

# Commonwealth of Massachusetts



## Annual Progress and Services Report

**FFY 2024**

**June 30, 2023**



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## **FFY 2024 ANNUAL PROGRESS AND SERVICES REPORT (APSR)**

### **INTRODUCTION**

#### **State Agency Administering the Programs**

The Massachusetts Department of Children and Families (DCF) is the state agency mandated to receive and respond to child abuse and neglect reports, as well as provide an array of services to children and families across the Commonwealth. DCF is charged with protecting children from abuse and neglect and strengthening families. As of June 11, 2023, there are currently 7,853 children in foster care across Massachusetts and 38,613 children in total served by the Department. With the understanding that every child is entitled to a home that is free from abuse and neglect, DCF's vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support the child's growth and development into adulthood.

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

DCF has an operating budget of over \$1 billion and a staff of more than 4,200. Over 3,400 of the staff are direct service personnel including: social workers, social technicians, social worker supervisors, adoption workers, and family resource workers. DCF also employs approximately 200 attorneys and 50 foster care reviewers. DCF provides services to over 23,000 families each day. Families come to DCF in one of four ways. First, and most often, is through the filing of a 51A, which is an allegation that a child has been abused or neglected or is at risk of abuse or neglect (96%). Additionally, families can come to DCF as a Child Requiring Assistance, when parents, guardians or school officials ask the court assistance to help supervise a child. Finally, families may request voluntary services (1%), or DCF may provide services to families after a court orders a child into DCF custody (2%).

#### **Mission**

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

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



- working to safely reunify families, when appropriate; and
- when necessary, creating new families through kinship, guardianship, or adoption.

### **DCF's Priorities for Creating an Equitable Child Welfare System**

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

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

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

#### **Summary of DCF's Goals and Priorities**

- Continue to increase DCF staff diversity and inclusion at all levels through recruitment, improved retention, and promotional opportunities. Strategies include:
  - Job fairs and recruitment events geared toward building a candidate pool and supporting the hiring of diverse professionals and managers
  - Training and consultation with DCF's hiring managers on best practices in recruiting, interviewing, and hiring staff
  - Support for more succession planning and promotions for existing, talented, proven and aspiring staff via DEI leadership development training and mentorship programs
- Ensure the appropriate identification of children and caregivers with disabilities who are served by DCF, as well as continued improvement of individualized service delivery for DCF clients, who are disabled. Strategies include:
  - DCF first issued a Disability Policy to improve service delivery and intervention for persons with disabilities in January 2022. DCF continues to work with the Department of Justice as well as external stakeholders to incorporate feedback from both entities to strengthen the policy further. In early 2023, an updated Disability Policy was issued that adds specific timelines for certain actions to be taken by DCF and set forth a grievance process for consumers to appeal the denial of a request for accommodation or complaint of discrimination on the basis of a disability. An overview of the updated policy has been provided to clinical and legal management as well as all staff attorneys by the Statewide Disability Coordinator in April 2023.
  - The Department continues to utilize the statewide disability coordinator and regional disability liaisons to enhance the early identification of individuals with a disability

- and support area office staff in complying with the ADA through consultation with clinical staff and attendance at ADA meetings with clinical staff and DCF consumers.
  - DCF hired its first Director of Disability Services in December 2021 to further enhance the identification of timely and appropriate service delivery to parents and children with disabilities.
  - DCF completed the hiring of all Regional Disabilities Services Specialists who are available to consult with social workers, supervisors, and managers on cases where specialized assessments and/or services may be vital to ensure that the safety, permanency and well-being needs of the child and family are met. The Disability Services Unit (DSU) was fully staffed as of August 2022.
- Increase the agency's capacity to provide culturally competent care and affirming services to youth and families who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and more identities (LGBTQIA+). Strategies include:
  - DCF onboarded its first new Director of LGBTQIA+ Services, who officially began with the agency in January 2023. The new Director is spearheading initiatives to support the children and youth in our care and ensuring staff are well-resourced to provide a safe and welcoming environment for gender-expansive youth.
  - Requisitions for three LGBTQIA+ Specialists have been posted and are currently in the recruitment process. These roles will help support the Director and the agency's goals, which include building employee capacity.
  - Ensure that appropriate training and resources are made available to new and existing staff in order to improve awareness of services needs and resources for youth and families who are LGBTQIA+.
  - Expand Area Office level training for staff to develop knowledge and skills needed to talk with youth about gender identity and sexual orientation.
  - Updated and implemented a requirement to complete Sexual Orientation and Gender Identity (SOGI) data fields in the iFamilyNet system to improve the quality of this data and increase understanding of disproportionality and disparate outcomes for LGBTQIA+ youth.
  - At least two LGBTQIA+ liaisons are identified for each DCF Area Office and participate in quarterly LGBTQ Liaison Statewide Meetings, ensuring that ongoing LGBTQIA+ information, training, and resources are disseminated to the local area office.
  - When making policy and practice updates, DCF will continue to embed LGBTQIA+ guidance where relevant. DCF LGBTQIA+ liaisons, service providers and supporters, including the Massachusetts LGBTQIA+ Youth Commission are subject Matter Experts (SMEs) and consulted in policy and practice guidance development as needed.
  - The Department implemented a new policy outlining the Department's values and principles in its work with LGBTQIA+ children and families.
  - The Department will continue outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to LGBTQIA+ adolescents and children. The DCF foster care recruiters, with the assistance of the LGBTQIA+ liaisons, will actively engage the LGBTQ community to strengthen recruitment efforts and generate new approved foster homes for DCF.

- As the Department re-writes its foster parent training curriculum, the Massachusetts Approach to Partnership in Parenting (MAPP), DCF will work with LGBTQIA+ Liaisons to ensure that it reflects DCF's commitment to providing culturally competent care to LGBTQIA+ youth and that foster parents are aware of the specialized needs.
  - DCF will offer additional training opportunities to expand foster parents' capacity to care for LGBTQIA+ youth.
  - DCF's new congregate care network will offer specialized and supportive residential services that include clinical services tailored to the needs of LGBTQIA+ children and youth. In DCF's congregate care network, there are three specialized programs delivering services tailored for children and adolescents who are LGBTQIA+. Two of the programs offer 12 beds and the third program offers 9 beds, for a total of 33 beds
- Continue to reduce disparities in outcomes for children and families of color involved with DCF. Strategies include:
    - Child Welfare Institute (CWI), DCF's training institute, in collaboration with DCF's Racial Equity and Inclusion (REI) Work Group, will offer a robust menu of training and resources that focus on diversity, equity, and inclusion. This includes a partnership with Salem State University School of Social Work to deliver a year-long post MSW Certificate program on Equity Minded practice for DCF supervisors and managers, as well as a specialized training series for senior leadership in Culturally Responsive Leadership in Child Welfare.
    - DCF's Racial Equity and Inclusion Work Group and the DCF policy team have continued their efforts to develop, implement and refine a structured process to examine and shape current, pending and new policies, using a racial equity lens, and to perform a racial impact analysis on any new policy prior to it taking effect. Having already tested and practiced this new structured approach in the review of multiple existing policies; DCF recently applied its new review process to a policy that was currently under development.
    - CWI will continue to incorporate Racial Equity Inclusion (REI) training into new social worker training.
    - REI Work Group will continue to update and enhance DCF's intranet page to provide resources and tools that support the education of staff on REI and the implementation of best practices in their work with families, staff, and stakeholders.
    - The REI Work Group researched, drafted, and disseminated to all staff Volume's I and II of its *Call-to-Action* document, DCF's new seasonal newsletter dedicated to racial equity and inclusion within our agency and our work.
    - The Department published and distributed the publication, *Me, Naturally - How to Care for My Hair and Skin - A Guide for the Hair and Skin Care of DCF Foster Children of Color*. Staff also collaborated with the Massachusetts Wonderfund, a local non-profit organization, to secure donors and provide hair and skin care products for children in foster care.
    - The Department will continue to prioritize the completion of demographic screens to help DCF identify disproportionality and mitigate disparate outcomes for children and youth of color.

- The Department will ensure that DCF regions develop and/or maintain employee resource groups (ERG) that focus on matters of racial equity and inclusion; support the sharing of REI resources and training with staff; and partner with office leadership to develop REI priorities and goals, as detailed in an annual Diversity Action Plan.
- As the Department rewrites its MAPP training curriculum, language and documents will reflect DCF's vision that all foster parents are trained in cultural humility and can demonstrate an awareness and openness to youth from various cultural, ethnic, and religious backgrounds.
- Employee resource groups, contracted providers, and Family Advisory Committee (FAC) members, among others, will serve as SMEs and be consulted in any policy and practice development as needed.
- The Department will engage one or more diversity consultants to build capacity/readiness among agency leaders and to support policy/practice development that advances racial equity more systematically and strategically within the Department.
- The Department continues its outreach, education, and recruitment efforts to onboard foster homes that identify as welcoming and affirming to children and adolescents of color. The DCF recruiters, with the assistance of members of REI-focused ERGs, will actively engage with diverse communities to strengthen recruitment efforts and generate new approved foster homes for DCF.
- DCF has continued in its collaboration with neighboring New England states that are also engaged in racial equity and social justice work. Efforts in the *New England States Racial Equity Work Group* have recently focused on reducing/eliminating racial disparities at the front door of the child welfare system and exploring prevention strategies to decrease child welfare involvement with families, whenever possible, while still maintaining child safety.
- Continue to analyze DCF demographic data at key points during the life of a case to examine racial/ethnic disparities and study potential root causes in order to address issues through modification of policy, practice and/or training.

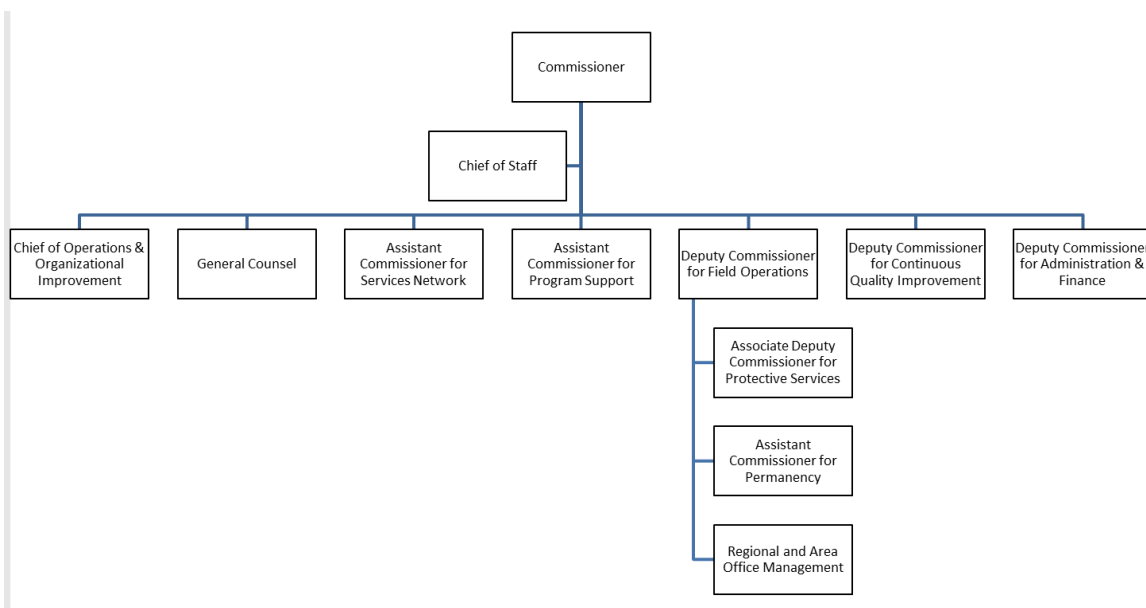
## **Organizational Structure**

DCF is the designated state agency responsible for the administration of all programs under titles IV-B, IV-E, and XX of the Social Security Act (45 CFR 1357.15(e)(1) and (2)). The organizational units responsible for overseeing these programs include:

- The Division for Field Operations, led by the Deputy Commissioner for Field Operations, which oversees the Title IV-B, Title IV-E program, and Title XX programs.
- The Services Network Unit, led by the Assistant Commissioner for Services Network, which oversees our provider network and implementation of the Families First Act.
- The Program Support Unit, led by the Assistant Commissioner for Program Support, which oversees programmatic support services to field operations.

- The Continuous Quality Improvement Unit, led by the Deputy Commissioner for Continuous Quality, which oversees statistical/outcomes reporting.
- The Division for Administration and Finance, led by the Deputy Commissioner for Administration and Finance which provides financial reporting support for the programs.
- The Office of General Counsel, led by the General Counsel, which oversees required state plans and provides legal support for the programs

The organization chart below shows these organizational units and where they sit within the Department:



More information about DCF may be obtained by visiting: <http://www.mass.gov/dcf>

**DCF Contact for APSR:**

Nathan C. Landers

Director of Federal Relations

[nathan.landiers@mass.gov](mailto:nathan.landiers@mass.gov)

617-748-2000

The FFY2024 Annual Progress and Services Report will be posted upon approval on the DCF website: [www.mass.gov/dcf](http://www.mass.gov/dcf).

## **REQUIREMENTS FOR THE FFY 2024 APSR**

### **C1. COLLABORATION**

Collaboration has been a cornerstone of the Department's Agency Improvement activities efforts that are intended to achieve the following Vision Statement:

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

The Department of Children and Families (DCF) will continue to engage in substantial, ongoing, and meaningful collaboration in keeping children safe, achieving permanency, and nurturing healthy families and supportive communities. Collaboration with internal and external partners will drive the continuing implementation of the 2020-2024 Child and Family Services Plan (CFSP), and future Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs).

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

The partnership of DCF staff at all levels is vital in Agency Improvement efforts and in the 2020-2024 CFSP activities. Social Workers and Supervisors play a fundamental role in identifying areas for practice improvements and developing, testing, and implementing strategies for solving practice problems. These staff will continue to meet with agency leadership and participate in surveys, focus groups, pilot projects, and policy reforms to ensure that social workers have the tools they need to effectively protect children and support families. In implementing agency reforms the Department has significantly strengthened the participation of field staff including program and clinical managers who provide input, lead problem solving activities, and participate in continuous quality improvement efforts.

#### 2020-2024 CFSP Collaboration

Collaboration with children and families who receive services from the Department remains a high priority. We are actively maintaining the DCF Family Advisory Council (FAC), which includes biological parents, kinship care providers, foster and adoptive parents, and young adult alumni who meet regularly to provide input. Representatives of the FAC are an active part of the agency's statewide managers' group, which convenes monthly to review performance and provide input on agency improvements.

Like the frontline staff, foster and adoptive parents, and kinship caregivers, are critical partners in providing for the needs of children who cannot safely be served at home. The Department will continue several initiatives designed to strengthen collaboration with family caregivers. These include the Department's new FosterMA Connect Intranet portal, where caregivers can find information, forms, news, and guidance; increased availability of online training, including pilot virtual MAPP (Massachusetts Approach to Partnerships in Parenting); an interdisciplinary advisory group meeting to explore improving the process of investigation and review when foster parents are reported for alleged abuse or neglect; continuation of Foster Parent Forums that allow caregivers to meet with the Commissioner, Area Office and Regional leadership and staff; implementation of an Orientation for kinship caregivers; increased collaboration with Area Office foster parent liaisons to provide local support; and, expansion of the training topics available to foster parents.

The DCF Youth Advisory Council and the Statewide Advisory Committee are also important collaborators. The Statewide Advisory Committee comprises community partners, providers, advocates, and sister state agencies. In addition, each DCF Area Board office is represented on the group. Each DCF Area Board includes parents, foster parents, youth, community service providers and other community leaders. Together they provide critical community input in the Department's planning and casework practice. Through the Area Boards, families, community members, and the Department can work together on community-specific issues and bring the voice of the community to the local as well as statewide activities.

The Department also engages the courts, local school systems, and other state agencies to address the needs of children and families involved with DCF. Further, the Department has engaged in dialogue with the Aquinnah and Mashpee Wampanoag Tribes to recruit foster parents and coordinate service delivery to tribal children and families. The Department's legal unit is engaged in discussions with the Tribes about the collaborative work with the Tribal Court in child welfare cases.

Below, we highlight specific examples of how the Department collaborated with these resources in the past year with regard to the implementation of our 2020-2024 CFSP, the CFSR Round 3 PIP, and the CFSR Round 4 Statewide Assessment and Stakeholder Interviews in FFY2023.

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

- Administrative Office of the Juvenile and Family Court
- Association of Behavioral Health Care
- Casey Family Programs
- Center for Adoption Support and Education (CASE)
- Children and Family Law Project
- Children's League of Massachusetts
- Children's Trust Fund of Massachusetts
- Committee for Public Counsel Services
- MA Department of Children and Families Family Advisory Counsel
- MA Department of Children and Families Youth Advisory Council

- MA Department of Developmental Disabilities
- MA Department of Early Education and Care
- MA Department of Elementary and Secondary Education
- MA Department of Mental Health
- MA Department of Public Health
- MA Department of Revenue
- MA Department of Transitional Assistance
- MA Department of Youth Services
- Evident Change (formerly the National Council on Crime and Delinquency and Children's Research Center)
- Executive Office of Health and Human Services
- Executive Office of Housing and Economic Development
- Family Nurturing Center
- Jane Doe, Inc.
- Justice Resource Institute
- Massachusetts Adoption Resource Exchange
- Massachusetts Alliance for Families
- Massachusetts Association of Private Schools
- *Massachusetts Chapter of the American Academy of Pediatrics*
- MA Chapter- NASW
- Massachusetts Citizens for Children
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Commission on LGBTQ Youth
- Massachusetts Council of Human Service Providers
- Massachusetts Network for Foster Alumni
- Massachusetts Council of Human Service Providers
- Massachusetts Society for the Prevention of Cruelty to Children
- MassHealth
- More Than Words
- New England Child Welfare Commissioners and Directors Association
- North American Council on Adoptable Children
- Office of the Child Advocate
- Quality Improvement Center on Domestic Violence in Child Welfare
- Parent Professional Advisory League
- Rosie's Place
- The Children's League of Massachusetts
- The Parents Helping Parents
- United Way
- University of Massachusetts Medical Center
- Wayside



### Administrative Office of the Juvenile and Family Court

The Department continues to work closely with the Juvenile and Family Court on the Pathways initiative. The initial Pathways programming was launched in the winter of 2018-2019 with technical assistance provided by the National Center for State Courts.

Pathways has evolved since its launch into several different initiatives, the most recent of which is the PATHS Family Treatment Courts. “PATHS” stands for the Prevention and Treatment for the Health and Stability of Children and Families.

In January 2022, the Massachusetts Trial Court/Juvenile Court Department was awarded a Federal Grant of \$1.5 million dollars for a Family Drug Court Program awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in January 2022. This project is led by the Juvenile Court and supported by leadership from DCF, Massachusetts Probation Service, DPH, DMH and others. The three-year funding is designed to support a statewide needs assessment and a total of 8 dedicated family treatment court sessions. The DCF Western Regional Legal office, as well as DCF area office staff in Hampden County, participated in numerous meetings between November 2022 and April 2023, leading up to the launch of the session in May 2023. The next session to be operational will be in Essex County. DCF clinical and legal leadership has participated in an initial meeting for the Essex County session in March 2023. A Family Treatment Court also continues to operate in Berkshire County, within the Probate and Family Court. The Department will continue to participate in the state level advisory board meetings biannually, county level steering committee meetings every two months, and in the Court led sessions biweekly.

The family treatment court sessions are operating in conjunction with a second Pathways initiative which began in April 2021, called “Upstream.” Upstream is a Child Welfare Resources Mapping Model supported by the National Center for State Courts and the Casey Family Programs. A mapping summit was convened in Hampden County where 69 participants across disciplines were brought together to collectively map the child welfare landscape in the chosen county, identify resources and gaps in practices and programs, with the development of an action plan to support collaboration within and across systems. The needs assessment was provided to all participants in September 2021, which included a proposed action plan. The Upstream Mapping Model will continue to be utilized to conduct needs assessments in conjunction with the Family Treatment Court rollout.

Pathways initially began with county-based teams led by judges and including the Committee for Public Counsel Services (CPCS), DCF legal and clinical leadership, to develop a forum for collaboration around permanency planning for children and youth in DCF custody. The Department has participated in countywide virtual trainings that include Judges, DCF attorneys, CPCS attorneys and clinical staff, which occurred in calendar year 2020 and 2021.

As part of the 2020-2024 CFSP, the Department continues to work closely with the Juvenile and Family Court to develop the evolving Pathways initiative in a collaborative effort to improve permanency.

### Department of Youth Services (DYS)/Juvenile Detention Alternative Initiative

Collaborating with DYS, through the Juvenile Detention Alternative (JDAI) Initiative has continued to allow the courts, youth services, and child welfare to come together to build team process and address issues related to disproportionate involvement of youth of color in the juvenile court system. The Department continues to work with JDAI to address the needs of Dually Involved Youth (DIY) through its participation in a multiagency DIY Special Populations Subcommittee, which meets monthly. The subcommittee includes individuals from DCF, DYS, the Juvenile Court Clinic overseen by DMH, Massachusetts Probation Service, EHS Division of Children Youth and Families, the Youth Advocacy Division of the Committee for Public Counsel Services and the Bureau of Substance Abuse Services overseen by DPH, this past year the participants remained available to assist individual courts in developing additional county-wide case conferencing projects. Interest in doing so was only expressed by one county and has been slow to develop. As a result, the subcommittee shifted to consider other populations on which it could focus on detained youth with mental and behavioral health needs and exploration of connecting those youth with community services upon discharge from detention; and youth who have been deemed incompetent to stand trial and the development of a restoration curriculum. Work with these two populations will continue into FFY2024.

### State Level Collaboration

Collaborations to refine policies, practices, and engagement in system level conversation with state agency partners to include: The Courts, Juvenile Probation Department, Department of Elementary and Secondary Education (DESE), Department of Transitional Assistance (DTA), Department of Youth Services (DYS), Department of Developmental Services (DDS), Department of Public Health (DPH) and the Executive Office of Health and Human Services (EOHHS).

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

The Department of Elementary and Secondary Education (DESE) was awarded a federal grant that helps explore best practice to engage families within the school system. DCF continues to participate in the initial design of the Family Engagement Framework and provide invaluable feedback on how school and child welfare family engagement is a mutual process that supports families through a continuum of care. Likewise, the Department will continue to work with DESE and local school systems to assist local school districts and DCF Area Offices as they further refine guidance and strengthen collaboration regarding best interest determinations related to the Every Child Succeeds Act of 2015, which prioritizes the enrollment for foster children in their home school and the related process for transportation decision-making.

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

The Department has built a strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives to include The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF funded programs, including the Family Resource Centers (FRCs) and Community Connection Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve. Additionally, DCF staff contributes to the overall program development, attend quarterly meetings to the extent possible provide technical assistance by sharing information on current programs and policies, that aligns with DPH policies on related topics. When applicable and there is an opportunity staff collaborates on initiatives that relate to the prevention of child abuse and neglect, safe sleep, shaken baby syndrome and other child protective/family support.

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

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

DCF worked with the Department of Public Health in SFY2023 to develop a process, through the execution of a Memorandum of Agreement, which allows DCF to issue certified copies of birth certificates as a designee of DPH's Registry of Vital Records and Statistics (RVRS) for children that are the subject of a Care and Protection Petition. This will allow DCF to obtain and

file birth certificates for children born in Massachusetts in a timely manner and remove a potential barrier to permanency when birth certificates are not filed timely with the Court. DCF has identified individuals to be trained on the RVRs system and will be implementing the pilot program in SFY2024.

The Department works closely with the Department of Revenue (DOR) Child Support Enforcement Division when DCF identifies a child whose parentage is in question. A Complaint to Establish Parentage can be filed in either Juvenile Court or the Probate and Family Court. DCF and DOR have developed an electronic referral system which allows DCF to request DOR to file a Complaint to Establish Parentage on behalf of a child in DCF custody or to assist with Genetic Marker Testing when Complaint is filed in Juvenile Court. During FFY 2023, DCF conducted a training on establishing parentage for its staff attorneys which included panelists from DOR to talk about the electronic referral system and the Complaint process in Probate and Family Court. Staff from DCF and DOR also meet monthly to troubleshoot any issues with the electronic referral system and to discuss any case specific matters.

The Department works closely with the Department of Early Education and Care (EEC). During 2020 and going forward the two agencies have worked together to establish a program designed to ensure that short term childcare is immediately available for children entering care. This model is designed to ensure that children are able to set new supportive care routines that will aid in their adjustment to placement.

#### *Promoting Safe and Stable Families Community Collaboration*

In FFY 2023, The Department of Children and Families continued partnering with key organizations that bring community leaders, residents, and governmental entities together to better align effective, collective responses with the primary goal of preventing child abuse and neglect. Engaging in inter-agency collaboration helps to address gaps in available resources, while increasing opportunities for staff to become familiar with and knowledgeable about other system resources. The Department has established ongoing relationships with many children and youth public serving agencies listed below that promote racially equitable, evidence-based, data-informed, family -engaged services and programs.

- Family Nurturing Centers (FNC) – The agency provides a statewide network of skill building curriculum that support fatherhood engagement.
- Family Resource Centers (FRC) – provides services and support to families in partnership with Community Connections Coalitions
- Worcester State University’s Translation Center- offers affordable translation services to community members.
- Children’s Trust- provides parent education programs and is the MA CBCAP designee
- Essential for Childhood- provides support to low-moderate income working families
- Police Departments – provide arts and music for children in various underserved communities.
- Grandparent’s Raising Grandchildren Commission (GRG) – provides support groups for grandparents and care givers.

### Foster Care Support and Recruitment Collaboration

The Department instituted Regional Foster Parent Forums in the fall of 2017. These annual forums have brought together clinical and legal staff with foster parents to gather input and ideas for addressing the challenges that caregivers face as they care for children who have experienced chronic and acute stress and trauma. During COVID-19, DCF has pivoted to virtual foster parent forums at the regional and statewide level conducted in partnership with the Massachusetts Association for Families (MAFF) and Regional Leadership, The DCF medical team, the Commissioner and other leadership staff. This interaction has identified training and vital support needs for foster, adoptive and kinship families including training and town hall sessions designed to educate families about testing, quarantine and isolation requirements, health concerns for vulnerable populations, along with information regarding vaccine efficacy. These communications and collaboration activities have continued to improve partnership between foster families and DCF Area Offices. The Department has implemented a listserv for foster parents to support the need to provide timely information about payment, foster parent supports, and community opportunities for youth including recreation memberships, fun outings, and after-school activities. With input from foster families, the Department recently launched *Foster MA Connect*, the Departments new social Internet portal for foster parents. A new Orientation Program for kinship caregivers was developed in 2019 to ensure that these families have the information they need to effectively provide care, and a revised curriculum is currently being implemented. The Department tracks the use of Foster MA Connect by MA foster parents and works to increase the number of families engaging with this valuable source of information.

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

- Massachusetts Adoption Resource Exchange (MARE) continues to coordinate efforts in the recruitment of child specific adoptive families. All children with a goal of adoption are listed on the MARE website.
- Jordan's Furniture: public/private partnership that focuses on the recruitment of adoptive homes. This partnership began 15-years ago.
- Massachusetts Society for Prevention of Cruelty to Children (MSPCC) Kid's Net Program: a foster/pre-adoptive family support services contract, which provides training, emergency childcare, respite, and annual training conferences.
- Recruitment collaborations with Fostering Hope and The Forgotten Initiative to provide support, training, and recruit new foster families. Both are faith-based organizations working in partnership with DCF.
- Massachusetts Department of Transportation (Mass Dot) provides DCF with billboard space to showcase our foster care recruitment campaign.
- The Department continues to collaborate with Children's Hospital regarding the recruitment of foster families. Due to the pandemic, events have been virtual in have occurred in May 2021 and May 2022. During these events, we have included current foster families to share their experiences and highlighted the need for all foster parents and especially those who can work with children who have medical needs. We anticipate continued collaboration with Children's Hospital and to return to in-person events when able.

- Foster Parent Recruitment Ambassadors: current foster parents selected by their area offices to represent DCF at recruitment events and assist regional recruiters with the planning and selection of events.
- Community based recruitment events continue to be held in each Region in support of the Departments Foster MA campaign. All DCF Area Offices participate in the event which is advertised statewide. Although there was a temporary reduction in the number of in-person events during the height of the pandemic, virtual recruitment activities continued throughout the pandemic and in-person events resumed in the Spring of 2022.
- Each May, in recognition of Foster Parent Appreciation Month, our 29 Area Offices continue to hold appreciation events in order to acknowledge all of our foster parents for their hard work and devotion to the children placed in their homes. While many FFY 2020-21 events were postponed, some Area Offices conducted socially distanced drive through/drop off events to thank foster parents.

### Adoption Promotion

The Department is collaborating with a variety of organizations and community providers to increase the availability of high-quality training for DCF staff, contracted vendors, and foster, adoptive, and kinship families with a focus on increasing timely permanency for children.

- National Training Initiative: 20-hour interactive, web-based, permanency curriculum for child welfare workers; 25-hour interactive, web-based, curriculum for child welfare supervisors and managers; now available to all DCF staff through Center for Adoption Support and Education (CASE) and University of Maryland portal. DCF plans to make NTI available through MassAchieve during FFY 2024. All DCF staff are encouraged to enroll in this free training program.
- Parent Leadership Training: DCF is collaborating with North American Council on Adoptable Children (NACAC) to present parent leadership training to foster/adoptive parents/staff who lead or are planning to lead foster/adoptive parent support groups. To date, two cohorts have completed the training; an additional training was provided for DCF staff.

### Planning and Service Coordination

The Department collaborated with Casey Family Programs to complete the roll-out of its revised Initial Placement Review (formerly Six Week Review) protocol to the remaining 19 Area Offices. Initial Placement Review Training included the Initial Placement Review process, facilitation training, and coaching. The AILT Permanency Team conducted follow-up check-in sessions with all 29 Area Offices to provide support and to monitor implementation. An additional training was conducted in May 2023 for Managers new to their positions.

Building on the successful roll-out of the revised Initial Placement Review process, in May 2022, the AILT Permanency Team conducted training workshops for Clinical and Legal Managers from five Area Offices and an additional five Area Offices in early 2023, to use a new Managers' Tool for Permanency. The new tool will help Managers to ensure that Social Workers and

Supervisors focus on permanency right from the beginning, and that we are gathering all information to facilitate informed decision-making.

### *Support and Stabilization Services – Prevention and Intervention*

The Department's Support & Stabilization (S&S) procurement provides an array of services specifically for children and families on the Department's formal caseload, which means there has been an incident of abuse or neglect that has been supported or has a finding of substantiated concern following an investigation. The current S&S procurement, which was issued June 1, 2006, establishes contracts with more than 100 community-based providers across the Commonwealth. A Procurement Management Team, which included representation from all five of the Department's Regions, developed an updated framework for support and stabilization services and created a Support & Stabilization request for responses (RFR). After the Executive Office of Health and Human Services (EOHHS) develops rates for the new set of services, the Department will post the RFR, evaluate responses, and award contracts to selected providers. The new Support & Stabilization RFR will include requests for bids for the evidence-based practices included in the Department's Title IV-E Prevention Plan, which was approved in December 2022.

S&S expenditures are funded by state dollars allocated to the Department and are used flexibly to provide support to families and children at different points in the life of a case. S&S services can be provided to intact families to prevent out-of-home placements, to kinship, foster and adoptive families to promote stability, or to support families and youth who are reunifying after a foster placement.

### *Permanency Related Collaboration*

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

The Department collaborated with several organizations to present a series of 10 workshops on topics related to permanency for children. Having originally planned an in-person conference for June 2020, DCF modified plans with the onset of the pandemic and switched to individual workshops ranging from 90 minutes to 4 hours. DCF collaborated with community providers, consultants, and North American Council on Adoptable Children (NACAC) to present the Permanency Series. The topics included:

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

- Serving LGBTQ+ Youth and Resource Families

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

- Reasonable Efforts - What are they? How do we make them? What is enough? (Monica Murphy, Aimee Cameron-Browne?) (2/8/22)
- Attachment with a Trauma Lens (4/6/22)
- Keeping Siblings Together (6/8/22) NACAC
- Role of Culture in Permanency Decisions (7/27/22) 10:00 AM – 11:30 AM
- Attending to child's permanency preferences (9/13/22) 2:00 PM – 4:00 PM
- Helping Children to Be Ready for Permanency (11/10/22) 10:00 AM – 12:00 PM

Several of these highly successful workshops will be added to the rotations of trainings available through CWI in the next fiscal year.

In collaboration with Casey Family Programs, the Department is continuing the rollout of Permanency Roundtables (PRTs) to additional Area Offices. In 2019, five Area Office completed training and began PRTS for 15-year-old youth with a goal of adoption, but without a match with a prospective adoptive family. An additional five Area Offices were scheduled to complete training in March 2020; however, the training was postponed due to COVID-19. DCF and Casey Family Programs developed a virtual PRT training for five additional Area Offices in 2021. The newly hired Permanency Specialists attended a Permanency Roundtable Training in May 2023 and will be responsible going forward for PRT implementation.

In collaboration with Center for Adoption Support and Education (CASE) and the University of Maryland, the Department has launched training for staff through the National Adoption Competency Mental Health Training Initiative (NTI). The Department's Agency Improvement Leadership Team (AILT) Permanency Team began training in the eight child welfare modules at the beginning of 2020. Child Welfare Institute (CWI) staff development personnel, adoption and foster care staff at Central Office, and selected Managers and legal staff have also begun the training modules. This new collaboration will assist all Department staff in becoming more conversant with and skilled in best practices for advancing permanency and well-being for children and families.

### Massachusetts Behavioral Health Roadmap Collaboration

The Department has continued to participate as a member of the interagency work group established by the Secretary of Health and Human Services in 2018 to re-imagine behavioral health services. This increased access is expected to benefit children and families involved with the Department, most of whom are insured by MassHealth (Medicaid).

The new Behavioral Health Helpline launched in January 2023. It is a free, confidential resource that is available 24/7 and provides assistance regardless of health insurance coverage. Helpline services are available to speakers of more than 200 languages as well as to individuals who are



deaf or hard of hearing. By calling the Helpline, Massachusetts citizens are connected with a trained responder who screens the caller's needs and connects the caller with a qualified professional who can provide mental health assessments, behavioral health crisis services, substance use treatment. Behavioral Health Helpline staff remain on the line until a caller is connected to the next needed service.

In addition to the Helpline, the rollout of the Behavioral Health Roadmap services includes a new configuration across the Commonwealth of Community Behavioral Health Centers and Urgent Behavioral Health Centers, which function like urgent care sites for physical health, but instead respond to needs for assistance with behavioral health crises. Mobile response units for responding to urgent behavioral health needs have been part of the mental health service array for many years. Under the new Behavioral Health Roadmap, the mobile crisis units are now managed by the Community Behavioral Health Centers to promote the availability of an integrated behavioral health system.

Both the Department of Mental Health and the private Massachusetts Behavioral Health Partnership (MBHP), which obtained the contract for managing many aspects of the Behavioral Health Roadmap offer presentations about the new services. The Department has been arranging these presentations at all levels of the agency to promote understanding of the new services that can assist children and families served by the Department.

#### *CFSR PIP Related Collaboration*

- MA Court Improvement Program (MA CIP) - DCF continues to collaborate with MA CIP on projects to increase stability and permanency for children. In FFY 2023, DCF continued to support the pre-petition legal representation project which began in FFY 2022, facilitated by MA CIP grant funding, designed to stabilize families, and thereby avoid the family's entry into the child welfare system. The Family Stabilization Project (FSP) administered by Community Legal Aid of Central and Western MA began accepting referrals in December 2021. By November 2022, the FSP had worked with 31 Hampden County families with open DCF cases out of the Springfield, Van Wart or Holyoke DCF Area Offices resulting in zero Care and Protection Petitions filed. A total of 20 those cases were referred directly by DCF to the FSP as a result of collaboration between the Western Legal DCF Office and Community Legal Aide. As a result of the success of this pre-petition project, FSP is in the process of training three additional FSP's at other legal aid organizations throughout the state: MetroWest Legal Aid, South Coastal Counties Legal Services and Northeast Legal Aid. The Northern Legal DCF Office and surrounding DCF Area Offices are prepared to collaborate with the MetroWest Legal Aid in conjunction with the launch of that FSP.
- The Department, CPCS, and MA CIP have a training subcommittee that meets regularly to plan and implement trainings that would ultimately benefit children. The theme of trainings developed by the training subcommittee this year was "Engaging Families." Three webinars have been developed: October 2022 Resources for Families which consisted of presentations

by external partners who support families involved with DCF regarding how to access their services and supports; January 2023, Legal Resources for Families, designed to provide information about how to access legal services for families in an effort to prevent placement of children in foster care; June 2023 Kinship Resources which will emphasize the importance of placing children with kin, the mechanisms available for kin to become a placement and the experience of kin placement. In addition to the trainings developed by CIP, funding for external trainings was also provided to enhance the quality of legal representation: two DCF legal staff were sent to the annual National Association of Children's Counsel (NACC) in person conference in August 2022 and an additional 15 DCF legal staff attended the virtual conference in September, 2022; 15 staff attorneys attended the National Institute of Trial Advocacy (NITA) virtual trial skills series which occurred over four Fridays in September 2022; seven DCF legal staff attended the NACC Race Equity Series virtually over three days in March, 2023 and lastly, funding was provided for the annual Massachusetts Continuing Legal Education (MCLE) Juvenile Delinquency and Children Welfare Conference for 55 DCF attorneys in December, 2022. This training continues to be held virtually included sessions on the role of parent, child and youth voice in the child welfare system, pre-petition representation, trauma informed courts and a panel of representatives from DCF and CPCS who provided relevant updates in the law. The goal of these joint trainings continues to be improving permanency outcomes for children and increasing the quality of legal representation

- Massachusetts Alliance for Families (MAFF) - Reducing barriers to permanency and stability for children in placement through DCF and contracted providers was a core MA CFSR PIP strategy. In a collaborative effort with MAFF, the Department identified the MA CFSR Key Activity of increasing training and support for foster and adoptive parents with the goal of reducing the number of disruptions in foster care and adoptive placements.
- Evident Change (formerly the National Council on Crime & Delinquency and Children's Research Center) - Embedding evidence and research-based assessment of safety and risk into daily practice was a core MA CFSR PIP strategy. The Department worked with Evident Change to develop a set of MA CFSR PIP Key Activities targeted at validating the Department's current risk assessment tool and/or developing and validating a new tool. Working with the DCF Child Welfare Institute and the Policy and Practice Unit, NCCD/CRC developed a train-the-trainer curriculum and set of E-Learning modules to support the September 2019 i-FamilyNet rollout of the revised risk assessment tool. This training began its rollout in FY21.
- The Department currently utilizes three structured decision-making (SDM) tools: A safety assessment, a risk assessment and risk reassessment tool. In FFY 2022, DCF contracted with Evident Change to expand its use of SDM tools. Work is underway to update/develop the following with staged implementation (end of FFY 2023/first quarter of FFY2024):
  - Danger and Safety Assessment – helps to identify the immediate protective service interventions required during a CPS investigation or assessment, including removal of a child.

- Substitute Care Danger and Safety Assessment – helps workers at all points in a case determine if a child may safely remain in a substitute care setting.
  - Risk Assessment – this research-based actuarial assessment estimates the likelihood of future child welfare system involvement and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.
  - Risk Reassessment – this actuarial tool helps the worker determine when risk has been reduced sufficiently such that the case may be recommended for closure.
  - Reunification Assessment – for families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.
- Department of Public Health Bureau of Substance Addiction Services - Improving services and treatment for children and families affected by substance misuse was a core MA CFSR PIP strategy. A MA CFSR PIP Key Activity is to collaborate with Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum to improve information sharing between the systems, provide cross-systems training, and address treatment access needs for youth and adults involved in child welfare needing substance abuse treatment services.
  - University of Southern Maine/Muskie School of Public Service/Cutler Institute - A key MA CFSR PIP strategy was to improve the training provided by DCF Child Welfare Institute (CWI). Toward this end, the Department contracted with the USM Muskie School of Public Service and completed a new pre-service curriculum with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization. The new curriculum was adapted for online use during the pandemic, and is now delivered in a hybrid format combining, in-person, live web-based, and asynchronous content.
  - DCF continues to partner with Solomon, McCown, and Cence, a Boston-based marketing and communications firm that provides creative and strategic support for the Department's statewide foster parent recruitment campaign, Foster MA. During its 4-year history the campaign has reached millions through online and television advertising, driving traffic to the foster care recruitment website. During the COVID-19 pandemic, Foster MA expanded its digital presence, finding success on Pinterest and by targeting viewer demographics on streaming or OnDemand services.

#### *CFSR Round 4 Related Collaboration*

- Stakeholder Engagement Committee (CFSR4 SEC) – In May 2022, Commissioner Spears appointed a committee comprising 15 agency leaders to steer the Round 4 CFSR Statewide Assessment. The group (including the Commissioner, Deputy Commissioners, Assistant Commissioners, and managers responsible for field operations, legal services, permanency, contracted providers, legislative communication, continuous quality improvement, policy and

practice, critical incident review, and fiscal operations), convened on July 11, 2022, and developed an initial plan for gathering data, involving staff at every level of the agency, and for writing the Statewide Assessment. Soon after the first meeting, the Statewide Assessment workgroup appointed a subgroup to develop a plan for external stakeholder involvement. This small team proposed creation of a Stakeholder Engagement Committee, including DCF staff and external stakeholders, to ensure the authentic engagement of a diverse group with a range of experiences with the Department, and representative of stakeholders including youth, families, foster and adoptive parents, sister agencies, providers, legal and judicial communities, Tribes, and other key stakeholders.

DCF invited 16 external stakeholders to join a core group from the Statewide Assessment workgroup to comprise the Stakeholder Engagement Committee. The invitation stated, “The Administration for Children and Families (ACF) requires that states demonstrate broad and meaningful stakeholder engagement throughout the CFSR process from beginning to end by including our child welfare system partners as well as persons with lived experience. Your experience as a child welfare stakeholder is crucial in helping the Department engage those individuals with a vested interest in the child welfare system to obtain and examine data to inform how well the systems are functioning, according to criteria established by the Children’s Bureau, and identify any areas for improvement.”

External stakeholders represent:

- Children and Families Law Division, Committee for Public Counsel Services
- Children’s League of Massachusetts
- Commonwealth Care Alliance
- Court Improvement Project
- MA Joint Youth Advisory Committee
- MA Family Advisory Committee
- MA Department of Early Education and Care
- MA Juvenile Court Administrative Office
- MA Office of the Child Advocate
- Massachusetts Alliance for Foster Families (MAFF)
- Massachusetts Nonprofit Network
- Mashpee Wampanoag Tribe

The CFSR4 Stakeholder Engagement Committee members were instrumental in gathering, reviewing, and synthesizing quantitative and qualitative information to inform the Massachusetts CFSR Round 4 Statewide Assessment.

## **C2. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES**

The Children's Bureau (CB), in collaboration with the Department conducted a CFSR of the state's child and family services programs during the week of September 21, 2015, to evaluate the seven outcomes and seven systemic factors enumerated in 45 CFR 1355.34. The review demonstrated that the state's child welfare program was not operating in substantial conformity with applicable federal requirements in seven outcome areas and five systemic factors. On January 28, 2016, CB issued a final report of these findings to the Department.

Pursuant to 45 CFR 1355.35, on April 11, 2016, the Department submitted to CB a Program Improvement Plan (PIP) addressing the items within each outcome measure and systemic factor that were determined not to be in substantial conformity during the CFSR. Following a period of negotiation and revision, Massachusetts's PIP was approved on June 14, 2017, with an effective date of June 1, 2017. The PIP implementation period ended May 31, 2019.

