awareness about child sexual abuse, including how to recognize signs, minimize risk and act on suspicions or disclosures of such abuse

In FY17, the Task Force released the report *Guidelines and Tools for the Development of Child Sexual Abuse Prevention and Intervention Plans by Youth Serving Organizations in Massachusetts*.[33]

In FY18, the Task Force completed a series of regional community forums designed to introduce youth serving organizations (YSOs) to the Task Force report. The Task Force convened meetings in nine regions of the state, were attended by 193 individuals representing 138 YSOs and identified successes, roadblocks and implementation support priorities.

During FY19, four major activities were undertaken by the Task Force:

[33] https://www.enoughabuse.org/images/stories/Child_Sexual_Abuse_Prevention_Task_Force_Report.pdf

1. The Task Force, with the help of staff from the Children's Trust, completed the development of two webinars focused on delivering updated training and education about primary prevention, program development, and implementation strategies for YSOs.

2. When the report was released in FY17, the Task Force recommended the development of a website to support implementation activities. The website development project is underway and will make the Task Force report accessible on a smart, searchable online platform in early calendar year 2020.

3. The Task Force supported a joint Department of Education and Department of Elementary and Secondary Education panel responsible for revising and updating the 1999 Massachusetts Comprehensive Health Curriculum Framework.

4. A new Task Force working group was convened consisting of representatives from Children's Trust, OCA, DCF, DPH, DYS, Children's Advocacy Centers (CACs), Massachusetts Adolescent Sexual Offender Coalition, Attorney General's Office and the District Attorney's to address issues associated with children and youth exhibiting problematic sexual behaviors. They studied and identified successful model solutions based on early intervention, guidelines for response, assessment and treatment standards and professional training.

Recommendation: Together, the OCA and the Children's Trust recommended and secured funding in the FY20 budget for an 18-month pilot training program, focused on children and youth exhibiting problematic sexual behaviors. Five to six Children's Advocacy Centers will participate in the pilot training program. Funding will also be used to evaluate the results and develop identification, intervention and referral procedures for schools and other YSOs. These efforts will increase the state's capacity to effectively respond to the needs of children and youth exhibiting problematic sexual behaviors, therefore reducing or eliminating subsequent incidents and increasing community safety.

Child Welfare Data Work Group

In FY18, The Child Advocate and DCF Commissioner convened a working group to review and recommend changes and improvements to the various reports DCF was mandated to file with the Legislature. Over the past several years, the Legislature has increased the number of required reports from DCF. Often these new reports and requests for data are in response to the changing needs and emerging concerns regarding the children served by DCF. As new reports are added, older reports are not always revisited; reports that were requested in response to a specific event continued to be required, yet the information was no longer relevant.

In response to the efforts of The Child Advocate and DCF Commissioner, the Legislature, in Section 128 of Chapter 47 of the Acts of 2017, created a task force on Child Welfare Reporting, which is called the Data Work Group (DWG). The DWG is co-chaired by The Child Advocate and DCF Commissioner and directed to consider:

- time frames for child welfare data reports (annually, bi-annually, quarterly)
- criteria for measuring service outcomes in child safety, permanency and well-being
- clearly defined data metrics in the context of historical or comparative data
- identification of existing reports that ought to be revised or eliminated

The DWG met monthly in FY18 and by the end of the fiscal year, the DCF Quarterly Profile report had been redesigned to provide more demographic information, such as racial and ethnic disproportionality, information on transition age youth over the age of 18 and additional process and outcome measures. The DWG also met regularly in FY19 and focused its work on:

- developing and designing a DCF annual report. The revised report incorporates other free-standing reports and corrects inconsistencies in the reporting periods
- revising the Fair Hearing report
- recommendations to the Legislature were made to revise the current legislative language to reflect the changes to the DCF reports approved by the DWG. These proposed legislative updates were pending at the close of the fiscal year

In FY20, the DWG has agreed to focus on the following reporting categories: foster care review, federal reporting benchmarking, foster care recruitment and services to young adults over 18.