Through an ongoing partnership, the CB and Department jointly assessed progress throughout the PIP implementation period. As a result, CB verified the state's completion of all required PIP activities during the PIP implementation period. Further, CB determined that the Department met PIP measurement goals for:

- Safety Outcome 1 – item 1
- Safety Outcome 2 – items 2 and 3
- Permanency Outcome 1 – items 5 and 6
- Well-Being Outcome 1 – items 12, 13, and 15

Immediately following the PIP implementation period is a non-overlapping evaluation period, which ended on September 30, 2020. During this period, the state continued to monitor its progress toward achievement of two remaining PIP measurement goals. By the conclusion of the 8<sup>th</sup> measurement period ending March 31, 2020, CB determined that the Department's two remaining PIP measurement goals were met:

- Permanency Outcome 1 – item 4
- Well-Being Outcome 1 – item 14

The Children's Bureau determined that the Department's CFSR PIP was successfully completed on March 31, 2020. The Department's CQI Unit continues to conduct comprehensive case reviews that include reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases. The Department utilizes ACF/CB's Onsite Review Instrument (OSRI) and CFSR Online Monitoring System (OMS).

### **Agency Improvement Leadership Framework**

DCF utilizes an executive-level Agency Improvement Leadership Team (AILT) approach that employs an Agile Scrum methodology for agency problem identification and resolution. The AILT is organized into numerous sub-teams assigned to focus on specific agency challenges, such as policy/case practice, placement stability, and workforce challenges.

The Case Practice AILT is currently tasked with developing/adopting a policy and practice implementation framework that will provide a robust process for implementing change and

prioritizing behavioral change processes. DCF has recently partnered with the Capacity Building Center for States to explore the “Change and Implementation in Practice” framework in an effort to apply a structured approach to implementation and overcoming common challenges. At this time, DCF and the Center for States have embarked on an effort to apply the framework to improve performance in parent engagement in case planning (Item #13) to test the frameworks compatibility with the Agile Scrum methodology currently employed.

## **SAFETY OUTCOMES:**

The safety of children and families must be a primary focus for the Department in its role as the Commonwealth’s child protection agency. Children and families experiencing risk of harm as a result of physical or sexual abuse, serious and ongoing neglect, or domestic violence, deserve our attention, compassion and intervention.

The Department utilizes a 24 hour, 7 days a week protective intake system for receiving, screening and responding to reports of abuse, neglect, sexual exploitation and/or human trafficking (“51A” Reports) of children in the Commonwealth. All citizens have a civic duty to report incidents of abuse and neglect of children. By law, certain persons are mandated reporters who are legally required to make such reports.

The Department utilizes screening to gather sufficient information to determine whether a department response is necessary or might be necessary to ensure a child’s safety and well-being. Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency and well-being. It is the first step in determining the Department’s subsequent actions and intervention with the family.

Based on the information received, collected and analyzed during the screening process, the report will be:

1. Screened-in for an emergency response; or
2. Screened-in for a non-emergency response; or
3. Screened-out.

When a report is screened-in, the Department will assign it for a response. The purpose of the response is to determine whether, under MGL c. 119, §51B, there is “reasonable cause to believe” that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child(ren) and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency and well-being of their child(ren).

**“Reasonable cause to believe” means a collection of facts, knowledge or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.**

**Emergency responses** must be initiated within 2 to 4 hours of receiving a report (i.e., initial

face-to-face contact with reported child(ren)). The response worker interviews the child—as appropriate to the child’s age and development—and initially determines the child’s safety (i.e., assesses child vulnerabilities and danger indicators) as soon as possible and not longer than within 24 hours of receiving a report. All required activities and a formal report documenting the response must be completed within 5 working days.

**Non-emergency responses** must be initiated within 3 working days (i.e., initial face-to-face contact with reported child(ren)). The response worker interviews the child—as appropriate to the child’s age and development—and initially determines the child’s safety (i.e., assesses child vulnerabilities and danger indicators) as soon as possible and not longer than 3 working days. All required response activities and a formal report documenting the response activities must be completed within 15 working days.

Table 1 summarizes the response activity time frames.

<b>Table 1. Response Activity Time Frames</b>		
<b>Required Activity</b>	<b>Emergency Response</b>	<b>Non-Emergency Response*</b>
Visit the Reported Child(ren)	As soon as possible within 2 to 4 hours of receiving a report	As soon as possible and not longer than within 3 working days
Visit and Interview All Child(ren) and Initiate Safety and Custody Determinations	Within 24 hours of receiving a report the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety	As soon as possible and not longer than within 3 working days the Response Worker interviews the child(ren)—as appropriate to child age and development—and initially determines the child(ren)’s safety
Visit Home	Within 24 hours	Within 3 working days
Complete Other Response Activities and 51B Report	Within 5 working days	Within 15 working days

\* In very limited circumstances and with the approval of a manager, the due date for completing a non-emergency response may be extended for up to 5 working days to obtain information critical to the response decision. A second 5 working day extension may be granted if waiting for completion of a SAIN interview.

The Department’s first priority in every response is to address immediate concerns regarding the child(ren)’s safety and health and to determine whether the child(ren) can safely remain in the home. Throughout the response, the Department engages the family respectfully in a thorough exploration focused on determining the danger(s) and risk(s) to the child(ren)’s safety and well-being; identifying what is needed to maintain the child(ren)’s safety, permanency and well-being; and initiating services to address concerns when warranted.

Research has shown that the safety of children and families is significantly enhanced when families and their broader familial, social and community network are engaged in the efforts to promote safety and mitigate the risk of harm. While the Department has a unique and vital role in promoting the safety of children and families, it is not an exclusive role. Schools, community agencies, other service providers and community partners, must each be vigilant to indications that a child or family may be in danger. Further, they all must work collaboratively to address that risk. Only through these collective efforts will the occurrence/reoccurrence of maltreatment be effectively reduced.

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

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

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

Chart 1. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2022 <sup>(1)</sup>				Screened In 51A Intake Distribution		
	51A Intake Distribution	RoD	RRI		RoD	RRI
White	44.0%	0.7	n/a	42.8%	1.0	n/a
Hispanic/Latinx (of any race)	33.2%	1.7	2.3x	34.1%	1.0	1.1x
Black	15.3%	1.7	2.3x	15.7%	1.0	1.1x
Asian	1.6%	0.2	0.3x	1.5%	1.0	1.0x
Native American	.1%	0.7	1.0x	.1%	1.1	1.1x
Pacific Islander	*	-	-	*	-	-
Multi-Racial (two or more races)	5.7%	-	-	5.7%	-	-
	100%			100%		

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

\*Less than 0.1% after rounding.

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

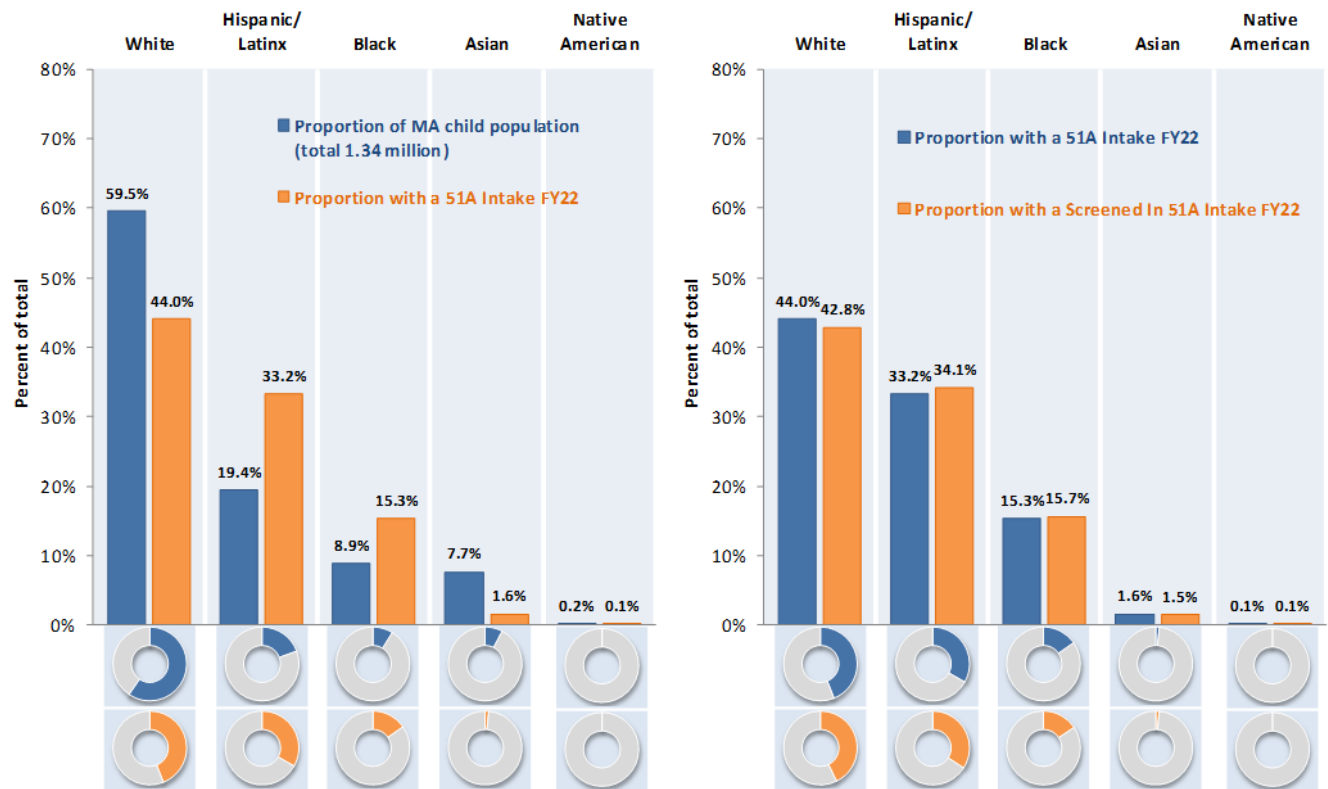
- RoDs greater than 1.0 indicate overrepresentation
- RoDs less than 1.0 indicate underrepresentation

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

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



**FIGURE 1. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2022**



### Protective Response (51B) Determinations by Race/Ethnicity

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

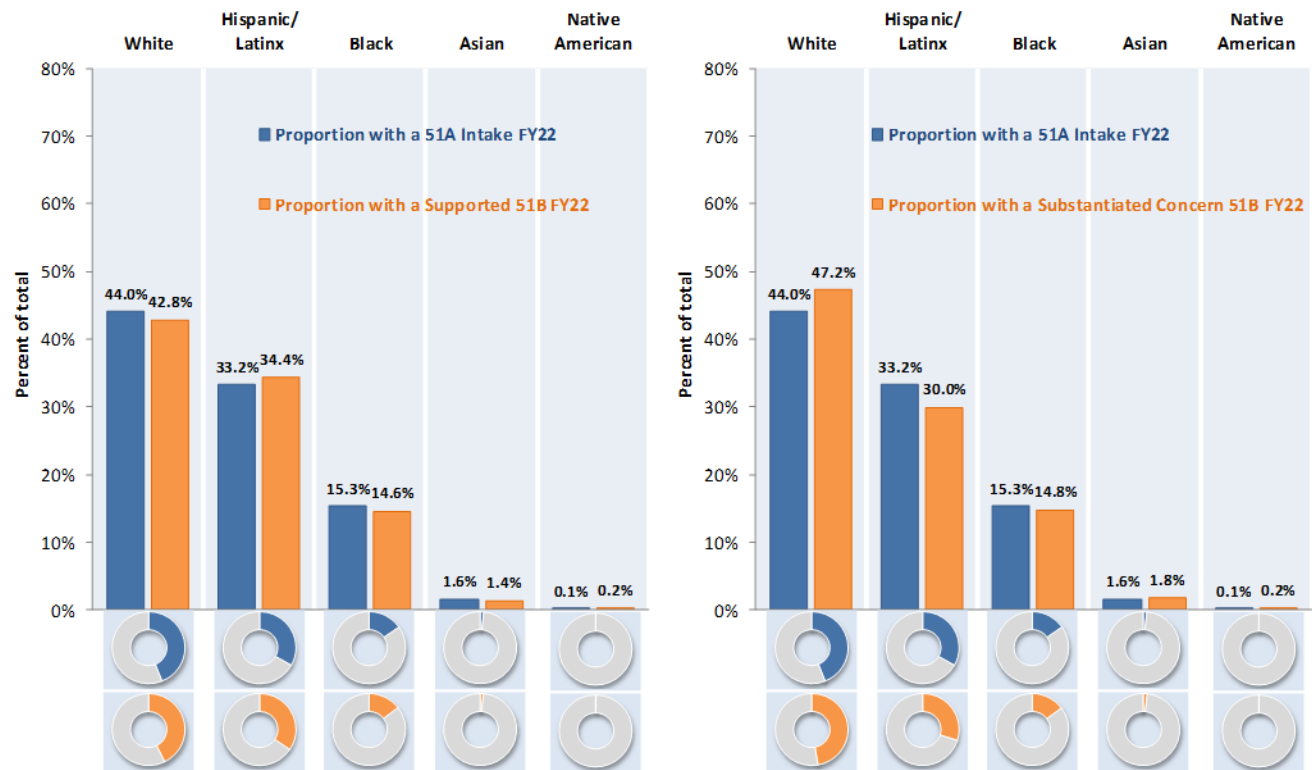
Chart 2. Response Determinations by Race/Ethnicity – Unduplicated by Child FY2022 <sup>(1)</sup>		51B Response Support Distribution		RoD	RRI	51B Response Substantiated Concern Distribution		RoD	RRI
	White	42.8%	1.0	n/a		47.2%	1.0	n/a	
	Hispanic/Latinx (of any race)	34.4%	1.0	1.1x		30.0%	0.9	0.8x	
	Black	14.6%	1.0	1.0x		14.8%	1.0	0.9x	
	Asian	1.4%	0.9	0.9x		1.8%	1.1	1.1x	
	Native American	.2%	1.8	1.9x		.2%	1.7	1.5x	
	Pacific Islander	.1%	-	-		*	-	-	
	Multi-Racial (two or more races)	6.4%	-	-		5.9%	-	-	
		100%				100%			

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

\*Less than 0.1% after rounding.

Refer to Chart 1 for a definition of RoD and RRI.

**FIGURE 2. Response Determinations by Race/Ethnicity – FY2022**



## SAFETY OUTCOME 1:

### Children are First and Foremost, Protected from Abuse and Neglect

To address the APSR requirement of assessing current performance in improving outcomes, the Department utilized the most up-to-date Children’s Bureau Massachusetts Child and Family Services Review (CFSR4) Data Profile (August 2022) and the 2021 Child Maltreatment Report. As a supplement where indicated, data was extracted from the Department’s case management system (i.e., i-FamilyNet). A brief description of status and where applicable new challenges is provided for each CFSR Outcome and Systemic Factor.

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

	FFY2016		FFY2017		FFY2018		FFY2019		FFY2020		FFY2021		FFY2022	
<b>Total CA/N Reports Disposed</b>	<b>48,252</b>		<b>45,366</b>		<b>45,686</b>		<b>43,923</b>		<b>37,505</b>		<b>39,811</b>		<b>39,076</b>	
<b>Substantiated</b>	22,387	46.4%	17,835	39.3%	18,297	40.0%	17,856	40.7%	15,888	42.4%	16,191	40.7%	15,881	40.6%
<b>Unsubstantiated</b>	18,137	37.6%	19,122	42.2%	19,532	42.8%	18,987	43.2%	15,322	40.9%	15,756	39.6%	16,512	42.3%
<b>Other</b>	7,728	16.0%	8,409	18.5%	7,857	17.2%	7,080	16.1%	6,295	16.8%	7,864	19.8%	6,683	17.1%
<b>Children Served in Placement*</b>	<b>16,801</b>		<b>16,904</b>		<b>16,862</b>		<b>16,273</b>		<b>14,622</b>		<b>12,746</b>		<b>12,874</b>	

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

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

As shown in Chart S1, year-over-year decreases in total disposed CA/N reports were evidenced between FFY2016 and FFY2019 (9.0% decrease). This downward trajectory was further impacted by the COVID-19 pandemic as evidenced by an additional 14.6% decrease between FFY2019 and FFY2020. While CA/N reports evidenced a partial rebound of 6.1% relative to FFY2020 in FFY2021, the number of CA/N reports decreased 1.8% in FFY2022. During the extended time period between FFY2016 and FFY2022, a 12.5% decrease in substantiation rates was also observed. With the implementation of a new Protective Intake Policy in March 2016, the Department eliminated differential response. However, along with a Support (i.e., substantiation) decision, a disposition of Substantiated Concern was added. Substantiated Concern dispositions do not identify a perpetrator or a victim. As such they are classified within the “Other” category on Chart S1 above. The number of children served in placement decreased by 23.8% between FFY2017 and FFY2022.

### *Safety Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment*

Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the timeframes established by agency policies or state statutes.

- Status CFSR3: The initiation of timely CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment is a primary means of ensuring the safety of children. State policy at the time of the 2015 CFSR3 required that reports screened in for Initial Assessment have an initial contact from the social worker within 2 business days of assignment. For CPS investigations, state policy required that reports assigned for Emergency response were to be initiated within 2 hours from the time the report was received by the Department. Reports assigned for non-Emergency response were to be initiated within 2 business days from the date the report was received by the Department. The Department’s screening activities initiate and are considered part of the investigative process.

The Department received an overall rating of Area Needing Improvement for Item 1 on the 2015 CFSR3, because 43% of the 28 applicable cases were rated as a Strength. The MA CFSR3 PIP included targeted strategies and activities, which are anticipated to improve performance.

- Item 1 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.5% of 44 applicable cases. This represents a 5.8% improvement over the 2015 CFSR3 results.
- Item 1 Adjusted PIP Goal: 52.3%
- Item 1 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 52.9% – PIP Goal Met.
- Item 1 ongoing CQI Review (Oct-2022 – Mar-2023): 47.5% – This represents a 10.5% improvement over the 2015 CFSR3.
  - In-home cases (48.0%) and Foster Care cases (46.7%) reflected similar ratings.
  - Performance was impacted by a lack of documented concerted efforts, parents resistant to meeting with DCF staff for initial contact visits, and delays in initial assignment of the Response.
  - An intuitive relationship—not necessarily causal—was observed regarding the

number of accepted maltreatment reports filed on individual cases during the PUR: Strength rated cases received fewer accepted maltreatment reports on average than ANI rated cases (1.2 vs. 2.0).

- **Addressing Challenges:**
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.
  - Management/fidelity metrics have been established and are being utilized to track and improve timeliness of face-to-face contacts with reported children.

### **Timeliness of Response Contacts Utilizing i-FamilyNet Structured Data for 9-Months Ending Nov-2022**

- **Emergency Responses** – children with a recorded in-person contact within 2-4 hours (reported children) or 24 hours (non-reported children) of DCF receiving a 51A report (maltreatment intake)
  - **Reported Children = 42.8%** (96.4% had a recorded in-person contact during the response)
  - **Non-Reported Children = 65.6%** (70.6% had a recorded in-person contact during the response)
- **Non-Emergency Responses** – children with a recorded in-person contact within 3 business days (reported and non-reported children) of DCF receiving a 51A report (maltreatment intake)
  - **Reported Children = 48.1%** (97.0% had a recorded in-person contact during the response)
  - **Non-Reported Children = 37.1%** (72.8% had a recorded in-person contact during the response)
- **ALL RESPONSES** – both emergency and non-emergency
  - **Reported Children = 47.1%** (96.9% had a recorded in-person contact during the response)
  - **Non-Reported Children = 41.6%** (72.5% had a recorded in-person contact during the response)

### *Statewide Safety Data Indicators: Recurrence of Maltreatment & Maltreatment in Foster Care*

The reduction of the recurrence of maltreatment and incidence of maltreatment in foster care are important measures of the Department's success in promoting the safety of children and families. Both were identified as areas needing improvement in the 2015 CFSR3. The Department monitors maltreatment in foster care and recurrence of maltreatment on open and closed cases on a monthly/quarterly/annual basis as a component of its performance management and accountability system.

**Chart S2.**

Statewide Data Indicator	National Performance	Direction of Desired Perf.	Observed Performance	RSP	RSP Interval	Data Period Used for Performance
<b>Maltreatment in care</b> (victimizations per 100,000 days in care)	9.67	Lower	25.42	34.30	32.08 – 36.68	14AB, FFY14
			22.34	30.02	28.04 – 32.15	15AB, FFY15
			22.96	30.67	28.72 – 32.74	16AB, FFY16
			20.95	27.83	26.00 – 29.79	17AB, FFY17
			21.43	27.99	26.16 – 29.96	18AB, FFY18
			21.52	28.00	26.12 – 30.01	19AB, FFY19
			20.80	27.03	25.13 – 29.07	20AB, FFY20
			25.54*		not available	21AB, FFY21*
			18.92**		not available	22AB, FFY22*
<b>Recurrence of maltreatment</b>	9.5%	Lower	20.0%	25.4%	24.8% – 25.9%	FFY14–15
			19.4%	24.7%	24.1% – 25.3%	FFY15–16
			17.1%	22.1%	21.6% – 22.6%	FFY16–17
			16.7%	21.6%	21.0% – 22.2%	FFY17–18
			17.0%	22.6%	22.0% – 23.3%	FFY18–19
			16.9%	22.5%	21.9% – 23.2%	FFY19–20
			15.7%	21.0%	20.4% – 21.7%	FFY20-21

\*Source: MA DCF case management system

\*\*FY2022 performance based on FFY22 NCANDS file and will not be complete until FFY23 NCANDS file is run.

- **Status:** The Department has historically fallen below the national performance for Maltreatment in Foster Care and Recurrence of Maltreatment. As evidenced in Chart S2 above, children in the care and custody of DCF are experiencing more Maltreatment in Foster Care than the national performance of 9.67 per 100,000 days in care. Further, the Department is evidencing more incidences of Recurrence of Maltreatment than the national performance of 9.5%.
  - There can be variability in child maltreatment from year to year, influenced by factors that can include new policies, opioid use, and abuse/neglect reporting rates in the community.
  - There are four thresholds of evidence (from highest to lowest): Credible; preponderance; probable cause; and reasonable cause. Massachusetts is one of six states that uses reasonable cause, as specified in state law, the state's intentional effort to ensure identification of children in need of DCF services may contribute to higher victim rates. Specifically, Massachusetts does not require as much information as other states to support on an alleged perpetrator for abuse/neglect to ensure children are safe.

### **Maltreatment in Foster Care**

- Maltreatment in Foster Care (victimization per 100,000 days in care) has been calculated for FFY2021 and FFY2022 utilizing the Department's case management system. FFY2021's (21A–21B) observed performance was 25.54 per 100,000 days in care. While Massachusetts evidenced an 18.2% improvement between FFY2014 and FFY2020, there was a marked decrease in observed performance in FFY2021.
- In looking at Maltreatment in Foster Care for FFY2021 across race/ethnicity, birth sex, and

age, several findings stand out as key drivers of this measure's performance:

- Children identifying as Hispanic have an observed rate (31.65) of Maltreatment in Foster Care (victimization per 100,000 days in care) well above the statewide observed rate.
- With the exception of children identifying as Native Hawaiian (observed value impacted by small cohort size), children in all other race categories (White, Black, Asian, Multi-Racial, American Indian, and Other) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) below the overall statewide observed rate.
- Overall, children five and under (14.60) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well below the overall statewide observed rate, children 6-11 (24.39) had a rate just below the overall statewide observed rate, and children 12-17 (36.28) had the highest observed rate, well above the statewide observed rate.
- Females (30.32), particularly those 12-17 years old (47.68), have an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well above the statewide observed rate and the observed rate for males overall (20.90) and males 12-17 years old (24.75).
- Female children 12-17 identifying as Hispanic have an observed rate (60.41) of Maltreatment in Foster Care (victimization per 100,000 days in care) more than double the statewide observed rate.
- DCF implemented a new Family Resource Policy in Jan 2023 that addresses increasing child safety in foster care through the creation of a targeted assessment and the utilization of a Structured Decision Making (SDM) tool, specifically for children in foster care. Toward this end DCF has partnered with Evident Change to develop an SDM child safety assessment tool specifically for children in foster care (i.e., SDM Substitute Care Provider Safety Assessment). The goal of SDM tool will be to strengthen DCF's assessment of safety and reduce maltreatment for children in foster care. This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from subsequent maltreatment. The SDM tools have an anticipated release by the end of FFY2023. As planned:
  - The targeted assessment of foster homes is completed whenever a concern or safety issue is identified for a child in foster care (a maltreatment report is not required to initiate the targeted assessment).
  - In addition to the safety and well-being of the child, the targeted assessment includes a needs assessment of the foster parent/home as well as the child's perspective on their experience in the foster home.
  - The targeted assessment is completed by a newly developed Licensing/Training staff position that is independent of family resource teams. In addition to the targeted safety assessments, the Licensing/Training staff is dedicated to assessing the needs of the foster home through the licensing process.

### **Recurrence of Maltreatment**

- FFY20-21's Recurrence of Maltreatment observed performance was 15.7%. Though below the national performance, this is a 21.5% improvement over FFY14-15's observed

performance.

- DCF has partnered with Evident Change to develop an SDM child safety assessment tool (i.e., SDM Safety Assessment). This work includes the creation of a structured “Plan for Child Safety.” Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. The SDM tools have an anticipated release by the end of FFY2023.

## **SAFETY OUTCOME 2:**

### **Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate**

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 66% of the 65 cases reviewed. The outcome was substantially achieved in 75% of the 40 foster care cases, 52% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

As indicated in Chart S3, CPS referrals increased 6.8% between FFY2015 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 16.4% decrease in referrals in FFY2020 relative to FFY2019. By FFY2022, referrals evidenced a partial rebound but remain 5.4% below FFY2019 counts.

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

<b>Chart S3.</b>	Referrals Received by DCF per CB Child Maltreatment Report							
	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022*
Referrals received by CPS	80,435	82,851	82,828	85,794	85,911	71,818	74,355	81,282

\*Source: MA DCF case management system

### *Referral Rates*

As evidenced in Chart S4 below, referral rates per 1,000 in Child Population increased 9.5% between FFY2015 and FFY2019. In line with the national trend, the COVID-19 pandemic evidenced a 15.7% decrease in referral rates per 1,000 in FFY2020 relative to FFY2019. By FFY2022, rates evidenced a partial rebound but remain 4.6% below the FFY2019 rates.

<b>Chart S4.</b>	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022*
Referral rate	58.0	60.1	60.5	62.8	63.5	53.5	54.6	60.6

\*Source: MA DCF case management system

### *Victimization Rates*

As evidenced in Chart S5, victimization rates per 1,000 in Child Population decreased 17.4% between FFY2015 and FFY2019. Further decreases were evidenced during the COVID-19 pandemic and by FFY2022 the victimization rate is 26.3% below the FFY2015 rate. Victimization rates are tracked at the state/region/area office level.

Chart S5.	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	FFY2022*
Victimization rate	22.4	22.9	18.2	18.9	18.5	16.3	16.6	16.5

\*Source: MA DCF case management system

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

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.

- Status CFSR3: Assuring the safety of children and mitigating risk to the safety of children is a cornerstone of child welfare practice. The Department received an overall rating of Area Needing Improvement for Item 2 because 62% of the 29 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 71% of the 7 applicable foster care cases, 55% of the 20 applicable in-home services cases, and 100% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 2 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.8% of 27 applicable cases. This represents a 25.5% improvement over the 2015 CFSR3 results.
- Item 2 Adjusted PIP Goal: 85.0%
- Item 2 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 92.5% – PIP GOAL MET.
- Item 2 ongoing CQI Review (Oct-2022 – Mar-2023): 65.5% – This represents a 5.7% improvement over 2015 CFSR3 results.
  - Recent performance is higher for In-home cases (69.2% strength rating of the 13 applicable cases) than for Foster Care cases (62.5% strength rating of the 16 applicable cases).
  - **Addressing Challenges:**
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.
    - DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency’s ability to consistently assess child safety. This work includes the creation of a structured “Plan for Child Safety.” Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent



children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release by the end of FFY2023.

### *Safety Outcome 2 – Item 3: Safety Assessment and Management*

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) living in their own homes or while in foster care.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 3 because 66% of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 75% of the 40 applicable foster care cases, 52% of the 23 applicable in-home services cases, and 50% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 3 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 71.4% of 70 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 3 Adjusted PIP Goal: 76.3%
- Item 3 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 78.6% – PIP GOAL MET.
- Item 3 ongoing CQI Review (Oct-2022 – Mar-2023): 59.0% – performance has been directly impacted by the COVID-19 pandemic.
  - Recent performance is higher for Foster Care cases (62.0% strength rating of the 50 applicable cases) than for In-home Care cases (56.0% strength rating of the 50 applicable cases).
  - Review of Foster Care cases found there were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency for 92.0% of the 50 applicable cases.
  - Common factors identified for cases receiving ANI ratings were inconsistent supervision in both foster care and in-home cases, inconsistent placement visits with children for foster care cases, and not fully assessing out of home parents for in-home cases.
  - DCF's performance was impacted due to challenges with ongoing assessment of safety and risk of children (66.0% of 100 applicable cases), and the development and monitoring of safety plans—including monitoring family engagement in safety services (62.5% of 32 applicable cases).
  - **Addressing Challenges:**
    - DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
    - The update highlighted the FAAP as a “living document” that should evolve and be updated as family circumstances change, rather than solely based on

periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.

- DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency's ability to assess child safety. This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release by end of FFY2023.
- DCF's employs other strategies to strengthen engagement of out of home parents, particularly fathers.
  - The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
  - The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.

## **PERMANENCY OUTCOMES:**

Every child is entitled to a safe, secure, appropriate and permanent home. Permanency is achieved when a child is living successfully in a family that the child, parents and other stakeholders believe will endure throughout their lifetime. Permanency, identified as meaning "family" suggests not only a stable setting, but also stable parents and peers, continuous supportive relationships and parental commitment and affection.

Any change in a child's family is disruptive of established relationships and the comforts, familiar rhythms and normal routines of life. Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust and optimal social development.

The Department's Permanency Planning policy highlights that the responsibility for permanency starts upon initial contact with the family and continues throughout the agency's involvement. It is the role of *all* DCF staff to pursue permanency for families; regardless of the function to which a staff person is assigned.

The Department's work on improving permanency for children and families involved with DCF is grounded in the following tenets.

- Permanency is the work of the entire agency.
- Stabilization, reunification, adoption and guardianship are successful permanency outcomes.
- The Department values and includes the voice of families.
- Respect for the connections amongst and to family is incorporated in the expectations for case practice.
- The Department honors the cultural and linguistic identities of families.
- Enhanced tools and technology support permanency activities.
- Resource development and capacity building is connected to achievement of permanency.

## **PERMANENCY OUTCOME 1:**

### **Children Have Permanency and Stability In Their Living Situations**

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Permanency Outcome 1. The outcome was substantially achieved in 35% of the 40 applicable cases reviewed.

The Department is striving to increase progress toward permanency. Despite these efforts, DCF has not yet achieved the national performance on each of the permanency indicators.

In order to support the strengths of children and families and address the needs that brought them to the attention of the Department, effective service delivery and permanency planning is critical. Effective service delivery and permanency planning ensures that children are returned to their homes as quickly and safely as possible and that caregivers have the capacity to ensure the safety and well-being of their children. As evidenced in Chart P1 above, the Department is exceeding the national performance of moving children to permanency within 12 months of entering care. While evidencing improvement over prior review periods, the Department is challenged to meet the national performance for those children who remain in care longer than 12 months.

**Chart P1.**

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	RSP Interval	Data Period Used for Performance
Perm in 12 months (entries)	35.2%	Higher	41.6%	40.2% – 43.1%	20A – 22A
Perm in 12 months (12-23 months)	43.8%	Higher	33.4%	31.5% – 35.3%	21B – 22A
Perm in 12 months (24+ months)	37.3%	Higher	29.2%	27.9% – 30.6%	21B – 22A
Re-entry to foster care in 12 months	5.6%	Lower	9.6%	8.6% – 10.7%	20B – 22A
Placement Stability (moves/1K days)	4.48%	Lower	6.14%	5.96% – 6.32%	21B – 22A

The Department recognizes the interrelationship between time to permanence and re-entry into care. As such, the Department works to ensure that necessary services are in place to stabilize exits to permanency and mitigate factors leading to re-entry. As evidenced in Chart P2, Re-entry to Foster Care in 12 Months has varied over the past nine (9) AFCARS cohort periods (i.e., from 7.8% to 12.4%) and remains higher (lower is better) than the national performance of 5.6%.

**Chart P2.**

Risk Standardized Performance (RSP) CFSR3 and CFSR4 Data Profile

	16B-18A	17A-18B	17B-19A	18A-19B	18B-20A	19A-20B	19B-21A	20A-21B	20B-22A
Re-entry to foster care in 12 months (lower is better)	11.6%	12.3%	12.4%	10.3%	9.9%	9.0%	7.8%	8.5%	9.6%

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

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

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 4 because 80% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 4 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 57.1% of 42 applicable cases. This represents a 28.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address stability for children in its care.
- Item 4 Adjusted PIP Goal: 64.1%
- Item 4 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 66.7% – PIP GOAL MET.
- Item 4 ongoing CQI Review (Oct-2022 – Mar-2023): 74.0% – This represents continued improvement over the PIP goal.
  - Ongoing CQI Reviews found that 86.0% of the current or most recent 50 applicable foster care placements are stable.
  - Placement changes were planned to meet the needs of the child in 42.1% of the 19 applicable cases.
  - Performance was impacted by DCF's challenges with assessing children's needs, limited placement options for adolescents and limited services to support children in placement.
  - **Addressing Challenges:**
    - To improve in this area, DCF is implementing a newly developed Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system.
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
    - Additionally, performance is anticipated to improve as case/legal practice

returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

### *Placement Stability*

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

<b>Chart P3.</b>	National Performance	Direction of Desired Perf.	RSP	95% Confidence Interval	Data Period Used for Performance
<b>Placement Stability</b> (moves per 1,000 days in care)	4.48	Lower	6.14	5.96 – 6.32	21B – 22A

Chart P3 indicates that children in the Department's care experience more moves per 1,000 days in care than the national performance. Nonetheless as evidenced in Chart P4 below, performance on this indicator has improved by 35.3% since the AFCARS cohort period 17A-17B.

<b>Chart P4.</b>	<b>Risk Standardized Performance (RSP) CFSR3 and CFSR4 Data Profile</b>									
	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B	21B-22A
<b>Placement Stability</b> (moves per 1,000 days in care)	9.49	9.05	9.04	8.50	6.75	6.01	4.94	4.94	5.99	6.14

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

Chart P5 shows the number of placements moves per 1,000 placement days for children who entered care during SFY2022 by race/ethnicity. Disproportionality is shown in that White children evidence greater placement stability than Black or Hispanic/Latinx children.

<b>Chart P5. Placement Moves per 1,000 Placement Days by Race/Ethnicity in SFY2022</b>	White	Hispanic /Latinx	Black	Asian	Native American
Total Number of Placement Days (denominator)	243,459	193,222	92,803	5,035	1,613
Total Number of Placement Moves (numerator)	1,399	1,525	930	21	7
<b>CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?</b>	<b>5.75</b>	<b>7.89</b>	<b>10.02</b>	<b>4.17</b>	<b>4.34</b>

*National Standard: 4.44 (lower score is preferable)*

- Placement moves per 1,000 placement days for children who entered care during SFY2022 by Age Group shows that children 5-and-under evidence greater placement stability.
  - Children 5-and-under: 5.79 Placement Moves per 1,000 Placement Days
  - Children 6-11: 8.54 Placement Moves per 1,000 Placement Days

- Children 12-17: 7.85 Placement Moves per 1,000 Placement Days
- Birth sex had a negligible impact on this metric as the number of moves per 1,000 placement days for children who entered care during SFY2022 was 7.12 for females and 7.16 for males.

### *Placement with Kin*

The Department has observed increased stability when initial placement is with kin. Accordingly, the Department has doubled efforts to identify kin as a placement alternative when an out of home placement is necessary. These efforts have resulted in significant increases to kinship placement utilization.

<b>Chart P7.</b>	<b>DCF Target</b>	<b>SFY 2011</b>	<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>	<b>SFY 2018</b>	<b>SFY 2019</b>	<b>SFY 2020</b>	<b>SFY 2021</b>	<b>SFY 2022</b>
<b>Kinship Care Rate</b> Kinship as a % of All children in out of-home placement	≥ 28.5%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%	38.1%	38.2%	38.9%

Data Source: MA DSSRP210 – Children in Placement

Chart P7 shows that at the end of SFY2022, 38.9% of all children in out-of-home placement were placed with kin. This represents a steady increase over time and is a 58.8% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin (i.e., Kin First). At the end of SFY2022, 31.1% of children within this cohort were placed with kin at entry into care.

### *Placement with Kin by Race/Ethnicity*

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

<b>Chart P8.</b>	<b>DCF Target</b>	<b>White</b>	<b>Hispanic /Latinx</b>	<b>Black</b>	<b>Asian</b>	<b>Native American</b>
<b>Kinship Care Rate by Race/Ethnicity</b> Kinship as a % of all children in out-of-home placement SFY2021	≥ 28.5%	43.8%	36.2%	33.0%	44.4%	23.8%

Data Source: MA DSSRP210 – Children in Placement

### *Placement with Kin for Children in Departmental Foster Care*

Chart P9 shows that at the end of SFY2021, 57.0% of all children in Departmental Foster Care (i.e., foster family home setting) were placed with kin. This represents an 18.5% increase over SFY2011. In an effort to identify disproportionality and address the disparity in outcomes, this indicator is also tracked by race and ethnicity. More recently, the Department is tracking the rate of initial placement with kin for children whose initial placement is in a foster family home setting (i.e., Kin First). By the end of SFY2022, 35.9% of children within this cohort were placed with kin at entry into care.

<b>Chart P9.</b>	<b>DCF Target</b>	<b>SFY 2011</b>	<b>SFY 2012</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>	<b>SFY 2018</b>	<b>SFY 2019</b>	<b>SFY 2020</b>	<b>SFY 2021</b>	<b>SFY 2022</b>
<b>Kinship Care as a % of Departmental</b>	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.1%	56.5%	55.7%	56.1%	57.2%	57.4%	57.0%

In late 2017, the Department began a pilot program designating one family-find social worker in select DCF offices to locate relatives and caring adults already in the child's life to serve as their foster parents. Since January 2018, the placement of children in kinship foster homes immediately following the home removal increased 126% statewide and 225% in the Family Find offices.

*Permanency Outcome 1 – Item 5: Permanency Goal for Child*

Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 5 because 55% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 5 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 59.5% of 42 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 5 Adjusted PIP Goal: 66.4%
- Item 5 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.0% – PIP GOAL MET.
- Item 5 ongoing CQI Review (Oct-2022 – Mar-2023): 60.0% – This represents a 9.1% improvement over the 2015 CFSR3 results and improvement over PIP goal.
  - Current results show that DCF either filed or joined a termination of parental rights petition in a timely manner (or prior to the PUR), or an exception was applied in 88.2% of the 34 applicable cases.
    - Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case in 76.0% of the 50 applicable cases.
    - Permanency goals in effect during the period under review were established in a timely manner in 74.0% of the 50 applicable cases.
  - Performance was impacted by challenges with delayed Permanency Planning Conferences, deferred decisions on changing permanency goals, and assessing parental capacities.
  - **Addressing Challenges:**
    - DCF has created and will staff a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making.
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement

resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.

- Additionally, performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

*Permanency Outcome 1 – Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement*

Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 6 because 50% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 6 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.2% of 42 applicable cases. This represents a 9.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address permanency for children in its care.
- Item 6 Adjusted PIP Goal: 52.2%
- Item 6 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 59.5% – PIP GOAL MET.
- Item 6 ongoing CQI Review (Oct-20221 – Mar-2023): 32.0% – performance was directly impacted by the COVID-19 pandemic.
  - Current results show that DCF achieved Reunification in a timely manner in 44.4% of 18 applicable cases, Adoption in 10.5% of 19 applicable cases, Guardianship in 16.7% of 6 applicable cases, and APPLA in 71.4% of 7 applicable cases.
  - Performance was impacted by challenges related to delays in establishing timely permanency goals, delays in court processes related to the pandemic, and identifying adoptive resources for children with special needs.
  - **Addressing Challenges:**
    - DCF created and is staffing a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making. DCF anticipates that the Permanency Planning Unit will have a positive impact on timely and appropriate establishment of goals.
    - In FY2022, the legal division received authorization to add 14 staff attorneys, 11 paralegals and 5 clerks. This addition of staff is expected to streamline production of discovery and assist attorneys with trial preparation as well as increase capacity related to the filing of Adoption and Guardianship Petitions.



- DCF is piloting a permanency tool used by managers to assist in ensuring that social workers and supervisors are collecting and considering all relevant information needed to inform timely and effective permanency planning for every child in care at the key decision points in a case: response, IPR, FCR and PPC. In part, the development of the questions used in the permanency tool were informed by common barriers identified in the quarterly adoption reviews. By prompting staff to take action that eliminates commonly identified barriers to permanency earlier in the process, permanency can be achieved more quickly. The tool has been piloted in 5 offices during the last quarter of CY2022. In the first quarter of CY2023, five additional offices will be receiving training on the tool.
- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- The Department is currently revising the array of permanency services that can be offered to children/families by DCF contracted community providers. Services will be paid for by DCF with a focus on meeting permanency goals and timeframes. Under the new contract, services including permanency mediation, specialized adoption recruitment, and clinical consultation will be expanded to assist area offices reach goals for children (Specifically Adoption and Guardianship) in a timelier manner. These contracts are projected to go out to bid in 2023.
- Additionally, the Department created the "Manager of Adoption Contracts and Search" position to provide consultation for contracted adoption providers and to collaborate systemwide to promote timely permanency outcomes for children.
- Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

## **PERMANENCY OUTCOME 2:**

### **The Continuity of Family Relationships and Connections Is Preserved for Children**

- Status: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 65% of the 40 applicable cases reviewed.

#### *Permanency Outcome 2 – Item 7: Placement with Siblings*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 7 because 64% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 7 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 56.7% of 30 applicable cases. This represents an 11.4% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address placement with siblings for children in its care.
- Item 7 Adjusted PIP Goal: NONE ESTABLISHED
- Item 7 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 66.7% – though not a PIP item, performance represents a 17.6% improvement over baseline.
- Item 7 ongoing CQI Review (Oct-2022 – Mar-2023): 76.2% – This represents a 19.0% improvement over the 2015 CFSR3 results and continued improvement over PIP goal evidenced.
  - Performance was impacted by availability of non-relative placements that could accommodate sibling groups, physical standards requirements and re-assessment of foster home, and sibling group needs.
  - **Addressing Challenges:**
    - DCF is implementing a new Family Resource Policy to increase the ability to identify, license, train, support, and manage the agency's foster care system.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

#### *Permanency Outcome 2 – Item 8: Visiting with Parents and Siblings in Foster Care*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 8 because 59% of the 29 applicable cases were rated as a Strength. In 62% of the 13 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 73% of the 26 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 44% of the 9 applicable cases, the

agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- Item 8 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.5% of 40 applicable cases. This represents a 31.4% improvement over 2015 CFSR3 results.
- Item 8 Adjusted PIP Goal: NONE ESTABLISHED
- Item 8 PIP Review Quarters 7&8 Performance (Jul-Oct 2019): 90.2% – though not a PIP item, performance represents a 16.4% improvement over baseline—approaching a solid area of strength.
- Item 8 ongoing CQI Review (Oct-2022 – Mar-2023): 70.6% – This represents a 19.6% improvement over the 2015 CFSR3 results.
  - The frequency and quality of visitation for child was sufficient to maintain and promote the continuity of the relationship with mother in 78.6% of 28 applicable cases; with father in 64.7% of 17 applicable cases; and with siblings in 63.6% of 11 applicable cases.
  - Performance in providing frequent and quality visits for children with parents was impacted by lack of transportation for parents, and difficulty in providing visits outside of business hours.
  - Siblings' visit frequency and quality was found to be impacted by geographic distance.
  - Visitation was impacted by the pandemic, which often required virtual visits that impacted quality of visits, particularly for younger children.
  - **Addressing Challenges:**
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

#### *Permanency Outcome 2 – Item 9: Preserving Connections*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 9 because 74% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 9 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 90.2% of 41 applicable cases. This represents a 21.9% improvement over 2015 CFSR3 results.
- Item 9 Adjusted PIP Goal: NONE ESTABLISHED
- Item 9 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 95.2% – though not a PIP item, performance represents a 5.5% improvement over baseline—and evidences a solid area of strength.
- Item 9 ongoing CQI Review (Oct-2022 – Mar-2023): 80.0% – This represents an 8.1% improvement over the 2015 CFSR3 results.
  - Performance in this area was impacted due to the frequency in which children were placed outside of their home communities and difficulty maintaining connections with extended family members and siblings not in foster care placements (e.g., adopted, in guardianship and adult siblings).
  - **Addressing Challenges:**
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child’s placement, identify and plan for the child’s needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child’s best interests.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

#### *Permanency Outcome 2 – Item 10: Relative Placement*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 10 because 71% of the 38 applicable cases were rated as a Strength. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 10 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 85.4% of 41 applicable cases. This represents a 20.3% improvement over 2015 CFSR3 results.
- Item 10 Adjusted PIP Goal: NONE ESTABLISHED

- Item 10 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 94.9% – though not a PIP item, performance represents a 10.9% improvement over baseline—nearing a solid strength.
- Item 10 ongoing CQI Review (Oct-2022 – Mar-2023): 81.8% – This represents a 15.2% improvement over 2015 CFSR3 results.
  - Current or most recent placement with a relative was stable and appropriate to the child's needs in 100% for the 20 applicable cases.
  - **Addressing Challenges:**
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
    - DCF has developed and is working to implement a new Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system. As part of the new policy, specific kinship workers will be assigned for all kinship resources to offer relative placements education and support through the foster care process.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

#### *Permanency Outcome 2 – Item 11: Relationship of Child with Parents*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 11 because 64% of the 28 applicable cases were rated as a Strength. In 68% of the 28 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 60% of the 10 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 11 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 63.2% of 38 applicable cases. This represents a 1.3% decrease in performance relative to 2015 CFSR3 results. The Department is working to promote, support, and/or maintain

positive relationships between children in foster care and their parents/primary caregivers.