Recommendation: In FY19, the OCA made recommendations to the Legislature that included updates to the statutory framework for DCF public reports and for the continuation of the Child Welfare Data Work Group.

Critical Incident Report Definitions Pilot Project

As highlighted in the audit[34] of DCF issued by the Office of the State Auditor on December 7, 2017, one challenge of reporting a critical incident (fatality, near fatality, serious bodily injury, emotional injury) is that an agency's definition of a critical incident may be different than the OCA's definition. Recognizing the need for a shared understanding between the OCA and the EOHHS reporting agencies about what constitutes a critical incident, in February 2018 the OCA began collaborating with DCF on a pilot project to standardize critical incident reporting to the

[34] https://www.mass.gov/audit/audit-of-the-department-of-children-and-families

OCA. The OCA chose DCF because it is the agency serving the most children. The goals of the project were to establish a shared understating of the definitions of a near fatality, serious bodily injury and emotional injury.

The DCF leadership team selected five Area Offices to participate in the pilot: Arlington, Lowell, Park Street (Boston), Pittsfield and South Central (Whitinsville). The Area Offices were instructed to send incidents to Central Office on a weekly basis between February 1, 2018 and March 30, 2018 and were provided the following guidance:

*Any child or young adult who currently is involved with the DCF, either through a 51A, CRA referral, voluntary services agreement or open case, or was involved with DCF within the **past year** through a 51A, CRA referral, voluntary services agreement or an open case. The types of incidents that should be reported are:*

- *any injury leading to an ICU admission; or*
- *any injury leading to critical condition status and hospitalization as stated by a medical professional; or*
- *a suicide attempt that results in hospital admission for physical injury; or*
- *being witness to an unexpected fatality or near fatality of an individual related to an overdose, violent act or suicide; or*
- *a suicide attempt, defined as a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.*
- *Serious bodily or emotional injury, an injury which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ or mental faculty or emotional distress. Emotional injury is 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.*

Please note that these incidents do not have to be caused by abuse or neglect to be reportable under the OCA Critical Incident guidelines.

DCF Central Office sent the reported incidents to the OCA on a weekly basis, sorted by type of incident category: ICU Admission, Critical Condition Hospitalization, Suicide Attempt Non-Fatal, Suicide Attempt Hospitalization, Witness to Fatality/Near Fatality, Serious Bodily/Emotional Injury.

The OCA analyzed each report to determine if it met two OCA critical incident reporting criteria:

1. the incident was a fatality, near fatality, serious bodily injury or emotional injury; and
2. the incident occurred during the DCF involvement designated timeframe.[35]

The OCA and DCF met frequently over several months to review the OCA incident report analysis and refined definitions for near fatality, serious bodily injury and emotional injury. These discussions included determining what specific types of incidents should be included as a critical incident, including sexual abuse. Critical incident definitions were finalized during FY19 and retroactively applied to FY18 critical incident data. The finalized definitions are as follows:

Fatality: A child or young adult dies between the ages of birth to twenty-two.

Near Fatality: Near fatal injuries are accidental, or the result of a medical condition, or the result of abuse and/or neglect and is dependent on verbal certification by a physician that the child's condition is considered life threatening.

Serious Bodily Injury: Serious bodily injuries are accidental, or the result of an underlying medical condition, or the result of abuse and/or neglect and lead to bodily injury "which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a bodily member, organ or mental faculty or emotional distress," (OCA statute, Chapter 18C).

Emotional Injury: A child or young adult is known to witness the fatality or life-threatening incident of an individual related to an unexpected medical event, overdose, violent act or suicide.

In FY19, the OCA began using these definitions to establish critical incident reporting criteria for all other child-serving state agencies.

Foster Care Review (FCR)

When children are placed in an out-of-home setting by DCF, there is a federally mandated review required six months after placement, and every six months thereafter while placement continues. The purpose of FCR is to assess the progress made to address the reason for DCF's involvement with the family and to examine the efforts towards achieving permanency for the child(ren).

FCRs are coordinated and chaired by an independent unit within DCF. The FCR is conducted by a three-person panel whose members are not responsible for case management, oversight or service delivery for the case under review. The panel consists of a member of the Foster Care

[35] The timeframe for the pilot was current, or within past year, involvement with DCF through a 51A, Child Requiring Assistance referral, voluntary services agreement or open case.

Review Unit (FCRU), a manager or supervisor from the Area Office that is not the manager or supervisor assigned to the case under review; and a Volunteer Case Reviewer, a citizen who has been recruited and trained by the FCRU.

In FY18 the OCA worked with DCF to develop a multi-faceted Work Plan to enhance the FCR process. The Work Plan addresses many of the concerns raised by advocates who support an independent agency for FCR.

In FY19 the OCA met frequently with members of the Legislature to keep them informed on the progress being made. The OCA also met monthly with DCF to review progress on the Work Plan and improvements to FCR. These improvements include:

- The DCF policy was updated to reflect changes in federal law and practice standards, as well as to strengthen the overall FCR process. These updates include:
    - developing an automated FCR scheduling system and implementing a protocol for ensuring that all parties are identified and invited to the FCR in a timely manner
    - ensuring key participants are invited to the FCR and emphasizing family participation. If a child, parent or other key participants are unable to physically attend the review, alternative means of participation are supported and made available
    - providing an opportunity for each participant to submit information and/or reports to the social worker ten days prior to the review, so that the information can be read in advance of the review
    - enhancing the FCR report to include more detailed findings and explanations for determinations and recommendations. FCR policy states that reports are to be approved within 30 days of the review

- The DCF electronic database was enhanced to allow for the development of refined data metrics, including tracking the FCR process and outcome measures. This data is being used to:
    - enhance quality assurance oversight
    - identify quality improvement opportunities
    - expand FCR outcomes that support safety, permanency and well-being of children
    - shift the focus of FCR from compliance to progress and observable improvements

In FY20, the OCA remains committed to making recommendations and working with DCF to improve the FCR process.

Recommendation: Foster Care Review should remain with DCF. The OCA is opposed to the creation of an independent Office for Foster Care Review, in part, because information learned during FCR can be a valuable component of DCF's quality improvement.

Mandated Reporting Working Group

The Mandated Reporter Law (M.G.L c. 119 § 21; M.G.L. c. 119 § 51A) passed in the 1970s, regulates required reporting of child abuse and/or neglect by certain professionals in the Commonwealth. The OCA believes the mandated reporting law is in substantial need of updating and revision in order to clarify the responsibilities of mandated reporters and address systematic challenges to the reporting of child abuse and/or neglect. The current legal framework was developed prior to the rise in the use of social media to recruit youth for sexual exploitation. The recent abuses in the sports world also need to be addressed in the law.

In the Fiscal Year 2017 and 2018 OCA Annual Report, the OCA recommended the creation of a task force to update and improve the Mandated Reporter Law. Beginning in June 2019, the OCA convened the Mandated Reporter Working Group to review the current law and practice and recommend updates and changes. Since then, the Working Group has met monthly and addressed topics including: reviewing categories of mandated reporters, how reports are made, penalties for failing to report or making false reports, civil and criminal immunity for reporting, the process that a report initiates in families and in out-of-home settings, and training of mandated reporters. The Working Group has numerous additional topics to address in the coming months in order to conduct a comprehensive review of the statute so that recommended statutory changes are well informed and effective. The Working Group has surveyed mandated reporter statutes across the country to educate themselves on possible statutory approaches to revision.