- Item 11 Adjusted PIP Goal: NONE ESTABLISHED
- Item 11 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 66.7% – though not a PIP item, performance represents a 5.5% improvement over baseline.
- Item 11 ongoing CQI Review (Oct-2022 – Mar-2023): 48.4% – performance was directly impacted by the COVID-19 pandemic.
  - Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and mothers in 53.6% of 28 applicable cases, and between children and fathers in 47.1% of 17 applicable cases.
  - Performance in this area was impacted due to COVID-19 protocols limiting parents' participation for in-person medical appointments; lack of transportation for parents to attend activities and appointments; difficulty engaging fathers; and parents not being invited to attend/participate in meetings or contact providers.
  - **Addressing Challenges:**
    - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

### **DCF Reforms on Foster Care, Placement Stability and Permanency for Children**

Recognizing the need to address placement stability and permanency for children, the Department has targeted reforms in six key areas to support children and foster families involved with DCF:

- Revising DCF's foster care policy and practice;
- Continuing to increase and retain the number of quality foster homes;
- Increasing support for and communication with foster parents;
- Expanding short term child care for children and youth;
- Modernizing DCF Information Technology systems to ensure social workers have real time information; and
- Strengthening behavioral health access and in-home supports.

### **WELL-BEING OUTCOMES:**

A child and family's well-being is directly related to their safety and permanency, and encompasses a range of other factors that contribute to quality of life. The Department is

committed to the well-being of the children and families it serves. As such, DCF has been focusing attention on assisting families in the identification and development of the skills, connections and self-identity that contribute to a positive sense of personal worth.

Well-being for individuals begins with a strong self-identity, a purpose in life and emotional connections. A family's well-being is reflected in the ability to function as a unit in the home and community in a manner that keeps family members healthy and safe with opportunities for education and economic growth. Family well-being is enhanced through the ability to function independently; without the support of an external structured/formal system. Like family well-being, a child's well-being is reflected in the ability to function successfully in home, school and the community. A child's well-being is dependent upon physical health, mental/behavioral, social/emotional and educational needs being met. Every child and family deserve to experience a sense of well-being that includes the opportunity to grow and to develop a sense of mastery in their home, school and community.

The following approaches are the focus of the Department's efforts to improve the well-being of children and families:

- A trauma informed clinical practice model guides casework practice.
- Positive Youth Development approaches are integrated into casework practice.
- Domestic violence, substance abuse and mental health needs are assessed/addressed.
- Children receive needed medical and dental services.
- Access to appropriate educational services and achievement of educational/vocational goals are promoted.
- Parents and children are actively engaged in identification of strengths and needs and in action (service) planning.
- A child's relationship with his/her father is actively supported.
- The cultural identity of child and family is recognized and supported.

These approaches are reaffirmed in the Department's agency improvement leadership plan and through the implementation of priority activities integrated throughout casework practices.

## **WELL-BEING OUTCOME 1:**

### **Families Have Enhanced Capacity to Provide for Their Children's Needs**

In order to best serve children and their families, it is critical for child welfare agencies not only to assess the strengths and needs of children/parents and access services based on those assessments, but also to engage and empower the family to enhance capacity to ensure the safety, permanency and well-being of their children.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in 33% of the 40 foster care cases, 39% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

### *Well-Being Outcome 1 – Item 12: Needs and Services of Child, Parents, and Foster Parents*

Purpose of Assessment: To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 12 because 38% of the 65 cases were rated as a Strength. Item 12 was rated as Strength in 35% of the 40 foster care cases, 43% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.
- Item 12 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 38.6% of 70 applicable cases. This represents a 1.6% improvement over the 2015 CFSR3 results.
- Item 12 Adjusted PIP Goal: 43.8%
- Item 12 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 58.6% – PIP GOAL MET.
- Item 12 ongoing CQI Review (Oct-2022 – Mar-2023): 42.0% – This represents a 10.5% improvement over 2015 CFSR3 results.
  - Sub-Item 12A, Needs Assessment and Services to Children, was rated a Strength for 76.0% of 100 applicable cases.
    - Performance for foster care cases was higher (78.0% of 50 applicable cases) than for in-home cases (74.0% of 50 in-home applicable cases).
    - The primary factor impacting performance for this item was related to the lack of service provision to meet children's needs.
    - **Addressing Challenges:**
      - DCF is currently developing an updated Case Practice Policy with a goal of improving assessment and service provision to children.
  - Sub-Item 12B, Needs Assessment and Services to Parents, was rated a Strength for 39.1% of 156 applicable cases.
    - Performance for in-home cases (44.8% of 87 applicable cases) was higher than for foster care cases (31.9% of 69 applicable cases).
    - Performance was impacted by challenges in assessing and providing services to fathers. Concerted efforts to assess and address needs rated higher for mothers (56.5% of 85 applicable cases) than for fathers (43.7% of 71 applicable cases).
    - **Addressing Challenges:**
      - DCF is currently developing an updated Case Practice Policy with a goal of improving assessment and service provision to families.
      - DCF's employs other strategies to strengthen engagement of out of home parents, particularly fathers.



- The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
- The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
- Sub-Item 12C, Needs Assessment and Services to Foster Parents, was rated a Strength for 74.4% of 43 applicable cases.
  - Factors that impacted performance in this area included delays in service provision, inconsistent placement visits, and ensuring foster parents were aware of children's needs.
  - **Addressing Challenges:**
    - DCF is implementing a new Foster Care Policy (i.e., Family Resource Policy) to increase the ability to identify, license, train, support and manage the agency's foster care system.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

*Well-Being Outcome 1 – Item 13: Child and Family Involvement in Case Planning*

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 13 because 58% of the 62 applicable cases were rated as a Strength. Item 13 was rated as Strength in 68% of the 37 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 73% of the 41 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 72% of the 54 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 58% of the 33 applicable cases, the agency made concerted efforts to involve fathers in case planning. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 13 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 61.4% of 70 applicable cases. This represents a 5.9% improvement over the 2015 CFSR3 results.
- Item 13 Adjusted PIP Goal: 66.7%

- Item 13 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 71.4% – PIP GOAL MET.
- Item 13 ongoing CQI Review (Oct-2022 – Mar-2023): 45.9% – performance was directly impacted by the COVID-19 pandemic.
  - Item 13 was rated as a Strength in 50.0% of 48 applicable foster care cases and 42.0% of 50 applicable in-home cases.
    - In 72.9% of the 70 applicable cases, the agency made concerted efforts to involve child(ren) in case planning.
    - In 69.4% of the 85 applicable cases, the agency made concerted efforts to involve mothers in case planning.
    - In 47.1% of the 68 applicable cases, the agency made concerted efforts to involve fathers in case planning.
  - **Addressing Challenges:**
    - DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
      - The update highlighted the FAAP as a “living document” that should evolve and be updated as family circumstances change, rather than solely based on periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

*Well-Being Outcome 1 – Item 14: Caseworker Visits with Child*

Purpose of Assessment: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 14 because 74% of the 65 applicable cases were rated as a Strength. Item 14 was rated as Strength in 83% of the 40 foster care cases, 61% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 14 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 81.4% of 70 applicable cases. This represents a 10.0% improvement over the 2015 CFSR3 results.
- Item 14 Adjusted PIP Goal: 85.6%
- Item 14 PIP Review Quarters 6&7 Performance (Jul-Dec 2018): 90.0% – PIP GOAL MET.

- Item 14 ongoing CQI Review (Oct-2022 – Mar-2023): 80.0% – This represents an 8.1% improvement over 2015 CFSR3 results.
  - In 94.0% of the 100 applicable cases, the typical pattern (frequency) of visits with children was sufficient.
  - In 80.8% of the 99 applicable cases, the quality of the visits with children was sufficient.
    - Case reviews rated as a strength found consistent and quality visitation with children in both foster care (86.0% of 50 applicable cases) and in-home cases (74.0% of 50 applicable cases).
    - Case reviews rated as an ANI showed that performance was impacted due to challenges with visiting children consistently and meeting alone with children to discuss safety and case planning.
  - **Addressing Challenges:**
    - To improve performance in this area, DCF is currently in the process of developing an updated Case Practice Policy to improve assessment and service provision to families.
      - Clarifies that frequency of visits with children is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than “monthly.”
      - Emphasizes the quality of visits with children and provides guidance to strengthen practice, including recommended content to be covered by case workers. Additionally, supervisor roles are clarified that highlight the requirement to review case records and topics discussed in supervision with staff.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

#### *Well-Being Outcome 1 – Item 15: Caseworker Visits with Parents*

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 15 because 44% of the 54 applicable cases were rated as a Strength. Item 15 was rated as Strength in 45% of the 29 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 59% of the 54 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 47% of the 32 applicable cases, the

agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- Item 15 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 55.2% of 67 applicable cases. This represents a 25.5% improvement over the 2015 CFSR3 results.
- Item 15 Adjusted PIP Goal: 60.7%
- Item 15 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.7% – PIP GOAL MET.
- Item 15 ongoing CQI Review (Oct-2022 – Mar-2023): 43.8% – performance was directly impacted by the COVID-19 pandemic.
  - In 63.5% of the 85 applicable cases, both the frequency and quality of caseworker visitation with the mother were sufficient.
  - In 45.6% of the 68 applicable cases, both the frequency and quality of caseworker visitation with the father were sufficient.
    - Inconsistent or absent attempts to engage fathers was identified as a factor in 50% of the 68 applicable cases rated as an ANI.
    - Additional areas impacting agency performance were inconsistent visitation with parents at their place of residence and engagement/assessment of all household members.
  - **Addressing Challenges:**
    - DCF is developing an updated Case Practice Policy to improve assessment and service provision to families.
      - Clarifies that frequency of visits with parents is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than “monthly.”
      - Emphasizes the quality of visits with parents and provides guidance to strengthen practice, including recommended content to be covered. Additionally, supervisor roles are clarified that highlight the requirement to review case records and topics discussed in supervision with staff.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

## **WELL-BEING OUTCOME 2:**

### **Children Receive Appropriate Services to Meet Their Educational Needs**

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 90% of

42 applicable cases reviewed.

*Well-Being Outcome 2 – Item 16: Educational Needs of the Child*

Purpose of Assessment: To assess whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 16 because 90% of the 42 applicable cases were rated as a Strength. Item 16 was rated as Strength in 92% of the 36 applicable foster care cases, 80% of the 5 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 16 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 94.1% of 51 applicable cases. This represents a 4.6% improvement over 2015 CFSR3 results.
- Item 16 Adjusted PIP Goal: NONE ESTABLISHED
- Item 16 ongoing CQI Review (Oct-2022 – Mar-2023): 81.5% – performance was directly impacted by the COVID-19 pandemic.
  - DCF performed better at assessing and addressing children’s education needs in Foster Care cases than In-home cases.
    - The agency was found to have made concerted efforts to accurately assess children’s educational needs in 81.8% of the 44 applicable Foster Care cases and 80.0% of the 10 applicable In-home cases.
    - The agency was found to have made concerted efforts to address children’s educational needs through appropriate services 77.8% of the 36 applicable Foster Care cases and 77.8% of the 9 applicable In-home cases.
    - A common issue related to educational needs of children for In-home cases was school truancy after the return to school from remote/hybrid learning related to the pandemic. Of note, school truancy was chronic for all students—not just those students involved with the Department.
      - DCF’s ability to address truancy issues was impacted due to lengthy waitlists for community-based service providers and the limited overall availability of services due to the COVID-19 pandemic.
  - **Addressing Challenges:**
    - Performance is anticipated to improve as case/legal practice and educational services return to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Education is critical to a child’s healthy growth and development and sense of well-being. The Department’s efforts to ensure that children are receiving appropriate education services were

identified as an area of strength in the 2015 CFSR3 Report. An ongoing focus in this area continues to support children’s academic achievement. Recognizing that educational achievement is impacted by CPS involvement, the Department proactively works with teachers and school departments to ensure that children in its care or custody receive appropriate educational services and are making progress toward achievement of educational or vocational goals.

The Department tracks a number of education-related indicators:

- High School Four-Year & Five-Year Cohort Graduation Rates
- Massachusetts Comprehensive Assessment System (MCAS) Passage Rates
- Attendance Rates
- High School Equivalency Testing Program (HSE) Rates (formerly GRE)

#### *High School Four-Year & Five-Year Cohort Graduation Rates*

Massachusetts Department of Elementary & Secondary Education (ESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. The Department tracks these graduation rates for children in its custody utilizing the same methodology utilized by ESE.

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

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

<b>Chart W1.</b>	<b>DCF Target</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>4-Year Graduation Rate</b>	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%
<b>5-Year Graduation Rate</b>		53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	<i>aging</i>

Chart W1 shows that while the Four-Year Graduation Rates between academic years 2012 and 2021 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 16.2% of cohort students receiving acknowledgment for graduating in 2020. Of note, the Four-Year Graduation Rate increased by 12.7% between 2012 and 2021.

In 2020, the four-year graduation rate declined to 50.6%, reflecting the impact of the COVID-19 pandemic on academic achievement. The 2021 four-year graduation rate of 56.7% is equivalent to pre-pandemic rates.

#### *Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates*

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

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

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

<b>Chart W2.</b>	<b>DCF Target</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019**</b>
<b>^MCAS Competency Determination Rate</b>	≥ 40.0%	38.3%	36.0%	32.8%	37.7%	37.1%	45.1%	41.2%	33.0%
<b>ELA – proficient or higher</b>		63.7%	68.2%	58.7%	67.2%	66.8%	68.1%	64.3%	57.5%
<b>Mathematics – proficient or higher</b>		42.5%	43.0%	33.1%	40.3%	35.0%	42.7%	40.0%	34.3%
<b>*Science/Tech./Eng. – proficient or higher</b>		76.6%	78.9%	67.4%	74.7%	76.2%	81.5%	77.6%	71.2%

*^MCAS Competency Determination Rate: Denominator is now limited to children who have taken EACH of the 3 MCAS subtests.*

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

*\*\*MCAS was revamped for academic year 2019. The MCAS was not administered in 2020 due to the COVID-19 pandemic. MCAS competency determination rates were not final at time of APSR production.*

*Data Source: MA data exchange between DCF and ESE*

Breaking a multiyear trend of underperformance, Chart W2 shows that MCAS Competency Determination rates for children in the custody of DCF in academic years 2017 and 2018 were above DCF’s established target. Performance on the Science/Technology/Engineering tests consistently exceed that of English Language Arts and Mathematics. Of note, MCAS Competency Determination is challenged by the significantly lower performance on the mathematics test.

The MCAS ELA and Mathematics tests were revamped for academic year 2019. Indicative that the new tests are more rigorous than the prior tests, in 2019 fewer Massachusetts 10th-graders scored within the proficient or higher range. Chart W3 below compares Massachusetts student performance on MCAS ELA and Mathematics between 2018 and 2019:

<b>Chart W3.</b> <b>2018 MCAS vs. 2019 MCAS Performance</b>	<b>ALL Massachusetts 10<sup>th</sup>-Graders</b>	
	<b>Old MCAS 2018</b>	<b>New MCAS 2019</b>
<b>ELA – proficient or higher</b>	91%	61%
<b>Mathematics – proficient or higher</b>	78%	59%

As evidenced above in Chart W3, the statewide drop in performance was significantly greater for all Massachusetts students than the decrease observed for DCF students in Chart W2.

### **WELL-BEING OUTCOME 3:**

## **Children Receive Adequate Services to Meet Their Physical and Mental Health Needs**

While there is no singular measure that reflects a child or family's well-being, there are a number of indicators that provide insight into how effectively the Department promotes the wellness of children and families. One such indicator is access to medical and dental care. DCF has identified access to quality medical and dental care of children as opportunities for improvement. Efforts to increase the Department's performance on medical/dental care are directed to both improve the data collection to document children's medical/dental appointments and collaboration with community partners to improve access to medical and dental care for children in our care or custody.

- **Status CFSR3:** As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 67% of the 55 applicable cases reviewed. The outcome was substantially achieved in 68% of the 40 applicable foster care cases, 64% of the applicable 14 in-home services cases, and 100% of the applicable 1 in-home services alternative/differential response case.

### *Well-Being Outcome 3 – Item 17: Physical Health of the Child*

**Purpose of Assessment:** To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 17 because 85% of the 47 applicable cases were rated as a Strength. Item 17 was rated as Strength in 85% of the 40 foster care cases, 83% of the 6 applicable in-home services cases, and 100% of the 1 in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- **Item 17 PIP Baseline Performance (Jul-Dec 2017):** A Strength rating was evidenced for 84.9% of 53 applicable cases. This represents a 0.1% decrease in performance relative to 2015 CFSR3 results. The Department is working to address the physical health/dental needs of the children in its care.
- **Item 17 Adjusted PIP Goal:** NONE ESTABLISHED
- **Item 17 PIP Review Quarters 3&4 Performance (Jul-Dec 2018):** 91.1% – though not a PIP item, performance represents a 7.3% improvement over baseline.
- **Item 17 ongoing CQI Review (Oct-2022 – Mar-2023):** 72.2% – performance was directly impacted by the COVID-19 pandemic.
  - The primary areas needing improvement for this item were related to the oversight of prescription medication and ensuring appropriate dental health needs were provided.
  - DCF's ability to assess and ensure needed dental services were provided was hindered due to dental service providers closing or limiting patient access related to the pandemic.



- **Addressing Challenges:**
  - In August 2022, DCF created Medication Administration Program (MAP) Director and Coordinator positions to support the oversight of prescription medication for children in DCF placement.
  - Performance is anticipated to improve as case/legal/health practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

*Well-Being Outcome 3 – Item 18: Mental/Behavioral Health of the Child*

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 18 because 62% of the 37 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 62% of the 26 applicable foster care cases, 60% of the 10 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- Item 18 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 69.0% of 42 applicable cases. This represents an 11.3% improvement over 2015 CFSR3 results.
- Item 18 Adjusted PIP Goal: NONE ESTABLISHED
- Item 18 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 80.0% – though not a PIP item, performance represents a 15.9% improvement over baseline.
- Item 18 ongoing CQI Review (Oct-2022 – Mar-2023): 52.0% – performance was directly impacted by the COVID-19 pandemic.
  - DCF had more success in assessing the mental/behavioral needs of children (82.0% of 50 applicable cases) than providing appropriate services (57.1% of 49 applicable cases) for both Foster Care and In-home cases.
  - The most common issue related to DCF’s ability to provide appropriate mental/behavioral health services was due to lengthy waitlists for community-based service providers and limited availability of services due to the COVID-19 pandemic.
  - **Addressing Challenges:**
    - Specialty Units – e.g., Domestic Violence, Mental Health, Substance Abuse, Disability
    - Advocacy and Collaboration with sister agencies – e.g., Department of Mental Health, Family Resource Centers, MassHealth Children’s Behavioral Health Initiative (CBHI)
    - Massachusetts Behavioral Health Roadmap – expected to improve access to mental health counseling and substance use screening and treatment
    - Support & Stabilization RFR- anticipated in the summer of 2023

- Performance is anticipated to improve as case/legal practice and access to mental/behavioral health services return to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

## **SYSTEMIC FACTORS:**

### *Systemic Factor Item 19: Statewide Information System*

Description of Systemic Factor Item: The statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor was rated as a Strength.
- The Department's CFSR4 Statewide Assessment will assess current performance.

DCF has operated a statewide case management system, known as FamilyNet, since February 1998. FamilyNet is the system of record for DCF and maintains demographic data for all persons receiving services from DCF. It also retains a history of addresses for both children and adults involved with the agency and maintain a placement history for all children in out-of- home placement. FamilyNet includes referrals for all paid services and interfaces with the Office of the State Comptroller through the MMARS system to initiate payment for most services and to track receivables and collections in the event an overpayment occurs.

FamilyNet was extended to the Internet in 2006 to support collaboration between DCF, hospitals and placement services providers to help move children out of hospital settings when a less intensive treatment setting is appropriate. Since 2006, DCF has continued to move FamilyNet functionality to the web-based application i-FamilyNet. In July 2014, DCF rolled out over 2,000 4G enabled iPads with access to i-FamilyNet. Between FFY 2020 and FFY 2021, DCF rolled out 4G enabled Surface Pro devices to all Department social workers, supervisors and their managers. These Surface Pro devices permit DCF staff to view and update information in i-FamilyNet from anywhere with a cellular or secured Wi-Fi signal.

Data necessary to ensure compliance with DCF policies and document trends are available to DCF staff through on-line queries, batch and warehouse reports. On-line queries are available in FamilyNet and i-FamilyNet and provide information used to assign cases, obtain a list of scheduled activities, view the summary of a court appearance, print case narratives, etc. Batch reports run on a schedule, are generally less widely available and are distributed to managers and administrative staff. System edits in FamilyNet and i-FamilyNet ensures demographic information for consumers and family resource providers is data entered at junctures when the information should be known (i.e., at the completion of Family Assessment and Action Plans, and during Family Resource licensing).

DCF is currently in the process of making batch reports more accessible. In July 2014, DCF

implemented a user dashboard available to caseworkers and supervisors in i-FamilyNet. This report provides aggregate counts of the consumer children and adults assigned to a caseworker by the length of time since the last recorded in-person contact. Caseworkers and supervisors can download a list of assigned consumers including the last in-person contact date using their pc, iPad, or Surface Pro. A dashboard using nightly batch reports to provide managers with a dynamic view of progress toward documentation of in-person consumer contacts for the current month and current worker caseloads were rolled-out in late Fall 2014.

All batch reports and batch letters are being migrated to a Jasper server as part of a data analytics initiative. Instead of downloading and printing or transforming reports to Microsoft Excel and/or receiving Excel files as email attachments, batch reports will be accessed from a central repository based on user security roles. This migration is being used as an opportunity to enhance existing reports, cull reports no longer in use, and ensure reports are easily available in the format most appropriate to the report purpose.

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

The project resulted in the development of a public facing DCF Dashboard which summarizes child welfare administrative data (e.g., intake, response, case and consumer counts). The web-based dashboard is end-user filterable along multiple attributes (e.g., date range, region/area, case type, permanency goals, placement location, time in placement, age and SOGI). Rollout is anticipated summer 2023. Additional public facing and internal dashboards will be developed in 2023 –2024.

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

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

to support DCF's evolving needs.

Data regarding paid placements is generally highly reliable as payment is predicated upon the placement being accurately recorded. Completion of Intakes, Responses, and Family Assessment and Action Plans are closely monitored. Data regarding unpaid placements are less accurate. Nonetheless, Mental Health Specialists are closely monitoring the entry of psychiatric hospitalizations. Areas needing improvement include:

- Documentation of race/ethnicity.
- Documentation of SOGI.
- Documentation of diagnosed health conditions.
- Timely activation of guardianship and adoption subsidies.
- Data entry of legal status end-dates when custody is returned to parents or guardians.

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

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

#### *Systemic Factor: Case Review System – Items 20-24*

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Case Review System. One of the 5 items in this systemic factor was rated as a Strength. **[see Case Review System section of 2020-2024 CFSP for additional details]**

#### *Systemic Factor: Case Review System – Item 20: Written Case Plan*

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described the state's policies for case plan development and provided data on service plan completion. In interviews, stakeholders reported that joint development of the case plan with parents is inconsistent and that plans are often developed without input from the parents and presented to them.
- The Department's CFSR4 Statewide Assessment will assess current performance.

The Department has implemented a new Family Assessment and Action Planning policy which

promotes/supports the development of a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Fidelity metrics have been developed to assess performance.

*Systemic Factor: Case Review System – Item 21: Periodic Reviews*

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

- Status CFSR3: The Department received an overall rating of Strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during stakeholder interviews indicated that periodic reviews occur largely on time and as required. Delays may occur on occasion to accommodate parents or, in a limited number of geographic areas, as a result of significant increases in the foster care population. While recognized as a strength, the Department is working on SACWIS improvements, which will support periodic review for each child in care.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Case Review System – Item 22: Permanency Hearings*

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 22 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on the requirements for permanency hearings and the process for monitoring timeliness. Data from the statewide assessment and confirmed during stakeholder interviews indicated that permanency hearings were not held timely in many cases.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Case Review System – Item 23: Termination of Parental Rights*

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided data focused on the scheduling of termination of parental rights hearings and resolving issues related to scheduling of these hearings. During the onsite review, results indicated that for one-third of the children who

had been in care for 15 of the most recent 22 months, the required provisions for filing of termination of parental rights or documentation of a compelling reason had not occurred. Although stakeholders largely believed that filing was occurring timely, case review information collected during the CFSR review did not support this. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Case Review System – Item 24: Notice of Hearings and Reviews to Caregivers*

Description of Systemic Factor Item: The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department described challenges in ensuring that caregivers of children in foster care are notified of and have a right to be heard in any review or hearing. Stakeholders reported that caregivers are typically notified of and invited to attend reviews and hearings by caseworkers or by written notice. Under Massachusetts' law, caregivers are not considered a party to the case and as a result, each court treats caregivers differently, varying in involvement with some caregivers sworn in to provide testimony; other times caregivers are not considered for input.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor Item 25: Quality Assurance System*

Description of Systemic Factor Item: The quality assurance system is functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 25 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described several components of the state's continuous quality improvement (CQI) system but was unable to demonstrate the integration of these components. The state's past qualitative reviews were ad hoc in nature and did not provide the state with information about the quality of its services and the strengths and needs of its service delivery system. Stakeholders confirmed that a functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place.
- The Department's CFSR4 Statewide Assessment will assess current performance.

The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance. Toward this end, the Department has established a formal quality assurance system

which is functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures. **[see Quality Assurance System section of 2020-2024 CFSP for additional details]**

*Systemic Factor: Staff and Provider Training – Items 26-28*

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor was rated as a Strength.

*Systemic Factor: Staff and Provider Training – Item 26: Initial Staff Training*

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on initial staff training for new workers including classroom-based, on-the-job, and in-service trainings, and the state's Web-based learning management system. During interviews, stakeholders were concerned that the training did not prepare staff to perform their job functions and that the state lacked methods to evaluate the effectiveness of this training. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Staff and Provider Training – Item 27: Ongoing Staff Training*

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with stakeholders indicated that the state requires 30 hours of ongoing training annually; however, the state does not have training requirements for supervisors. The state offers professional development to supervisors, and in-house and topically based training to all workers. Stakeholders reported concerns with tracking staff participation in and completion of ongoing training as well as with the evaluation of ongoing training.

- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Staff and Provider Training – Item 28: Foster and Adoptive Parent Training*

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with stakeholders indicated that foster and adoptive parents complete initial and ongoing training, and that training is effective in providing them with the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. However, the state did not provide information to demonstrate whether staff of childcare institutions receives training that effectively prepares them to carry out their duties.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Service Array and Resource Development – Items 29-30*

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as a Strength.

*Systemic Factor: Service Array and Resource Development – Item 29: Array of Services*

Description of Systemic Factor Item: The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained through interviews with stakeholders indicated that there are significant waiting lists for many services, and some services are unavailable in the more rural areas of the state or in the suburbs. In particular, stakeholders identified significant gaps for children and families, which include access to transportation services, independent living housing for older youth, and services for cognitively impaired parents. Stakeholders also identified long wait lists for intensive foster care homes and MassHealth/private insurance funded services (e.g., child psychological evaluation and treatment, substance abuse treatment services, and trauma-



informed services). The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- The Department's CFSR4 Statewide Assessment will assess current performance.

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

An RFI for the Department's re-procurement of Support and Stabilization services was posted in October 2021. A Procurement Management Team, which included representation from all five of the Department's Regions, developed an updated framework for support and stabilization services and created a Support & Stabilization request for responses (RFR). After the Executive Office of Health and Human Services (EOHHS) develops rates for the new set of services, the Department will post the RFR, evaluate responses, and award contracts to selected providers. The new Support & Stabilization RFR will include requests for bids for the evidence-based practices included in the Department's Title IV-E Prevention Plan, which was approved in December 2022.

#### *Systemic Factor: Service Array and Resource Development – Item 30: Individualizing Services*

Description of Systemic Factor Item: The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, the Department described the agency's ability to purchase services that could be individualized for the child and family. During interviews, stakeholders clarified that practice is inconsistent and depends on the caseworker's level of involvement in crafting such services. Stakeholders also asserted that individualization is difficult for persons who are non-English speaking or those with cognitive disabilities. The congregate care and support and stabilization services procurement will serve as a means of addressing this ANI.
- The Department's CFSR4 Statewide Assessment will assess current performance.

#### *Systemic Factor: Agency Responsiveness to the Community – Item 31-32*

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One item in this systemic factor was rated as a Strength.

*Systemic Factor: Agency Responsiveness to the Community – Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR*

Description of Systemic Factor Item: The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public/private child and family serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual CFSP-APSR updates.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during interviews with some stakeholders described the ongoing engagement and consultation with a wide variety of internal and external stakeholders and Tribes. However, the state did not demonstrate how information was considered in developing the CFSP, and other stakeholders described challenges in ongoing and routine engagement of attorneys for parents, Tribes, and law enforcement.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Agency Responsiveness to the Community – Item 32: Coordination of CFSP Services With Other Federal Programs*

Description of Systemic Factor Item: The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family- serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Strength for Item 32 based on information from the statewide assessment. In the statewide assessment, the Department described how the state coordinated federally funded services and collaborated with other agencies receiving federal funds/grants. The state presented examples of how these collaborations were supporting children and families.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36*

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. None of the four items in this systemic factor was rated as a Strength.

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

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

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 33 based on information from the statewide assessment. In the statewide assessment, the Department described the state policies and processes for applying licensing standards at initial licensing and at reevaluation. Stakeholders reported that there were inconsistencies in how the standards are applied, particularly in the use of waivers for unrestricted family homes.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 34: Requirements for Criminal Background Checks*

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 34 based on information from the statewide assessment. Information in the statewide assessment and collected during interviews with stakeholders provided information on the state's policy requiring foster and adoptive parents to complete criminal background checks prior to licensing. However, no data or information in the statewide assessment or obtained from stakeholders during interviews demonstrated that the policy was being implemented consistently statewide. The state was unable to provide data or information concerning provisions for addressing the safety of foster care and adoptive placements for children.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 35: Diligent Recruitment of Foster and Adoptive Homes*

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment. In the statewide assessment, Massachusetts described general recruitment efforts including the quarterly comparison of the race and ethnicity of resource caregivers with the population of children in need of care. The state did not provide data or information in the

statewide assessment to demonstrate that the state's approach to diligent recruitment was adjusted based on data or that there was a functioning statewide recruitment plan. Stakeholders were also unable to provide this data or information. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve performance.

- The Department's CFSR4 Statewide Assessment will assess current performance.

*Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements*

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

- Status CFSR3: As evidenced in the 2015 CFSR3, the Department received an overall rating of Area Needing Improvement for Item 36 based on information from the statewide assessment. In the statewide assessment, Massachusetts described its partnership with the Massachusetts Adoption Resource Exchange and its ability to access nationwide pre-adoptive resources through AdoptUSKids. Data in the statewide assessment documented that although timeliness has improved, a sizeable number of home studies requested by other states in order to place a child in a Massachusetts home are delayed beyond 60 days. Stakeholder interviews confirmed this information and reported that little information is available on the effectiveness of the state's use of cross-jurisdictional placements.
- The Department's CFSR4 Statewide Assessment will assess current performance.

## **CASE REVIEW SYSTEM**

### **Written Case Plan**

Description of Systemic Factor Item 20: The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 20 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described the state's policies for case plan development and provided data on service plan completion. In interviews, stakeholders reported that joint development of the case plan with parents is inconsistent, and that plans are often developed without input from the parents and presented to them.
- The Department's CFSR4 Statewide Assessment will assess current performance.

The Department has implemented a new Family Assessment and Action Planning which promotes/ supports the development of a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Fidelity metrics have been developed to assess performance.

The Department's Family Assessment and Action Planning policy prioritizes child safety and centers on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

1. Determining whether the Department must remain involved with the family to safeguard child safety and well-being; and
2. For families who must stay involved, jointly developing a plan to support the family in strengthening their capacity to meet the safety, permanency and well-being needs of each child.

Family Assessment and Action Planning is:

- Integrated by identifying and addressing assessed areas of concern for the parent's capacity to meet the safety, permanency and well-being needs of the child; and
- Dynamic in that the gathering and analyzing information from multiple sources, and subsequently addressing changing needs, is a process throughout the life of a case, not a one-time event.

### Values and Principles

Family Assessment and Action Planning at the Department is conducted in a manner that aligns with case practice and furthers the Department's Core Values:

- ***Child and Youth-Driven:*** A child's right to safety and their experiences and perspectives must be recognized and understood.
- ***Family-Centered:*** Family members are partners in assessing strengths and needs, and in planning to address child safety.
- ***Community-Focused:*** Families have the ability, with support, to overcome adverse life circumstances.
- ***Committed to Cultural Diversity/Cultural Responsiveness:*** Families are diverse and have the right to be respected for their cultural practices, norms, attitudes and beliefs.
- ***Committed to Continuous Learning:*** Changes in the shared, progressive understanding of a family's circumstances, needs and strengths are revealed and recognized over time.

The Department's Family Assessment and Action Planning identifies and engages all family members who have a role to play in the child(ren)'s safety, permanency and well-being, including all parents/guardians, individuals residing in the home (kin and other), children in Department placement, minor siblings residing out of the home and/or others identified by the family as important to them. When the Family Assessment and Action Planning involves a young adult who is sustaining connection or re-engaging with the Department after leaving care or custody at age 18, the young adult is the focus, and other family members are involved only when the young adult agrees.

Collaterals such as kin, service providers, educators and other resources are also likely to be involved. Assessment of adults who reside in the home or in the home of any non-resident parent/guardian/parent substitute is important because of the likelihood that they may assume a

caregiver role, however briefly or informally, or otherwise be crucial to child safety, well-being or permanency.

### Family Assessment Scope

Family Assessment is the Department's family –focused, participatory process of gathering information about the family's history, functioning, strengths and needs and about how well the safety, permanency and well-being needs are being met for the child. The Family Assessment includes the following:

- **Family Profile and Functioning** focuses on understanding how caregiver/family history and current functioning is related to the reason(s) for the current involvement with the Department. Consideration is given to the family's personal history, any past involvement with the Department or another state's child welfare agency, if known, and supports (both formal and informal) that may be in place to address the child's needs for safety, permanency and well-being.
- **Parental Capacities** focuses on understanding the caregiver's capacity to provide for each child's safety, permanency and well-being and is used to identify the focus areas for interventions and supports. The protective factors that will be addressed include:
  - knowledge of parenting and child development;
  - building social and emotional competence of children (nurturing and attachment);
  - parental resilience;
  - social connections; and
  - access to/utilization of concrete support in times of need.
- **Child Safety, Permanency and Well-being** focuses on a brief profile of each child, their role in the family, their unique strength and needs and a summary of their permanency plan. The factors to be assessed include:
  - safety;
  - health and development;
  - cognitive and academic functioning; and
  - social and emotional functioning.
- **Clinical Formulation** succinctly summarizes the Family Profile and Functioning, the Parental Capacities and the Safety, Permanency and Well-being of each child. In the clinical formulation, the Social Worker states whether continued Department involvement is being recommended or not and the reason(s) for this recommendation; and identifies the priority areas of focus for the Action Plan to enable the family to provide for the safety, permanency and well-being of each child.

### Permanency Plans

The Family Assessment and Action Plan must identify each child's permanency plan. The Department first seeks to achieve:

- **Permanency through Stabilization of Family:** The purpose is to strengthen, support and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this

permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less, or when longer placement is required due to the child's own developmental, medical or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.

- **Permanency through Reunification of Family:** The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child's educational, physical/mental health and social activities.

The Department establishes one of the following alternative plans for achieving permanency when, despite efforts to stabilize or reunify the family over a period of time, the assessed problems or needs have not been alleviated and have resulted in continued or increased risk of abuse and/or neglect to the child(ren) in the family. The end result of the following permanency plans is to provide the child with the safest, most nurturing long-term/permanent living arrangement possible.

- **Permanency through Adoption:** The purpose is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. The permanency plan of adoption does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in the children's lives.
- **Permanency through Guardianship:** The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
- **Permanency through Care with Kin:** The purpose is to provide the child with a committed, nurturing and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties. The kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child's safety, permanency and well-being, until such time as the kin receives a permanent custody or other final custody order.
- **Permanency through Another Planned Permanent Living Arrangement:** The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support the youth's development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanence. The Department will continue to provide services

and support the youth's safety, permanency and well-being.

In all cases, the Department makes reasonable efforts to engage in concurrent planning with a family so that the child may achieve permanency through adoption, guardianship or care with kin if stabilization of or reunification with family is determined not to be a viable option.

### Action Plan Scope

Based on the information contained in the Family Assessment and the permanency plan for each child, the Action Plan specifies, at a minimum:

- the time period of the plan (usually 6 months);
- area(s) of focus based on the findings of the Department's Family Assessment of parental capacity and child safety, permanency and well-being that indicate why continued Department involvement is needed;
- for each priority area of focus, the observable changes that are needed to maintain child safety and to achieve the jointly identified goals in the Action Plan; and
- the actions/tasks/services/supports identified to address the observable changes for each open consumer and any other identified participant(s) in the Action Plan (e.g., substitute care provider, foster parent, kin collateral, etc.), including the Department.

The Action Plan may also include information and actions/tasks for substitute care and other providers.

When the child is in placement, the Action Plan includes the visitation plan and supplemental placement-related information such as: an explanation of why the child came into placement and the circumstances of the removal; whether siblings are placed together and if not why not, and specifics of the sibling visitation schedule (when relevant); whether the placement is with kin, or if not, and what efforts were made to locate kin, including to whom written notification was sent; the plan for visitation with grandparent(s) and/or other kin (when relevant); whether the school-age child will remain in the school of origin and what options have been considered with the Local Education Agency (LEA) to determine and support the child's educational best interest; specific details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health and education information).

### Approval and Signatures

The Action Plan must be signed and dated by the Social Worker and approved by the Supervisor and presented to at least one parent/parent substitute and any youth age 14 or older, or to the young adult who has sustained connection or re-engaged with the Department, for their review and signature. If the child is in out of home placement, the substitute caregiver also signs the Action Plan. When changes are made to the Action Plan during a meeting with the family, the electronic case record version is changed to conform.

### Time Frames and Updating



Completion of the Family Assessment and Action Plan is done within 60 working days after the Department assigns the case for Family Assessment and Action Planning

Updates: The Action Plan will be updated, at a minimum, every 6 months. The Family Assessment will be reviewed, as part of the update to the Action Plan, and, as needed, updated to reflect progress made by the family since the last assessment/update and/or any significant changes in family circumstances that affect child safety.

The Family Assessment and Action Plan must also be updated when the following significant events occur in a family:

- birth/death of a child;
- new household member/caregiver;
- family becomes homeless; and/or
- loss of a caregiver to death, divorce or incarceration.

The Social Worker, in consultation with the Supervisor, may also determine that it is necessary to update the Family Assessment and/or Action Plan prior to the regularly scheduled 6 month update in response to recommendations from any formal reviews (e.g., 6 Week Placement Review, Foster Care Review, a court permanency hearing, Permanency Planning Conference) or when there are other significant changes that affect child safety.

## **Periodic Review**

Description of Systemic Factor Item 21: The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

- Status CFSR3: The Department received an overall rating of Strength for Item 21 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed during stakeholder interviews indicated that periodic reviews occur largely on time and as required. Delays may occur on occasion to accommodate parents or, in a limited number of geographic areas, as a result of significant increases in the foster care population. While recognized as a strength, the Department is working on SACWIS improvements, which will support periodic review for each child in care.
- The Department's CFSR4 Statewide Assessment will assess current performance.

Federal and state laws require that the Department operate a system of Foster Care Review (FCR) dedicated to engaging key participants in a timely and periodic review of all cases involving children, youth, and young adults in out-of-home care. The purpose of Foster Care Review is to assess the progress being made to address the reason(s) for the Department's involvement with the family and to examine and make recommendations regarding efforts to safely achieve permanency for the child, youth or young adult. It complements the oversight role of the judiciary in individual cases.

Pursuant to MGL c. 18B, §6A, Foster Care Reviews are conducted by the Foster Care Review Unit (FCRU), a distinct and independent unit within the Department that operates outside of DCF's day-to-day delivery of casework services. The FCRU is dedicated to quality oversight of the Department's case decisions. It contributes aggregate data and information that is needed to support the Department's Continuous Quality Improvement (CQI) efforts.

It is the policy of the Department that all cases involving children, youth, and young adults in out-of-home placement are reviewed no less frequently than once every six months. The Foster Care Review Unit is responsible for conducting a Foster Care Review for a family when at least one child, youth, or young adult in the family under the age of 22 is in placement. A child, youth, or young adult is in placement when they are in Department custody through a court order, a Voluntary Placement Agreement (VPA), or a Child Requiring Assistance (CRA), and are living outside the home of their parent(s) or guardian(s).

The initial Foster Care Review is scheduled to occur by the sixth calendar month after the date the first child, youth, or young adult in the family enters placement. Subsequent Foster Care Reviews are scheduled every six months from the initial Foster Care Review date, as long as a child, youth, or young adult up to age 22 remains in placement.

The Foster Care Review is conducted by a three-person panel whose members must not carry responsibility for case management, oversight or service delivery for the case under review. The panel consists of:

- Member of the Foster Care Review Unit (i.e., case reviewer) who convenes the meeting
- Second party reviewer, who is a manager or supervisor from the Area Office that is not the manager or supervisor assigned to the case under review
- Volunteer case reviewer, a citizen who has been recruited and trained by the Foster Care Review Unit
  - Volunteer case reviewers are recruited to represent, to the maximum extent feasible, the various socio-economic, racial and ethnic groups of the community served by the Department

To promote the inclusion of a variety of perspectives, the following parties are included in the Foster Care Review and provided with sufficient notice of the review date:

- Parent(s)/guardian(s), including putative or unwed father(s)
- Youth 14 years of age and older, and young adults
- Foster parent(s) and group care provider(s)
- Children, youth, and young adults' attorney(s)
- Parents' attorney(s)
- Social worker(s) and supervisor(s) assigned to the family
- DCF attorney(s)
- Family resource, adoption, and adolescent outreach social worker(s), as assigned

In March 2019, DCF updated the Department's Foster Care Review Policy to emphasize that permanency planning must occur at every review, clarify the roles of DCF social workers and attorneys in preparing parents for Foster Care Review, and establish a process for attorneys to

transmit documents to DCF ten days before the review.

In conjunction with the updated policy, DCF discontinued its paper-based system and implemented an automated system for scheduling reviews and documenting findings and recommendations. Other technology upgrades include immediate access to interpreters by telephone and WebEx accounts for conferencing parties unable to attend in person.