HB137, *An act relative to mandated reporting reform*, would create a special commission chaired by the OCA to review the current law and submit recommendations to the Legislature. This bill would essentially formalize the Mandated Reporter Working Group as a responsibility of the OCA. In 2019 this bill was reported favorably by the Joint Committee on Children, Youth, Families, and Persons with Disabilities and is now with the House Ways and Means Committee. The OCA supports the passage of this bill.

The OCA will continue its Mandated Reporter Working Group, regardless of the status of HB137, as revision of the mandated reporter law is critical to ensure an effective process of reporting child abuse and/or neglect such that the children in need of protection and support are quickly and efficiently identified, mandated reporters are trained to recognize maltreatment and are clear about their obligations to report, and incidents that do not rise to the level of maltreatment are handled effectively through another process.

Transition Age Youth

The Executive Office of Health and Human Services (EOHHS) provides oversight to a range of state agencies that provide services and supports to youth and young adults ages 14 to 26 years who are transitioning to adulthood. These agencies include DDS, DCF, DMH and DYS. Collaboration between these agencies is essential, given that many transition-age youths frequently receive services from more than one EOHHS agency. For example, approximately half of the youth served by DMH receive services from at least one additional EOHHS agency; and 40 percent of DYS involved youth are also receiving services from DCF.[36]

One concern of the Commonwealth is that transition-age youth who are being served by EOHHS agencies and live in an out-of-home setting receive little support once they leave state supervision. Of the 11,000 youth served by EOHHS each quarter, approximately 12 percent "age-out" of care or disengage from state services.[37] Evidence suggests that youth who experienced out-of-home placement and later transitioned out of systems of care have poorer outcomes in terms of education, employment and permanent housing than do their counterparts raised in stable homes.[38]

To better understand the current status of services for transition-age youth, the OCA engaged the University of Massachusetts Division of Commonwealth Medicine[39] to provide an independent assessment. Commonwealth Medicine conducted a review of EOHHS services for transition-age youth, engaged provider and youth stakeholders to provide input on services, and researched transition-age youth best practices programming from other states.

Commonwealth Medicine found that the Commonwealth has made significant progress in assisting this population of transition-age youth and supporting cooperation among the EOHHS youth-serving agencies, yet gaps in services and supports remain. These gaps include a general lack of availability and coordination of services for transition-age youth.

Recommendation: The OCA recommends the convening of an Interagency Council on Transition Age Youth. The Interagency Council on Transition Age Youth could examine and make recommendations to address the challenges facing transition-age youth, including the gaps in services and general lack of availability and coordination of services identified in this assessment.

[36] Key Informant Interview, December 4, 2018; MA Department of Youth Services 2016 Annual Report, December 2017

[37] MA Department of Children and Families, 2017

[38] Newman, Goscha, Coakley, & Public Consulting Group, Inc

[39] https://commed.umassmed.edu/

In addition to our leadership role on projects and initiatives, during FY19 the OCA was also an active participant in the following projects and initiatives:

Child Fatality Review Program

The Massachusetts Child Fatality Review (CFR) program was established in 2000 following the passage of M.G.L. c. 38, § 2A. Pursuant to the statute, the purpose of child fatality review is to "decrease the incidence of preventable child fatalities and near fatalities" in the Commonwealth.[40] The law requires that Massachusetts have two types of CFR teams; local child fatality review teams (CFRTs) and a state child fatality review team (SCFRT).

Eleven local child fatality review teams meet under the leadership of their District Attorneys' offices to conduct multidisciplinary reviews of individual child deaths. The local teams formulate recommendations for the state team to consider, including changes to statewide policy, practice and/or regulations. The state child fatality review team is co-chaired by the Office of the Chief Medical Examiner (OCME) and the Department of Public Health (DPH). The Child Advocate is a member of the state team and OCA staff attend the state and many local CFRT meetings.

At the request of the SCFRT, in FY17 the OCA undertook the first ever comprehensive assessment of the functioning of both the state and local child fatality review teams. The first phase was completed in FY17 and focused on the local teams.[41] In FY18, the OCA completed the second phase of the assessment, which focused on the state team.

During FY19 the OCA attended local CFR meetings, state team meetings and worked closely with OCME and DPH to implement the recommendations outlined in the OCA local and state team needs assessment. The collective goal is to build a more robust CFR program to work toward preventing child deaths and injuries in Massachusetts.

Recommendation: In FY19, the OCA recommended and secured funding from the Legislature to support the implementation of the recommendations outlined in the OCA state and local child fatality review team assessments. This funding includes the hiring of a Child Fatality Review Program Coordinator at the Department of Public Health to assist in facilitating this implementation process.

[40] MGL Ch. 38, Section 2A
[41] https://www.mass.gov/service-details/oca-project-reports

Grandparents Raising Grandchildren due to the Opioid Crisis

The University of Massachusetts Division of Commonwealth Medicine partnered with the OCA, Executive Office of Elder Affairs and the Attorney General's office to fulfill a request from the Massachusetts Legislature, articulated in the Budget Act for State Fiscal Year 2019:

4590-2010..... For the department of elder affairs, which shall contract with the University of Massachusetts medical school to conduct a study on opioid use in the commonwealth specifically related to the impact opioid use has had and may continue to have on grandparents and other relatives raising related children; provided, that the study shall investigate and report on, among other topics: (i) the number of individuals in the commonwealth raising children of relatives; (ii) the number of individuals in the commonwealth raising grandchildren because 1 or both parents are addicted to an opioid drug; (iii) resources available to provide services to both the grandparent or other relative and to the children; and (iv) whether such services are coordinated in a manner that is beneficial to the grandparents and other relatives..... $50,000

This project started with a review of available national data and developing a process to gather information directly from grandparents and stakeholders through key informant interviews and focus groups. Due to the lack of data on *ii* above (the number of individuals in the commonwealth raising grandchildren because one or both parents are addicted to an opioid drug), subsequent additional funding was sought to conduct a survey on this topic. Funding ($17,500 each) was provided by the Office of the Child Advocate and the Attorney General's Office to conduct this survey.

Interagency Working Group on Residential Schools

The Interagency Working Group (IWG) transitioned its work to a coordinating committee comprised of IWG members responsible for overseeing and monitoring Approved Special Education Residential Programs at the Department of Early Education and Care and the Department of Elementary and Secondary Education. This "Shared Oversight Workgroup" met regularly throughout FY19 to standardize and improve coordination across the two agencies and make progress on implementing the IWG's recommendations. The IWG focused on improving data collection and data sharing and drafting new interagency working procedures.
In FY20, the group will coordinate with the Executive Office of Education to streamline data-sharing processes, refine the interagency working procedures and identify professional development opportunities on which the two oversight agencies can collaborate.

LGBTQ Youth

In FY19 the OCA established a relationship with the DCF LGBTQ liaisons to learn more about the challenges facing LGBTQ youth in DCF custody and the experiences of LGBTQ foster parents. The LGBTQ liaisons are a group of DCF personnel who serve as the point-people within the agency about LGBTQ issues.

The LGBTQ liaisons have worked on a variety of issues over the years, including the development of a DCF LGBTQ guide and the inclusion of sexual orientation and gender identity in the DCF electronic database. The OCA learned that DCF has barriers to collecting data about LGBTQ youth, which include federal reporting mandates on tracking gender.

The LGBTQ liaisons meet quarterly and the OCA attended trainings on intersectionality and transgender youth in care and at the LGBTQ liaison quarterly meeting.

Restraint and Seclusion Prevention Initiative

The Interagency Restraint and Seclusion Prevention Initiative was formed in 2009. The interagency initiative brought together DDS, DCF, DMH, DYS, DESE and EEC to work in partnership with providers, advocates, educators, schools, families and youth to focus on advancing trauma informed practices and prevent the use of coercive practices that traumatize/retraumatize youth, including restraint and seclusion use. The Child Advocate is an active participant in this initiative and serves as a member of both the Executive and Advisory Committees.