### Information Technology Enhancements

The Department's FCRU worked with the EHS/DCF Information Technology (IT) unit to develop an FCRU module, results, and reporting structure within i-FamilyNet. This IT solution includes an automated system for scheduling case reviews. The FCRU Volunteer Case Reviewer program website—located within mass.gov—was revised in July 2018, to include an automated DocuSign volunteer application. Leveraging current technology, active ongoing recruitment efforts for volunteer case reviewers was expanded to include social media outlets.

With the implementation of the revised FCR policy in January of 2019, case reviewers began utilizing the new FCRU module. This module provides structured process and outcome data for tracking FCR Determinations, as well as other key FCR measures (e.g., invitee/attendee rates, panel member attendance rates). Fidelity metrics were developed to assess fidelity to the revised FCR policy. These reports are utilized to identify strengths and areas needing improvement in case practice, as well as the FCRU process and practice. The revised FCR policy includes clear and collaborative responsibility to ensure key participants are invited to case reviews. The new automated scheduling system provides more-timely notification to prospective invitees and supports greater attendance and participation by key participants.

<b>Chart F1. Foster Care Review</b>	<b>SFY2020</b>	<b>SFY2021</b>	<b>SFY2022</b>
Unique Children/Youth/Young Adults in Placement at Any Time <sup>(1)</sup>	15,584	14,781	14,424
Unique Children/Youth/Young Adults with a Convened FCR <sup>(2)</sup>	12,864	12,068	11,829
<b>Total Foster Care Review Meetings Convened</b>	<b>12,420</b>	<b>12,329</b>	<b>10,561</b>

*(1) Unduplicated count of children/youth/young adults in placement for at minimum one day during the fiscal year. While FCRs are scheduled every six months of placement, children/youth/young adults may exit placement prior to the triggering of their first or subsequent FCRs.*

*(2) While a child/youth/young adult may be reviewed two or more times during a twelve-month period, Table 4 presents an unduplicated count of reviewed children/youth/young adults.*

In response to the COVID-19 pandemic, the FCRU pivoted to convening FCRs through videoconference technology. Consequently, family, youth, substitute care provider, and legal participation increased significantly.

### **Permanency Hearings**

Description of Systemic Factor Item 22: The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for

Item 22 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided information on the requirements for permanency hearings and the process for monitoring timeliness. Data from the statewide assessment and confirmed during stakeholder interviews indicated that permanency hearings were not held timely in many cases.

- The Department's CFSR4 Statewide Assessment will assess current performance.

***DCF's Policy #2013-01, Permanency Planning*** establishes the required processes and procedures to ensure that permanency hearings are held in a timely way that is consistent with federal requirements and state laws. Further, the Permanency Planning Policy embeds the Permanency Hearings within a broader system of regular and ongoing reviews of the status of children in out-of-home placement.

Pursuant to DCF's Permanency Planning Policy, **Permanency Hearings** are conducted in court:

- within and no later than 12 months after court grants Department custody, child enters placement or VPA signed—whichever occurs first (or within 60 calendar days after court extends a VPA);
- every 12 months thereafter as long as child remains: (1) in placement, including young adults over 18; or (2) in Department custody even if at home for less than 6 months;
- at same time as, or within 30 calendar days after, a judicial determination that reasonable efforts to reunify family are not required.

DCF has its own monitoring system to determine when permanency hearings are due for each child in DCF custody. Through the use of FamilyNet data, DCF runs a monthly report of all children in placement, with key information, that provides a monitoring mechanism to assist with the timely scheduling of permanency hearings on an annual basis. The report is provided to the DCF legal managers in each region to utilize in comparing against lists and notices received from the court. The DCF legal and clinical staff has established procedures to obtain and file the permanency hearing reports.

## **Termination of Parental Rights**

Description of Systemic Factor Item 23: The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department provided data focused on the scheduling of termination of parental rights hearings and resolving issues related to scheduling of these hearings. During the onsite review, results indicated that for one-third of the children who had been in care for 15 of the most recent 22 months, the required provisions for filing of termination of parental rights or documentation of a compelling reason had not occurred. Although stakeholders largely believed that filing was occurring timely, case review information collected during the CFSR review did not support this. The MA CFSR3 PIP includes targeted strategies and activities, which are anticipated to improve

performance.

- The Department's CFSR4 Statewide Assessment will assess current performance.

Massachusetts' general laws as well as DCF's Policy #2013-01, Permanency Planning, established the requirement for proceeding with a termination of parent rights (TPR) when a child has been in foster care 15 of the last 22 months unless an exception applies. In addition, the trial courts have established time standards so a child welfare case will be resolved between 12 and 15 months after filing. Those time standards are monitored by the administrative office of the Juvenile Court or Probate and Family Court as well as the Administrative Office of the Trial Court.

Permanency Planning Conferences or PPCs are the primary vehicle DCF uses for reviewing clinical and legal issues related to permanency decision-making. Generally convened by the Area Office Director, PPCs are required:

- as soon as determined that prognosis for reunification is poor;
- within first 9 months following date of placement;
- if 9 month PPC outcome was not to initiate TPR and child remains in placement 15 of previous 22 months;
- to change a child's permanency plan;
- within 20 working days after FCR determination that includes recommendation that child's permanency plan be changed; or
- within 5 working days after a court determines reasonable efforts are not required.

Participants required to attend the PPC include: child and family's SWs and Supervisors, Area Adoption Supervisor, FRW or FR Supervisor and Department Attorney and/or Legal Manager. PPCs address:

- Family's situation and status
- Barriers to reunification
- Family's participation in service planning/case review
- Child-specific issues
- Placement considerations and other resource issues

As specified in DCF's Permanency Planning Policy, termination of parent rights (TPR) is considered at all PPCs as are use of permanency mediation, Adoption Surrender and/or Open Adoption Agreements.

Pursuing termination of parent rights requires a PPC and can be initiated as soon as initial placement and must be initiated if a child is in Department placement for 15 of the previous 22 months, except when Director of Areas or their designee approves one of following TPR exceptions:

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in Service Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best interests, i.e.:

- parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
- for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;
- child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family;
- any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

At the time the ASFA requirements were incorporated into state law, DCF established a policy and monitoring mechanism for the Department to hold a permanency planning conference on every child who had been in care for 15 of 22 months where a TPR is not already being pursued. The monitoring mechanism provides the list 3 months prior to the 15<sup>th</sup> month. The report is issued to each area and legal office and includes any children who have been in care for 12 months or more where a TPR has not been initiated or where the agency has not found a compelling reason not to file a TPR. DCF established four criteria for not filing a TPR. The Department holds permanency planning conferences prior to the 15<sup>th</sup> month to determine if a TPR should be filed or if a compelling reason exists. The conference and its outcome are documented in FamilyNet.

### **Notice of Hearings and Reviews to Caregivers (Notice and Right to be Heard)**

Description of Systemic Factor Item 24: The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

- Status CFSR3: The Department received an overall rating of Area Needing Improvement for Item 24 based on information from the 2015 CFSR3 statewide assessment and stakeholder interviews. In the statewide assessment, the Department described challenges in ensuring that caregivers of children in foster care are notified of and have a right to be heard in any review or hearing. Stakeholders reported that caregivers are typically notified of and invited to attend reviews and hearings by caseworkers or by written notice. Under Massachusetts law, caregivers are not considered a party to the case and as a result, each court treats caregivers differently, varying in involvement with some caregivers sworn in to provide testimony; other times caregivers are not considered for input.
- The Department's CFSR4 Statewide Assessment will assess current performance.

*DCF's Policy #2013-01, Permanency Planning* establishes the expectation that starting from the very first contact with a family and continuing throughout involvement, Department staff work to identify all kin and families known to a child and their family who might be willing to be a placement resource if needed. Once the determination is made that a child needs to enter out-of-home placement, the Social Worker is required to notify those individuals, in writing, of the child's placement. When the Permanency Planning Policy went into effect on July 1, 2013, a new "notice to kin" letter was created for use by the Department's social workers in meeting this requirement.



In addition, Massachusetts General Laws established the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings.

It is the Department's policy and established practice that placement options be explored first and foremost with family members when a child cannot safely remain at home (i.e., Kinship First). Consideration is given first to placement with non-resident parent, then other kin. Priority for placement resources considered include kinship, child-specific and unrestricted foster/pre-adoptive families; specialized foster homes; and community-connected residential treatment.

The Permanency Planning Policy includes the following specific requirements regarding notification:

- ***Locating Kin; Notification of Placement.*** *Starting at initial contact and continuing through the Department's determination that a child needs out-of-home placement, the Social Worker, in consultation with the family, the child age 12 years or older and the Supervisor, identifies all kin and families known to the child and family who might be willing and available to be approved as the child's placement. She/he notifies the kin and child-specific families, in writing, of the child's placement and requests that they contact her/him, within 10 working days, regarding their interest in being considered as a possible placement for the child.*

*The Social Worker documents responses to each notification in dictation and begins initial eligibility screening of all families who have indicated an interest in becoming licensed as a possible placement for the child. When more than one family has participated in an initial home visit, continues to be interested in being considered as a potential placement and has been determined eligible to apply, the child's Social Worker, in consultation with her/his supervisor, determines the order in which the License Study for these resources will be initiated by the Family Resource Unit.*

In response to ASFA, the Commonwealth amended its state law to provide the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings. DCF continues to provide notice the current caregiver for both the annual permanency hearing and the trial. The State Appeals Court held that the method a court should use to consider the information from a caregiver is to put them under oath to testify. Although caregivers are notified, they do not typically appear to be heard except in cases where they have been called as a witness by one of the parties or where they are the possible permanent placement for the child.

The formal notice is sent from the legal department. A template letter was developed in FamilyNet to facilitate the legal staff's requirement. The letter pre-populates with the current caregiver based on placement data in FamilyNet. This helps to ensure that as children's placement's change, there is not an additional burden on either the legal or clinical staff to ensure the correct caregiver receives notice. In addition, the social workers verbally inform current caregivers of upcoming court dates, including trials and permanency hearings. The Department

worked on and developed a report that would allow the legal office to print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it can be implemented.

Although not a requirement, children's lawyers can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates. If the caregiver does attend and wish to be heard, the Juvenile Court does have a mechanism that permits them to testify, or if no objection by any party, verbally report to the court. In some of the cases, the foster or pre-adoptive parents testify at the trial as a witness for the Department or the child.



### **C3. PLAN FOR ENACTING THE STATE’S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES**

***The Department of Children and Families’ vision is that all children have the right to grow up in a nurturing home, free from abuse and neglect, with access to food, shelter, clothing, health care, and education.***

Child welfare organizations are challenged each and every day to make the right decisions regarding the needs of children and families: assessing whether or not a family is in need of assistance; whether a family can care for children; whether children can remain in the home safely; and whether it is necessary to remove children from their home to protect them from child abuse and neglect. A common thread in discourse about the child welfare system is that “the pendulum has swung too far” – that there is too much emphasis on preserving families and not enough emphasis on protecting children – as if there is a choice between one or the other. DCF believes this is a false dichotomy. DCF must do both. In order to support families, DCF must first protect children from harm. DCF recognizes that to accomplish both, it must recognize and honor the rights of children, must engage families and the community in our work, must have supports and services that meet the needs of children and families, and must maintain an excellent quality improvement program to track progress. In addition to having the cooperation and assistance of families, DCF must collaborate with providers, courts, and community stakeholders, and must develop greater understanding among the general public of their role in prevention and intervention.

In 2014, Child Welfare League of America (CWLA) completed a Quality Improvement Review of the Massachusetts Department of Children and Families at the request of the Executive Office of Health and Human Services (EOHHS). Since its release, the Report’s findings and recommendations have influenced the Department’s work, setting the groundwork for projects and initiatives, including planting the seed for development of MA DCF’s Principles of Practice, based on CLWA’s National Blueprint for Excellence in Child Welfare<sup>1</sup>.

A primary lesson from the report was that even as DCF must continue to strengthen its internal capacity, it must also engage the community, families, and other systems in working to improve children’s safety and well-being. CWLA stated, “*We must address the core issues that lead children and families to need DCF’s intervention and services... These are concerns that can be changed only when all individuals, communities, and organizations are ready to examine their roles and take responsibility for their contributions to tragic case outcomes...and when they are willing to work collaboratively to make improvements...*”<sup>2</sup>

The concept that all individuals, communities, and organizations must work together to protect children was driven home in Massachusetts during the past three years by the untimely and heartbreaking death of a teenager with disabilities, and the disappearance of a young girl after transfer of custody to her father. The cases, which were reviewed by the Massachusetts Office of the Child Advocate (OCA) and were the subject of hearings by the legislature’s Joint Committee on Children, Families, and Persons with Disabilities point to the need to further deepen

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<sup>1</sup> CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April 2013

<sup>2</sup> CWLA Quality Improvement Review, Child Welfare League of America, May 22, 2014

collaboration among service providers, state agencies, courts, and school systems. DCF responded to the OCA's findings<sup>34</sup>, consistent with many of the issues already in process via our Strategic Plan.

In 2016, DCF committed to develop Principles of Practice, based upon CWLA's National Blueprint. Those findings and recommendations drove the Department's last Strategic Plan. In our Child and Family Services Review Round 3 Program Improvement Plan, the Department committed itself to developing and implementing Principles of Practice with the intent of guiding child welfare practice, increasing family engagement and the involvement of communities, providers, and other agencies. The intended outcome was that children of the Commonwealth will be safer, will experience improvements in permanency, and that their well-being will be improved as a result of implementation of Principles of Practice.

A central tenet of the CWLA National Blueprint and DCF's Principles of Practice is that children's rights are human rights. While the Courts have not made this connection formally, they have determined that all decisions relative to a child's welfare should be made in the child's best interest and that it is the responsibility of all members of society to uphold the rights of children. Any decisions should be driven first and foremost by each child's right to have decisions made in his/her best interests. Reasonable efforts, a requirement by Federal and state statutes, require the Commonwealth to provide services to maintain children in their home; however, when the state must remove a child for their protection there is not a need to provide services that would be considered extraordinary. Though complex in its application, this ensures the balancing of interests to maintain children in their homes and uphold one of their most basic rights, freedom from abuse and neglect. MA DCF continues to work with Massachusetts courts to increase focus on informed decision-making that considers children's best interests.

The end goal of all of DCF's efforts to improve (internal Continuous Quality Improvement program, CFSR Program Improvement Plan, APSR annual reports, and Agency Improvement Leadership Team projects), is to achieve significant, lasting, and positive change in the Department. The Commonwealth's children and families deserve no less. Of course, change does not happen overnight. It takes time, a lot of hard work, and the support of communities, and stakeholders. The Department has been intentional in its efforts to achieve change, and is eager to build upon these successes, integrate findings and recommendations from the OCA's Reports, and advance our reform efforts in the coming years.

While much of the initial reform effort has been directed inward, the Department also continues to engage the community at large. Child welfare is not the work of one person or one agency—the work cannot be done without stakeholder support. Staff continue to work with community partners, children and youth, parents, and the legislature. Real engagement with our partners and families, together with a strong foundation of casework from DCF staff will be the catalyst for change in the days, months, and years ahead.

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<sup>3</sup> Investigative Report, Office of the Child Advocate, March 2021, <https://www.mass.gov/doc/office-of-the-child-advocate-investigative-report-march-2021/download>

<sup>4</sup> <https://www.mass.gov/doc/office-of-the-child-advocate-investigative-report-harmony-montgomery-may-2022/download>

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

**RIGHTS OF CHILDREN** – It is the responsibility of all members of the Department to work to advance the fundamental rights of children.

**ENGAGEMENT/ PARTICIPATION** – The Department engages children, youth, families, and communities to promote family success and build community capacity. Together, we create and nurture partnerships to identify shared goals that support safety, permanency and well-being. The Department welcomes and appreciates the participation of everyone affected by our work as we collectively endeavor to improve the lives of children and families.

**SUPPORTS AND SERVICES** – The Department works with individuals, families, communities, organizations, and systems to protect children from abuse and neglect, and to provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.

**QUALITY IMPROVEMENT** – The Department designs its service delivery and service implementation based on evidence and knowledge; we focus data collection on measuring outcomes and achieving success; we emphasize and support continuous quality improvement; and we encourage innovative practices. The Department has clearly articulated vision, value, and mission statements that define the Department's purpose and direction and set the parameters for its accomplishments.

**RACE, ETHNICITY, AND CULTURE** – The Department works with individuals, families, communities, organizations, and systems to understand and promote equality, cultural humility, and strong racial, ethnic, and cultural identities of service recipients, staff, and providers, while showing consideration for individual differences, and respecting the sovereign rights of tribes.

In 2021, MA DCF convened a Racial Equity Work Group tasked with developing a Diversity, Equity, and Inclusion (DEI) plan for the agency, to ensure that DCF's policy, practice and work environment honor, respect and equitably treat all individuals, regardless of their racial, ethnic and/or cultural backgrounds.

This group has identified strategies to ensure that the children and families we serve, as well as our own staff, feel safe, respected, and included, in how DCF fulfills its mission to support and protect the children of the Commonwealth.

Some of this work includes, but is not limited to:

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

In May 2023, the MA DCF Principles of Practice were reviewed at a Statewide Managers' Meeting to reinforce the concepts and encourage use in daily practice.

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

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

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

## Strategic Plan 2020-2024

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

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

Where applicable, we have indicated cross-references to the CFSR Round 3 (2015-2016) PIP and Family First requirements with a notation (\* = CFSR PIP cross-reference; ^ = Family First cross-reference):

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<b>I. Rights of Children</b> - Each member of the Department will work to advance the fundamental rights of children.	<b>1.</b> By end of the 2020-2024 CFSP period, the Department will conduct a comprehensive review and revision as needed of four (4) policies; ensuring that that each policy aligns with the fundamental right of children to safety and wellbeing.	<ul style="list-style-type: none"> <li>• <b>Protective Intake Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review;</li> <li>○ Revision as needed;</li> <li>○ Negotiation; and</li> <li>○ Training/implementation.</li> </ul> </li> <li>• <b>Family Resource Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review;</li> <li>○ Revision as needed;</li> <li>○ Negotiation; and</li> <li>○ Training/implementation.</li> </ul> </li> <li>• <b>Permanency Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review;</li> <li>○ Revision as needed;</li> <li>○ Negotiation; and</li> <li>○ Training/implementation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Protective Intake Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review completed.</li> <li>○ Revision as needed completed.</li> <li>○ Negotiation completed.</li> <li>○ Training/implementation completed.</li> <li>○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI.</li> </ul> </li> <li>• <b>Protective Intake Metrics:</b> <ul style="list-style-type: none"> <li>○ By end of sFY24, <b>90%</b> of non-emergency intakes will be timely.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Protective Intake Policy:</b> <ul style="list-style-type: none"> <li>✓ Comprehensive review completed.</li> <li>✓ Revision completed.</li> <li>✓ Negotiation completed.</li> <li>✓ Training/implementation completed.</li> <li>✓ Fidelity outcome metrics completed.</li> </ul> </li> <li>• <b>Protective Intake Metrics:</b> <ul style="list-style-type: none"> <li>○ Mar-2023 (sFY23), <b>87%</b> of non-emergency intakes were screened in timely.</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> <li>• <b>In-Home Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review;</li> <li>○ Revision as needed;</li> <li>○ Negotiation; and</li> <li>○ Training/implementation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ By end of sFY24, <b>90%</b> of emergency and non-emergency responses will be timely.</li> <li>○ By end of sFY24, <b>90%</b> of responses will include an SDM risk assessment.</li> <li>○ By end of sFY24, <b>95%</b> of reported children in a response will have a recorded in-person contact.</li> <li>• <b>Family Resource Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review completed.</li> <li>○ Revision as needed completed.</li> <li>○ Negotiation completed.</li> <li>○ Training/implementation completed.</li> <li>○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI.</li> <li>○ Metric baselines and targets to be established and reflected in APSR.</li> </ul> </li> <li>• <b>Permanency Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review completed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Mar-2023 (sFY23), <b>77%</b> of emergency responses and <b>62%</b> of non-emergency responses were completed timely.</li> <li>○ Mar-2023 (sFY23), <b>87%</b> of responses included an SDM risk assessment.</li> <li>○ Mar-2023 (sFY23), <b>98%</b> of reported children in a response had a recorded in-person contact.</li> <li>• <b>Family Resource Policy</b> <ul style="list-style-type: none"> <li>✓ Comprehensive review completed.</li> <li>✓ Revision completed.</li> <li>✓ Negotiation completed.</li> <li>✓ Training/implementation underway.</li> <li>✓ Fidelity outcome metrics in development.</li> <li>○ Baseline and targets to be developed.</li> </ul> </li> <li>• <b>Permanency Policy</b> <ul style="list-style-type: none"> <li>○ Comprehensive review underway— informed by</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> <li>○ Revision as needed completed.</li> <li>○ Negotiation completed.</li> <li>○ Training/implementation completed.</li> <li>○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI.</li> <li>○ Metric baselines and targets to be established and reflected in APSR.</li> </ul>	<p>the AILT Permanency workgroup and implementation of the newly revised Family Resource policy.</p>
			<ul style="list-style-type: none"> <li>● <b>In-Home Policy:</b> <ul style="list-style-type: none"> <li>○ Comprehensive review completed.</li> <li>○ Revision as needed completed.</li> <li>○ Negotiation completed.</li> <li>○ Training/implementation completed.</li> <li>○ Fidelity/outcome metrics developed, tracked and used for ongoing QA/QI.</li> <li>○ Metric baselines and targets to be established and reflected in APSR.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>In-Home Policy</b> <ul style="list-style-type: none"> <li>○ Comprehensive review underway.</li> </ul> </li> </ul>
	2. By end of FFY21, implement Phase II of Safe Sleep initiatives with sister agencies.	<ul style="list-style-type: none"> <li>● <b>Safe Sleep e-learning:</b> <ul style="list-style-type: none"> <li>○ Developed; and</li> <li>○ Implemented.</li> </ul> </li> <li>● Medical Social Workers and Substance Abuse Specialists will be integrated into Safe Sleep campaign.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Safe Sleep e-learning module:</b> <ul style="list-style-type: none"> <li>○ Developed;</li> <li>○ Rolled-out; and</li> <li>○ 100% of workers trained.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Working with DCF, the MA DPH stood-up Infant Safe Sleep website: <a href="https://www.mass.gov/infant-safe-sleep">https://www.mass.gov/infant-safe-sleep</a></li> <li>● Links include:</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> <li>• Convene meetings with sister agencies (e.g., DPH, DHCD) focused on Safe Sleep.</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Sleep transformed from a “specialty” topic to a basic skillset for social workers.               <ul style="list-style-type: none"> <li>○ Intakes, investigations, COINS, and FAAPs will reflect this skillset.</li> </ul> </li> <li>• Safe Sleep practices will have been rolled-out within the Department of Housing and Community Development (DHCD) shelters.</li> </ul>	<ul style="list-style-type: none"> <li>○ The development of the Kinship Orientation course curriculum is information on Safe Sleep. These courses will be available to all kinship/child specific families. The Safe Sleep video are posted on FosterMA Connect.</li> <li>○ Safe Sleep information for parents and caregivers</li> <li>○ Safe Sleep information for childcare providers</li> <li>○ Safe Sleep information for healthcare providers</li> <li>○ Safe Sleep resources</li> <li>○ Info about the DPH Infant Safe Sleep Policy</li> <li>○ Data about Safe Sleep</li> <li>• Safe Sleep is embedded in the Department’s worker training curriculum (pre-service and post).</li> <li>• Safe Sleep assessment and communication with parents/ caregivers is documented in intakes, investigations, COINS, and FAAPs.</li> <li>• Shelters enforce Safe Sleep practices.</li> <li>• Safe Sleep practices approved by EOHHS and included in new EA contracts.</li> </ul>



Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p><b>3.</b> By end of the 2020-2024 CFSP period, the Department will ensure that children:</p> <ul style="list-style-type: none"> <li>a. maintain ties to family, and</li> <li>b. have lifelong connections. *^</li> </ul>	<ul style="list-style-type: none"> <li>• Family Resource Policy and Permanency Planning Policy review/revision will include a focus on: <ul style="list-style-type: none"> <li>○ increasing overall kin placement utilization, as well as Kin-First placements;</li> <li>○ maintaining and strengthening sibling connection processes (see Strategic Objective I.5); and</li> <li>○ identifying and increasing lifelong connections.</li> </ul> </li> <li>• DCF infrastructure and staffing will be enhanced to increase Kinship-first placements.</li> <li>• Barriers to placing with Kin will be identified and mitigated.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Kin metrics</b> will be developed/tracked with the goal of increasing utilization through ongoing QA/QI: <ul style="list-style-type: none"> <li>○ Kin placement as a % initial entries into care (i.e., entry cohort)</li> <li>○ Kin as a % of initial Department Foster Care (DFC) entries (i.e., DFC entry cohort).</li> <li>○ Kin as a % of all placements (point-in-time counts).</li> <li>○ Kin as a % of all DFC placements (point-in-time counts).</li> <li>○ Kin metric baselines and targets to be established in early FFY2020 and reflected in the APSR.</li> </ul> </li> <li>• Kin placements correlate positively with placement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Kin Metrics tracked:</b> <ul style="list-style-type: none"> <li>○ By end of sFY20, <b>24.0%</b> of entries into care were first placed with Kin. <ul style="list-style-type: none"> <li>○ sFY21 = <b>25.9%</b></li> <li>○ sFY22 = <b>31.1%</b></li> </ul> </li> <li>○ By end of sFY20, <b>31.6%</b> of entries into DFC were first placed with Kin. <ul style="list-style-type: none"> <li>○ sFY21 = <b>31.1%</b></li> <li>○ sFY22 = <b>36.1%</b></li> </ul> </li> <li>○ By end of sFY20, <b>38.1%</b> of all children in care were placed with Kin. <ul style="list-style-type: none"> <li>○ sFY21 = <b>38.2%</b></li> <li>○ sFY22 = <b>38.9%</b></li> </ul> </li> <li>○ By end of sFY20, <b>57.2%</b> of children in DFC were placed with Kin. <ul style="list-style-type: none"> <li>○ sFY21 = <b>57.4%</b></li> <li>○ sFY22 = <b>57.0%</b></li> </ul> </li> <li>○ Baselines recalibrated early sFY21—standard range: 22%-27% of entries into care will be first placed with Kin.</li> </ul> </li> <li>• <b>Placement Stability</b> improved – see Sec. C.2.</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<p>stability, as such, <b>Placement Stability</b> will be tracked and expected to improve.</p> <ul style="list-style-type: none"> <li>• Time to permanency correlates positively with Placement Stability, as such, <b>Timeliness to Permanency</b> will be tracked and expected to improve.</li> <li>• <b>Sibling Connections</b> metrics (see Strategic Objective I.5).</li> <li>• <b>Lifelong Connections</b> metrics will be developed / tracked with the goal of identifying and increasing lifelong connections through ongoing QA/QI. <ul style="list-style-type: none"> <li>○ Lifelong Connections rate as captured during Foster Care Reviews (i.e., Periodic Reviews).</li> <li>○ Lifelong Connections rate targets to be established in early FFY20 and reflected in APSR.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Timeliness to Permanency</b> improved – see Sec. C.2.</li> <li>• <b>Sibling Connections</b> –see Strategic Objective I.5.</li> <li>• <b>Lifelong Connections</b> – By Feb 2023/sFY23, <b>96.8%</b> of children/youth/young adults in care had one or more documented Lifelong Connections <ul style="list-style-type: none"> <li>○ While DCF continues to ensure that each child/youth/young adult in care has a Lifelong Connection, this is a demonstrable area of strength.</li> </ul> </li> </ul>
	4. By end of the 2020-2024 CFSP period, the Department will develop additional processes and strategies to address permanency at intake and	<ul style="list-style-type: none"> <li>• <b>Initial Placement Review</b> (IPR; aka: 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency.</li> </ul>	<ul style="list-style-type: none"> <li>• Baselines will be established in early FFY20, and targets will be reflected in the FFY20 APSR for the following metrics:</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reviewed 60 <b>IPR</b> meetings —findings summarized.</li> <li>✓ <b>IPR</b> findings compared with previously collected 6-week review baseline data.</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	throughout the life of each case. *	<ul style="list-style-type: none"> <li>○ Statewide implementation of the new Initial Placement Review process.</li> <li>● <b>Permanency Planning Conference</b> process is reviewed revised and implemented statewide.</li> <li>● <b>Permanency Roundtable</b> and/or <b>Permanency Consultation</b> process implemented statewide.</li> </ul>		<p>✓ Revised <b>IPR</b> implemented in all 29 Area Offices.</p> <ul style="list-style-type: none"> <li>● <b>Permanency Planning Conference</b> review has been completed by AILT Permanency Team.</li> <li>● Managers' Tool has been developed. <ul style="list-style-type: none"> <li>✓ Training scheduled for May-2022 for managers in 5 Area Offices:</li> <li>✓ Permanency Team will refine tool based on feedback from 5 Area Offices, with goal of rolling out statewide in sFY23.</li> <li>✓ Initial Permanency Review/Permanency Planning Conference Aging report developed and rolled-out statewide – tracks completion of PPCs.</li> </ul> </li> <li>● <b>Permanency Roundtables</b> (PRT) refresher training conducted in sFY22. <ul style="list-style-type: none"> <li>○ <b>PRT</b> implementation and oversight will be the responsibility of the new Permanency Specialists and Permanency Manager.</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> <li>○ <b>Placement Stability</b> rate expected to improve.</li> <li>○ <b>Timeliness to Permanency</b> expected to increase/improve.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Placement Stability</b> improved – see Sec. C.2.</li> <li>● <b>Timeliness to Permanency</b> improved – see Sec. C.2.</li> </ul>
	<p>5. By end of the 2020-2024 CFSP period, the Department will ensure that siblings are placed together, unless it is not in their best interest to do so.*</p>	<ul style="list-style-type: none"> <li>● Placement Policy developed with focused attention on placing siblings together.</li> <li>● Enhanced recruitment and expanded capacity of foster homes that are able to accept sibling groups.</li> <li>● Permanency Policy revised to include focus on maintaining and strengthening sibling connection processes.</li> </ul>	<ul style="list-style-type: none"> <li>● Sibling Connections metrics &amp; targets will be developed /tracked with goal of strengthening Sibling Connections through ongoing QA &amp; QI: <ul style="list-style-type: none"> <li>○ <b>Cases with 2-or-more Sibling Placement Rate.</b></li> <li>○ <b>ALL Sibling Placement Rate.</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. <ul style="list-style-type: none"> <li>○ <b>Cases with 2-or more Sibling Placement Rate:</b> By end of sFY22, <b>77%</b> of cases with 2 or more siblings in DFC had at least 2 or more siblings placed together. <ul style="list-style-type: none"> <li>▪ <b>Target = 85%</b> (10% increase over baseline)</li> </ul> </li> <li>○ <b>ALL Sibling Placement Rate:</b> By end of syFY22, <b>64%</b> had ALL DFC placed siblings placed together. <ul style="list-style-type: none"> <li>▪ <b>Target = 67%</b> (10% increase over baseline)</li> </ul> </li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>6. By end of 2020-2024 CFSP, the Department will establish strategies and mechanisms for reducing disproportionality and disparity.</p>	<ul style="list-style-type: none"> <li>• New Social Worker Pre-Service Training launched with curriculum and learning objectives targeted at: <ul style="list-style-type: none"> <li>○ Training on and reinforcing cultural humility;</li> <li>○ identifying and addressing systemic implicit/explicit bias; and</li> <li>○ addressing/reducing disproportionality and disparity.</li> </ul> </li> <li>• Ongoing in-service trainings on managing unconscious (implicit) bias and cultural humility.</li> <li>• Forums held with stakeholders, partners, and citizen review panels to collaboratively identify barriers and solutions for reducing disproportionality and disparity.</li> </ul>	<ul style="list-style-type: none"> <li>• All new social workers are trained in newly enhanced curriculum.</li> <li>• Increase alignment of statistics of DCF population served with general MA population.</li> <li>• Metrics developed and CQI activities indicate decreased disproportionality/disparity in screening, response, and service delivery. <ul style="list-style-type: none"> <li>○ Baselines and targets to be established in early FFY20 and reflected in the APSR.</li> </ul> </li> <li>• <b>Metrics include:</b> <ul style="list-style-type: none"> <li>○ Rate of Disproportionality (RoD) and Relative Rate Index (RRI) for Consumer Children <b>Open with DCF</b></li> <li>○ <b>Out-of-Home Care</b> by Race/Ethnicity (RoD &amp; RRI)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• New Social Worker Pre-Service Training curriculum which includes cultural humility and systemic implicit/explicit bias was completed in early sFY21.</li> <li>• At end of SFY22, disproportionality was evidenced for children of color on two indicators: <b>Rate of Disproportionality (RoD) and Relative Rate Index (RRI).</b> <ul style="list-style-type: none"> <li>○ Targets to be developed.</li> </ul> </li> <li>○ <b>Open with DCF</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 0.6 / n/a</li> <li>▪ His/Lat = 1.7 / 2.9x</li> <li>▪ Black = 1.4 / 2.4x</li> <li>▪ NatAm = 0.7 / 1.3x</li> <li>▪ Asian = 0.1 / 0.2x</li> </ul> </li> <li>○ <b>Out-of-Home Care</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 0.7 / n/a</li> <li>▪ His/Lat = 1.7 / 2.5x</li> <li>▪ Black = 1.6 / 2.4x</li> <li>▪ NatAm = 1.4 / 2.1x</li> <li>▪ Asian = 0.1 / 0.1x</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
			<ul style="list-style-type: none"> <li>○ <b>Exits from Care</b> by Race/Ethnicity (RoD &amp; RRI)</li> <li>○ <b>Reunification</b> by Race/Ethnicity (RoD &amp; RRI)</li> <li>○ <b>Exits to Adoption</b> by Race/Ethnicity (RoD &amp; RRI)</li> <li>○ <b>Exits to Guardianship</b> by Race/Ethnicity (RoD &amp; RRI)</li> <li>○ <b>Exits to Aging Out</b> by Race/Ethnicity (RoD &amp; RRI)</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Exits from Care</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 1.0 / n/a</li> <li>▪ His/Lat = 1.0 / 0.9x</li> <li>▪ Black = 1.0 / 0.9x</li> <li>▪ NatAm = 0.7 / 0.7x</li> <li>▪ Asian = 1.3 / 1.3x</li> </ul> </li> <li>○ <b>Reunification</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 0.9 / n/a</li> <li>▪ His/Lat = 1.0 / 1.1x</li> <li>▪ Black = 1.0 / 1.1x</li> <li>▪ NatAm = 0.8 / 0.8x</li> <li>▪ Asian = 1.0 / 1.0x</li> </ul> </li> <li>○ <b>Exits to Adoption</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 1.1 / n/a</li> <li>▪ His/Lat = 0.9 / 0.8x</li> <li>▪ Black = 0.7 / 0.6x</li> <li>▪ NatAm = 1.4 / 1.2x</li> <li>▪ Asian = 0.5 / 0.4x</li> </ul> </li> <li>○ <b>Exits to Guardianship</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 1.3 / n/a</li> <li>▪ His/Lat = 0.8 / 0.6x</li> <li>▪ Black = 0.8 / 0.7x</li> <li>▪ NatAm = - / -</li> <li>▪ Asian = 1.8 / 1.5x</li> </ul> </li> <li>○ <b>Exits to Aging Out</b> (RoD / RRI): <ul style="list-style-type: none"> <li>▪ White = 0.9 / n/a</li> <li>▪ His/Lat = 1.1 / 1.2x</li> <li>▪ Black = 1.3 / 1.5x</li> <li>▪ NatAm = 1.8 / 2.0x</li> <li>▪ Asian = 1.4 / 1.5x</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
<b>II. Engagement and Participation -</b> The Department will establish trauma responsive strategies for interaction and collaboration to support successful engagement and improved outcomes for those engaged in our work.	<b>1.</b> By end of 2020-2024 CFSP, the Department will expand staff and vendor knowledge regarding Trauma-informed models and the effects of trauma on brain development. ^ *	<ul style="list-style-type: none"> <li>• Applied research findings on the “Science of Brain Development” discovered/established by the Harvard University/Center on the Developing Child are embedded and incorporated into DCF’s casework practice.               <ul style="list-style-type: none"> <li>○ Successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i> will train /consult with two (2) pilot DCF area offices so that they can support foster parents in recognizing and mitigating the impact of trauma experienced by children prior to and as they enter care.</li> </ul> </li> <li>• Trauma-informed approaches and cultural humility concepts are integrated and incorporated into DCF’s casework practice.</li> <li>• DCF staff knowledge of and skills to address toxic stress and acute stress on brain development are enhanced.</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics developed and CQI activities indicate increase in trauma-informed casework practice.               <ul style="list-style-type: none"> <li>○ Baselines and targets to be established in early FFY2020 and reflected in the APSR.</li> </ul> </li> <li>• Survey results on family engagement indicate improvements in engagement and participation.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Child Trauma Mitigation Through Clinical Practice RFR</i> drafted and submitted for internal review.</li> <li>• Next step:               <ul style="list-style-type: none"> <li>○ RFR to be released and awarded to successful bidder.</li> <li>○ Postponed due to COVID-19 pandemic.</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p><b>2.</b> By end of 2020-2024 CFSP, DCF will utilize the lessons learned from the pilot conducted by the successful bidder to <i>Child Trauma Mitigation Through Clinical Practice RFR</i>, retrain staff regarding the traumatic effects of home removal episodes, and strategies for mitigating negative impact.</p>	<ul style="list-style-type: none"> <li>• Utilize lessons learned from the pilot to develop training on the traumatic effects of home removal episodes. <ul style="list-style-type: none"> <li>○ Implement training.</li> </ul> </li> <li>• Develop a trauma-informed home removal casework practice improvement plan. <ul style="list-style-type: none"> <li>○ Implement plan.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Metrics are developed and CQI activities indicate increase in trauma-informed casework practice during home removals.</li> <li>• Baselines and targets to be established in early FFY20 and reflected in the APSR.</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent on II.1.</li> </ul>
	<p><b>3.</b> By end of 2020-2024 CFSP, the Department will increase engagement of youth, families, and stakeholders on DCF task forces and workgroups.* ^</p>	<ul style="list-style-type: none"> <li>• Frequency of youth/family participation at statewide meetings is increased.</li> <li>• Increase in youth/family participation in agency improvements reform process.</li> <li>• Increase in youth/family participation in policy development process.</li> </ul>	<ul style="list-style-type: none"> <li>• Baselines will be established in early FFY2020, and targets will be reflected in the FFY20 APSR for the following metrics: <ul style="list-style-type: none"> <li>○ Citizen Review Panels report an increase in youth/family participation.</li> <li>○ Increase in the number of meetings where youth /family participates.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Baselines delayed due to COVID-19 pandemic. <ul style="list-style-type: none"> <li>○ DCF's Family Advisory Council (FAC) which includes biological parents, kinship care providers, and foster and adoptive parents meet regularly to provide valuable input.</li> <li>○ Representatives of the FAC are an active part of the agency's statewide managers group which convenes monthly to review performance and provide input on agency improvements.</li> <li>○ DCF Area Boards include parents, foster parents, youth, community service providers and other community leaders.</li> </ul> </li> </ul>



Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				Together they provide critical community input in the Department's planning and casework practice.
	<p>4. By end of 2020-2024 CFSP, the Department will include youth and family voice throughout the life of their cases.</p>	<ul style="list-style-type: none"> <li>• <b>Initial Placement Review</b> (aka: IPR or 6-week review) process reviewed/revised to achieve a greater focus on kin placements, placement supports, and permanency. <ul style="list-style-type: none"> <li>○ Statewide implementation of the new Initial Placement Review process.</li> </ul> </li> <li>• <b>Permanency Planning Conference</b> process is reviewed revised and implemented statewide.</li> <li>• Staff are retrained/refreshed on Family Assessment and Action Plan (FAAP) Policy. <ul style="list-style-type: none"> <li>○ Strategy to increase family participation in the development of Action Plans is developed and implemented.</li> </ul> </li> <li>• Families and youth (14 and older) are actively participating in Foster Care</li> </ul>	<ul style="list-style-type: none"> <li>• Baselines will be established in early FFY20, and targets will be reflected in the FFY20 APSR for the following metrics:</li> <li>• Increased rate of families participating in the Initial Placement Review process.</li> <li>• Increased rate of family participation in development of Action Plans as measured by signed FAAPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Revised <b>Initial Placement Review</b> – see Strategic Objective I.4. <ul style="list-style-type: none"> <li>✓ Initial Permanency Review/Permanency Planning Conference Aging report developed and rolled-out statewide – tracks completion of IPR and PPCs.</li> <li>✓ Initial Permanency Review Cohort report developed and rolled-out statewide – tracks completion of IPRs.</li> </ul> </li> <li>• <b>Permanency Planning Conference</b> – see Strategic Objective I.4.</li> <li>• FAAP retraining and strategy for increasing family participation in the development of the Action Plan is under development. <ul style="list-style-type: none"> <li>○ Increased family participation in the development of Action Plans is warranted.</li> <li>○ In sFY22, 67.5% (sFY20 = 72.5%) of parents/ caregivers</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>Reviews (aka: periodic reviews).</p> <ul style="list-style-type: none"> <li>• Strategy to increase family and youth participation in Foster Care Reviews is developed and implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased rate of family and youth participation in Foster Care Reviews (FCRs).</li> </ul>	<p>participated/engaged in the activities outlined in the Action Plan. This metric is impacted by COVID-19 pandemic.</p> <ul style="list-style-type: none"> <li>• DCF has partnered with the Capacity Building Center for States to apply the “Change and Implementation in Practice” framework to improve performance in parent engagement in case planning.</li> <li>• By end of sFY20, <b>99.7%</b> of youth/young adults in out-of-home care were invited to FCRs. Of these, <b>38.9%</b> attended. <ul style="list-style-type: none"> <li>○ By end of sFY22 = <b>99.6%</b> were invited; <b>28.3%</b> attended.</li> </ul> </li> <li>• By end of sFY20, <b>96.3%</b> of their non-placed siblings were invited to FCRs. Of these <b>8.1%</b> attended. <ul style="list-style-type: none"> <li>○ By end of sFY22 = <b>98.4%</b> were invited; <b>9.9%</b> attended.</li> </ul> </li> <li>• By end of sFY20, <b>98.6%</b> of their parents/legal guardians were invited to FCRs. Of these, <b>55.7%</b> attended.</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<ul style="list-style-type: none"> <li>○ By end of sFY21 = <b>99.0%</b> were invited; <b>64.5%</b> attended.</li> <li>● Increased rates of family and youth participation in FCRs is directly attributed to moving from an in-person to a virtual modality.</li> </ul>
	<p>5. By end of 2020-2024 CFSP, the Department will collaborate with MA Court Improvement Program (MA CIP) to further permanency for children in the care and custody of the Department.</p>	<ul style="list-style-type: none"> <li>● Work with Registry of Vital Records (RVRS) to implement electronic birth certificates for the Juvenile Court and DCF, which will facilitate earlier identification of fathers.</li> <li>● Conduct joint paternity trainings with MA CIP, DCF, the Juvenile Court and attorneys who represent parents and children.</li> <li>● Participate in Pathways follow-up conference-May 2020.</li> <li>● Convene conference for attorneys, Juvenile Court</li> </ul>	<ul style="list-style-type: none"> <li>● Feasibility study/timeframe for implementation of electronic birth certificates will be established in FFY2020. <ul style="list-style-type: none"> <li>○ APSR (ffY2020-24) will document progress/implementation.</li> </ul> </li> <li>● Number of joint paternity trainings conducted each year as documented in the ffY2020-24 APSRs.</li> </ul>	<ul style="list-style-type: none"> <li>● In sFY23 DCF engaged DPH/RVRS directly and signed a Memorandum of Agreement where DCF has become a designee of RVRS, which allows DCF to issue birth certificates for children who are the subject of a Care and Protection Petition. <ul style="list-style-type: none"> <li>○ Training of DCF staff by RVRS is in the process of being scheduled with a pilot to begin in sFY24.</li> </ul> </li> <li>● DCF conducted paternity training for DCF legal staff in collaboration with DOR Child Support Enforcement Division, who assists DCF with identifying fathers and filing Complaints for Paternity in Probate and Family Court. Developed an email address that allows CPCS attorneys representing fathers to communicate directly with DOR when</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<p>judges, and DCF staff to further roll-out the Department's revised Initial Placement Review Process (formerly 6-week review)– December 2019.</p> <ul style="list-style-type: none"> <li>• Work with MA CIP and Committee for Public Counsels Services (CPCS) to develop and present additional joint trainings.</li> </ul>	<ul style="list-style-type: none"> <li>• DCF participation in the May 2020 Pathways follow-up conference as documented in the ffy2020 APSR.</li> <li>• December 2019 Initial Placement Review Process conference as documented in the ffy2020 APSR.</li> <li>• Work plan and number of joint trainings convened with MA CIP and CPCS as documented in the ffy2020-24 APSRs.</li> </ul>	<p>seeking/scheduling GMT testing in conjunction with establishing paternity.</p> <ul style="list-style-type: none"> <li>• DCF continues to participate in Pathways initiatives including the Family Treatment Court Sessions which began its rollout in sFY23, in conjunction with the Upstream Service Mapping</li> <li>• <b>Permanency Planning Conference</b> – see Strategic Objective I.4.</li> <li>• DCF, CPCS and CIP hold regular training meetings to determine the training needs for the state. <ul style="list-style-type: none"> <li>○ In Dec-2022, a training was held regarding Child Welfare through the MA Continuing Legal Education program. This training continues to be held virtually and both DCF staff and CPCS attorneys participate.</li> <li>○ CIP supported this training including sending 55 attorneys to the training.</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				<ul style="list-style-type: none"> <li>• The Training subcommittee continues to work on joint trainings. <ul style="list-style-type: none"> <li>○ This year the trainings were focused on engaging families, with a three-part series sponsored in part by CIP, DCF and CPCS.</li> <li>○ It is anticipated that in sFY24 trainings will occur as the need is identified.</li> </ul> </li> </ul>
<b>III.Supports and Services</b> - The Department and its partners will work to protect children from abuse and neglect, and to provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.	<b>1.</b> By end of 2020-2024 CFSP, the Department will re-procure DCF Hotline After-Hours Coverage; work with selected vendor to improve after-hours screening, and responses.	<ul style="list-style-type: none"> <li>• Vendor selected and service go-live with a mechanism for tracking fidelity to contract performance specifications and the quality-of-service delivery.</li> <li>• Increased clinical capacity of Hotline vendor to assist DCF in making informed and timely decisions about removal and placement.</li> </ul>	<ul style="list-style-type: none"> <li>• Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR. <ul style="list-style-type: none"> <li>○ Hotline vendor meets or exceeds contract performance specifications.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓Hotline After-Hours Coverage re-procured and operational.</li> <li>✓Vender/DCF meetings convened.</li> <li>✓Fidelity metrics aligned to contract performance specifications and quality of service delivery and case review module developed and tracked.</li> <li>✓Quarterly QI reviews of after-hours screening activities are underway. Three quarterly reviews completed—most recent quarter ending Mar-2021.</li> <li>✓Continuous improvement evidenced.</li> </ul>
	<b>2.</b> By end of 2020-2024 CFSP, the Department will support Family Resource Centers (FRC)	<ul style="list-style-type: none"> <li>• Funding for FRCs maintained in state budget.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with FRC contract performance specifications are reviewed 2x/year.</li> </ul>	<ul style="list-style-type: none"> <li>• Working with UMass Medical Center, a quality review was conducted and</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	to accomplish their identified goals; assess performance annually, and increase access for under-served communities. ^	<ul style="list-style-type: none"> <li>• Evidence based parenting supports continue to be available.</li> <li>• Management oversight provided to FRCs in the provision of services to the community.</li> <li>• Quantify and assess services provided and need for under-served populations.</li> </ul>	<ul style="list-style-type: none"> <li>○ PIPs are established and tracked as needed.</li> <li>• Service needs and FRC network capacity are periodically reviewed by the <i>Families and Children Requiring Assistance Advisory Board</i>—underserved communities are identified and expansion/realignment recommendations are made as needed. Accordingly: <ul style="list-style-type: none"> <li>○ In ffy2020, 4 micro FRCs will be converted to full FRCs.</li> <li>○ In ffy2020, one (1) additional FRC site and two (2) micro FRCs will be onboarded.</li> </ul> </li> </ul>	<p>benchmarks were established in sFY19.</p> <ul style="list-style-type: none"> <li>• Pilot program was launched to establish baseline life domains.</li> <li>• In sFY21 benchmarks were further defined in the following domains: <ul style="list-style-type: none"> <li>○ Families Served</li> <li>○ Child Requiring Assistance (CRA) with Completed CANS Evaluations</li> <li>○ Adult Screening Forms</li> <li>○ Satisfaction Surveys Completed</li> </ul> </li> <li>✓ In sFY19, four (4) micro FRCs were converted to full FRCs.</li> <li>✓ In sFY20, one (1) full FRC site and two (2) micro FRCs were procured.</li> <li>✓ By sFY21, MA has a total of 27 FRCs.</li> <li>✓ By sFY23, MA has a total of 33 FRCc</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>3. By end of 2020-2024 CFSP, the Department will increase targeted recruitment of Resource Families to meet the cultural, linguistic, health, educational, geographic, and spiritual needs of children and youth entering care. *</p>	<ul style="list-style-type: none"> <li>• Ongoing assessment of the demographics of children/youth entering care to align Resource Family recruitment efforts as needed.</li> <li>• Ongoing alignment of family resource staffing levels according to established workload standards.</li> <li>• Alignment of foster care recruiter staffing levels according to established need.</li> <li>• Foster Care Recruitment campaign (FosterMA) shaped to target specific resource families.</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics and CQI activities will be developed to measure increases in matches of children to resource families that can better meet their cultural, linguistic, health, educational, geographic, and spiritual needs.</li> <li>• Baselines will be established in early ffy2020, and targets will be reflected in the ffy2020 APSR for the following metrics: <ul style="list-style-type: none"> <li>○ Increased number of family resources recruited.</li> <li>○ Increased rate of Kin-First placements.</li> <li>○ Increased Placement Stability.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Demographic data on the children/youth served is actively utilized to identify foster home recruitment efforts.</li> <li>• Family Resource office staffing allocation adjusted-up based on assessed need.</li> <li>• Increased Family Resource Recruiter allocation to one (1) per area office.</li> <li>• Implemented targeted resource recruitment for under-represented populations: teens, medical needs, LGTBQ, and sibling groups <ul style="list-style-type: none"> <li>○ <b>Family Resource Recruitment</b> – 1,616 (2,093 with ADLU) non-kin resources recruited /approved between Jan-2017 and May-2023.</li> <li>○ As of May-2023, there are 1,564 (2,039 including ADLU) approved non-kin resources.</li> <li>○ <b>Kin-First</b> – see Strategic Objective I.3.</li> <li>○ <b>Placement Stability</b> improved – see Sec. C.2.</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	<p>4. By end of 2020-2024 CFSP, the Department will create and provide clinical supports to family resources (foster and kinship); improve initial training and support for resource families. ^</p>	<ul style="list-style-type: none"> <li>• Completed review and update of the Massachusetts Approach to Partnerships in Parenting (MAPP) training.</li> <li>• Development and implementation of a formal training program for Kinship families.</li> <li>• Increased quality and quantity of communication with family resources by leveraging the family resource intranet (FosterMA Connect) and e-mail distribution list.</li> <li>• Completed survey of the clinical support needs of family resources.</li> <li>• New procurement for support and stabilization services includes clinical supports for family resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics and CQI activities will be developed in ffy2021.</li> <li>• Baselines will be established in early ffy2021, and targets will be reflected in the ffy2022 APSR for the following metrics: <ul style="list-style-type: none"> <li>○ Increased family resource retention rates.</li> <li>○ Decreased complaint calls to the DCF Ombudsman regarding family resources.</li> <li>○ Assess Family Resource satisfaction and ongoing needs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• MAPP training review was completed. New MAPP curriculum staff training and implementation will occur by Dec-2023.</li> <li>• Kinship Orientation is completed and will be launched on DCF's new Learning Management System in sFY2024.</li> <li>✓ <i>FosterMA Connect</i> (foster parent interactive website) is live. Accounts are created when a foster parent is licensed.</li> <li>○ <i>Foster Parent Portal</i> is available to all foster parents. Additional features were added to the portal, including child specific information and payment information. Ongoing support is in place to increase utilization.</li> <li>✓ Foster families completed surveys to assess needs and resources.</li> <li>○ MSPCC is developing an exit survey for foster parents who have closed their home—go-live targeted within sFY2024.</li> <li>✓ DCF Area Office budgets include funds earmarked for foster parent support services—funds are utilized based on identified needs.</li> </ul>



Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
	5. By end of 2020-2024 CFSP, the Department will increase its capacity to provide trauma-responsive services to parents, foster parents, kinship resources, children at home, and children in placement. ^	<ul style="list-style-type: none"> <li>Completed procurement of support and stabilization (S&amp;S) services. <ul style="list-style-type: none"> <li>✓ Evidence-based services incorporated into support and stabilization procurement.</li> </ul> </li> <li>Trauma-informed approaches and cultural humility concepts are integrated and incorporated into casework practice.</li> </ul>	<ul style="list-style-type: none"> <li>Metrics and CQI activities will be developed in early FFY2020 to measure increases in trauma-informed services.</li> <li>Baselines will be established in early FFY2020, and targets will be reflected in the FFY2022 APSR.</li> </ul>	<ul style="list-style-type: none"> <li>RFI for S&amp;S procurement was posted in Oct-2021.</li> <li>Posting of the S&amp;S procurement is expected in spring/summer 2023.</li> <li>Metrics and CQI activities to be developed to support procurement.</li> <li>Baseline to be established.</li> <li>Newly established <i>Trauma Coaches</i> program through UMASS Medical Center is available to foster parents in the North Central Area Office.</li> </ul>
<b>IV. Quality Improvement</b> - The Department will develop its capacity to provide evidence-based and evidence-informed service approaches; data collection will be focused on measuring outcomes and achieving success.	1. Throughout the 2020-2024 CFSP, the Department will ensure consistent review and analysis of current data and metrics to inform decision-making and measure agency progress.*	<ul style="list-style-type: none"> <li>Key metrics continue to be presented at weekly AILT meetings to evaluate progress on ongoing work/initiatives.</li> <li>New metrics (weekly/monthly) are identified as needed and developed to measure effectiveness of future prioritized work.</li> <li>Key metrics and data reports are distributed to the field to guide decision-making and strengthen practice.</li> </ul>	<ul style="list-style-type: none"> <li>As part of a robust ongoing QA &amp; QI system, metrics and reports are developed/distributed and used to inform decision-making, monitor fidelity to policies and procedures, encourage accomplishment of identified goals and objectives, and document outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Key metrics continue to be refined/developed/distributed to all appropriate stakeholders and presented at weekly AILT meetings. Metrics include the following broad areas: <ul style="list-style-type: none"> <li>○ Safety</li> <li>○ Permanency</li> <li>○ Well-being</li> <li>○ Caseload/workload</li> <li>○ Policy fidelity</li> <li>○ Compliance with timeframes</li> <li>○ Provider/Family Resource capacity</li> </ul> </li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
		<ul style="list-style-type: none"> <li>External stakeholders provide feedback on DCF metrics and reports.</li> </ul>		
	2. Throughout the 2020-2024 CFSP, the Department will employ comprehensive case record reviews as a valuable tool to assess quality of practice and promote a culture of learning at DCF *	<ul style="list-style-type: none"> <li>Continue CQI case record reviews utilizing the Federal On-Site Review Instrument (OSRI).</li> <li>Develop Area Office (AO) case review process to promote on-the-job learning (OJL).</li> </ul>	<ul style="list-style-type: none"> <li>As part of a robust ongoing QA &amp; QI system, findings inform management decisions and policy changes.</li> </ul>	<ul style="list-style-type: none"> <li>✓DCF CQI Unit continues to conduct comprehensive case record reviews utilizing the OSRI– see Sec. C.2.</li> <li>OJL case review process in development.</li> </ul>
	3. By end of 2020-2024 CFSP, the Department will solidify mechanisms for soliciting and considering feedback from youth, families, collaborators, and other stakeholders. *	<ul style="list-style-type: none"> <li>Continue use of surveys, focus groups, and individual interviews.</li> <li>Utilize family resource intranet to solicit feedback.</li> </ul>	<ul style="list-style-type: none"> <li>As part of a robust ongoing QA &amp; QI system, CQI efforts are informed by youth, families, collaborators, and other stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>In development.</li> </ul>
	4. Throughout the 2020-2024 CFSP, the Department will publish/present AILT results/findings in an effort to contribute DCF learning to the field of child welfare. * ^	<ul style="list-style-type: none"> <li>Presentations at conferences and other like forums.</li> <li>Publish methodology and outcomes of reform efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to present and/or to publish successful methodologies and quality improvement efforts will be documented in DCF's APSRs.</li> </ul>	<ul style="list-style-type: none"> <li>In development – conference presentations postponed due to COVID-19 pandemic.</li> <li>Harvard's Kennedy School of Government wrote a case study on DCF's agency improvement process and its use of agile/scrum. This case study is intended for mid- and senior-level city and state government managers enrolled in the Kennedy School of Government. The case study was presented at</li> </ul>

Goals	Strategic Objective	Milestones	Measure of Progress/Outcomes	Status
				Kennedy School of Government and adapted for presentation at Harvard Chan School of Public Health.

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

## **Staff Training, Technical Assistance, and Evaluation**

### **Staff Development and Training Plan in Support of the Goals and Objectives of the CFSP**

The Child Welfare Institute (CWI) is the professional development and training division of the Department of Children and Families (DCF). The purpose of the CWI is to improve public child welfare practice in the Commonwealth. CWI focuses on three interdependent responsibilities:

- Promoting and supporting the Department's core practice values, commitments, and priorities;
- Teaching the knowledge, skills, and foundational child welfare practices necessary for social workers to help families keep their children safe, achieve permanency, and promote wellbeing;
- Supporting the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

These three interdependent responsibilities are driven by the agency's strategic plan over five years (2020-2024). CWI has advanced and implemented a series of highly regarded programs designed to support the overarching priorities and practice expectations of the agency. With a considered strategy to promote continuous learning and professional identity for DCF child welfare social workers, supervisors and managers, the CWI promotes organizational effectiveness by building on the Department's many strengths, including:

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

### *Desired Outcomes*

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

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

### *Framework for Professional Development*

The DCF CWI provides training and learning opportunities to help staff demonstrate practice skills that are reflective of the agency's core practice expectations, values, and policies. The profession of child welfare social work requires that staff demonstrate specific competencies, knowledge and skills needed to engage in purposeful interactions with families to keep their children safe. For this reason, New Social Worker Preservice Training (NSWPT) is focused on social workers demonstrating competencies such as the ability to explain their role as a DCF social worker, conduct a home visit, or explain how risk and safety assessment are used in practice. The profession of child welfare social work also utilizes critical thinking and group decision-making to facilitate the assessment and planning processes with vulnerable children and families. Therefore, training for new social workers, protective intake and response workers, and supervisors includes instruction on Structured Decision Making (SDM), assessment processes, and how to include all family members in decision making.

CWI works continually with the field as well as staff at all levels of the Department to continually expand, diversify and revise training and professional development programs for staff. This has included a continuous revision of the New Social Worker Pre-service Training (NSWPT) as well as the enhancement of training for supervisors and Area Program Managers (APMs). Examples include: the introduction of a Peer-to-Peer Learning Model and training in the Art of Facilitation. The CWI gathers input through practice committees, field advisory groups, focus groups and the feedback received from each training event. This information is used to identify general topic areas and focused content for in-service training.

### *State's technical assistance activities that will be provided to counties and other local or regional entities that operate state programs and its impact on the achievement of the goals and objectives of the plan*

- CWI provides a variety of training, professional development, and technical assistance at every level of DCF. CWI provides the following training opportunities for newly on-boarded staff or those new to their positions:

- New Social Worker Pre-service Training (NSWPT) for all new DCF social workers. NSWPT provides foundational policy and practice content required before a social worker can be assigned a case.
- New Supervisor Training (NST) for all new DCF social worker supervisors. NST content gives a new supervisor the necessary administrative, educational, supportive, and clinical practice skills to direct the case management of social workers.
- New Area Program Manager Training (NAPMT) is a series that supports APMs as they assume their roles as leaders and managers of case practice. The content included in this series walks through administrative, educational, supportive, and clinical expectations at a middle management level with broader oversight and decision-making responsibilities.
- Leadership Academy (LA) supports new and emergent agency leaders in developing the skills to sustain an equitable and positive organizational climate and implement change. Utilizing a coaching approach, the LA rolled out in June 2022 in partnership with the National Child Welfare Workforce Institute (NCWWI) and the Children's Bureau. Area Directors, Area Clinical Managers, Central Office Directors and Specialists will be trained through the LA and serve as coaches to new Area Program Managers who will be the primary LA participants. Area Clinical Managers and Area Program Managers will serve in a mentorship capacity. The LA modules include:
  - **Fundamentals of Leadership** – capacity to address persistent complex and adaptive challenges and acquire skills for the implementation of sustainable systems change.
  - **Leading Change** – knowledge of implementation science, including stages of change, and the importance of using a racial equity lens, transformational leadership, and effective communication to facilitate sustainable organizational change.
  - **Leading in Context** – engagement strategies for developing partnerships internally and externally for effective and equitable family-centered practice and transformational systems changes.
  - **Leading for Results** - capacity to work with others to make thoughtful, informed data-driven decisions that improve the well-being of staff and families.
  - **Leading People** – leadership strategies to engage staff, families, and community partners in transforming practice to better support families.
- Master of Social Work (MSW) Fellowship and Professional Certificate Programs offer professional education opportunities and professional growth for qualified staff.
  - MSW Fellowship is offered to staff through several university and college partnerships around the state. The Fellowship accepts a limited number of qualified staff from every DCF region.
  - The professional certificate programs are offered to staff through several university and college partnerships.
- In-service and Professional Development courses offered by CWI are child welfare practice-based and scheduled monthly for social workers, social worker supervisors, and managers. The development of these courses has evolved to be responsive to field identified needs and the overall strategic goals of the Department. Course development is further informed through feedback provided by DCF's Continuous Quality Improvement Unit, Foster Care Review Unit, and the Office of Management, Planning and Analysis. Information about available courses is

provided through a monthly newsletter, posting on the CWI Intranet page, and through the DCF Learning Management System (LMS).

- CWI leadership and staff are part of the agency's policy development and implementation efforts. CWI provides technical assistance to the policy unit and other stakeholders regarding policy rollout training, curriculum content, and development of training materials.
- CWI provides specific training and professional development to meet the more localized needs of the five Regions and 29 DCF Area Offices. CWI training staff provide direct technical assistance to the field as needed.

*Technical assistance and capacity building needs that the state anticipates in FFY 2020 - 2024 in support of the CFSR PIP and CFSP goals and objectives*

- a. CWI anticipates technical assistance and capacity building needs associated with the training and development of Social Worker Supervisors and Managers. Specifically, addressing the following dimensions of learning:
  - Clinical practice: change and implementation in practice, enhancing critical thinking, clinical formulation, analysis, and risk assessment skills
  - Supportive leadership: applying trauma informed supervision and decision making
  - Educational: acting as a coach, facilitator, and teacher
  - Administrative: using data and available tools to support staff, improve consistency of practice, and meet policy expectations
- b. DCF leadership and CWI staff will pursue resources available through the National Child Welfare Workforce Institute (NCWWI), the Capacity Building Center for States, and other national resource centers to expand the continuum of professional development and training for supervisors and managers.

*Evaluation and Research Activities*

- a. CWI will refine and operationalize a structured process to evaluate the effectiveness of initial training and results will be utilized to refine curriculum and training strategies. This formal feedback process includes field operations (i.e., area office supervisors/managers) and the CWI (i.e., training staff). This feedback process assesses the transfer of learning around key practice elements. In partnership with the CQI Unit, CWI is targeting training priorities based on agency needs assessments and trends in practice and fidelity to policy.
- b. CWI will continue to develop and utilize consistent tools for evaluating the effectiveness of ongoing training. CWI will refine and operationalize metrics and processes for evaluating and improving staff training. In partnership with the CQI Unit, CWI is gathering data to better understand the transfer of knowledge from training programs into direct action and practice in the field.
- c. CWI will continue to utilize MassAchieve, the Department's learning management system for tracking the 30-hour ongoing training requirement for social workers and their supervisors. MassAchieve provides the structure for assigning mandatory and ongoing in-person and virtual

training, course registration, hosting asynchronous training opportunities, maintaining transcripts and staff level and agencywide reporting.

- d. CWI will continue to construct evaluation tools for all training activities using MassAchieve. This new LMS allows CWI to integrate evaluation tools, gather data, and analyze trends to inform upgrades to future training and provide direct feedback to trainers about their work.

## **Implementation Supports**

In the chart above, the Department displays its strategic goals, objectives, and measures of progress for the next five years. In order to successfully implement our goals and objectives, there are key supports that will need to be in place. Some of those supports are discussed in other sections of the CFSP. For instance, the Department's staff development and training plan in support of the goals and objectives are described in the Training Plan section of the 2020-2024 CFSP. Others are embedded in existing activities within the Department. Other supports critical for successful completion of our goals and objectives are discussed below:

- Budgetary Supports – At a minimum, the Department will need state and federal funding streams to remain level in order to maintain the progress we have achieved in terms of staffing and services. Reductions in budgets at the state or federal level may have a detrimental impact on the Department's ability to implement the goals and objectives highlighted for the next five years.
- Procurement Supports – Several of the goals and objectives will require the Department to procure services through the Commonwealth's public procurement system. These procurements take significant time and resources to develop, post, review proposals, and then implement with selected providers.
- Technology Supports – The Commonwealth has invested heavily in technology to support the efficient operation of the agency. Mobile technology devices coupled with the conversion of our FamilyNet system to a web-based system free social workers from their desks allowing for more time with children and families. New technologies like our foster parent intranet allow for greater communication. Ongoing support for all of this technological innovation and any new supports that come up will be critical to ensure successful implementation of our goals and objectives.
- Policy Supports – A continued focus on refreshing and drafting new policies will be critical for successful implementation of our goals and objectives. Likewise, providing necessary supports to successfully implement those policies across the agency such as coaches, trainers, and ongoing conversation will be key.



#### C4. QUALITY ASSURANCE SYSTEM

Description of Systemic Factor Item: The quality assurance system is functioning statewide and (1) is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

The Department implemented the MA CFSR3 PIP in July 2017. One of the Department's PIP goals (Goal 3 of 3) was to develop a robust Continuous Quality Improvement (CQI) program. Toward this end, the Department utilized the ACYF-CB-IM-12-07 information memorandum on Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies to inform the development of DCF's CQI system. The Department's CQI approach better equips the agency to measure the quality of services provided in Massachusetts by determining the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

By the start of FFY2018 and into FFY2019, the Department was operating a robust CQI program that was functioning statewide to ensure that it was/is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

#### MA CFSR3 PIP Goal 3: Develop a Robust CQI Program

##### Strategy 1: Build the CQI Model

The Council on Accreditation's public agency standards for Performance and Quality Improvement (PQI) served as a guiding reference. The Department's agency wide CQI program promotes efficient and effective service delivery and the achievement of strategic and program goals.

*Key Activity 1:* Develop a clearly articulated **mission** for CQI—which defines its purpose within the Department.

*Progress* – The Department of Children and Families' **mission** for its CQI program, is that:

- DCF's Continuous Quality Improvement program is a systemic approach to advancing the agency's mission and achieving its goals through continuous and integrated efforts to improve service delivery and overall agency function.
- DCF's mission: *Strive to protect children from abuse and neglect and, in partnership with families and communities, ensure children are able to grow and thrive in a safe and nurturing environment.*

*Key Activity 2:* Develop a clearly articulated **vision** for CQI—which sets out its direction within the Department.

*Progress* – The Department of Children and Families’ **vision** for its CQI program, is that:

- Supports and services are designed and implemented based on evidence and knowledge;
- Practice is aligned with policy;
- Data collection is focused on measuring outcomes and achieving success through safety, permanency, and well-being;
- Continuous quality improvement is emphasized and supported throughout the agency; and
- Innovation is valued and encouraged.

*Key Activity 3:* Develop a clearly articulated set of **values** for CQI—which establishes the parameters for its accomplishments.

*Progress* – Five core **values** (principles) underlie the Department’s CQI system. A good CQI system:

- Provides for continuous learning at all levels of the Department and does not serve as either a compliance tool, or as an individual evaluation or accountability system;
- Addresses the entire child welfare system as a whole, including both the Department’s formal partners, such as its providers and foster parents, and its informal partners in family and community;
- Identifies best or promising practices and promotes them for learning and appropriate spread across the Department;
- Provides early warning of operational problems or challenges in any office or in the larger system of care, promoting a proactive rather than a reactive response system; and
- Serves as the primary means by which the Department identifies needed program development or professional development to ensure the highest quality child welfare across the Commonwealth.

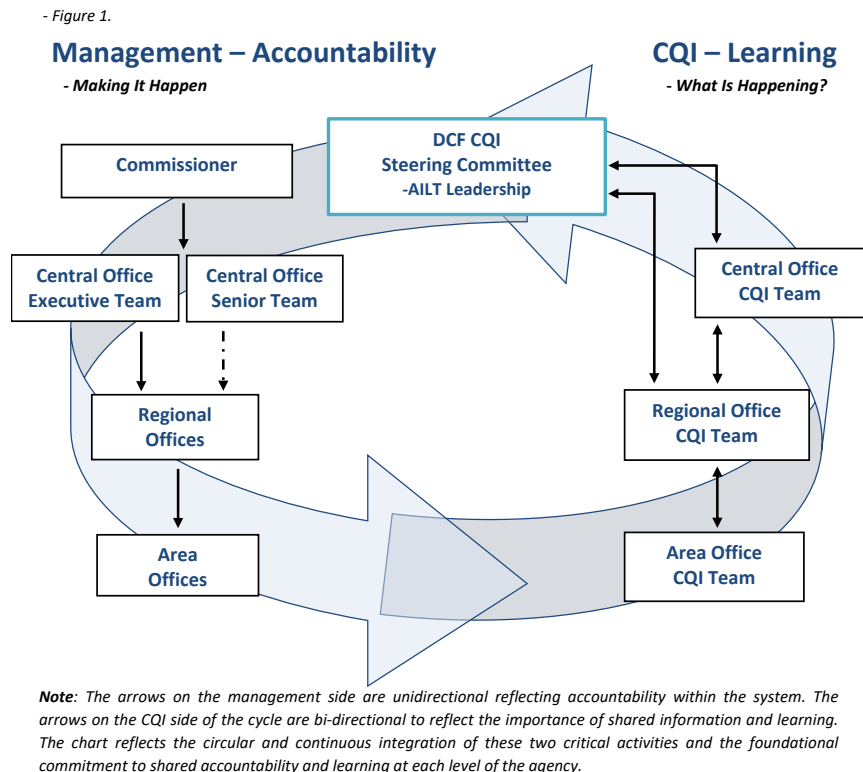
*Key Activity 4:* Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively, consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include the Department’s executive team. The foundational administrative structure will promote a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

*Progress* – The Department established a foundational administrative structure, which recognizes and supports the following cyclical relationship of management and CQI:

- There is an integrated and cyclical nature between Management and CQI. The cyclical nature of this relationship is a critical foundation for positive outcomes; reflecting the substantive communication and information flow that sustains fidelity to the agency's vision and goals. The Management structures hold the accountability for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families.

The CQI structures hold the responsibility for facilitating access to quantitative and qualitative information about those processes, practices and outcomes, and ensuring that this information is used to enhance practice knowledge and promote learning throughout the agency.

- Figure 1 depicts the ongoing, integrated and cyclical nature of the relationship between DCF Management and CQI.



- There is an ongoing cyclical relationship and communication flow between the accountability of management and the learning promoted by CQI. This integration functions through the exchange of data and responsive feedback occurring during management oversight, as well as formal and informal learning opportunities. The functional integration of these structures occurs at each level of the agency. The CQI Teams review qualitative and quantitative information on clinical, managerial and systemic practices and related outcomes to gain an understanding of trends, practice challenges and promising practices. The Management Team then uses the knowledge gained through these efforts, as they guide and refine clinical, managerial and systemic practices for which they are accountable.
- CQI teams include broad based representation. Membership on the DCF CQI Team is not specifically prescribed, but careful consideration of the team's composition is critical to ensuring a variety of perspectives and areas of expertise that relate to all facets of the Department's practices. The functions of the CQI Teams include a range of activities that focus on a review of practices and outcomes, development of improvement plans, and promoting a continuous learning environment.
- CQI efforts are most effective when conducted by individuals/stakeholders closest to the locus of practice or process. Therefore, the DCF CQI program benefits from local CQI teams established in each area, region, and Central Office. Local Area Office CQI Teams receive guidance/focus from Regional Office CQI Teams; learning is to flow in both directions. The

CQI Steering Committee (i.e., AILT Leadership) guides and focuses the work of the Central Office, Regional and Area Office CQI teams; learning flows in multiple directions.

*Key Activity 5:* Establish a comprehensive CQI plan—functioning agency-wide which:

- Includes standards to evaluate the quality of services—inclusive of safety, permanency, and well-being;
- Identifies strengths and needs of the service delivery system—at all levels;
- Provides relevant reports—driven by comprehensive quality data collection, systematic/representative case record review, analysis of quantitative/qualitative data, and dissemination of findings utilizing multidirectional feedback loops; and
- Evaluates implemented program improvement measures.

*Progress* – As of the start of FFY2018, the Department has firmly established a comprehensive CQI plan which includes each of the elements outlined above.

*Key Activity 5a:* Establish a CQI management structure, which will hold the accountability for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families. This structure will include the following:

- Commissioner;
- Central Office Executive and Senior Staff;
- Regional Office leadership; and
- DCF CQI Steering Committee.

*Progress* – As of the start of FFY2018, the Department has firmly established a comprehensive CQI plan which includes each of the elements outlined above.

*Key Activity 5b:* Establish an agency-wide CQI team structure that promotes learning and critical thinking, and embeds a quality improvement perspective/lens for all staff across all levels of the agency.

*Progress* – The following CQI teams have been established.

- Central Office CQI Team(s);
- Regional Office CQI Team(s) – minimally one team per regional office; and
- Area Office CQI Team(s) – minimally one team per area office

<b>AREA OFFICE CQI TEAM</b>	
<b><i>Team Composition</i></b>	<b><i>Team Functions</i></b>
<ul style="list-style-type: none"> <li>• Area Office Managers</li> <li>• Lead Agency Representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Review data related to caseload, practice, systems performance, and child/family outcomes on a monthly/quarterly (TBD) basis.</li> <li>• Identify performance challenges and strengths and develop action plans in response to these.</li> <li>• Ensure that the review process is characterized by learning and reflection.</li> </ul>

<ul style="list-style-type: none"> <li>Supervisors and Direct Service Staff – as indicated</li> <li>Family Member(s)</li> <li>Youth</li> <li>Community Representatives</li> <li>Area Board Member(s) – as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement action/improvement plans, evaluate results, and modify plans accordingly in a process of continuous improvement.</li> <li>Participate in monthly/quarterly (TBD) regional office reviews of performance and action plan status.</li> <li>Disseminate learnings about successes and challenges.</li> </ul>
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<b>REGIONAL OFFICE CQI TEAM</b>	
<b><i>Team Composition</i></b>	<b><i>Team Functions</i></b>
<ul style="list-style-type: none"> <li>Regional Office Managers</li> <li>Regional Counsel(s)</li> <li>Regional Office Specialists and Support Staff as indicated</li> <li>CQI Specialist(s)</li> </ul>	<ul style="list-style-type: none"> <li>Review Area Office data related to caseload, practice, systems performance, and child/family outcomes on a monthly/quarterly (TBD) basis.</li> <li>Organize and provide staff support for Area Office CQI reviews as indicated.</li> <li>Conduct monthly/quarterly (TBD) CQI reviews of Regional Office functions and services.</li> <li>Ensure that the review process is characterized by learning and reflection.</li> <li>Develop annual action plans addressing cross-area performance challenges.</li> <li>Participate in quarterly/semi-annual (TBD) Central Office reviews of performance and action plan status.</li> <li>Disseminate learning about successes and challenges.</li> </ul>

<b>CENTRAL OFFICE CQI STEERING COMMITTEE</b>	
<b><i>Team Composition</i></b>	<b><i>Team Functions</i></b>
<ul style="list-style-type: none"> <li>Executive Team</li> <li>Senior Staff</li> <li>AILT Leadership</li> <li>CQI Director</li> </ul>	<ul style="list-style-type: none"> <li>Conduct monthly/quarterly/semi-annual (TBD) reviews of Regional/Area performance and action plan status.</li> <li>Determine priorities for Area/Regional CQI Team Review as indicated.</li> <li>Conduct quarterly (TBD) CQI reviews of Central Office functions and services.</li> <li>Ensure that the review process is characterized by learning and reflection.</li> <li>Ensure that training, agency policies, and other resources support identified Area/Regional practice and system changes.</li> <li>Identify exemplary practice and system improvements, and disseminate across Areas and Regions, and internal/external stakeholders as indicated.</li> </ul>

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

*Progress* – Central/Regional/Area Office leadership teams were trained on the agency CQI model, process and content, as well as the tools/methods of CQI. Training is provided to newly

hired/promoted managers. Furthermore, as of April 2022, more than 200 data fellows completed an intensive 6-month DCF Data Fellows Institute, which has provided comprehensive instruction and hands-on experience with CQI and the use, analysis, and display/presentation of data. A new class of 30 data fellows is underway and expected to graduate in May 2022.

*Strategy 2: Develop a case practice review system (structure and mechanisms) to gather qualitative and quantitative information.*

This case practice review system incorporates an ongoing case review component that includes reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases.

*Key Activity 1:* Develop and implement a communication strategy for promoting agency-wide understanding regarding the process, purpose, importance, and use of the case practice review system; particularly as it relates to successfully meeting/exceeding the PIP goals.

*Progress –* The DCF CQI Plan (including importance of establishing a comprehensive case practice review system to manage/meet/exceed PIP goals) was developed, approved, and rolled-out to each region/area office, and fully implemented.

*Key Activity 2:* Establish a CQI Unit within the agency which supports an ongoing case practice review system agency wide. A fully staffed CQI Unit will consist of a Director and minimally one CQI Specialist in each of the agency's five (5) regional offices.

*Progress –* The Department established its first-ever CQI Unit with the agency. Doubling its capacity in SFY2022, the CQI Unit consists of a unit director, two (2) CQI Quality Managers and two (2) CQI Specialists (social worker supervisor level position) per each of the five (5) DCF regions.

*Key Activity 3:* Develop and utilize a quality data collection system framework for gathering both quantitative and qualitative data—utilizing FamilyNet data extracts and a DCF case review instrument, which includes interviews specific to each case. Found to be a strength and in substantial conformity with the systemic factor of Statewide Information System, the Department's case management system will serve as the primary source for gathering quantitative data on both process and outcomes, as well as to identify representative cases for case review.

*Progress –* The DCF FamilyNet Database is the primary source for gathering structured quantitative data and for identifying sample cases for systematic case review. The DCF CQI Unit developed structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy (e.g., Protective Intake, Case Closing, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). Furthermore, the DCF CQI Unit utilizes the ACF/CB OSRI and OMS for the agency's CFSR3 PIP case reviews.

*Key Activity 4:* Establish a systematic methodology and instrument (CFSR Onsite Review Instrument (OSRI) plus DCF-specific data elements) for reviewing cases on a representative sampling universe of children who are/were recently in foster care and children who are/were served in their own homes. The case review methodology and instrument will support data collection on the following PIP items—including but not limited to the assessment of

training/implementation/case practice:

- *Goal 1, Strategy 2, Key Activity 1:* Adherence/effectiveness of DCF Risk Assessment Tool.
- *Goal 1, Strategy 2, Key Activity 3:* Adherence/effectiveness of the Supervision Policy.
- *Goal 1, Strategy 2, Key Activity 4:* Ability of staff to engage families in examining parental capacity and protective factors.
- *Goal 1, Strategy 2, Key Activity 5:* Adherence/effectiveness of the Family Assessment and Action Planning Policy.
- *Goal 1, Strategy 2, Key Activity 6:* Adherence/effectiveness of the In-Home Case Practice Policy.
- *Goal 2, Strategy 1, Key Activity 7:* Assess impact of increasing identification of kin connections during assessment.

*Progress* – The DCF CQI Unit utilizes the ACF/CB OSRI and OMS for the agency’s CFSR3 PIP case reviews. The Department’s CFSR3 PIP Baseline was completed through the comprehensive case review of 70 cases from Jul-Dec 2017. Subsequently, 290 CFSR3 PIP case reviews were conducted between Jan-2018 and Mar-2020. This review schedule continued beyond the completion of the CFSR3 PIP and in Jan-2022 expanded to 100 cases every 6-months.

*Key Activity 4a:* Establish (in consultation with the ACF/CB) and implement a case practice review system that will measure safety, permanency, and well-being outcomes in support of the PIP, as well as on an ongoing basis. This system will utilize the CFSR OSRI and Online Monitoring System (OMS) for data collection and reporting.

*Progress* – The DCF CQI Unit utilizes the ACF/CB OSRI and OMS for the agency’s CFSR3 PIP case reviews.

*Key Activity 4b:* Establish and implement a case practice review system that will assess fidelity to the Department’s new and ongoing policies. Key learnings will be utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

*Progress* –The DCF CQI Unit developed structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy (e.g., Protective Intake, Case Closing, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). Key learnings are utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

*Key Activity 5:* Develop a written user manual and standardized instructions for completing case review instruments and for implementing the case review process.

*Progress* –The DCF CQI Unit developed (and continues to develop/refine) structured Case Review Modules with embedded instructions for systematic quantitative and qualitative review of new agency policy. The DCF CQI Unit utilizes the ACF/CB OSRI and OMS, which include a written user manual and standardized instructions and an implementation plan.

*Key Activity 6:* Establish and implement a uniform and consistent training process for staff case reviewers (i.e., CQI Specialists)—focusing on reducing bias and increasing inter-rater reliability.

*Progress* – The DCF Case Review Modules contain embedded instructions. Inter-rater reliability is ensured through anchoring guidance within the instruments, staff meetings, and QA oversight by the CQI Unit Director (with initial review/sign-off by the Assistant Commissioner for CQI). The DCF CQI Unit utilizes the ACF/CB OSRI & OMS for the agency's CFSR PIP case reviews. CB Regional Office provided training and ongoing support to the CQI Unit Director and CQI Specialists. Primary and Secondary QA oversight is provided to ensure conformity and reliability.

*Key Activity 7:* Develop a process for conducting ad hoc / focused reviews targeting specific domains when analysis and other data warrant such reviews.

*Progress* – The DCF CQI Plan and guidance for conducting ad hoc / focused reviews was developed, approved, rolled-out to each region/area, and implemented. Conducted examples: Protective Intake Policy Implementation, Case Closing - Re-opening, Fatherhood Engagement studies, Quality Contacts, Foster Care Review, Supervision, and Interim Reunification Guidance.

*Key Activity 8:* Develop and implement a consistent mechanism for gathering, organizing, and tracking information from the case review process for information not otherwise captured in the OSRI.

*Progress* – The DCF CQI Unit developed an MS Excel template for recording Case Review Module findings. While this strategy has proven to be sufficiently reliable, an MS Access Database structure for recording findings is under consideration.

*Key Activity 9:* Establish and implement process for analyzing data from both quantitative and qualitative data sources.

*Progress* – The MS Excel templates for recording Case Review Module findings are utilized to analyze data (e.g., descriptive statistics, pivot tables, charting, and graphing). The ACF/CB OMS is utilized to extract quantitative and qualitative data.

*Key Activity 10:* Develop mechanism for distributing key findings and information from quantitative and qualitative data sources to:

- Families, children, youth, and young adults receiving services;
- Providers;
- Stakeholders;
- Legislators;
- The Office of the Child Advocate; and
- The General Public

*Progress* – The DCF Commissioner and the OCA (Office of Child Advocate) Director convened a Data Workgroup to explore and expand DCF's reporting and its mechanisms for distributing key findings and information from quantitative and qualitative data sources. Data Workgroup included representation from: EHS, DCF, OCA, MA Legislative staff, child welfare/legal advocates, and faculty from higher education. To date, four reports were placed into ongoing production:

- DCF Annual Report
- DCF Quarterly Data Profile



- DCF Foster Care Review Report
- DCF Fair Hearing Report

*Strategy 3: Improve training for DCF staff provided by Massachusetts Child Welfare Institute (CWI).*

*Key Activity 1:* Review and assess current pre-service and on-going training provided by CWI, with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization. As a result, identify the changes needed in training to increase DCF staff's understanding of the basic skills and knowledge required by their positions. The process will include engaging subject matter experts and obtaining input from field operations (i.e., DCF regional and area offices).

*Progress* – The DCF Child Welfare Institute (CWI) in collaboration with curriculum writing consultants initiated a review and assessment of DCF's current pre-service training and materials.

*Key Activity 2:* Review and revise DCF new worker pre-service training curriculum.

*Progress* – Review of the Department's pre-service resulted in revisions to the pre-service training curriculum. All revisions and a final draft of the curriculum was completed in June 30, 2020.

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

*Progress* – The finalized curriculum was implemented in SFY2021.

*Key Activity 2b:* Develop and implement a mechanism for evaluating the effectiveness of initial training—results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the DCF Child Welfare Institute (i.e., DCF training unit). This formal feedback process will measure transfer of learning around key practice elements.

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

*Key Activity 3:* Create a cross-functional working group to review existing On-the-Job Training (OJT), determine best practices, and develop a framework for development and implementation agency-wide. The OJT strategy will describe the roles and responsibilities of the MA Child Welfare Institute, the new worker trainees, and the local area offices.

*Progress* – A cross-functional field operations (i.e., workers, supervisors, managers, etc.) workgroup was created. Preliminary OJTs were developed.

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

*Progress* – On-the-Job Learning (OJL) strategy and process has been implemented. Ongoing

review/refinement is underway.

*Key Activity 4:* Develop a staff statewide training system that provides staff with the skills and knowledge needed to carry out their duties.

*Progress* – CWI engaged various levels of line and management staff to create a comprehensive list of skill and knowledge needs. CWI is working with Social Workers, Supervisors, and Managers to prioritize training and coursework based on this list of skill and knowledge needs.

*Key Activity 5:* Develop and implement a mechanism for evaluating the effectiveness of ongoing training. Identify metrics and process for evaluating and improving staff training.

*Progress* – CWI initiated on-line participant evaluations for ongoing training. These evaluations provide feedback for course adjustment and continuous quality improvement.

*Key Activity 6:* Develop and implement a mechanism for tracking the 30-hour requirement for ongoing training for social workers.

*Progress* – Working with DCF CQI/OMPA, CWI established a mechanism for tracking the 30-hour training requirement for SWs.

### **Training and Technical Assistance**

The Department adopted the Children’s Bureau CFSR Onsite Review Instrument (OSRI) and the Online Monitoring System (OMS) for the MA CFSR3 PIP case reviews. The CB Regional Office provides training and technical assistance on an as needed basis. This ensures that the OSRI is being completed according to CB guidelines. Additionally, this process promotes inter-rater reliability across case reviewers and quality assurance staff. Technical assistance was provided by the CB Regional Office throughout the PIP period and continues during CFSR4.

### **Data Source and Approach to Measurement (Post CFSR3 PIP)**

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

For each 6-month period, 50 (50%) of the selected cases are Out-Of-Home (OOH) cases and 50 (50%) are In-Home (IH) cases. Massachusetts DCF consists of five (5) regional offices. Boston Region accounts for 12-14% of the statewide caseload and includes Suffolk County—the largest metropolitan subdivision. As such, cases are stratified for the Boston Region (16% - 16 cases), and the remainder (84% - 84 cases) are drawn from the non-Boston Region statewide caseload. Using rolling quarterly sampling periods, the Department maintains a 12- to 15-month period under review (PUR).

All cases have an initial review by a member of the CQI Unit—generally a CQI Specialist. CQI Unit members have experience and specialized training in conducting case reviews. The case review includes a review of the i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants (e.g., family members, stakeholders, etc.). Cases are

evaluated based on eighteen (18) items within seven (7) outcomes related to safety, permanency, and wellbeing. The OSRI is completed in its entirety for all reviewed cases.