In FY19, the Advisory Committee:

- reviewed and discussed the various data collection tools, analysis and dissemination that providers conduct on administrative program/classroom and individual levels
- provided input on the DDS proposed restraint and behavioral support regulations
- discussed the impact of DYS' Raise the Age; and data was presented on DYS youth, use of restraint at DYS state-run and provider programs, and use of room confinement

The FY20 goals for the Advisory Committee are:

- advance the consumer agenda and adding more youth and family input into the Advisory Committee and with participating providers and advocates
- develop a directory of resources to assist providers who are struggling with specific issues, e.g. "stuck kids," aggression, workforce challenges, integrating sensory modulation/integration practices, etc.

- continue to learn about best practices in Residential Interventions from successful providers, youth leaders, family advocates, content experts locally and nationally

In addition, EEC and DESE conducted surveys of their licensed and approved programs to identify the challenges that providers continue to face in implementing the regulations. Based on the surveys, DESE and EEC are drafting a response to the providers to clarify the challenges identified.

Sudden Unexpected Infant Death (SUID) and Safe Sleep

Newborns are vulnerable to complications arising from pregnancy, fetal development, and the birth process, particularly during the first month of life. The Center for Disease and Control and Prevention reports there were 3,600 SUID deaths in the United States in 2017. These deaths occur among infants less than one year old and have no immediate obvious cause.[42]

According to a *Data Brief: Sudden Unexpected Infant Death (SUID*) released by DPH in March 2019, SUID is the leading cause of death among infants in Massachusetts between the ages of one to 11 months. During the five-year period of 2011-2015, there were an average of 33 SUID deaths in Massachusetts each year.[43]

Safe Sleep

The relationship between unsafe sleep environments and SUID is well established.[44] Review of OCA critical incident data, DPH health data and multidisciplinary reviews conducted by local child fatality review teams have all independently found that many of these deaths are associated with unsafe infant sleep positions (prone or side-lying) and sleep environments, such as bed-sharing or couches.

During FY19 the OCA continued to actively participate in the Interagency Safe Sleep Task Force, launched in FY2018 and a collaboration between the OCA, DCF, DPH, EEC, Department of Housing and Community Development and UMass Medical School. In FY19, the Task Force:

- launched a public awareness campaign in October 2018, aimed at reducing SUID in Massachusetts by promoting safe sleep practices
- completed an OCA led review of state agency regulations, policies, staff and parent training programs to understand the commonalities and differences. The review found that for those agencies with safe sleep policies and regulations, the policies emphasize

[42] https://www.cdc.gov/sids/data.htm

[43] https://www.mass.gov/files/documents/2019/04/01/SUID-Data-Brief.pdf

[44] https://www.cdc.gov/vitalsigns/safesleep/index.html

that infants should be put on their backs for every sleep on a firm mattress without any soft items

- began developing an easy-to-use safe sleep training guidance for state agencies to use if they are revising or creating a safe sleep training to make sure there is consistent and accurate information used
- initiated contact with the Massachusetts Council on Aging to create a newsletter message for local councils to educate grandparents on the importance of current safe sleep practices
- ongoing collaboration between state agencies (including DPH and DCF) resulted in development for safe sleep training in Emergency Assistance Family Shelters
- a request for response for Emergency Assistance Family Shelters was posted by DHCD in August that includes:
    - more robust language on requirements for safe sleep environments provided to families seeking shelter – both in terms of physical space, appropriate materials, understanding of the issue and implementation of strategies as well as providing support for direct care staff
    - new language on safe sleep public information posting and education/training to families seeking shelter.
    - new requirement on assessment of shelters incorporating safe sleep environment and education requirements during annual site reviews.