The Child and Family Services Reviews OSRI Quality Assurance Guide is used by CQI Unit staff to ensure that OSRI data are accurate, complete, and consistent. This guide contains helpful information regarding general and item-specific issues to consider when conducting quality assurance that “encourages discussions with reviewers prior to completion of the OSRI instrument in addition to a final quality assurance review of the instrument once it is completed.”

A first-level quality assurance review is conducted by an experienced CQI Specialist, and a second-level quality assurance review is conducted by a CQI Quality Manager. Secondary oversight is provided by the Children’s Bureau—who have full access to the OMS state site.

These processes ensure that the OSRI is being completed according to CB guidelines. Additionally, this process promotes inter-rater reliability across case reviewers and quality assurance staff. In preparation for CFSR R4, the DCF CQI Unit held regularly scheduled trainings and feedback sessions with the Children’s Bureau Regional Team. Starting in July 2022, the DCF CQI Unit requested and received second-level oversight of ongoing comprehensive case reviews for added inter-rater reliability and technical assistance.

### **Conflict of Interest/Bias Reduction**

In order to eliminate/reduce bias, the following guidelines are followed for conflicts-of-interest:

- CQI Specialists/Quality Managers will not review cases in which they were directly or indirectly (e.g., supervisor/manager) involved.
- CQI Specialists/Quality Managers will not review cases in which they have a personal interest.
- Any individuals having a conflict-of-interest will not participate in any team or reviewer debriefing of cases that affects ratings of cases.

The CQI Specialist or Quality Manager will notify their reporting manager of any conflict with any case. The reporting manager ensures that cases with identified conflicts are assigned/reassigned to another CQI Unit Specialist/Manager with no such conflict.

### **Interview of Key Individuals**

Concerted efforts are made to interview the following people as part of a case review:

- School-aged target children; if developmentally capable of participating,
- Parents/legal guardians who are applicable to at least one item being reviewed,
- All foster parents (including pre-adoptive or other caregivers) who cared for the child during the PUR, and
- DCF Social Worker, or unit Supervisor, if the DCF Social Worker is no longer employed with the agency.

Parents whose rights have been terminated (TPR) may still need to be interviewed. The parent-related questions are NA in cases in which the TPR was before the PUR, therefore no interview of the parent is required. Interview of a parent whose rights have been terminated would only occur in

cases where parental rights were terminated during the PUR, or the parent remains involved in the child's life. In these cases, the DCF Social Worker will provide input about whether the parent should be interviewed.

Concerted efforts to conduct the above interviews include:

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

Interviews are conducted in-person whenever possible. Videoconferencing, telephonic, or email communication may be sought if in-person interviews cannot be conducted due to refusal on the part of school-aged children/youth, parents/legal guardians, or former foster parents.

## C5. UPDATE ON SERVICE DESCRIPTIONS

Below we provide an update on the services provided through the programs/services areas identified in the program instruction. For each program, we provide a description of the services to be provided in FFY2024 relative to the key outcomes for the grants. We also provide program-specific information requested by the program instruction. Data related to the number of individuals served, population served, and geographic areas where the services are available is provided both here and in the CFS-101, Part II.

### STEPHANIE TUBBS JONES CHILD WELFARE PROGRAM (Title IV-B, subpart 1)

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) provides critical funding for a variety of child welfare services. During FFY2024, the Department will continue to use grant funding to achieve the following key outcomes. This funding allocation is consistent with FFY2023:

- *Protecting and promoting the welfare of children/preventing the abuse, neglect, or exploitation of children*– The Department will continue to use IV-B subpart 1 funds to support social worker travel in the performance of their duties serving children and families.
- *Supporting at-risk families* – The Department will continue to use IV-B subpart 1 funds to fund two programs that provide services that allow children to remain with their families or return to their families in a timely manner.
  - Family Support Services, which provides needed flexible supports to intact families with the focus on keeping children safely in their homes.
  - Operation of Family Resource Centers throughout the Commonwealth. The Family Resource Centers provide resource and referral services to families in need prior to their involvement with the Department.

#### Estimated Number of Individuals Served, Population Served, and Geographic Areas

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

IV-B, subpart 1 Program	Individuals Served	Population Served	Geographic Areas Services are Available
Protecting and Promoting the Welfare of Children; and Preventing the Abuse, Neglect, or Exploitation of Children	92,251 Children	All children involved with the Department	Statewide

Below, we also provide data specific to federal spending from the grant that is not included in the CFS-101, Part II:

IV-B, subpart 1 Program	Individuals Served	Population Served	Geographic Areas Services are Available
Supporting At-Risk Families – FRCs	16,464 Families	Families in the Commonwealth in need of services	Statewide (there is an FRC in every county of the Commonwealth)
Supporting At-Risk Families – FSS	350 Families	Intact Families in need of supports	Statewide

## SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

The Department of Children and Families contracts with Child & Family Services, Inc. to provide post-adoption services through the Adoption Journeys Program to all families in the Commonwealth, including families of children adopted from other countries. The Adoption Journeys contract has been in place since 1997. The Department believes that having a private agency provide post-adoption services provide adoptive families with direct access to a broader array of services that can be less threatening than requiring families to work directly with the state child protection agency.

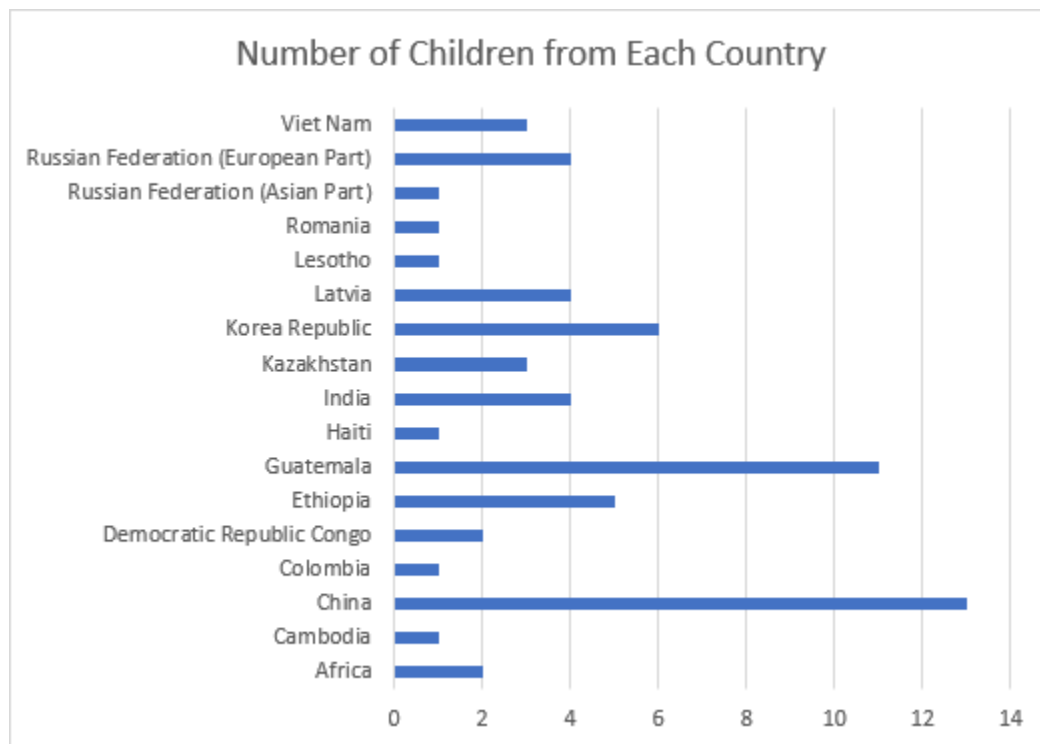
Adoption Journeys provides information and referral services to adoptive families. Telephone support is available to families 24-hours a day, seven days a week through a toll-free number. There is also a component of the contract designed to educate therapists, attorneys, judges, and others who may work with adoptive families. Adoption Journeys has also conducted statewide professional conferences as well as smaller regional trainings.

Other program components include:

- *Regional Response Team:* The response teams are made up of adoption competent staff including a social worker, parent liaison, and team leader. These brief supportive services offer families joint problem solving, coordination of services, and home-based counseling.
- *Parent and Youth Support Groups:* Support groups are led or co-led by adoptive parents, adopted youth, social workers, or clinicians. Most meet once a month and some are co-sponsored with other organizations. All support groups are open to new members and additional support and psycho-educational groups are formed as needs are identified.
- *Parent and Young Adult Liaisons:* Individuals and families requesting a liaison are matched as closely as possible according to the needs, interests, and expectations of all involved. Geography, life experiences, diversity, and the family's style of relating are some of the areas considered in making a match. Ongoing support and training are offered to families participating in this program.
- *Adoption Competency Training:* Training opportunities are available for professionals interested in enhancing their work with adopted children and their families.
- *Respite Care:* Respite care is available on a time-limited and planned basis for hourly, daily, or overnight care. These brief supports can help to alleviate stress, strengthen family relationships, or respond to an unanticipated family event. Limited respite services are available to families in

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

Any family who resides in Massachusetts that has legalized an adoption or permanent guardianship can access the post-adoption services. Approximately 10% of the families (63 children) working with Adoption Journeys in 2022 were inter-country adoptions. The chart below represents adoptions from 17 sending countries.



The number of new intercountry adoptions by families in Massachusetts had been declining. However, according to State Department data, there were 35 inter-country adoptions in Massachusetts in 2021, up from 31 in 2020, and down from 43 in 2019. This change has not decreased the demand for post-adoption support services for new inter-country adoptive families. The primary demand is from families with teenagers who were adopted from other countries anywhere from one to ten or more years ago. MA DCF does not anticipate changing its post-adoption support model, as Adoption Journeys continue to be successful for families in this demographic. However, MA DCF does intend to further enhance the clinical support services to this demographic in an upcoming RFR with plans of implementation in FFY 2024. MA DCF anticipated procuring these additional services in FFY 2023, however, given the change in the state's administration, this procurement was delayed.

## SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

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

The Permanency Planning Policy involves a mix of child-centered, family-empowering casework and legal strategies that ensure children have caring, stable, lifetime families and that safety remains the paramount concern throughout the family's involvement with the Department. The policy provides guidance in support of each goal, as appropriate, and supports activities and services that reduce the length of time that young children under age five are in foster care without a permanent family, as well as those being served in-home or in a community-based setting.

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

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5) 2022	Percentage of Children (Under Age 5) 2022
Child Returned Home	943	60.1%
Child Adopted	529	33.7%
Guardianship	64	4.1%
Custody to Other Individual	32	2.0%
Grand Total	<b>1568</b>	<b>100.0%</b>

*Table 1B: Unique count of children under the age of five by Home Removal Event (HRE) end reason FY2023 YTD*

Home Removal Event (HRE) End Reason	Number of Children (Under Age 5) 2023 YTD*	Percentage of Children (Under Age 5) 2023 YTD*
Child Returned Home	580	62.0%
Child Adopted	303	32.4%
Guardianship	45	4.8%
Custody to Other Individual	7	0.7%
Grand Total	<b>935</b>	<b>100.0%</b>

\*FY2023 YTD (July 2022-April 2023)



The Department encourages and assists parents to support reunification and reduce the length of time their child is in care by utilizing the parents' strengths and resources as well as the community. Below we provide some examples of the resources and supports in place for families.

### *Family and Community Resources*

The Department continues to offer resources to families, including organizations such as Rise Above, Wonderfund, YMCA memberships (to youth in foster care), Family Stabilization and Support Services (FSS), and Family Resource Centers. DCF will work with any service that supports the safety, permanency, and wellbeing of children and families.

### *Departmental Resources*

DCF is also responsible for providing information and referrals to children and families that will connect the family with the previously mentioned resources. We also have statewide specialists that provide support, consultation, and case direction to staff. The following are our specialists, and the Disability and Permanency have been recently added:

- Mental Health
- Disability
- Education
- Substance Use
- Permanency

### *Foster Care Policies*

In February 2023, the Department implemented two new foster care policies:

- Licensing of Foster, Pre-Adoptive and Kinship Families
- Safe and Supported Placements

These new policies unbundled the former family resource role previously responsible for all aspects of foster homes, from licensing to placements. There are now three separate roles, a Licensing and Training Social Worker (LTSW), a Foster Family Social Worker (FFSW), and a Kinship Social Worker (KSW).

The Department of Children and Families, foster parents, biological families, and communities collaborate to support children in the Department's care and custody. They work together to shorten the length of time a child is in foster care and the time it takes to achieve permanency. A safe, nurturing, and permanent family is the goal for every child in Department care.

Children living outside their homes often do better when they live with extended family members or with people in their community circle. The Department works closely with the child's family and community to identify kin to care for the child if needed. When placement with a kinship family is not possible, the Department recruits foster families from diverse communities.

The Family Find positions, which originally were in 11 DCF offices, have now been rolled into this policy and now is a function in all 29 area offices in each KSW role. The KSW is responsible for:

- discussing with the child’s family other potential kinship placement resources;
- rapidly conducting and documenting the caregiver assessment activities to permit immediate placement of a child with kin;
- supporting the kin placement by:
  - developing a support plan, if needed;
  - providing information about child needs and activities needed within the first week;
  - providing information on the caregiver training and assessment process;
- participating in the review of the caregiver assessment for kinship homes to the licensing review team;

Some of the highlighted changes of this policy include:

- Parenting and training opportunities for foster parents will be made available through an updated MAPP (Massachusetts Approach to Partnerships in Parenting) curriculum for prospective foster parents, as well as ongoing training opportunities through Foster Parent College
- Foster families now have a dedicated support worker that is separate from the Licensing and Training worker, to provide more support to the foster homes (for both kin and unrelated)
- Quarterly joint visits are now required to provide an opportunity for the child’s worker and the FFSW or KSW to work together to ensure a more supportive and stable environment for the child(ren)
  - Support workers have also increased their visits to the foster home from every other month to every month
- Updated requirements for kinship homes to allow for better clinical decision making on whether a child can live with kin.
  - For example, siblings of the opposite gender can share a room, regardless of age, if it is clinically appropriate for those children
- Foster parents cannot smoke around youth in foster care, which aligns with federal guidelines

### Permanency Division

The Department’s Permanency Division consists of Adoption, Foster Care (including Comprehensive Foster Care and Recruitment), ICPC, the Kinship Navigator Program and the Adolescent and Young Adult Services units. Adoption and Foster Care collaborate with contracted agencies to continue this work on a larger scale. In 2022, a Permanency Manager position was created and filled. There is currently a team of Permanency Specialists, who provide support to each region. A Clinical Director of Permanency position has been created and is currently in the process of hiring. The work of this division includes working with area offices and other agencies to ensure children ages 0 – 5 are getting to permanency sooner.

### Child Care Vouchers

As of April 2023, there were a total of 12,079 DCF-involved children in childcare statewide of which an approximate 29% (3546) are in foster care. This has increased from last year. Children access childcare both through contracted slots and vouchers. According to EEC data, we had a slight increase from last year in the number of children served in supportive childcare under the age of five, from 7,434 in April 2022 to 7,937 in April 2023. We are continuing our work with The Department of Early Education and Care to increase childcare access for our children from birth to age five.

### Child Care

Childcare options have increased within the last year. We have a comprehensive list of childcare options available to families, they include:

- Department-Related Child Care: Childcare through DCF/EEC partnership
- Temporary Child Care Program: Emergency childcare which is often used by DCF staff when a child does not yet have a permanent placement
- Foster Parents as Informal Child Care Providers program: Emergency babysitting is usually used by DCF staff when a child does not yet have a placement
- Kid's Net Short-term Child Care: Another option for emergency childcare, only available in some areas
- Out-of-pocket: If all other options have been considered and will not work, the foster parent may be able to enroll the child at a private childcare and be reimbursed
- DCF Babysitting Reimbursement: DCF reimbursement for babysitting when a foster parent needs an occasional babysitter for a child. Foster parents may utilize any babysitter they deem appropriate.
- MSPCC Kid's Net babysitting

### Placement Process

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

### Initial Placement Review

An Initial Placement Review occurs when a child enters placement from home or hospital or returns to placement after an at-home stay of six months or longer. The Area Director/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement providers and social work staff familiar with the child and family. The Team's role is to support the child's placement while addressing her/his needs for safety, permanency, and well-being.

The child-specific information gathered during the first six weeks of placement encompasses the child's medical, educational, emotional, psychological and social history and current functioning.

If placement beyond six weeks is needed and the child's initial placement has not been with kin, or if siblings have not been placed together, efforts are made with the parents during the first six weeks to identify someone known to the child and family with whom an approved placement can be made. Our new Kinship Social Worker position will focus on this activity.

The Initial Placement Review Meeting is an opportunity for the parents, family and foster/pre-adoptive parents or other placement providers to participate in open discussion. At this meeting, the family's and the child's strengths and needs, in particular, the child's needs for health, safety, well-being permanence and continuity of significant relationships, are reviewed. A tentative, reasoned assessment of the probability of the child returning home and the family's capacity to benefit from reunification services is made. The frequency and quality of parent-child contacts and visits during the first six weeks of placement and the parents' participation in services and completion of tasks identified in the Action Plan also are reviewed.

Team Tasks include:

- Review the reasons for the child's placement;
- Discuss decisions that have been made and what we have learned since the child's placement;
- Assess the quality of care provided to date, and identify any unmet needs;
- Determine whether out-of-home placement continues to be necessary, and whether the current placement is in the best interests of the child;
- Establish a goal that is in the child's best interests;
- Identify any accommodations needed; and
- Determine next steps.

#### Foster Care Review Policy

Foster Care Reviews (FCR) has maintained the virtual format established during COVID to maintain increased participation and keep FCRs on schedule. FCR prioritizes FCRs for children under 5 by prioritizing those cases for rescheduling. The FCR panel makes recommendations consistently based on the safety, wellbeing, and growth and development of children. When applicable, the FCR panel makes recommendations regarding family time and/or services to ensure opportunities to increase parental capacity and bonding. If the dangers that led to placement are mitigated, the FCR panel can determine that placement is no longer necessary. If parents have not made adequate observable changes to mitigate the danger, the FCR panel can determine an alternate permanent goal to be most appropriate and recommend a PPC. In addition to recommendations, if there is an area of need, a notification can be sent to alert the area office.

#### Permanency Planning Conference (PPC)

Review of the Permanency goal for children in placement continues through Foster Care Reviews conducted for each six-month cycle during which children remain in care; Permanency Planning Conferences are conducted according to policy. A PPC is required if the prognosis for reunification

is poor; within the first nine months following the date of placement; if the outcome of a nine-month PPC was a decision not to initiate TPR and the child has remained in placement for 15 of the previous 22 months; to change a child's permanency plan; within 20 working days after a Foster Care Review determination that includes the recommendation that the child's identified permanency plan needs to be changed; or within five working days after a court determines that reasonable efforts to reunify are not required.

### Improvement

Between 2020 and 2023, with challenges in court availability during the pandemic there was an increase in the average length of a child's home removal episode for children under the age of five who obtained permanency either through returning home or through Adoption, Guardianship or Custody to another Individual (see Table 2). The length of the home removal episode is measured in days and encompasses the child's entire time in placement; this may or may not include multiple placements.

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

Home Removal Event (HRE) End Reason	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE	Average of Number of Days in HRE
	2016	2017	2018	2019	2020	2021	2022	2023 YTD*
Child Returned Home	285.2	289.0	299.3	321.4	301.4	329.2	387.1	397.2
Guardianship	756.0	774.7	824.8	806.0	807.0	887.1	889.1	821.6

\*FY2023  
YTD (July  
2022-April  
2023)

### Reunification Policy

The Department has developed a reunification policy outlining the framework for long term reunification success when a child enters care. There are concrete things DCF can do to ensure future reunification success such as facilitating placement stability and meaningful parent-child interactions. These are two key indicators for reunification success. Communicating clearly with parents in a timely manner about what conditions need to change and how they can work towards this provides parents with a roadmap for success. It also provides us with an understanding early on about what services will be necessary to support a successful reunification.

We ensure children and parents have an opportunity to interact or talk to each other within 24-48 hours of a child entering care. Virtual contact is a good way for children and parents to connect shortly after removal and should occur frequently while the child remains in care.

With family time visit, foster parents and kinship caregivers can facilitate contact, but it is important that DCF prepare and support caregivers ahead of time.

By policy, Parents and children have their first Family Time visit within five working days of removal. Family Time is meaningful, and frequent contact and connection between children and youth in placement and their families is encouraged. It means thinking differently about the frequency of visits, the location, and who supervises them.

Family Time can occur when the parent and/or family participates in normal parenting activities, such as sharing meals, medical appointments, and school/daycare events. Ideally, it should occur in the parent's home, the kinship or foster family home, or in the community.

The frequency, duration, and intensity of "family time" takes into account the needs of children, depending upon their age and stage of development, and the capacities of parents.

Not all Family Time needs to be supervised by DCF, but there are times when DCF's supervision and observations of Family Time can further our understanding of the parent-child relationship and a family's progress towards reunification.

Foster care and Ongoing Social Workers need to work together to prepare and support kinship and foster parents when hosting Family Time.

With the Safe and Supported Placement policy Kinship and Foster Family Social workers should help kinship and foster parents with planning and preparation and answer any questions they may have.

Completing or Updating the Family Assessment and Action Plan at and after family separation, includes meeting with the parents to communicate clearly about the reasons for removal and developing a shared understanding of the conditions that need to change and the capacities that need to be developed before reunification can occur. This is part of the Department's obligation to make reasonable efforts towards reunification.

Within 30 working days following an Interim Action Plan, the plan must be updated and shared with parents. This includes the Family Time plan for both parents; an explanation of why the child came into placement; if siblings are not placed together, why not; the sibling visitation schedule if siblings are not placed together; whether the placement is with kin, or if not, what efforts were made to locate kin, including to whom written notification was sent; if both parents are not known, efforts to locate the second parent; the plan for visitation with grandparent(s) and/or other kin (when relevant).

### **Updates on Activities outlined in the 2020-2024 CFSP**

1. *Reduce the length of time in foster care without a permanent family*
  - As we know, permanency begins with family. For children in foster care, it is important to help foster their permanent connections with kin. By working to place children with kin, we are supporting a child's development, keeping them connected to their culture and their family traditions. Dedicated kinship units were created, and staff were assigned to these roles in the Fall 2022. The Foster Care Policy went into effect in February 2023. The Family Find Pilot work has been incorporated into the foster care structure for all offices, so the work continues to find placement with kin on a larger scale.

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

- DCF has hired regional disability specialists to support consultations for children and families. These specialists can help staff ensure that the development needs of children are assessed, and that responsive service are made available.
- DCF has regional education specialists who offer consultation and support to all children in care. There are also specific trainings that are offered to staff such as the Pathways for Parents program at the Federation for Children with Special Needs (FCSN). We know that more than half of the children in DCF custody have special needs and an Individual Education Plan (IEP) in school, and that foster parents are most often the designated Educational Decision Maker. These workshops are designed to help DCF staff understand the child's rights, and how to best advocate for their children in special education. Workshop topics include basic rights, special education evaluations and eligibility, understanding the IEP (including the new IEP form), transition to adult life (students ages 14-22), discipline and suspension, and the impact of trauma on education.
- Continue to work with DEEC to increase the number of DCF-involved children accessing childcare through both contracted childcare slots and vouchers. These provide access to childcare for young children, afterschool programs for school-aged children as well as summer camp.

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

DCF continues to work with the Massachusetts Department of Early Education and Care to increase access to early education for our children from birth to age 5, who need short-term childcare while awaiting placement stability. This work began in 2019. It was limited during the height of the pandemic in 2020 and began to expand again in 2021. Currently, we have increased from three to nine DCF Area Offices utilizing the program. We increased from seven to eighteen additional offices which are in the contracting process and should have access to the program by May 2023.

## **EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS**

The Department actively responds to and investigates child maltreatment related fatalities and seeks to support prevention efforts. Massachusetts relies on reports of alleged child abuse and neglect to identify child fatalities. Data compiled by DCF's Case Investigation Unit, state and regional child fatality review teams convened according to Massachusetts' law, and from the Registry of Vital Records and Statistics (RVRS) are used to determine if the fatality was due to abuse or neglect. As these data are not available until after the NCANDS Child File must be transmitted, Massachusetts reports counts of child fatalities due to maltreatment in the NCANDS Agency file.

For NCANDS, the Department reports on the total number of child victims who died as a result of maltreatment within the federal fiscal year. A fatality is defined as the death of a child as a result of

abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death.

Massachusetts engages the efforts of relevant public and private agency partners, including those in public health, law enforcement, and the courts to address the prevention of child maltreatment fatalities. Efforts include:

- **Massachusetts Child Fatality Review Program** – The Massachusetts Child Fatality Review (CFR) program was established in 2001 following the passage of MGL Ch. 38, Section 2A. According to the statute, the purpose of child fatality review is to “decrease the incidence of preventable child fatalities and near fatalities” in the Commonwealth. There are two types of CFR teams: the local teams, which are led by the District Attorneys, and the state team, which is co-chaired by the Office of the Medical Examiner (OCME) and the Department of Public Health (DPH). Local child fatality review teams examine the circumstances of child deaths under their jurisdiction to determine if the death was preventable and to formulate recommendations outlining education, policy, and prevention action steps that can prevent similar deaths from occurring. These local recommendations inform the statewide prevention efforts of the state CFR Team.

The state CFR team is responsible for receiving recommendations from the local CFR teams, understanding the number and causes of child fatalities and near fatalities across the state, and advising the governor, the legislature, and the public about changes to policy and practice in order to reduce the rate of child deaths and near fatalities. Both the state and local CFR teams take an interdisciplinary approach to their work that relies on interagency cooperation and collaboration. There are representatives from public health, law enforcement, child welfare, and the medical field on both state and local teams. This approach allows the teams to get the best understanding of child injuries and deaths in Massachusetts and make informed recommendations aimed at protecting the Commonwealth’s children.

Statewide Child Fatality Review team members include:

- Chief Medical Examiner (co-chair)
- Commissioner of Department of Public Health, or designee (co-chair),
- Attorney General, or designee
- Commissioner of Department of Elementary and Secondary Education, or designee
- Commissioner of Department of Mental Health, or designee
- Commissioner of Department of Developmental Services, or designee
- Commissioner of Department of Children and Families, or designee
- Commissioner of Department of Youth Services, or designee
- Representative of Mass. District Attorneys Association
- Colonel of Mass. State Police
- Director of Mass. Center for Sudden Infant Death Syndrome (SIDS)
- Representative of the Mass. Chapter of the American Academy of Pediatrics with experience in child abuse and neglect
- Representative of Mass. Hospital Association
- Chief Justice of the Juvenile Division of the Trial Court
- President of Mass. Chiefs of Police Association
- The Child Advocate



- Other individuals with information relevant to cases under review

The following lists are preventive efforts and services targeting types of fatalities. Although these measures do not directly prevent child fatalities, it helps in the overall efforts to prevent child fatalities in Massachusetts.

- **Office of the Child Advocate (OCA)** – The OCA is an independent agency that serves children and families across the Commonwealth. The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. The OCA works with families, legislators, social workers, and other professionals to improve state services for children and families. When a child receiving services from a state agency organized under the Executive Office of Health and Human Services dies or is seriously injured, the agency involved is required to report the critical incident to the OCA. OCA staff carefully reviews each critical incident report and, in many instances, follow up with the agency to learn from the situation and promote accountability. Toward this end, the OCA and DCF are working collaboratively to develop strategies aimed at protecting children and youth from preventable injury and death.
- **Family Resource Centers** – Launched in 2015 and recently expanded, FRCs are overseen and supported through funding by DCF. Serving in a primary prevention role in each of the 14 counties within the Commonwealth, the 33 FRCs are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240). The FRCs support their communities by:
  - Bringing people together for friendship and mutual support;
  - Strengthening parenting skills;
  - Responding to family crises;
  - Linking families to services and opportunities;
  - Helping children develop social and emotional skills;
  - Observing and responding to early warning signs of child abuse and neglect; and
  - Valuing and supporting parents.
- **Plans of Safe Care (POSC)** – The Massachusetts Department of Public Health has partnered with DCF to implement this federal requirement in Massachusetts. Accordingly, all DPH Bureau of Substance Addiction Services (BSAS) licensed and/or treatment providers who serve women and/or parenting clients for a period of longer than 30 days are required to initiate and coordinate POSC. When/if a CA/N report is filed at birth, DCF will ask the reporter whether or not a POSC exists for that client/family and whether referrals to services have been made. BSAS providers are responsible, with client consent, to inform the hospital social worker, or whoever will be reporting the substance-exposed birth to DCF, that a POSC exists. If a parenting client becomes the subject of a CA/N filing, the reporter is advised to inform DCF that a POSC exists for that client as well. BSAS providers are encouraged to educate pregnant/parenting clients on the positive impact that sharing their POSC with DCF could have on the Department's decision-making process, and written consent is encouraged.

The below activities occurred during FFY 2023 and will continue into FFY 2024:

- DCF, in partnership with BSAS, and stakeholders from the medical community, home visiting, courts, and recovery community, participated in a Policy Academy sponsored by the National Center on Substance Abuse and Child Welfare (NCSACW) to develop actionable goals of improved collaborative practice, early screening, and engagement practices and coordinating a public health response to the plan of safe care.
  - In February 2023, DCF and BSAS jointly applied and accepted to the NCSACW to receive In-Depth Technical Assistance (IDTA) to focus on implementing the action plan of developing an improved public health, upstream and coordinated system to support families impacted by parental substance use and infants affected by prenatal exposure to substances.
  - In partnership with BSAS, a community provider and a regional recovery council developed a PoSC brochure for families. This educational material has been translated into Spanish and Portuguese and printed in a threefold color brochure.
  - DCF developed an educational brochure for social workers and providers to utilize with families related to the care and support of a Substance Exposed Newborn. The brochure incorporated information related to Safe Sleep, Plan of Safe Care, and strategies to care for oneself as a new parent in recovery.
  - DCF Plan of Safe Care Coordinators partner with several communities birthing hospitals to develop a process to operationalize a plan of safe care. This includes ongoing “POSC Meetings” upon the birth of the infant that include parents, informal formal supports, treatment providers, and DCF. The goal of these virtual meetings is to wrap the family in a network of supports who understand the risks, strengths, and needs to safely support the parent and infant dyad.
  - Plan of Safe Care Coordinators at DCF actively collaborates with the DCF workforce, substance use, and medical providers to increase the awareness and value of utilizing the plan of safe care as a process to coordinate and communicate to build a support network and access to families impacted by perinatal substance use disorders.
- **Infant Safe Sleep Campaign** – This initiative is a joint campaign between the Massachusetts Department of Public Health and DCF to increase public awareness of safe sleep practices to reduce infant fatalities related to unsafe sleep practices.
  - **Kids Can’t Fly!** – This initiative is a joint effort between the Massachusetts Department of Public Health and DCF to increase public awareness regarding window safety.
  - **Central Office Incident Notification (COIN)** – The COIN is the preliminary communication to the DCF Commissioner and other Central Office staff of any child fatalities, near fatalities, serious bodily injuries, emotional injuries, alerts and Baby Safe Haven incidents. The purpose of the initial notification is to focus urgent assessment and planning around child safety, to apprise the team regarding the incident itself, and begin a qualitative review of previous involvement of the family. COIN reports provide a lens through which the Department is able to enhance its understanding of the challenges that children and families experience as well as an opportunity to reflect on casework practice and target improvement efforts.

- **Case Investigation Unit** – The Department’s Case Investigation Unit (CIU) conducts quality reviews of all Department and contracted casework provider agency cases involving the death (maltreatment related or otherwise) of any child who was:
  - a member of a family with an open case; or
  - a member of a family being investigated as a result of a CA/N report received prior to the child’s death; or
  - a member of a family who had an open case within the six months preceding the child’s death; or
  - a member of a family who had a supported CA/N report, but a case was not open for services within the six months preceding the child’s death; or
  - any case if requested to do so by the Commissioner.

CIU reviews serve as a primary source for identifying agency and system-level quality improvement opportunities related to practice, policy, regulations, training and/or contracted service resource needs.

- **Associate Deputy Commissioner for Protective Operations** – To support direct oversight of protective operations, the Department established a new position. The Associate Deputy Commissioner for Protective Operations oversees the statewide initiatives designed to address:
  - abuse and neglect of children in congregate care and other institutional settings;
  - identification and service delivery to children and families experiencing psychiatric emergencies;
  - identification and placement between Massachusetts and other states;
  - work of contracted providers as it relates to employee families experiencing abuse or neglect; and
  - work of DCF staff and contracted providers in the provision of hotline and after-hours responses.

## **MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF)**

Throughout FFY 2023, the Massachusetts Department of Children and Families (DCF) used the funds in the Promoting Safe and Stable Families (PSSF) grant to identify strategies and address primary prevention services and outcomes in community-based child welfare work. Moving beyond Covid-19 and consistent with the current economic environment, the Department has worked closely with Community Connections Coalitions (CCC) and several community partners to maintain a high level of services and support to families. The importance of building the capacity of locally based resources and services continues to be a priority.

In FFY 2023, the Department continued to partner with key organizations to bring community leaders, residents, and governmental entities together to better align effective, collective responses with the primary goal of preventing child abuse and neglect. Engaging in inter-agency collaboration helps to address gaps in available resources while increasing opportunities for staff to become familiar and knowledgeable of other system resources. The Department has established ongoing relationships with many children and youth public serving agencies listed below that promote racial equitable evidence-based, data-informed family-engaged services and programs.

- Family Nurturing Centers (FNC) – provides a statewide network of skill-building curricula that support fatherhood engagement.
- Family Resource Centers (FRC) – provides services and support to families in partnership with Community Connections Coalitions
- Worcester State University’s Translation Center – offers affordable translation services to community members.
- Children’s Trust – provides parent education programs and is the MA Community-Based Child Abuse Prevention Program (CBCAP) federal grant designee
- Essentials for Childhood – provides support to low-moderate income working families
- Police Departments – provide arts and music for children in various underserved communities.
- Grandparent’s Raising Grandchildren Commission (GRG) – provides support groups for grandparents and kinship caregivers.
- South Shore Continuum of Care – provides support to families who are facing homelessness
- Parent Professional Advocacy League (PPAL) – provides support to families with children that have behavioral health needs.

### Community-Based Family Support

Community connected practice is not a standardized intervention or program. It is an approach that draws together formal and informal resources into a strategic, community wrap-around model. In FFY 2023 using and integrated, strategic approach, the Department prioritized engagement with programs focusing on preventing maltreatment and supporting and extending family voices to include foster and birth parents. In partnership with Federation for Children with Special Needs (FCSN), the FRCs foster parents, and adoptive and kinship families, The Building Community Capacity in Special Education project received trainings, mentorship, and workshops on special education matters. The Community Special Education Mentors (CSEM) program was developed to address the inequities that families Family Resource Centers communities face when accessing the special education system and advocating for their children. Families in more affluent communities have the option of hiring a special education advocate to attend an Individual Education Program (IEP) meeting, but for the families DCF serves, this is typically not an option due to cost and/or language barriers. CSEMs partner with the family to advocate for services to help their child and serve as coaches helping families understand the school system and their rights. CSEMs are a diverse group. DCF actively recruit linguistically diverse mentors who live in the communities that we serve. Because we work in diverse communities, the training for CSEMs includes a presentation on Culturally and Linguistically Appropriate Family engagement.

The CSEM program has been restructured using feedback from the Family Resource Centers. Initially, DCF planned to have several locally mentors trained to volunteer at each FRC. FCSN initially planned to have the FRC School Liaison manage the assignment of the mentors to families who needed them. This has proven to be difficult to manage for several FRCs due to heavy workloads and turnover in the School Liaison position. Therefore, mentors are assigned centrally through the Pathways program, is a contracted program with Federation for Children with Special Needs. It provides trainings, technical assistance and support to Coalitions, FRC staff and families on parent rights/ special education law. School Liaisons will reach out to, the Pathways Director, with information on the family and their needs, and Pathways will assign a mentor to the family. While DCF works with FRCs will try to have mentors available locally a to attend meetings in

person, mentors will be assigned to work remotely with the family, as necessary. In this way, this will allow the department to more rapidly expand the program to cover all 33 FRC sites.

A second CSEM training was conducted in the fall of 2022, a third class began in May 2023. Training topics include a child's educational rights understanding the IEP, effective progress, discipline and suspension, transition, academic and psychological assessments, culturally and linguistically responsive family engagement, developmental childhood trauma, behavioral and mental health disabilities, and due process options. Both the Fall 2022 and Spring 2023 classes are being conducted using recorded presentations, so that participants do not need to be available for a live class every week. for 9 weeks. The class has a required discussion board for participants to discuss a weekly case, as well as quizzes every week to ensure that the mentors have a solid understanding of all special education topics.

Class participation has been very good, and the class members are engaged with the material and in supporting each other. There are currently 15 mentors who have completed training and are now being assigned to FRC families. That number is expected to double with the spring class.

### ***(1) FCSN/FAC Foster Parent Training in Special Education***

The Pathways program has developed a series of workshops to help to address the inequities that foster and kinship families face with special education and successfully reaching high school graduation. Children in the foster care system are much more likely to have an (IEP) and are also less likely to graduate from high school in four years. In a foster care placement, the foster parent is expected to handle all educational decision unless a surrogate is appointed but may not be prepared to do this for a foster child with complex needs and trauma.

Pathways has developed a series of five trainings on Special Education Training Series for Foster, Pre-Adoptive, Adoptive and Kinship Caregivers. Each training is available at least once in the evening because last year's workshops were attended primarily in the evening by foster, adoptive and kinship caregivers. Last year's sessions were attended by DCF employees and other professionals.

Each workshop lasts for approximately two hours. Participants can ask questions, receive resource sheets on each topic, and contact the Pathways Manager for ongoing support needs. Topics include Basic Rights: Evaluation and Eligibility, Understanding the IEP, Transition for Students ages 14-22, Discipline, Suspension and Alternatives to Suspension, and Childhood Trauma and the Impact on Education. The film Resilience will also be screened for inclusion in the class groups.

In the previous year's training series, these workshops received very positive reviews from foster and adoptive parents and from the professionals who attended.

### ***(2) Reunifying Parent Training in Special Education***

The same presentations in part 1 are available for Parents and Parents with open DCF cases who want to learn more about Special Education. The goals are to assist parents in understanding their child's special needs and how to advocate for their child.

The DCF Education Policy (January 2022) prioritizes involvement of a child's family in their educational decision making as much as possible. However, some parents who have an open case

with DCF may need help with understanding the special education process and engaging with the school. Therefore, a modified version of the workshops described in (2) for foster and kinship families are being conducted separately for DCF parents May and June 2023. Five trainings will occur in FFY 2023. Recruitment for this group will be conducted through outreach and information sharing with DCF area offices.

### **(3) Question, Persuade, Refer (QPR) Suicide Prevention Training**

The Family Advisory Committee (FAC) to DCF chose to administer the Suicide Prevention grant application and the QPR trainings internally, without assistance from the Federation, in 2022-23. When it became clear that the funding needed to be administered through a fiscal partner, the FAC declined to pursue the project, and no QPR trainings were done in 2022-23.

The Federation remains committed to QPR trainings, and the DCF can resume them in the future should there be interest, either in conjunction with the FAC or independently. The Federation is a training-focused organization with available QPR trainers, and experience in recruiting, administering, and delivering QPR workshops.

The Family Nurturing Center continued to provide ongoing support to Fathers and Family Nurturing Programs throughout the state. Additionally, other state agencies and providers have continued to inquire and discuss the implementation of new Nurturing Programs or the expansion of existing programs. Based on that interest, FNC has updated or modified several of its trainings (i.e., Implementing Adult Adolescent Program Inventory), Interpreting AAPIs, Facilitating Children's Groups in Nurturing Programs, Engaging Families Virtually, etc.) and continues to evolve its flagship trainings (i.e., Developing Nurturing Families and Communities; Nurturing Birth, Foster and Kinship Families; and the Nurturing Fathers' Program Facilitator Training, etc.).

Nationally recognized Trainer/Consultants for Family Nurturing® Programs continue to support Family Resource Centers in implementing and ensuring program fidelity for the Adult Adolescent Parenting Inventory (AAPI 2.5) across the state. The Master Trainers/Consultants recognized by Mark Perlman's Center for Growth and Development have continued to work with the Nurturing Father's Program national staff in the ongoing rollout of Edition 2. Two trainer consultants were high-profile guests on Mark Perlman's national Nurturing Fathers' Podcast this year. Additional information about Mark Perlman and the program can be found here: [Author Bio - NurturingFathers.com](#).

Activities and accomplishments in FFY 2023:

- Delivered four (4) trainings for Family Resource Center staff on Implementation of the AAPI 2.5 and delivered four (4) advanced level Interpreting AAPIs training for Family Resource Center staff who had taken a previous training and been implementing the tool with the families they serve.
- Continued to work with Boston Region Area Directors and Coastal Regional staff to build interest and capacity in the Birth, Foster and Kinship (BFK) Nurturing Program. Provided eleven (11) virtual Nurturing Programs® for the Boston Regional office. Nurturing Families Programs were offered in English, Spanish, and Cape Verdean Creole, and Nurturing Fathers' Programs were offered in Spanish, English, and Haitian Creole.

- Redoubled efforts and programming related to Diversity, Equity, and Inclusion (DEI); to help providers better support BIPOC, LGBTQ+, and Special Education connected families, including partnering with a nationally recognized trainer from XXXX to bring a three-day facilitator training in her Nurturing Parenting Programs with African American Families curriculum supplement to Boston. Additional information about Bettie Edwards and the Nurturing Parenting Program can be found here: [Trainer - Bettie Edwards-Murchison - Nurturing Parenting Programs](#).
- Continued to develop their Fatherhood Ambassadors program, adding two additional ambassadors, and presenting to DCF's Regional Office staff and other venues as requested.
- Planned and convened quarterly statewide Family Engagement Leadership Team (FELT) meetings for Area Office FELTs from across the state.
- Delivered an additional nineteen (19) trainings to separate partners throughout the state, (e.g., Boston Public Health Commission, Boston Mayor's Office of Returning Citizens and, MA Department of Youth Services (DYS), etc.

FNC is the approved Training and Technical Assistance Center for Nurturing Parenting Programs in the Commonwealth of Massachusetts. Throughout FFY 2023, FNC has continued to build capacity by working closely with the Central Office and Regional Community Support Managers to identify the program needs of area offices throughout the state. FNC worked hard to increase its language capacity to meet the needs of families in the Boston neighborhoods. We offered twenty-two Nurturing Programs and Parent Education Programs: Ten Nurturing Father Programs, offered in English, Spanish, and for the first time in Haitian Creole. Nine Nurturing Families Programs were offered in English, Spanish, and Cape Verdean Creole and three Breakthrough Parenting Programs in the Boston Area. Eleven of these programs were offered in collaboration with DCF Area Offices. FNC works closely with the DCF Central and Regional offices, UMass, Community Connections, Family Resource Center leadership and the Boston Family Engagement Network to strengthen existing Nurturing Programs and to develop new Nurturing Programs throughout the Commonwealth.

FNC has supported numerous Regional and Area Offices in myriad ways. Coming out of the COVID-10 Emergency Period, the state-wide demand for Nurturing Programs has remained high. FNC has helped FRCs, Community Connection Coalitions, and DCF Area offices implement programs, convert existing programs to a remote/virtual space, and has accepted referrals into its programs from nearly every county in the Commonwealth. Some of the Area Offices that have been most supportive include Springfield, Haverhill, Framingham, Plymouth, Coastal, Salem, and Cape Cod and Islands.

Throughout the year, FNC has worked to strengthen and support existing FELTs and has helped to expand them throughout the Commonwealth. To facilitate this goal, FNC has continued to host quarterly statewide FELT meetings and three held in FFY 2023. In the three years of implementing the quarterly meetings, over 137 social workers and DCF partners have participated in various trainings and workshops. FNC sends information and reminders inviting social workers and leadership to all 29 Area Offices on upcoming meetings. FNC has also established a statewide FELT committee comprised of current and former DCF staff. The duties and responsibilities of the committee are still a work in progress. The hope is that it will provide leadership and direction to the FELT initiative. There have been three meetings in FFY 2023. Among the ideas discussed are how best to distribute the FELT Newsletter; to compile a survey for DCF staff to ascertain their

interest and experience regarding FELT; how best to prepare workers during Core Training to be more inclusive of fathers on their caseload; and the possibility of making recommendations to DCF that will make father engagement standard policy within DCF.

By agreement, FNC offered ten trainings for DCF social workers and Community Connections staff. We expanded on the work done last year offering trainings virtually on Zoom (one in-person training) and provided five Family Program Facilitator Trainings, three Fathers Facilitator Trainings, one Birth/Foster/Kinship Program Facilitator Training, one Parents and Adolescents Facilitator Training (new), and one Nurturing Parenting Programs with African American Families Facilitator Training (new).

FNC's Fathering Ambassadors Program remained popular throughout the year. The program continued to offer fully virtual presentations in FFY 2023. There are currently five Ambassadors (Including two new additions to the team). The Ambassadors also continue to participate in FNC's Fathers Helping Fathers after care group and to weigh in on the Fathers Helping Fathers virtual support community - (an email list serve that regularly provides resources and connections to a growing group of Nurturing Fathers' Program graduates - currently reaching 118 graduates).

FNC continues to collect data analysis outcome measurement strategies to support program implementation. Throughout FFY 2023, FNC provided a training in understanding and using the AAPI 2.5 to several FRC staff (four trainings), and staff who had previously been trained and were utilizing the AAPI with families (four trainings).

FNC has provided technical assistance and consultation related to the fidelity of Nurturing Programs to numerous entities throughout the Commonwealth. Individual and group consultation has been provided. We have continued to offer a monthly "Technical Support" hour (new last year) in which numerous FRCs have participated. We intend to continue offering this through FFY 2024.

In response to multiple requests from constituencies, and to ensure that they continue to provide trainings that are in line with fidelity to the national model, FNC expanded its offerings to include specific trainings for the Birth/Foster/Kinship Program, the Parent and Teen Program, the Nurturing Skills model, Facilitation of Adult Groups, and Facilitation of Children's Groups. FNC now provides consultation in the delivery of all of these programs as requested

This year, FNC continued to work with the Family Resource Centers throughout the state as part of the scope of work with DCF to assist in obtaining curriculum materials for all versions of the Nurturing Parenting ® Programs. The Department provided consultation to each FRC looking to offer a Nurturing Program ® to determine which version of the offerings best met the needs of their families. FNC submitted the request to DCF and ordered the appropriate curriculum material. FNC then invoiced DCF the cost of the materials minus a 10% discount. In FFY 2023, FNC placed 24 orders for 15 FRCs. These included: 18 Degrees in Pittsfield, North Adams, Quincy, New Bedford, The Bridge in Amherst, Great Barrington. VOC in Athol, Plymouth, Eliot CHS in Everett, Cape Cod, Gardner, Brockton, The Home at Boston Suffolk County, Salem, and Nantucket.



The COVID-19 pandemic has continued to limit in-person discussions and conferences with both Family Development Resources (the national organization for Nurturing Parenting® Programs) and the Center for Growth and Development (the national organization for Nurturing Fathers' Program). However, FNC nationally recognized Trainers/ Consultants have worked closely with Family Development Resources and the National Family Nurturing Center in virtual committee meetings throughout the year. The principle focus of that work has been to reevaluate and restructure the requirements to recognize national Trainers/ Consultants and to clearly define the elements necessary to provide training for the program to fidelity. In FFY 2023, four members of FNC's training team completed the Organizational Trainer Certification - (a new building block step towards National T/C recognition).

Throughout this year, FNC has maintained and strengthened the Statewide Nurturing Network by planning, hosting, sponsoring, and collaborating on a variety of local, statewide, and regional events for Nurturers and other family support professionals. Events included an in-person Nurturing Fathers Institute (with a significant focus on Diversity, Equity, and Inclusion), as well as the state of fatherhood work in Massachusetts (IFWG), the New England Fathering Conference (FNC delivered three very popular workshops to over 150 people and had a significant presence in the entirety of the conference), and several Regional Fatherhood Ambassador presentations. FNC again plan to deliver an all day, in-person Nurturing Network Meeting to 50+ professionals. This year's event will focus on "Raising Daughters" and will include a moderated parent panel, a keynote presentation, and a Café style discussion activity.

### *Outreach*

FNC will continue to focus on developing the capacity of people throughout the state to offer Nurturing Programs to fidelity.

FNC seeks to expand the Birth/Foster/Kinship NP to at least one new Area Office and perhaps to several PATCH teams throughout the state.

FNC will continue to expand the Fatherhood Ambassadors program by identifying and training new Ambassadors with greater diversity and wider geographic representation.

### *Training*

- FNC will offer a foundation of ten trainings, five for Fathers programs, and five for Family programs (including Young Fathers, Birth/Foster/Kin, and African American Families).
- FNC will expand trainings in other Nurturing Program models such as the Nurturing Skills program, the Nurture Hope! curriculum for families with a child who has special needs, and the Nurturing Parenting® Program supplement for working with LGBTQ+ Families.
- FNC will work with the National Family Nurturing Center to update the system of training and recognizing new Trainer/Consultants and to offer a national Training of Trainers (ToT).

### *Collaboration*

- FNC will work with Family Development Resources, the national publisher of curriculum materials, to explore making the BFK curriculum available to others.
- FNC will continue to train, consult with and mentor staff at FRCs statewide to implement the AAPI 2.5 in Nurturing Programs and other parenting interventions.

- FNC will continue to support DCF in their goal of having a well-functioning Fatherhood Engagement Leadership Team (FELT) in each Area Office.
- FNC will continue its partnership with regional Fathers and Family networks and the New England Fathering Conference to bring current Diversity, Equity, and Inclusion best practices to as wide an audience as practical.

### *Communication*

- FNC will again deliver a statewide Nurturing Network meeting, as an in-person event. FNC will continue to co-host quarterly Statewide FELT meetings, produce a quarterly FELT newsletter, and survey DCF staff for their thoughts about the FELT work in the Regional and Area Offices.

### *Family Preservation*

To assure children return safely after separation from their families, the Department promotes programs that strengthen parental capacity and enhance parental relationships with their children. Programs such as Parents Helping Parents (PHP) and Grandparents Raising Grandchildren (GRG) are examples of services designed to support families who are at risk or in crisis. PHP support groups and parental stress hotline play a pivotal role in affording a peer-led solution focus for families. PHP operates a statewide network of virtual and in-person mutual support groups for parents who are isolated, overwhelmed, or concerned about their anger toward their children. The PHP mission is “empowering parents to nurture children in a safe home.” The parent support group is free, weekly, and ongoing. It focuses on the prevention of child abuse through a mutual support model. Group leadership is provided by volunteer facilitators from a health or human services background and teamed with parent leaders recruited from the group’s parent members.

PHP support groups to parents and caregivers are led by trained facilitators. The groups provide a safe nonjudgmental space to share their parenting experiences and receive support from peers. PHP offers groups virtually and in partnership with area service providers, including Family Resource Centers, Sober Houses, and in the prison system. Virtual support groups focus on specific parenting issues, including single parenting, parents involved with the Department, parenting as a Person of Color (POC), parents of teenagers, parents of teens with special needs, parents managing divorce and probate court, and a specific group for fathers.

Between June 2022 and July 2023, the PHP support group program offered 84 in-person community groups in collaboration with our Family Resource Center partnerships; 58 in-person groups in treatment programs; 132 in-person groups in prisons; and 380 virtual support groups. Within virtual support groups, PHP offered 124 virtual groups specifically for parents involved with DCF. PHP also held a 12-week virtual group series for Parents of Color. As part of a collaborative effort with the Lawrence Family Resource Center, PHP offers an in-person support group facilitated in Spanish.

PHP had 768 individuals register for support groups between June 2022 and July 2023. Of those registrants, 80% were female and 20% were male. Twenty percent reported working with DCF at the time of registration. 46% identified as White, and 46% identified as a Person of Color, and 8% not answering the question. 24% had four or more children.

PHP's Parental Stress Line received 5954 calls between June 2022 and July 2023. Caller characteristics data is not collected because the callers are anonymous.

In FFY 2023, the Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers in Massachusetts. Over 250 grandparents participated in several workshops and groups. The Commission has continued to use technology to provide virtual support groups for grandparents. An estimated 100 grandparents participated in virtual support groups. Additionally, the Commission hosted its first "Resource Fair" in Fall 2022. The resource fair was an in-person event in which over 120 grandparents, relative caregivers, and service providers came together to learn about over 25 services and resources. Caregivers were able to learn about financial resources, community supports, and other resources.

In June 2023, the Commission hosted its 10<sup>th</sup> Conference for Grandparents Raising Grandchildren. It is coming after a three-year pause due to the COVID-19 pandemic. Over 200 grandparents and service providers attended this event. Workshops cover topics including "How to Talk with Children about Parental Substance Use" as well as "Finding Wellbeing and Joy for Caregivers." There were also 20 resource tables at this event.

In 2022-2023 the Commission launched "Grandparents Raising Grandchildren Regional Roundtables" to bring together service providers from across the human services perspective to learn about and share information and resources for grand families regionally. The Commission identified five regions of need in Massachusetts and launched in two - Central and Southeast Region. These meetings are both in-person and virtual. Each region has had over 40 providers at each meeting. At each roundtable meeting, two to three providers present, such as Aging Service Access Points or Family Resource Centers. In the FFY 2024, the Commission is hoping to expand to two or three more regions.

### Family Reunification

Community Connections Coalitions (CCCs) continued to focus on providing services and resources to families of children placed in foster families or group homes. Additionally, caregivers of these children benefited from individualized family supports such as:

- Individual, group and family counseling
- Outpatient substance abuse services
- Peer-to-peer programming designed for primary caregivers and foster parents
- Gift cards for gas to facilitate transportation to and from visits with placed children

The Worcester Community Connections Coalition convened a task force comprised of providers and parents to address the resource needs of parents of children diagnosed with Autism. The group partnered with UMMS Medical School and applied for a state grant seeking funds to train additional professionals in the community and expand access for children diagnosed with Autism.

Fitchburg Community Connections Coalition partnered with the local minority coalition to run a peer-to-peer leadership empowerment training. It provided an opportunity for collaboration with the local DCF office ensuring that foster parents and birth parents learned about ways to support

each other. Additionally, families learned ways to partner with providers and mobilize to advocate for formal and informal resources and have a say on community-level responses on emerging problems.

### Adoption Promotion

Effective pre-and post-adoptive success occurs when child welfare service collaborates and partners at the system, program, and community levels. The involvement of the adoptive family at these stages enhances the fit between family needs and services and increases the likelihood of a successful outcome. When families feel they are part of the process; it can go a long way in preventing a failed adoption. Negotiating the education system is critical for adoptive families. The Department collaborates with FCSN through the Pathways for Parents Program. The Pathways for Parents program was developed to address the need for special education support within DCF and particularly in Family and Community Engagement programs. The present director has been in this role for the past four years. The program supports the 33 Family Resource Centers (FRCs) around the state as well as the Community Connections Coalitions, Grandparents Raising Grandchildren and the DCF Parent Advisory Committee with trainings, technical assistance, and direct support around special education.

The primary areas of support include providing information to our constituent groups, phone, email, and meeting support for FRC families and staff, and workshop trainings for families and staff. The Pathways Director answers an average of 10 calls or emails monthly from FRC staff and families, grandparents, and other caregivers. Many calls or emails require research and follow-up calls or emails. We also provide information in our Pathways Newsletter on Federation programs, changes in education law and policy, and relevant information from other agencies.

Pathways work with pre-and post-adopted families in underserved communities. One area where we have expanded in FFY 2023 is in workshops and individual family support around school discipline and suspensions. Pathways have used data from the Department of Elementary and Secondary Education to identify the school districts with the highest suspension rates and where Black and Hispanic students were disproportionately disciplined. This data has been shared this information with the Family Resource Center staff and offered a workshop on Discipline, Suspension, and Alternatives to Suspension. The goal is to help resource center staff and families understand the state's complicated school discipline laws. It has led to individual family meetings to support the family when a student has been suspended or threatened with expulsion.

Workshop trainings are an important part of Pathways. The Pathways Director conducted five trainings for all FRC staff, three trainings/facilitated discussions for the School Liaison cohort, and one workshop on Autism for Grandparents Raising Grandchildren. Key trainings have been recorded for FRC staff. We continue to expand the recorded training offerings regularly (most recently with short topics on school discipline and suspension).

The Pathways Director has engaged in professional development in this fiscal year. The Director is certified as a trainer in both QPR and Mental Health First Aid and has also attended trainings for the Talk Saves Lives and ASIST Suicide Prevention methods. The Director regularly attends updates, trainings, and office hours for the Department of Elementary and Secondary Education

(DESE) and passes this information on the FRC staff through trainings and the Pathways Newsletter.

### *Planning and Service Coordination*

The Department of Children and Families recognized when it submitted the 2020-2024 Child and Family Services Plan (CFSP) that family engagement must be rooted in a family-centered and strength-based approach. In community child welfare practice, the partnership between community partners and the Department is essential.

In the current plan and building on the lessons learned, DCF remains committed to incorporating recommendations about family engagement at the system, program, and community levels. Using a strength-based approach grounded in the best practices model, the Department acquired the services of a consulting agency, The Charter Oak Group (COG) to collaborate with the Interagency Fatherhood Work Group (IFWG) and facilitate an integrated strategic plan to gather information on the impact that current programs, policies, and procedure have on fathers and relationships to their families and communities. During FFY 2023, the COG facilitated the completion of several work groups and integrated strategies that identify measured outcomes to address sustainability and assure ongoing support for fathers. The results with recommendations will be presented during the Massachusetts Fatherhood Collaborative Annual Meeting on June 16, 2023.

Families involved in the child welfare system often have multiple and complex needs across different human services sectors, such as mental health issues and juvenile justice involvement (Capacity Building, Center for States 2017). There are multiple ways in which child welfare staff can effectively collaborate with families and provide services and resources to help achieve better outcomes related to safety, permanency, family preservation, and reunification. Community Support Managers (CSM) expertise working directly with families, child welfare and community partners, plays an important role in supporting the implementation community-level programs tailored services and supports for families involved in the child welfare system.

In FFY 2024, Massachusetts will fund organizations and programs that work with the Department to develop and implement community-based primary prevention strategies and activities that strengthen families, prevent maltreatment and reduce entry into the child welfare system.

### **Final Spending Report for FFY 2021 Funds**

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

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

The final percentage breakdown of spending PSSF dollars is Family Support 38%, Family Preservation 21%, Adoption Promotion 16%, Family Reunification 8%, and Planning Other Services 17%. The rationale for not arriving at 20% in each of the categories is a derivative of prioritizing dollars to address shifting community needs.

#### **Title IV-B, Rationale for FFY 2024 Request**

As described in the APSR 2020-2024 five-year Child and Family Services Plan (CFSP), Massachusetts invests a significant portion of these grant funds to support community programs in high-risk neighborhoods across the Commonwealth. These programs will continue to address an array of needs presented by families who are identified as potential for involvement with child welfare services.

DCF project spending PSSF dollars in the following way: Approximately 23.1% on Family Support, 26.5% on Family Preservation, 19.6% on Adoption Promotion, 13.2% on Family Reunification, 9% in administration, and 8.6% on Planning /Other Services based on actual FFY21 program reporting.

DCF rationale for not achieving 20% in each category is that the vast majority of the PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more services categories. In addition, DCF spends significant state funds in support of the program. In SFY21, the state had annual expenditures more than 96 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel cost in these programmatic areas. This total includes over 1.6 million in State funds targeted for time – limited services and over \$33.7 million of State Funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time – limited reunification services with the level of Title IV – B funds proposed.

### **SERVICE DECISION MAKING PROCESS FOR FAMILY SUPPORT SERVICES**

#### **Support and Stabilization Services**

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

S&S expenditures are funded by state dollars allocated to the Department and are used flexibly to provide support to families and children at different points in the life of a case. S&S services can be provided to intact families to prevent out-of-home placements, to kinship, foster and adoptive families to promote stability, or to support families and youth who are reunifying after a foster placement.

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

The Department is nearing completing planning and development for a new S&S Request for Responses (RFR), which will include new rates for the array of S&S services. The Procurement Management Team, which was tasked with the RFR development, relied on stakeholder responses to the RFI as well as the input from the OCA sponsored focus groups to inform the RFR development work. After the Executive Office of Health and Human Services completes the rate setting process for the new array of S&S services, the Department will post the S&S RFR, which is anticipated for the summer of 2023.

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

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- Provider community has capacity for implementing evidence-based practices, and
- Department has the capacity to manage the new evidence-based practices consistent with the expectations of the Family First legislation.

### **Massachusetts Medicaid Behavioral Health Redesign**

In February 2021, The Massachusetts Executive Office of Health and Human Services (EOHHS) announced a four-year Behavioral Health Roadmap for transforming the Commonwealth's ambulatory services for mental health and substance use, referred to collectively as "behavioral health." The goal is to improve access to ambulatory behavioral health services, funded by both public and private insurances, so that all Massachusetts residents are able to receive behavioral health treatments when and where they are needed. The Commonwealth will invest more than \$200 million dollars to support the multi-year rollout of the public sector components of the behavioral health redesign.

This initiative includes restructuring the Commonwealth's behavioral health crisis response system for adults and children, which is available to residents regardless of insurance. For residents enrolled in the Medicaid entitlement, called "MassHealth," the redesign will include incentives for providers to integrate behavioral health services with delivery of primary health care. Redesigned Community Behavioral Health Centers will be available throughout the Commonwealth with

expanded urgent care hours on par with those available for physical health conditions and availability of same-day evaluations and referrals for treatment.

The plan is for the Community Behavioral Health Centers to serve individuals of all ages, provide evidence-based behavioral health treatments and be responsive to the cultural and linguistic needs of their communities. There will be specialty Community Behavioral Health Centers, where there will be a concentration of services for children, adolescents, and families.

Implementation of the Behavioral Health Roadmap services started in January 2023 with the launch of the Behavioral Health Helpline, which is a 24/7 hotline staffed by clinicians who screen callers needs and provide warm handoffs to behavioral health providers. Community Behavioral Health Centers and Behavioral Health Urgent Care sites also started operating during the first quarter of 2023. Mobile crisis intervention services for behavioral health existed before the new Behavioral Health Roadmap. A significant change under the new Roadmap design is that mobile crisis intervention is now managed and operationalized within the Community Behavioral Health Care network, with the goal being close integration between mobile crisis teams and the behavioral health provider network. This integration is designed to provide consumers with a seamless connection to the behavioral health services that they need to prevent future behavioral health crises.

The Department is working closely with the Massachusetts Department of Mental Health, which is the state agency tasked with coordinating the rollout and sustained contract management of Roadmap providers, to educate Department staff about the network of behavioral health services now available through Roadmap implementation. The goal of this collaboration is twofold. First, to ensure that Department staff know where and how to refer families who could benefit from the behavioral health services now available through the Roadmap. And second, to ensure that the Department's contracted provider community understands how to engage in the cross-system coordination that is necessary to support children and families served by the Department.

### **Promoting Safe and Stable Families**

The Promoting Safe and Stable Families (PSSF) funding supports an array of community initiatives with the objective of strengthening families and reducing child maltreatment. Since 1994, when these funds first became available, the Department of Children and Families has focused its efforts on creating strong community infrastructures that serve as vehicles for innovative responses to emerging community and family needs.

The Community Connections Coalitions were envisioned primarily as family support entities in a traditional sense. Over time, they have evolved to also address the needs of families in the community who are involved with the DCF as recipients of services. These include services to families whose children are in foster placement with a goal of returning home, support and enrichment activities for children in foster care, remedial experiences for families where escalating crises pose a significant risk of child placement and foster and adoptive family recruitment grounded in the community and initiated by community members themselves. The coalitions have an open referral network that is accessible on a voluntary basis within existing communities. Coalitions will continue to serve all community families and provide evidence-based resources based on family support principles.



Please see section C5 and CFS-101s, Part 1 for the PSSF grant proposed spending plan for FFY 2024.

## **POPULATION AT GREATEST RISK OF MALTREATMENT**

*DCF has identified the following as Populations at Greatest Risk of Maltreatment*

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

Each of these populations is a focus of the Department's quality improvement efforts during Initial Placement Reviews (improved process rolled out in all 29 Area Offices between 2019 and 2021), permanency planning conferences, Area Clinical Reviews, and Central Office Incident Notification (COIN) Review Team, an interdisciplinary team that meets weekly to review critical incidents. COIN Team and Quality Improvement Leadership are examining trends among COIN cases, which will lead to increased understanding of the cases resulting in critical incidents. In addition, the Department is piloting a Permanency Tool for Managers, expected to be finalized and implemented statewide during FFY2024. This tool will help to focus attention on the critical thinking and high-quality case practice as a foundation for permanency decision-making and planning.

### *Youth Who Are Vulnerable to Human Trafficking*

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

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

Contracted placement providers for DCF have had opportunities to receive advanced training for leaders on creating a safe, effective and supportive environment for sexually exploited youth. Labor Trafficking Guides have been distributed to DCF staff, CACs, and the community at large to raise awareness of this aspect of human trafficking. A training video, A Foster Parent's Guide to Human Trafficking with a companion Support Guide was developed by DCF and MLMC and rolled out in the fall of 2017. A link to the training video and Support Guide is available on FosterMA Connect, the Department's web portal for foster parents. It is also posted for staff on the Department's Intranet page on Human Trafficking. Additional training has been provided to DCF staff and providers; Advanced Clinical Training/Human Trafficking, Prevention Curriculum for co-leaders of groups for girls, training that incorporated the video production entitled Body and Sold with a panel discussion conducted for DCF staff and the community. The partnership between DCF management and their respective CACs has established a core group of dedicated specialists throughout the state in order to sustain attention and support the work related to human trafficking.

In November 2022, CWI hosted two 6-hour trainings concerning human trafficking: The Informed Conversation: "Improving Skills to Engage Kin/Foster Parents in Supporting Youth Impacted by Human Trafficking," and "The Commercial Sexual Exploitation of Children: Understanding Victims and the Role of Child Protection Services." In addition, a module concerning human trafficking and sexual exploitation has been added to the curriculum for new social workers, attended during the first month of employment.

### *Infants and Children of Substance Involved Parents*

Parental substance misuse continues to be a significant risk factor resulting in the maltreatment of children. Nationally and within Massachusetts, the opioid crisis continues to challenge communities and families due to parental overdoses, the birth of substance-exposed newborns/neonatal abstinence syndrome, and abuse and neglect. During weekly COIN (Central Office Incident Notification) Review Team meetings, as many as a third of the cases for review may involve fatal overdoses or drug-related incidents of parents or other caregivers. Overdoses and fatalities increased during the pandemic by one-third. In response, the COIN Team recommends Area Clinical Review Team meetings that include substance abuse specialists, as appropriate.

An AILT Practice Team sub-group is focusing on children 0-5 whose parents misuse substances. The group has reviewed COIN cases and trends, is exploring national models and tools, and is developing a tool to assist social workers in focusing on observable change, to improve DCF's practice with this vulnerable population.

DCF has continued to collaborate with statewide task forces and initiatives focused on parental substance misuse and the impact it has on children. DCF is a primary partner with the Institute of Health and Recovery in the Worcester County Family Recovery Project. There also continues to be strong collaboration between DCF and the Massachusetts Department of Public Health (DPH) to address the needs of families impacted by opioids. This includes the expansion of home-based services to address parental substance misuse and trauma, partnering on federal grants, improving access to resources and communication between systems, operating a statewide system for Plans of Safe Care for substance exposed newborns, identifying the needs of substance exposed newborns, identifying the needs of adolescents with co-occurring issues, and cross-systems training.

DCF also made a commitment to provide specialized support for frontline social work practice by increasing the capacity of its statewide Substance Use Unit. In 2017, staff was increased from five to ten regional Substance Use Coordinators plus a central office Director. These regional coordinators provide case consultation to DCF social workers and work with community resources to improve access and communication. DCF Child Welfare Institute and the Substance Abuse Coordinators also provide a robust training calendar related to drug and alcohol issues along with other trainings that address how these issues co-occur with domestic violence, mental health and trauma. The following e-learning topics are available to all staff on the Intranet: “The Brain Science of Addiction”, “Recovery and Relapse”, and “Addiction as a Family Disease,” and regularly scheduled in-person trainings include: “Addressing Parental Substance Use in Child Welfare,” and “Collateral Contacts with Substance Use Providers: How to get the most from these collaterals.”

During the COVID-19 pandemic, the Department provided staff with current information about telehealth resources available to provide Substance Use treatment and intervention, including individual and group options. The Department is acutely aware of the increased stress that the pandemic and consequential job losses, school closures, reduction in availability of childcare, and increased food insecurity has placed on children and families served by DCF.

#### *Children and Youth Exposed to Ongoing Issues of Mental Health, Domestic Violence and Substance Misuse*

DCF utilizes specialty units focused on all three of these areas in a variety of ways. The Mental Health Specialists Unit is comprised of one specialist for each of the five DCF statewide regions and a Director of Mental Health at the Central Office. They provide over-all coordination of the regional mental health services utilized by DCF families with a focus on assisting staff to access the appropriate and timely treatment and disposition planning needs of the children placed in acute care settings. They additionally provide consultation to DCF staff in ongoing and emergent cases involving trauma and/or mental health concerns advancing trauma informed practice and understanding the impact trauma can have on children who have experienced abuse/neglect as well as on adult caregivers’ ability to safely care for their children.

Domestic violence continues to be a significant risk factor for children and their non-offending parent both within child welfare and in communities. The DCF Statewide Domestic Violence Unit includes a director, two supervisors, and nine Domestic Violence Specialists placed regionally. This team provides consultation on dangerous and/or complicated cases involving domestic violence and trauma to assist staff in identifying risk and safety factors, assessing parental capacities, making recommendations and assisting in developing action plans to increase the safety, permanency, and well-being of children. They also participate as members of regional clinical teams and provide training in DCF area offices they cover working directly with the area and regional offices to think strategically about capacity building for staff. These activities inform a statewide perspective for the development of practice enhancements and training needs of DCF social workers in this area.

In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in

developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Offices and local domestic violence programs.

During 2018, DCF was selected as one of three sites across the country to participate in a groundbreaking project funded by the U.S. Children’s Bureau. The project is testing an approach to improving outcomes for children and families involved in the child welfare system who are experiencing domestic violence. This project, through the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), is working with the Haverhill, Lawrence, Lowell, and Malden/Metro North Area DCF Offices and their community partners. MA DCF and these offices were selected due to a long-standing commitment to addressing this complex area of practice and because of a strong commitment and existing capacity of community partners. The capacity building and research project, which continued through 2021, addressed the following questions:

1. Does a collaborative Adult & Child Survivor-Centered Approach—that includes safely engaging and establishing accountability of the domestic violence offender—improve adult and child survivor safety, child permanency, and child and family well-being for child welfare involved families experiencing domestic violence?
2. For which families, and in which social contexts, does an Adult & Child Survivor-Centered Approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an Adult & Child Survivor-Centered Approach?
4. What are the costs associated with the implementation and maintenance of an Adult & Child Survivor-Centered Approach, and how do these compare to the costs of “practice as usual”?

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

- Practitioners’ use of an evidence-informed domestic violence risk and protective factors framework to deepen their understanding of the varied experiences and needs of adult and child survivors, and to co-create individualized plans for helping them.
- More consistent and effective engagement of domestic violence offenders to establish accountability and create pathways for positive change to reduce or eliminate their use of violence and coercion with their partners and harm to their families.

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

The Directors of Mental Health, Substance Misuse Unit, and Domestic Violence are key members of the Department's Central Office Incident Notification (COIN) Review Team, which meets weekly to review critical incident reports, advises Area Offices concerning COIN report content and critical thinking, and make recommendations for practice improvement and policy/procedure enhancement, and ensure that consultations with Specialists occur as recommended.

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

In 2019, the DCF After-hours Hotline Contract was re-procured, with three separately staffed service areas including intake/investigation, missing or absent children, and other after-hours supports for staff. With new after-hours supports for staff and for missing or absent children, the contract program offers improved services to our most vulnerable populations and is staffed appropriately to offer urgent responses to critical situations.

Over the last several years the Department and the Hotline have seen increases in the proportion of calls coming in after hours. To address this and ensure timely responses to all calls, the Department has worked successfully with the Hotline providing additional staff and financial supports to address caseload growth and post-pandemic workforce challenges.

### *Family Coping with Homelessness*

DCF continues to expand our portfolio of services offered to families with issues of child maltreatment who are experiencing housing insecurity and or episodic homelessness. The three-primary means of supporting families with housing insecurity are:

- Housing Stabilization Unit case consultation services;
- Strong interagency collaboration with the Department of Housing and Community Development (DHCD);
- Collecting and evaluating housing specific data.

Massachusetts is experiencing an influx of immigrant and refugee families dealing with housing instability/homelessness in addition to the enormous challenges that come with their immigrant or refugee status. DCF is working collaboratively with the Executive Office of Health and Human Services, the Office of Refugees and Immigrants, DHCD, along with DCF's Family Resource Centers, the MassHealth, Department of Public Health, local housing authorities, hospitals and other community organizations to meet these emergent needs including shelter, health and mental health supports

Each DCF region has an assigned Housing Stabilization Unit specialist. To raise awareness and increase the social workers capacity to respond to families struggling with housing-related needs, the Unit collaborated with state partners and the Child Welfare Institute to develop housing specific curricula for the Department's field staff. Housing and economic self-sufficiency information is also available to staff through DCF's Housing Services Unit Intranet page. These

ongoing efforts include training related to economic self-sufficiency, approaches to servicing unaccompanied homeless youth and supporting families placed in state-funded shelters.

Additionally, a Memorandum of Understanding between the Department and DHCD was re-established in January 2015 to support the transition of children from foster care to reunification with parents in the state's shelter system. An expanded data collection effort assessed the number of children reunified through the collaboration DHCD and the success of families housed through the expanded Family Unification Program. This data allows the Department to better assess the services delivery needs of families facing poverty and housing insecurity.

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

### *Children/Parents with Disabilities*

The Department has continued to strengthen its efforts to serve children and parents with disabilities. A key goal of the Department's Diversity Plan is to increase DCF's capacity to provide culturally responsive care and services to the Deaf and Hard of Hearing, persons with limited English proficiency, and persons with disabilities. The Department's Statewide Disabilities Coordinator leads the implementation work, with support from the Department's Director of Disabilities Services and many staff members. The strategies used to achieve this goal are:

- Implemented the Memorandum of Understanding (MOU) between DCF and the MA Commission for the Deaf and Hard of Hearing (MCDHH) that creates a system for:
  - working collaboratively to serve children, youth, and families involved with both agencies;
  - providing reasonable accommodations as appropriate for families involved with DCF;
  - sharing information needed to implement reasonable accommodations; and
  - providing on-going training for DCF and MCDHH staff on each agency's practices and policies and the needs of families served by each agency.
- Updated Protective Intake, Family Assessment and Action Planning, Permanency Planning and Family Resource policies to reflect improvements to our work with children, parents and caregivers with a disability. The updated policies are posted on the Intranet [here](#) and our public facing Mass.gov/DCF page.
- Developed new guidelines for considerations when planning reunification of children with disabilities.
- The Department hired a new Director of Disability Services and a team of disability specialists to provide specialized case consultation for DCF staff.
- New DCF Disability Policy and required training for all staff.
- Completed review of all trainings available for DCF staff regarding children with disabilities; added new topics related to children with autism and autistic spectrum disorders.
- Developed guidance documents on requesting Americans with Disabilities Act (ADA) accommodations.
- Implementing newly repurchased interpretation and language access line services, effective July 2022.
- Numerous onboarding, ongoing, and professional development opportunities are provided by the Child Welfare Institute, DCF's training unit. Additionally, the Diversity Officer provides diversity, anti-discrimination, sexual harassment, and ADA trainings, both on a voluntary and

- remedial basis, to Area Offices and staff throughout the state and throughout the year.
- Partnerships with other agencies including Department of Mental Health, Commission for the Deaf and Hard of Hearing, Commission for the Blind, MA Office on Disability, and Office of the Child Advocate.

### *Youth Transitioning from Foster Care*

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

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

DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition age youth to support their success. Pre-Service and ongoing training for DCF staff, foster parents and providers re-enforce these principles. Technical assistance is provided to area office staff and contracted providers to strengthen understanding and practice of the policy. DCF continues to serve children through its outreach and aftercare program. DCF is currently conducting a data review project to examine the permanency goals of an identified transition age youth cohort in out of home placement. The goal of this review is to assess the impact of services and programming on the well-being and permanency of these youth.

With the onset of the COVID-19 pandemic, the Department increased its outreach to this vulnerable population to ensure that youth and young adults are aware of the services available to them, that they have access to emotional supports and connections, and that they are in safe living situations if possible. Youth who left care were contacted to offer them services, support, and financial assistance during this very challenging time. Youth and young adults in care were offered additional financial assistance.

The AILT Permanency Team has prioritized serving adolescents at risk of leaving the Department's care without permanent resources and/or lifelong connections. The recent addition of a Manager of Permanency Services and a team of Permanency Specialists will enable the

Department to increase the availability of Permanency Roundtables, with the goal of decreasing the number of youth with APPLA goals, and increasing the permanency resources for this population.

In addition, a new AILT Practice Subgroup is addressing the needs of non-688 youth (youth who are not identified as eligible for continued educational services due to special needs), as they approach young adulthood, with the goals of:

- Increasing graduation rates for children in DCF custody;
- Developing guidance for developing Family Assessment and Action Plans geared toward drop-out prevention and re-engagement; and
- Identifying young adults within 90 days of discharge, and timely provision of enhanced support to keep them engaged with the Department, as appropriate.

## **KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)**

### **MASSACHUSETTS KINSHIP NAVIGATOR PROGRAM**

The Massachusetts Kinship Navigator Program (MA KNP) has actively utilized title IV-B, subpart 2 federal grant funding since 2019. During this time, DCF developed and implemented MA KNP throughout the Commonwealth. The goal of the program is to increase stability and permanency for kinship families through advocacy and coordination of support services for kinship caregivers. The program proactively assists kinship caregivers in learning about and accessing services to meet their individual needs and that of the children they are raising. We strive to strengthen partnerships among public and private agencies to ensure kinship caregivers and their families receive support and achieve stability.

The MA KNP model includes structured collaboration between the Department's five regions and 29 Area Offices, Family Resource Centers (FRC)33locations), the Court Improvement Program (CIP), The Probate and Family Courts (Administration and Barnstable, Bristol, Essex, Worcester, and Suffolk County), Court Service Centers (7 locations) )(Boston, Greenfield, Lawrence, Brockton, Lowell, Springfield and Worcester Counties), Department of Public Health (Women Infants and Children), Department of Transitional Assistance (DTA) (20 statewide locations), MassHealth and the Commission on the Status of Grandparents Raising Grandchildren.

### **Target Population**

All Massachusetts kinship caregivers who are currently caring for a relative's child qualify for MA KNP services. This includes the following:

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



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

### **The MA KNP Implementation/Structure**

As the recipient of Title IV-B, Subpart 2 Kinship Navigator Funding, the Department of Children and Families (DCF) continues to be committed to the development, enhancement, and sustainability of the Massachusetts Kinship Navigator Program (MKNP). The MKNP is situated within DCF's central office Permanency Division alongside the Foster Care Support, Adoption, Adolescent Support Services, and Interstate Compact on the Placement of Children (ICPC). The assistant commissioner of permanency oversees all the Permanency Division units and is managed by the Director of Foster Care Support Services. The Permanency Division is positioned under the DCF Central Office which also supports five regional offices and 29 areas offices across Massachusetts.

### **Budget and Staffing**

The MA KNP will continue to use Kinship Navigator IV-B, subpart 2 funds for 2FTEs for FFY2023. DCF will be allocating state funding to support the addition of 2FTEs. The staff for FFY2023 will consist of the following:

- Program Manager (1.0 FTE):
- Program Coordinator (1.0 FTE):
- Program Liaison (2.0 FTE)

### **MA KNP FFY 2022 Final Budget Expenditures**

Obj Class	Description	Current Budget
AA	Program Manager (1.0 FTE) Federal Funding	\$ 107,600.00
AA	Program Coordinator (1.0 FTE) Federal Funding	\$ 56,600.00
AA	Program Liaison (2.0 FTE) State Funding	\$ 138,000.00
<b>AA</b>	<b>Total</b>	<b>\$ 302,200</b>
BB	Employee Reimbursement (Travel/ Conferences/Other Reimb.)	\$ 1,400
<b>BB</b>	<b>Total</b>	<b>\$ 1,400</b>
DD	DD Fringe Benefits @ 41.89% (Kinship AA Costs - Federal)	\$ 68,783
DD	DD Fringe Benefits @ 1.89% (Kinship AA Costs - State)	\$ 2,608
<b>DD</b>	<b>Total</b>	<b>\$ 71,392</b>
EE	Administrative Supplies	\$ -
EE	Indirect Cost	\$ 17,000
<b>EE</b>	<b>Total</b>	<b>\$ 17,000</b>
UU	Telephone Services/Surface Pros Monthly Charges	\$ 588
<b>UU</b>	<b>Total</b>	<b>\$ 588</b>
<b>KINSHIP PROGRAM COST</b>		<b>\$ 392,580</b>
<b>Total Federal Projected Funds Available</b>		<b>\$227,871</b>
<b>Total State Projected Funds Available</b>		<b>\$164,709</b>
<b>Variance</b>		<b>\$0</b>

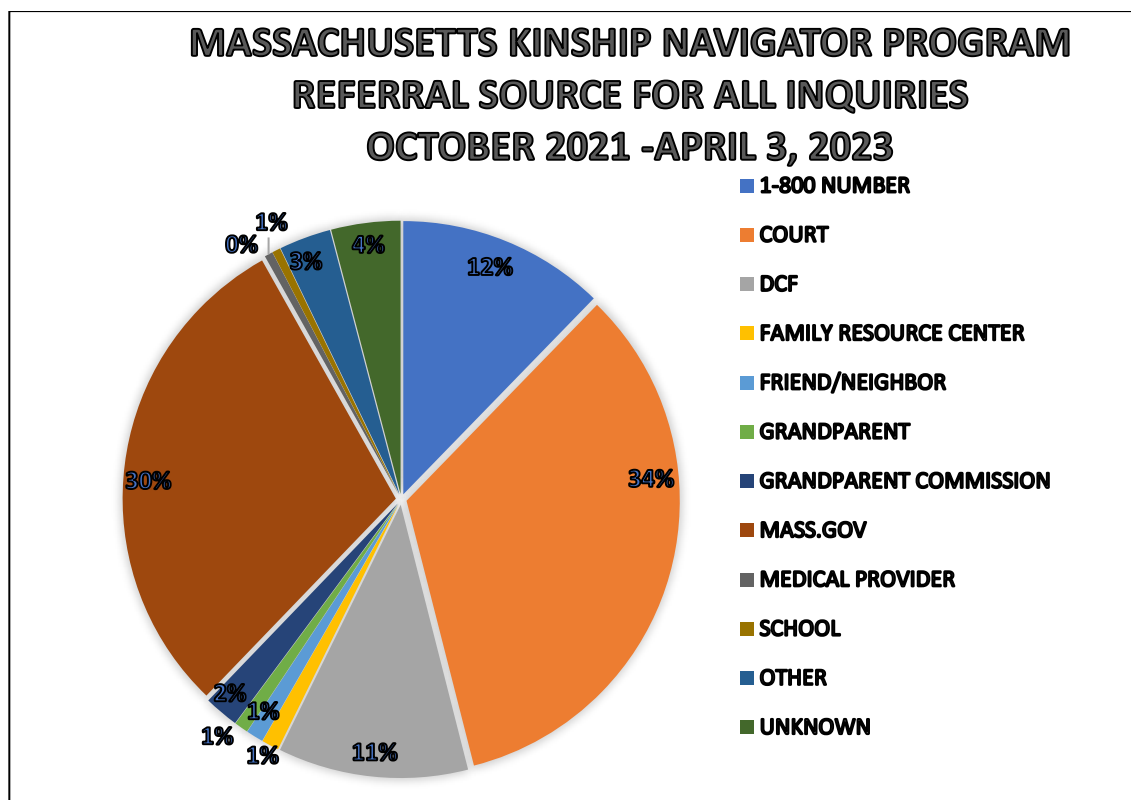
## Collaboration with Stakeholders

For FFY 2023-2024 the MA KNP is dedicated to strengthening our existing partnerships and building new collaborative relationships that will engage kinship caregivers. The program aims to find more resource providers and agencies that can provide services to this population. Staff continue to build new partnerships and increased the opportunities for kinship caregivers to receive broader access to services. As well as enhancing awareness and broadening our reach to kinship caregivers across Massachusetts.

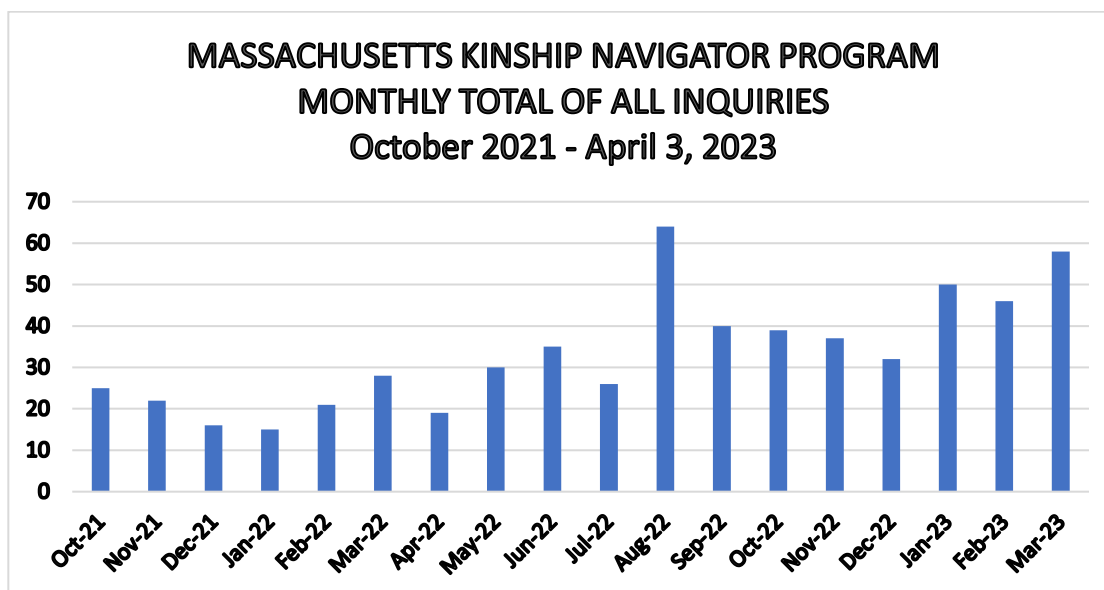
The MA KNP has seen growth in the volume of its referrals as a result of ongoing partnerships with stakeholders. Currently, the Probate and Family Court stakeholders are sending the majority of referrals with DCF staff as our second highest.

Using the data collection software (Salesforce) since October 2021 we have connected approximately 400 participating kinship caregivers to community resources, providers, and services to meet their individual needs, with a rate of 86% services received. The MKNP has a questionnaire to capture data regarding kinship caregiver needs.

**Chart #1 MA KNP Referral Source for All Inquiries**



**Chart # 2 MA KNP Monthly Total of All Inquiries**



The MA KNP tracks the identified needs percentage of each caregiver from a list of 12 needs categories. Below are our identified needs categories, the percentage of the requested needs, and our partners who provide the direct service. The data reveals public financial assistance is our highest identified need, followed by legal assistance and support groups.