For more information and resources on infant safe sleep, visit: https://www.mass.gov/safesleep

Committees, Boards and Councils

In addition to the OCA's committee work discussed within this report, The Child Advocate participates as an *ex officio* member on many boards and councils. OCA staff also attend meetings of selected working groups and initiatives.

Children's Behavioral Health Initiative Advisory Council

The Children's Behavioral Health Advisory Council, established under the provisions of Chapter 321 of the Acts of 2008, works to ensure that children's behavioral health issues are brought to the forefront in policy discussions on healthcare reform by advising the Governor, the Legislature and the secretary of EOHHS.

For further information visit: http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-advisory-council.html

Children's Trust

The Massachusetts Children's Trust is a leader in efforts to stop child abuse in Massachusetts. The Child Advocate is a statutory member of the Children's Trust Board.

For further information visit: http://childrenstrustma.org/

Families and Children Requiring Assistance Advisory Board

An Act Relative to Families and Children Engaged in Services went into effect in November 2012. This law created a new service system, replacing the Child in Need of Services system, to better serve children who are runaways, truants, have serious problems at home or in school, or who are the victims of commercial sexual exploitation. The law also created the Families and Children Requiring Assistance Advisory Board to advise EOHHS on the development and implementation of the community-based service network and to monitor its progress. The Child Advocate is a member of the Advisory Board.

Governor's Council to Address Sexual and Domestic Violence – High Risk and Assessment Work Group

In 2007 Governor Patrick signed an executive order creating the Governor's Council to Address Sexual and Domestic Violence (GCSDV). In April 2015 Governor Baker and Lieutenant Governor Polito relaunched the GCSDV, established through Executive Order 563. The GCSDV charge is to advise the Governor on how to help residents of the Commonwealth live a life free

of sexual assault and domestic violence by improving prevention for all, enhancing support for individuals and families affected by sexual assault and domestic violence and insisting on accountability for perpetrators. Though not a member of the Governor's Council, the OCA's Director of Quality Assurance participates in a working group.

Leadership Advisory Board of the Massachusetts Child Welfare Trafficking Grant

Three years ago, Massachusetts received a five-year federal grant from the Administration for Children and Families to increase the capacity of the child welfare system to address child trafficking. The grant supports efforts to build greater interagency collaboration, enhanced infrastructure and new policies and practices to improve the prevention, identification and response to trafficked youth across the Commonwealth. The Leadership Advisory Board meets quarterly to guide and inform the work of the grant. The Child Advocate is a member of the Advisory Board and OCA staff attends the quarterly meetings.

Massachusetts Children's Alliance - Access to Mental Health Advisory Board

The Massachusetts Children's Alliance (MACA) is the statewide coalition of the state's 12 Children's Advocacy Centers (CACs). MACA has taken an active role in ensuring that child victims of sexual assault and physical abuse have access to specialized and evidence-based mental health interventions. To that end, one area of strategic focus for MACA is its *Access to Mental Health for Child Victims of Abuse Initiative* (AMHI). The Advisory Board, comprised of mental health experts and partner agency representatives from throughout the Commonwealth, helps identify, advise and prioritize the projects for MACA's AMHI. The Office of the Child Advocate lends a unique statewide multi-systemic perspective to the Advisory Board.

For more information about MACA and the CACs visit**:** https://machildrensalliance.org/

Professional Advisory Committee for Child and Adolescent Mental Health

PAC was founded in 1978 as a statewide group with representatives from professional, advocacy, trade, and family organizations. The goal of PAC is to ensure universal access to quality mental health services for all children and adolescents in Massachusetts. PAC makes recommendations to DMH, other child-serving agencies, and the Legislature regarding service quality, best practices, access, system change and design and public policies that will promote quality behavioral health services for children and adolescents. OCA staff attends these meetings to discuss the concerns and ideas of this committee.

Psychotropic Medication Task Force

The Psychotropic Steering Committee is a multidisciplinary, interagency team led by DCF that meets regularly to ensure appropriate oversight of psychotropic medication use for youth in state custody. Along with the OCA, the DCF led Committee consists of representatives from many of the state's child serving partners including the MassHealth Office of Clinical Affairs, MassHealth Pharmacy, DMH and Massachusetts Behavioral Health Partnership.

The Children's League of Massachusetts

CLM is a non-profit association of private organizations and individuals who collectively advocate for policies and quality services in the best interests of the Commonwealth's children and youth and their families. Child serving organizations and the OCA are special members who attend the monthly meetings and contribute to the collaboration.

For further information visit: http://www.childrensleague.org/

The Children's Mental Health Campaign

The Children's Mental Health Campaign (CMCH) is a coalition of families, advocates, health care providers, educators and consumers from across Massachusetts dedicated to comprehensive reform of the children's mental health system. OCA staff attend the CMHC to stay informed on this issue.

For further information visit: http://www.childrensmentalhealthcampaign.org/

Young Children's Council

The Young Children's Council (YCC) was formed in March 2010 to advise EOHHS, DPH and the Boston Public Health Commission as they implemented two federal grants, MYCHILD and Project LAUNCH. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration funded the grants to expand early childhood mental health services in Boston, with an emphasis on children and families who have experienced toxic stress related to child abuse, neglect, domestic violence or homelessness. The Child Advocate is a member of the YCC and values the opportunity to share information pertaining to mental health intervention for children younger than five years of age.

For further information visit: http://www.ecmhmatters.org/Pages/ECMHMatters.aspx.

Legislative Focus

December 31, 2018 marked the end of the first year of the current two-year legislative session. This legislative session was an active one for the OCA, as we continuously reviewed proposed bills and testified on those impacting children's services.

An Act to End Child Marriage in Massachusetts

On March 26, 2019, the OCA provided testimony in support of SB24, *An act to end child marriage in Massachusetts*, which would prohibit all children under 18 years old from marrying. The OCA testified that child marriage puts youth in a state of legal limbo, making them more vulnerable to abuse. In addition to testifying, the OCA also met with leaders on the Judiciary Committee to discuss the bill. The bill passed the Senate and was referred to the House Committee on Ways and Means.

Continuous Healthcare Coverage for Youth who Age-Out of DCF

On June 11, 2019, the OCA provided testimony in support of HB124/SB35, *An Act ensuring continuous healthcare coverage for youth who have aged-out of the Department of Children and Families*. This bill would ensure that youth who have aged out of DCF are automatically re-enrolled for MassHealth every year up to their 26th birthday or until they obtain employer-provided insurance. These bills were attached to a favorable report by the House Committee on Ways and Means and are now part of a comprehensive legislative package on child wellness in the Commonwealth (HB913).

An Act Relative to Fair Pay for Comparable Work and An Act Relative to a Loan Repayment Program for Human Services Workers

The OCA submitted written testimony to support HB138/SB1077, *An act relative to fair pay for comparable work*, and HB163/SB56, *An act relative to a loan repayment program for human services workers*. The OCA believes that these bills are critical in addressing the challenges facing the human services workforce. *An act relative to fair pay for comparable work* will give EOHHS a timeline and guidance on a process to achieve wage parity with private human services organizations. *An act relative to a loan repayment program for human services workers* will also bolster the workforce by providing additional money to workers to help them pay off their student loan debt.

An Act relative to Mandated Reporter Reform

The OCA also provided testimony in support of HB137/SB62, *An Act relative to mandated reporter reform*. This legislation would create a special commission, chaired by the OCA, to review the mandated reform law, which has not been updated since its passage in the 1970s. The special commission would be tasked with making recommendations regarding how to improve the law and more effectively enforce its requirements. Even if this bill does not move forward, mandated reporter reform will be one of the OCA's top priorities in FY20.

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