Area of needs/referral categories: (Caregivers can identify multiple needs; the calculations below reflect the total number of needs from October 2021-April 3, 2023)

- Child Care 6%
- Education 6%
- Food/Nutrition 9%
- Health Care 8%
- Legal 11%
- Mental Health/Counseling 9%
- Public Assistance 15%
- Social Security Benefits 3%
- Support Groups Support Groups 11%
- Trainings and Workshops Trainings 4%
- Misc. Financial Needs: 8%
- Other: 8%

### **Promotional and Marketing Materials**

The MA KNP has developed materials made specifically to inform and assist caregivers in accessing services. The MA KNP distribute our promotional and marketing materials to our community and state partners such by:

- Massachusetts Kinship Navigator Program Introduction and Training Video for Kinship Caregivers (English and Spanish Subtitles)
- Massachusetts Kinship Navigator Program Introduction and Training Video for DCF Staff
- Massachusetts Kinship Navigator Program brochure (English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, and Traditional Chinese) <https://www.mass.gov/lists/kinship-navigator-brochures-6-languages>
- Probate and Family Court Collaboration Project: Barnstable, Bristol, Essex, Worcester, and Suffolk Counties
  - Caregiver Custody Guide (Developed in Partnership with CIP) <https://www.mass.gov/custody-guide-for-child-caregivers>
  - Introduction Letter (English, Spanish, Portuguese)
  - Guardianship of Minor reminder slip (attached to each Guardianship of Minor application)
  - Permission to Contact Form (English, Spanish, Portuguese)
  - Guardianship VS Adoption (Developed in Partnership with CIP, English, Chinese and Haitian <https://www.mass.gov/guides/guardianship-and-adoption-what-are-the-differences>)
  - One page comparison of available resources depending on the type of caregiver (English, Spanish, and Portuguese)
- MA KNP Website [www.mass.gov/kinship-navigator](http://www.mass.gov/kinship-navigator)
  - We continued to update our website with relevant and current information to provide kinship caregivers, as well as public stakeholders, direct access to information and resources related to kinship care,
  - The site is organized to provide a searchable, user-friendly experience that will allow the public, particularly kinship caregivers, to readily access current information that will support their caregiving responsibilities.
  - Online request for services, digital application is automatically uploaded to our CRM tool.
- A toll-free number 1-884-924-4KIN (4546)
- A designated MA KNP program e-mail address: [kinship.navigators@mass.gov](mailto:kinship.navigators@mass.gov)

The MA KNP grant also supports the design and printing of program brochures, videos, resource guides, journals, and other program-based items. These materials promote the program within the community and with partnering state agencies. Videos and guides were developed in partnership with state agencies and community service providers to ensure the accuracy and reliability of the content. These materials reflect program guidelines and eligibility criteria and provide step-by-step instruction to access the resource or benefit. These resources are crafted with the kinship caregiver needs in mind and aim to educate and empower the caregiver. These resources also serve as training and reference resources for MKNP staff to stimulate conversations and engagement with kinship caregivers. This collaborative approach is designed to ensure the consistency of distributed information and enhance content knowledge about benefits and programs across the Commonwealth.

## **Equipment/Software**

To promote kin access to MA KNP statewide, the Kinship Navigator staff are currently working in a hybrid approach combining remote and in-person activity. The MA KNP utilized the FFY22 funds for the monthly service charges for all remote equipment including two mobile phones and three tablets. In addition to three Salesforce Customer Relations Management (CRM) software user licenses for each MA KNP staff member.

## **Information to specifically support racial equity and cultural inclusion**

The KNP strives to have diverse materials and a diverse staff who engages in training on cultural competencies offered through the DCF Child Welfare Institute and external entities. The training provides the necessary awareness in valuing and acknowledging the individual differences of each caregiver, including their race, ethnicity, cultural background, and socioeconomic status. Utilizing our learned cultural responsiveness, staff are building trust with the caregiver.

Approaching service as an individual experience for each caregiver gives us the foundation for cultural responsiveness for all. MA KNP provides kinship caregivers with a safe and judgment-free space and encourage respectful engagement and active listening. Once the specific needs are identified, staff look to partners within the caregiver's community, taking into consideration the diverse geographical landscape of Massachusetts.

MA KNP continually assesses whether there is a language barrier, and what service providers are best able to reflect the cultural identities of kinship caregivers. In identifying the needs of caregivers, MA KNP can make more suitable referrals and build upon the trust already established.

Maintaining and growing partnerships with stakeholder agencies is necessary to meet MA KNP's goal of supporting kinship caregivers to find and receive culturally appropriate and effective services. Services include finding an interpreter to conduct the assessment in the caregiver's native language, then connecting the caregiver to an agency with the staff and services in the caregiver's spoken language.

Consideration is also given to caregiver age. Staff recognize that some caregivers will need additional support to use technology to access virtual/online services. The virtual experience may be ideal for a caregiver who might be familiar with new technology despite their age. However, some caregivers do not have access to or understand how to use this technology. We can support those caregivers in accessing in-person and technology coaching.

We acknowledge that enhancements to the Salesforce data system are required to capture additional caregiver demographic data and resource information. We will identify a strategy for enhancing our internal resource listing to include culturally specific specialties within our partner agencies.

## **MA KNP Training and Engagement with DCF Area Offices**

During FFY 2022, the MA KNP worked with the Regional Clinical Managers to develop a strategy for the integration of the MA KNP into the daily work of DCF staff. In collaboration with DCF

managers and supervisors from each of the 5 regions a training plan was developed. We identified the case practice activities during which DCF staff encounter kinship caregivers and how the MA KNP can support staff and the kinship caregiver from the start of placement. Training videos were created to provide an overview of the program, further understand of kinship caregivers needs and how the MA KNP could be an additional tool in the social worker's tool kit. The goal of the training is to facilitate area office engagement and the coordination of services to best support the needs of kinship caregivers and the stability of the child(ren) placement. Each of the 29 DCF area office directors have been provided with MA KNP materials and specifics regarding eligibility and referral process.

After the completion of the videos in February of 2023, the MA KNP prepared a video roadshow for the 29 area offices' leadership teams and staff. MA KNP staff began the video roadshow in March of 2023 and expect completion by September of 2023. To ensure that training remains fluid the Child Welfare Institute (CWI) has begun preparations for new and existing staff to access the training videos via the DCF training portal (Mass Achieve) and the DCF internal intranet by the end of April 2023. The MA KNP will schedule quarterly meetings with the DCF leadership teams to discuss trends, gaps in services and changes and or enhancements to the collaboration. In addition, MA KNP will be scheduling annual meetings with DCF Executive Leadership to discuss progress and suitability.

Below are the links to our MA KNP Introduction for DCF Staff as well as our MA KNP Introduction for Caregivers (English and Spanish subtitles). The Introduction for Caregivers video is located on our website: [www.mass.gov/kinship-navigator](http://www.mass.gov/kinship-navigator)

*Training video and Resources:*

1. Kinship Navigator Program Introduction for Caregivers
  - English: <https://youtu.be/tMpVpYDsVxI>
  - Spanish: <https://youtu.be/8ruhNrKyb9w>

*Located at:* [www.mass.gov/kinship-navigator](http://www.mass.gov/kinship-navigator)
2. Kinship Navigator Program Introduction for DCF Staff
  - <https://youtu.be/rnD26-Dh3i4>

**Expansion of MA KNP Probate and Family Court Program**

The MA KNP is expanding its work with the Probate and Family Court Administrative Office, Probate Court Justices, Registrars and Probation Officers via our collaborative program. When kinship caregivers go to Probate and Family Court, the registry department will provide them with information about the MA KNP. The registry or probation department will refer the kinship caregivers to the MA KNP. This collaborative work has led to the expansion of our fifth Probate and Family Court location. The Suffolk County program began in January 2023. The counties of Hampshire, Middlesex, and Norfolk have expressed interest in collaboration and will be explored as the MA KNP capacity increases.

MA KNP continues to see a positive rate of referrals from the 5 participating Probate and Family Courts (Bristol, Barnstable, Essex, Worcester, and Suffolk). The Probate and Family Court referrals increased from 37 (FFY2021) to 168 in (FFY2022) for a total of 205. The programmatic have actively recruited new Probate and Family Courts over the past federal fiscal year and will continue to do throughout FFY2023. This collaboration and direct communication with the Probate and Family Leadership Team Members (Register, registry staff and Chief of Probation in Bristol, Barnstable, Essex, Worcester, and Suffolk County) has been essential in the growth and enhancement of the program. As a team, staff are dedicated to increasing the number of referrals and address needed changes to the referral process. Changes such as an increase in MA KNP's in person support at the courts when the Covid restrictions were lifted.

In addition, the team agreed to move MA KNP introduction letter to caregivers from the last page of the Guardianship of Minor application packet to the top of the application with a small slip of color paper stating: "Prior to completing the paperwork for Guardianship of a Minor, please take the time to review the literature attached. If you would like to opt-in to the Kinship Navigator Program, you must complete page 2 of the brochure (Permission to Contact Form) and submit that to the court when you file your paperwork. If you have any questions, please feel free to ask any Registry employee." (Appendix 1) This simple change brought the MA KNP services to the petitioner's attention immediately. The response has led to more referrals to the Court Service Center for faster filing and legal aid. Which has led to a new partnership and potential pilot program with legal aid.

(Please note: Covid restrictions were lifted during FFY2022 which increased access to our partners as compared to FFY2021.)

### **New Partnership Development**

The MA KNP will build off its successful partnership strategy from FFY2021 to add six new significant partnerships to our program during FFY2022. Staff have identified sector partners that will best connect us to the kinship caregivers have not yet been reached. By growing these partnerships, MA KNP will enhance its ability to reach caregivers and increase program value, sustainability, and fidelity.

#### *Suffolk County Court Service Center and Volunteer Lawyers Project*

The MKNP will be enhancing our partnership with the Suffolk County Court Service Center and the Volunteer Lawyers Project of Greater Boston during the FFY2023 in connection with our Probate and Family Court Program in Suffolk County.

#### *Priority*

- MA KNP and Legal Aid collaboration which will provide services at the start of the Guardianship of a Minor process in Suffolk County

#### *Strategic Objective*

- By January 2024, the MA KNP will collaborate with the Suffolk Court Service Center and the Volunteer Lawyers Project of Greater Boston to develop and establish a MKNP Guardianship of a Minor Legal Aid referral pilot program

- Utilize our established Probate and Family Court Program framework to assist in replicating the process

#### *Milestones*

- Increase legal aid staff awareness of Guardianship of Minor Petitioners' needs
- Increase Guardianship of Minor Petitioner's awareness of the MA KNP and how to access quality legal resources to properly file with the Probate and Family Court to stabilize placement for the child(ren)
- Collaborate to build strong communications with judicial, court service center and legal aid staff to increase the timeliness of filing without application rejection due to incomplete or application errors
- Hold Bi-monthly meetings for pilot updates
- Hold Annual Training for each court service center (7)
- Hold Bi-Annual meetings with KNP and Legal Aid Leadership Team

#### *Measure of Progress*

- Identification of Suffolk County for pilot program
- Increase service referrals from the MA KNP to Legal Aid and or Legal Aid to MKNP
- Decrease the rate of Guardianship of Minor application rejection on day one of the process
- Increase placement stability with Guardianship of Minor Custodian's
- Quarterly program check-ins, bi-annual leadership team meetings

#### *Massachusetts Association of School Superintendents of Administrators' Association (goal for FFY2024)*

The MA KNP will begin networking and building relationships with the Massachusetts Association of School Superintendents and Administrators' Association to better identify Massachusetts informal kinship caregivers and caregivers with caregiver affidavits.

#### *Priority*

MA KNP and the Massachusetts Association of School Superintendents and Administrators' Association will collaborate to identify informal kinship caregivers or caregiver with Caregiver Affidavits during school registration process

#### *Strategic Objective*

- By January 2024, the MA KNP will collaborate with the Massachusetts Association of School Superintendents and Administrators' Association to develop and establish a referral pilot program for informal caregivers or caregiver with Caregiver Affidavits
- Utilize our established Probate and Family Court Program framework to assist in replicating the process

#### *Milestones*

- Increase awareness and knowledge of each school district administrator of informal kinship caregivers or caregiver with Caregiver Affidavits needs.



- Increase informal kinship caregivers or caregiver with Caregiver Affidavits awareness of the MA KNP and how to access services for themselves and the child(ren) they are raising
- Collaborate to build strong communications with school district Superintendents, Principals, guidance, and registration staff to increase the timeliness of services to an underserved and unknown kinship caregiver population
- Hold Monthly meetings for pilot updates
- Hold MA KNP Updates Regional Training annually
- Bi-Annual meeting with MA KNP and Massachusetts Association of School Superintendents and Administrators' Association

#### *Measure of Progress*

- Identification of pilot program school districts by region
- Increase in the identification of informal kinship caregivers or caregiver with Caregiver Affidavits
- Increase in informal kinship caregivers or caregiver with Caregiver Affidavits referrals from the pilot school districts
- Identify unknown needs of the informal kinship caregivers or caregiver with Caregiver Affidavits
- Identify gaps in services for the informal kinship caregivers or caregiver with Caregiver Affidavits population

#### *Juvenile Court Pilot Program*

The MA KNP will be exploring our ability to expand our Probate and Family Court Pilot model and adapt it to the Juvenile Court system, reaching third-party kinship caregivers at the start of a Juvenile Court Care and Protection hearing. Through the development of this Juvenile Court pilot and ongoing training and engagement of the MA KNP to the DCF 29 area offices, we will be better equipped to identify third-party caregivers in active child protection cases sooner and more efficiently.

#### *Priority*

- To expand the MA KNP to the MA Juvenile Court System to reach Care and Protection, 3rd Party Custodians

#### *Strategic Objective*

- By September of 2024, the MKNP will collaborate with the Court Improvement Program (CIP) to develop and establish a MKNP Care and Protection, 3<sup>rd</sup> Party Custody Pilot Program with the MA Juvenile Court System Utilize our established Probate and Family Court Program framework to assist in replicating the process in the Juvenile Court System

#### *Milestones*

- Increase judicial staff awareness of 3<sup>rd</sup> Party Custodian's needs
- Increase 3<sup>rd</sup> Party Custodian's awareness of the MKNP and how to access quality resources to stabilize placement for the child(ren)
- Collaborate with DCF social workers to coordinate and streamline service referrals for 3<sup>rd</sup> Party Custodian and the child(ren) placed with them

- Collaborate to build strong communications with judicial staff and DCF social workers to increase the timeliness of service needs met for kinship caregivers
- Produce reliable and comparable data (MKNP and Mass Court) for our evidence-based practice evaluation

*Measure of Progress*

- Identification of 3 out of the 14 Massachusetts counties to participate in the pilot
- Increase 3<sup>rd</sup> Party Custodian Referrals by 20%
- Increase in the number of needs met by 20%
- Increase placement stability with 3<sup>rd</sup> Party Custodian
- Provide extended support to the 3<sup>rd</sup> Party Custodian once permanency is achieved, DCF and Care and Protection is closed

## **MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS**

In FFY2023, the Department utilized the Caseworker Visit Grant to support the following activities:

**Policy Implementation contract with Zelus Consulting Group (July 26, 2022 – June 30, 2023)**

The Department has identified a core set of policies fundamental to the agency's mission in working with children and families. In 2022-23, the Department continued revisions and practice implementation work for the following policies:

- Protective Intake Policy
- Licensing of Foster, Pre-Adoptive, and Kinship Families Policy
- Safe and Supported Placements Policy
- Family Assessment and Action Planning Policy
- Supervision Policy
- Protective Case Practice Policy
- Reunification Policy
- Disability Policy
- Education Policy
- Background Record Check Policy

The Department utilized the Caseworker Visit Grant to support policy implementation of the Licensing of Foster, Pre-Adoptive, and Kinship Families Policy and the Safe and Supported Placements Policy. The grant is supporting the use of policy implementation consultants for change management, training, and implementation support. Implementation of these policies is a multi-year initiative that has involved creating distinct job functions, retraining social workers, and significant updates to the Department's information management system, i-FamilyNet.

*Policy revisions include:*

- Updated processes to place children with kinship families immediately so their first placement can be with kin whenever possible
- Emphasis on birth family and foster/kinship family partnership
- Increased support of kinship placement, especially at and immediately after placement to ensure that concrete and other supports are in place.
- Increased contact with kinship caregivers following placement and ongoing.
- Greater flexibility in the approval process to minimize the impact of racial and ethnic bias in the application of standards related to background records checks.
- Increased opportunities for collaboration and teaming between foster families, social workers supporting the foster families, and Ongoing social workers managing a child's case.

#### *Activities and Deliverables:*

Deliverable 1: Policy Implementation Assessment and Blueprint: consultant conducted an assessment and developed a DCF policy implementation blueprint which included timelines and budgets for design and development of the learning curriculum. (\$126,000)

Deliverable 2: Work Plan: Based on the information gathered during creation of Deliverable 1, the implementation blueprint, the Consultant created a work plan which specified details for each phase of policy implementation and training. (\$42,000)

Deliverable 3: Policy Training and Support: consultant created and presented instructional materials that covered the relevant facets of child welfare practice at each level of service delivery, and integrates classroom learning and online platforms and content, e.g., e-learning, simulations, as well as training of trainers. (\$105,200)

Deliverable 4: Training Coordination and Delivery: Based on the blueprint created in deliverable #1 and the work plan in deliverable #2 the consultant provided training coordination, organized trainers, and created materials for the Learning Management Administration (MassAchieve) Management system. (\$26,800)

In SFY 2022-23, the Department spent \$291,607 on these policy implementation activities at a discounted rate through the Commonwealth prompt payment discount. In January 2023, the consultant's contract was amended to increase the funding to continue these activities under the Adoption and Legal Guardianship Incentive Payments federal program.

- ***Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.***

Since 2015, the Department has continued to make significant improvements in monthly contacts with children in placement. The Department has worked diligently in hiring and training additional Social Workers, reducing workload and improving practice to address this performance standard.

In 2019, the Department's Agency Improvement Leadership Team launched an initiative to increase monthly visitation in ongoing cases (both for in-home cases and for children in out-of-home placement). The initiative seeks to improve the number of children seen each month and the

quality of the contact, with an emphasis on planned, purposeful interactions with children and families. Regional and Area Office leadership continue to utilize the Plan-Do-Study-Act (PDSA) quality improvement framework in developing area office specific plans to improve the frequency and quality of monthly visits. The Child and Family Service Review Onsite Review Instrument continue to serve as the anchoring tool for the Department in assessing the quality of contact.

In FFY 2022, the Department made monthly contact with children in care 90.3% of the time. 87.00% of these visits occurred in the child's placement setting. In FFY 2023 through March 31, 2023 (6 months), the Department made monthly contact with children in care 90.1% of the time. 86.2% of these visits occurred in the child's placement setting. The Department has made progress since 2012 in improving monthly contacts with children in placement and will continue to work towards achieving this statutory performance standard.

The Department's performance in FFY 2022 was challenged by the COVID-19 pandemic, Social Worker turnover, and staffing shortages. The Department plans to continue its initiative to improve monthly contact performance standards through continuous quality improvement exercises and will continue to utilize the Monthly Caseworker Visitation Grant to support the quality of caseworker contacts with children in placement.

- *As applicable, information on policies, procedures, or training to support quality virtual caseworker visits to ensure children and youth's privacy and safety when in-person visits are not able to be safely conducted.*

In late April 2021, the Department resumed monthly in-person contact for all open cases and only offers virtual visits as a supplement, not a replacement for monthly in-person contact.

## ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Department received notices of awards for the following amounts:

Federal Fiscal Year	Obligation Date	Federal Award
<b>2019</b>	9/30/2022	\$1,746,500
<b>2020</b>	9/30/2023	\$3,391,500
<b>2021</b>	9/30/2024	\$35,000
<b>2022</b>	9/30/2025	\$865,000
<b>Total:</b>		<b>\$6,038,000</b>

DCF's Adoption program and Budget staff recently met to discuss the planned activities for these funds and to ensure they are obligated and expended by the deadline specified in the grant award letters. The Department expended \$1,504,500 of the \$1,746,500 FFY 2019 funds. Due to unforeseen circumstances, the contractor could not deliver all services by 9/30/22, which resulted in a \$242,000 reversion. Of the \$3,391,500 award for FFY 2020, the Department has spent \$2,651,367 during SFY 2023 in the following manner:

- The Department has continued to work with our contracted vendor MJ Henry and Associates to re-envision and redesign our 30-hour MAPP (Massachusetts Approach to Partnership in

Parenting) curriculum for Adoptive and Foster Parents. Progress continues, and the projected cost from 7/1/2022 through 6/30/2023 is \$270,000.

- In July 2022, the Department sponsored 71 staff and 49 foster and adoptive parents to attend the four-day virtual conference presented by the North American Council on Adoptable Children. This virtual conference allowed the Department to extend the invitation to this significant number of staff and parents, which provided invaluable learning and support. The total conference costs were \$23,450.
- In FFY 2023, the Department purchased items related to National Adoption Day and recruitment events for Foster Care and Adoption, including books, t-shirts, teddy bears, stress balls, and magnet picture frames. The total cost was \$11,432.
- In FFY 2023, the Department engaged the Training Associates Corporation of Marlboro, MA to produce an Adoption Day Video to simulcast on National Adoption Day. Total cost was \$5,600.
- During July 2022 through March 2023, the Department assisted several families with expenses related to extraordinary circumstances by hiring an attorney in Puerto Rico to resolve legal issues with amended birth certificates for children adopted in Massachusetts but born in Puerto Rico. These costs totaled \$7,000. It is anticipated that another \$1,500 will be expended through June 2023.
- In May of 2023, the Deputy Administrator of Interstate Compact on the Placement of Children and Assistant ICPC Coordinator are attended the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Annual Business Meeting, Training Workshop and Child Welfare Conference: “ICPC and the Crescent City: Bridging Families in the Big Easy” in New Orleans, LA. The total AIP funds utilized were \$2,525.
- In May 2023, the Director of Adoption and Director of Foster Care attended the Adoption and Foster Care Managers Grantee Meeting and the Permanency Summit in Washington, DC. Total cost was \$2,500.
- In May 2023, Adoption & Legal Guardianship Subsidy supervisor attended the Association of Administrators of Interstate Compact on Adoption and Medical Assistance Conference in St. Louis, MO. The meeting includes sessions that focus on Federal Adoption & Guardianship Assistance Programs, Interstate Practice for Children & Youth eligible for SSI, Title IV-E eligibility & issues, Civil Rights in Child Welfare, as well as federal laws and how they can be used to improve child wellbeing and strengthen permanence. Total cost is \$2,100.
- The Department also is expending \$400,000 over SFY 2023 with a contracted vendor, the Massachusetts Society for the Prevention of Cruelty to Children, for a Behavioral Health Family Resource Liaison. It provides intensive family-driven support on a time-limited basis to foster families. It includes peer-to-peer support, training and education, 24-hour on-call support and clinical supervision.
- The Department engaged DevxDesign for Provider training videos totaling \$12,750.
- The Department has engaged SevenSteps, Inc to provide temporary employees to assist in the archiving and digitization of Subsidy, ICPC, Foster Care, Adoption, Kinship Navigator, and Adolescent and Young Adult Services records and documentation. Current projected costs are \$70,000.
- In June 2023, The Department assisted with the funding of graduation events for our youth in care across the state for a total of \$16,950.
- The Department paid AAICAMA dues of \$8,500 in FFY 2023.

- The Department entered into an MOU in FFY 2023 with the Department of Public Health to enable the printing of birth certificates by departmental staff and purchased embossers and paper for \$3,700.
- The Department offered staff and families the opportunity to attend trainings offered by the North American Council on Adoptable Children. The trainings included Fetal Alcohol Spectrum Disorders, Trauma Responsive Parenting, and Attending to Children's Permanency Preferences. Costs totaled \$7,360.
- The Department has contracted with Northwest Media dba FosterParentCollege.com which provides interactive multi-media courses for adoptive, kinship, foster parents, and social work staff. Courses are available 24/7. These courses include advanced parenting workshops, behavior management and parenting strategies. The cost of this contract is \$70,000.
- To better service our foster and adoptive families, throughout FFY 2023, the Department has implemented several comprehensive technological enhancements which enable staff and families more efficient and accurate communications, more timely processing of information and documents, as well as access to training materials. These enhancements advance our business practices for our Adoption & Guardianship Subsidy programs, Interstate Compact for the Placement of Children (ICPC), Foster Care, Family Resource, Adoption, Recruitment of Foster and Adoptive Families and Kinship Navigator Programs. The Department continues to make a significant investment in this technology which also supports our work and interactions with families during and post the COVID-19 pandemic. There are several vendors that have been engaged with expertise in each specific area.

	Estimated Cost	Description/Purpose
Additional Salesforce Licenses (5) to support current use by Subsidy, FC Recruiters, etc. contracted with Carahsoft	\$5,678	Enables more efficient and accurate communications and documentation of calls to the Adoption/Guardianship Subsidy unit and Foster Care Recruiters
DocuSign Renewal Licenses contracted with CDW	\$19,745	Enables more timely processing of information and documents
National Electronic Interstate Compact Enterprise (NEICE); webservices & support contracted with xFact	\$35,000	Supports the exchange of cross-state communication and placement information
i-FamilyNet/Partner Services Software Enhancement contracted with xFact	\$185,000	Further enhancement of new screens and documents in DCF's enterprise case management called i-FamilyNet in support of the Department's new foster care policies.
FosterMA Connect/Jive Replacement Discovery Services contracted with xFact	\$91,000	Professional services to complete the initial visioning and discovery of a digital customer experience platform to support staff and stakeholders. This includes activities to support enhanced engagement with foster parent applicants and other DCF partners. This new platform would replace the current JIVE based platform used as the basis of FosterMA Connect.

Natural Language Processing Pilot Extension Services contracted with xFact/Augintel	\$190,000	Licensing and professional services costs to extend/expand the natural language processing pilot
Subsidy & Recruiters Salesforce Voice and Operations/Support contracted with Deloitte	\$295,000	Enables voicemail integration into Salesforce of all calls. Allows for efficient documentation and assignment of calls.
Absorb Learning Management System	\$25,000	Renewal of license for LMS housing revised training for foster, pre-adoptive, and kinship families' training.
Project Management Services contracted with SWBailey	\$66,077	Project Management support for various permanency related initiatives

- During SFY 2023, the Department engaged Zelus Consulting Group LLC of Medford, MA to assist with the implementation of the Department's new Foster Care policies. Services include policy training and support as well as training coordination and delivery. The activities include creating and presenting instructional materials that cover the relevant facets of child welfare practice at each level of service delivery and integrate classroom learning and online platforms and content, e.g., e-learning, simulations, etc., as well as training of trainers. Total Adoption Incentive funds utilized is \$525,000.
- The Department has engaged the vendor, Evident Change of Oakland, California to assist the Department in the expansion of the use of Structured Decision-Making Tools. The cost for SFY 2023 is estimated to be \$300,000. It will build upon our existing SDM system through an update of the SDM Safety Assessment, the development of an SDM Substitute Care Provider (SCP) Safety Assessment, and the development of an SDM Reunification Assessment consisting of:
  - A reassessment of risk
  - An evaluation of the quality and quantity of parent visitation with the children in care
  - An updated SDM safety assessment
  - Recommended actions around reunification or permanency goals

DCF recognizes the incredible opportunities these funds have afforded our staff, families, providers and partners across the service delivery system. The very significant increases in the awarded funds allow us to consider ways in which we can make an impact on a larger scale than what our previous plans addressed. We will continue to offer a robust array of trainings and provide staff with opportunities to attend national conferences. We will continue to assist families who have already attained permanency with extra-ordinary expenses such as those related to immigration and naturalization services for children not previously resolved.

The Department acknowledges changes to the Adoption and Legal Guardianship Incentive Payment program brought about by the enactment of PL113-183. The law extended the length of time States have to spend incentive payments earned under the program from 24 months to 36 months. Also, the law restricts states from using incentive payments to supplant federal or non-federal funds for services under title IV-B or IVE. At present, these changes do not impact the Department's plans for use of the incentive funds.

## ADOPTION SAVINGS

Since the introduction of the “applicable child” eligibility criteria for Title IV-E adoption assistance, Massachusetts has accumulated adoption savings it will use to provide post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Using the “CB Method” (as outlined in the Children’s Bureau’s Program Instruction ACYF-CB-PI-15-06), the calculated accumulated savings through FFY 2022 are approximately \$17.3M.

There is no timetable for states to spend the savings. The Department deferred developing a spending plan until such time that the amount of the savings was more consistent to ensure we can continue to support the programs and services we develop with the savings. Now that the savings amount has become more consistent, we have developed a plan to spend the funds. This planning process included discussing needs with both our Central Office Adoption staff as well as the leadership of our regional and area offices. The planning process also included outreach to key stakeholders in the community, providers, and children and families who will benefit from these additional services.

The Department’s plan to spend adoption savings is as follows:

- Personnel – The Department is adding new roles to its permanency division including a manager of Permanency, 3 new permanency staff, and a program coordinator. In addition, the Department plans to expand its kinship navigator program staff. As these are new positions, the Department plans to use adoption savings to fund these positions.
- Training – The Department is exploring options to support the training of our foster parents. This includes contracting for CPR training for foster parents, a learning management system to facilitate new foster parent (kinship and departmental) training, and a portal that foster parents can access to do self-training to meet annual training requirements.
- Services – Lastly the Department is exploring new services it can design/purchase for the children and families we serve. Examples include expansion of visitation centers, before school/early morning care, enhancement to vital records access for out-of-state birth certificates, and new adoption management services models.

The Department receives appropriations directly from the Massachusetts General Court and all Title IV-E reimbursements are deposited back into the Commonwealth’s General Fund. As such, in order to spend the savings, the Department will need to have the Adoption Savings appropriated back to it in subsequent state fiscal year budgets. The Department does not anticipate any issues with requesting and obtaining the funds through the appropriation process.

At the end of FFY 2022, the Department reported its first expenditures of Adoption Savings on the CB-496. The total reported was \$91K within the “post-adoption or post-guardianship services” category. The expenditures were for new roles hired at the end of FFY 2022. Work on implementing our spending plan continues and we anticipate a growth in adoption savings spending with our next expenditure submission at the end of FFY 2023.



## **FAMILY FIRST PREVENTION SERVICE ACT TRANSITION GRANT**

The Department's plan for investing the Family First Prevention Service Act Transition Grant funds focuses on three purposes aligned with implementing the Family First Prevention Services Act of 2018 (FFPSA):

1. Developing and managing procurements that will allow purchase of services,
2. Providing startup funding for selected evidence-based prevention services, and
3. Evaluating two of the FFPSA initiatives in the Commonwealth.

### **Developing and managing procurements aligned with FFPSA**

Given the Department's reliance on new procurements as vehicles for implementing Family First initiatives, a portion (20%) of the Transition Grant is being used for consulting services to assist with the strategic planning, project management, writing, and graphic design work required to post and launch two, large procurements, including the internal and external communications work associated with both procurements. The procurements are:

- Congregate care network (CCNET), and
- Support & Stabilization (S&S).

#### *CCNET*

The Department's new congregate care network (CCNET) launched on January 1, 2022 and represents Massachusetts' staged approach to the QRTP concept described in FFPSA. To differentiate this staged approach from the multi-factored concept of QRTP in FFPSA, the Department used the term "Enhanced Residential Treatment Program" (ERTP) in the congregate care network Request for Responses (RFR). Achieving ERTTP status requires a residential program to implement all five of the residential program characteristics of a QRTP.<sup>5</sup> Providers had the option, but were not required, to achieve ERTTP status, which the Department is paying at a slightly higher rate than payments to residential programs that do not meet all five of the requirements.

The Department's new congregate care network launched on January 1, 2022. It is a hybrid network that includes ERTTP and non-ERTTP versions of the same program model types (e.g., Community Treatment Residence with ERTTP status and Community Treatment Residence without ERTTP status.) Due to workforce challenges, nineteen of the congregate care programs that received contract awards are still not open, representing approximately 150 beds that are not yet available to meet the needs of children with intensive behavioral health needs. All state agencies in the Commonwealth that procure residential programs are experiencing service gaps. In response, since SFY2022 the Executive Office of Health and Human Services distributed \$97M in workforce relief payments, not only for contracted providers that serve the Department but also for contracted providers that deliver congregate care programs for other state agencies.

#### *S&S*

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

The Department will use a redesign and re-procurement of S&S services as the method for adding more evidence-based practices into the service array for children and families. As described in the Department's title IV-E Five-Year Prevention Services Plan, which was approved December 1, 2022, the Department is approaching the addition of evidence-based practices in a measured way, ensuring that the:

- Selected evidence-based practices are a match for the racial and ethnic profiles of the children and families who could benefit from the services,
- Provider community has capacity for implementing evidence-based practices, and
- Department has the capacity to manage the new evidence-based practices consistent with the expectations of the Family First legislation.

Different factors, including the Massachusetts gubernatorial transition and the centralized rate setting process for human services, which is managed by the Executive Office of Health and Human Services, have delayed the posting of the S&S RFR. State administration transitions have resulted in the need to delay the S&S RFR procurement. The Department anticipates posting the RFR on COMMBUYS in the summer of 2023.

### **Providing Startup Funding for Selected Evidence-Based Prevention Services**

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

Many community organizations that deliver the Department's support and stabilization services lack the capital to invest in the self-assessments, trainings, and responsibilities for ongoing assurances of fidelity that delivering evidence-based practices requires. Several providers that responded to the Department's support and stabilization RFI communicated that without startup funding, they could not deliver evidence-based services in the manner described in the RFI (e.g., training on manual-based practice, on-going fidelity assessments). Therefore, a portion (40%) of the Transition Act Grant funds will be awarded to community organizations selected to deliver evidence-based practices. The funds will support the organizations' preparations for competent delivery of evidence-based practices. The selection of the community-based organizations for delivery of evidence-based practices will be accomplished through the Department's re-procurement for support and stabilization services.

### **Evaluating Family First Initiatives**

The Department will use a portion (40%) of the Transition Act Grant funds for evaluation initiative, including changes to the information system, which is called iFamiyNet. The results from the evaluation will inform improvements in the Department's implementation of two Family First initiatives – Qualified Residential Treatment Program (QRTP), referred to as E RTP, and evidence-based prevention services.

Working with the external evaluation partner, funded by the Transition Grant, the Department will design and implement evaluation strategies for both the QRTP and prevention services sections of the FFPSA. The Department plans to use findings from the evaluation for multiple purposes:

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

FFPSA Transition Grant Annual Budget 1/1/2021 - 9/30/2025							
Starting Balance		6,454,645					
FFPSA Total Budget 1/1/2021 - 9/30/2025	2021	2022	2023	2024	2025	Total	
Start Up Funding for FFPSA Evidence-Based Practices							Description
Motivational Interviewing		400,000	200,000	200,000	200,000	1,000,000	up to 20 programs; \$20K start up funds, \$10k annual fidelity funds after certification ends
Brief Strategic Family Therapy		676,880	294,840	294,840	40,000	1,391,560	prequal review @ \$5k each for up to 25 programs; 10 programs with 4 clinicians each for 3 year certification process
rt Up Funding for FFPSA Evidence-Based Practices	0	1,076,880	494,840	494,840	240,000	2,391,560	
% of Income	-	-	-	-	-	-	
Developing and Managing Procurements aligned w/FFPSA							
PCG Contract	70,000	350,000	190,000	150,000	50,000	810,000	Deliverables: S&S procurement, S&S internal manual, Cong Care job aides, Cong Care Internal Manual
Director, Family First Implementation	0	100,000	135,000	135,000	101,250	471,250	To manage day-to-day work on FF initiatives and evaluations
Coordinator, Family First Implementation	0	66,667	80,000	80,000	60,000	286,667	To coordinate regular meetings with providers regarding FF inititaives and evals
Developing and Managing Procurements aligned w/FFPSA	0	166,667	215,000	215,000	161,250	1,567,917	
Evaluation of FFPSA Initiatives							
External Evaluator		250,000	350,000	350,000	400,000	1,350,000	To evaluate QRTP outcomes and S&S outcomes
Internal OMPA Management Analyst, dedicated to QRTP and S&S eval		40,000	80,000	80,000	60,000	260,000	To supplement OMPA capacity to meet workload for QRTP outcomes, S&S outcomes, and External Evaluator data transmission
IT Contracted Staff to Update iFamilyNet	41,040	210,000	210,000	210,000	210,000	881,040	To recode iFamilyNet for QRTP, Cong Care and S&S procurement
Total Evaluation of FFPSA Initiatives	41,040	500,000	640,000	640,000	670,000	2,491,040	
Total						6,450,517	

## **CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD**

DCF administers the Chafee Foster Program for Successful Transitions to Adulthood (Chafee) to support an array of services with the objectives of preparing youth and young adults ages 14-23 for successful transitions to adulthood, including developing permanent connections to caring and committed adults. The components of the Chafee funded services focus on safety and the many facets of well-being. Educational achievement, life skill development, and successful community integration with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth and young adults.

The Chafee funded programs are based on Erickson's principles of positive youth development which have been advanced by child welfare and serve Commonwealth youth and young adults including Tribal youth and young adults through each of the purpose areas of the Program:

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

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

## **Description of Program Design and Delivery**

The Department has designed programming to address the varied service needs of the youth and young adults in the agency's care and/or custody, such as housing support, employment training, secondary education planning, life skill development, and building community and lifelong supports. These activities are guided supported by the Department's Foster Child Bill of Rights (2009) and the Sibling Bill of Rights (2012), which support the goals of permanency, positive youth development, and life skills attainment. The DCF's Permanency Planning Policy encourages permanency, sibling connections, and extended voluntary care for transition age youth to support optimal goal achievement. Over the past six months, with the assistance of two CPCS offices, the Department has improved its practice of sharing the Foster Child Statement of Rights with clients age 14 or older. This practice has been highly regarded by the youth, attorneys, and social workers.

## **Adolescent Outreach Program**

The Adolescent Outreach Program delivers intensive, individualized life skills assessment and training to current foster youth and young adults ages 14-23 from across the state to assist them in developing the federal necessary relationships, skills, and supports to achieve their potential as described by the Children's Bureau. Per grant guidelines, program services are also available to youth who were guardianship or adopted from DCF after age 16 and to former foster youth who exited DCF care between ages 18-23. The Commonwealth now funds all area office Outreach Workers, allowing more Chafee funding to be available as a direct service to youth and young adults. The Outreach Workers serve as Chafee benefit specialists and ensure these benefits are provided in their offices efficiently and equitably. The goal of providing dedicated transition specialists to all areas of the Commonwealth has been achieved.

Outreach services seek to address each of the purpose areas of the Chafee Program: assisting youth with life skill development, access to education, vocational training, and other services necessary to obtain employment, mental health support, and support through connections to family, including sibling connections and lifelong supportive relationships.

The services provided are specific to the needs of each individual, including LGBTQIA+ youth and young adults. Staff members participate in training and professional development to ensure that our services affirm the cultural, sexual orientation, and gender identities of our youth/young adults.

The Outreach staff also assist youth with planning for and succeeding in post-secondary educational settings as well as vocational training programs. These efforts are supported by Education and Training Voucher (ETV) program staff that is dedicated to facilitating the transition to post-secondary education as well as supporting students through the duration of their academic programs until they receive their degree.

### **Strength-Based Approach**

Outreach Program staff support youth and young adults to identify and pursue long and short-term goals. The strength-based approach and focus on youth engagement with a positive youth

development foundation have enabled the staff to successfully engage youth to inform and guide their own life skills training goals. Feedback from the youth and young adults served confirms that this model is a significant factor in the program's success. This same strength-based approach rooted in a positive youth development theoretical framework has informed program development in the areas of cultural identity formation, housing, employment, and post-secondary attainment. DCF believes that youth and young adults are essential partners in their own goal setting, service planning, and life skill training, a key factor, which facilitates their successful transitions into the community. Youth and young adults are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively within a safety net of adult supervision and support.

Youth are also supported in handling mistakes, disappointments, and failures. The overarching goals are to equip youth to live a successful life with long term, personal connections within the community. Outreach strives to help youth develop self-advocacy skills and to experience adolescent and young adult milestones in a healthy, normative way. Through the utilization of the Youth Readiness Assessment Tool and focused discussions on decision-making/problem-solving and community-based skill-building activities, youth and young adults work to develop the skills they need to cope with the challenges of adulthood and live successfully in their communities. Adolescent Outreach staff work closely with the DCF primary case-managing social workers, foster parents, congregate care providers, community service providers and adults important to the youth to offer opportunities for positive development and nurturance. The Department administers the Chafee-funded Life Skills Support Program, which funds needs related to program goals such as transportation, technology, social and recreational opportunity, and community connectedness.

### **Chafee Services Across the State**

The services funded with the Chafee Foster Care Program for Successful Transitions to Adulthood funds are available to eligible youth and young adults across the state. The Chafee funded services are the same in each of the five regions of the state. The particular focus of the services is based on the individual youth/young adult's needs. Young adults from foster care ages 18-23 are offered the same Chafee services as those under age 18. Former foster youth who leave DCF care after attaining the age of 18 may access Outreach services and other Chafee Program funded services, i.e., internships, discharge support, and educational funding and support services.

### **Youth Served**

From July 2022 to April 2023, the Outreach staff served over 1,504 youth and young adults. Of these, 491 youth and young adults received weekly intensive service. All services support the youth in developing life skills and developing capacity for a healthy transition into young adulthood at the conclusion of agency care. Outreach staff assists with job search, education, financial aid/college applications, housing support, SNAP applications, and referral/resource information.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those in Supervised Independent Living care models, and youth eligible for guardianship/adoption. Contracts continue to require that youth/young adults in Comprehensive Foster Care or congregate care be provided assessment for transition readiness and receive life skills training and transition support. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements but may provide as needed support either directly or through care providers. Also, per Chafee Program guidelines, youth/young adults who received Outreach services may stop and resume intensive or short-term focused services at any time before age 23.

Generally, youth/young adults are referred to the Outreach Program by the primary case managing social worker. Outreach workers also identify prospective clients by reviewing a report of youth in placement provided by the DCF Office of Management, Planning, and Analysis. The weekly intensive model focuses primarily on the needs of youth/young adults ages 16 and older and the PAYA life skills curriculum and incentive program are available to all youth in DCF placements age 14 and older.

The average age of youth receiving Outreach weekly service is 18 years old. The vast majority, of the youth on the active caseload as of April 2023 was open for case management and placement services with DCF. Other young adults may self-refer or be referred to the program by community service agencies, former foster parents, DCF social workers, etc. Less than 10% percent of the active Outreach cases were closed with DCF, and no longer living in DCF placement.

#### Staffing and Service Overview

The Outreach Workers are assigned to an area office. The Outreach Supervisors cover an assigned region. The Outreach staff provides weekly service to the youth and young adults on their Active Caseload. When appropriate, youth and young adults move from Active status and are put on Tracking status for six months, where contact moves from weekly to monthly to provide any needed support. With the increase in state supported staff there are now currently 41 full-time equivalent positions in the Adolescent and Young Adult Services Unit. Chafee funding provides for the salary of the Director of Adolescent and Young Adult Services who serves as the agency Independent Living and ETV Coordinator. Chafee fully funds the Manager of the Adolescent and Young Adult Services Unit and two Program Coordinators that manage the Chafee programs accessed by Outreach Workers. The total amount that is allocated for salaries is \$331,000.

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

Massachusetts DCF uses the Chafee Program guidelines and criteria for program participation to determine which youth and young adults are eligible for services. DCF also provides Chafee services for eligible youth/young adults from other states who are living in Massachusetts, youth ages 14 and older in out of home placement and young adults ages 18-23 that are in DCF care or have discharged from care have access to Chafee benefits and services.



## **Outcomes**

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

### **Education and Employment Outcomes**

- 74% of the current Outreach caseload is enrolled in an educational program. Of these 36% are enrolled in a post-secondary education or vocational training program.
- 81% of the current Outreach caseload is employed either full or part time.

### **Permanency**

- 90% of the youth and young adults on the Outreach caseload report having a permanent connection to the biological family including parents, siblings, and extended family

### **Efforts to Provide Developmentally Appropriate Services/Activities for Foster Youth**

The Department understands the importance of providing services and supports to foster youth that is developmentally appropriate and allows the youth to engage in similar activities as their non-foster care peers. The following services/programs were provided to address this goal.

### **Life Skill Curriculum**

The Department's own life skill curriculum, Preparing Adolescents for Young Adulthood (PAYA), has been successfully used by the foster parents, congregate care programs and comprehensive contracted foster care agencies for more than 20 years to help ensure continuity in the life skills training for youth in out-of-home placement. The components of the PAYA curriculum include four (4) life skills modules, each of which incorporates a number of related skill areas as described below:

- Module 1: Money, Home and Food Management
- Module 2: Personal Care, Health, Safety and Decision-Making
- Module 3: Education, Job Seeking and Job Maintenance
- Module 4: Housing, Transportation, Community Resources, Laws and Recreation

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

The Department is in the planning and demoing phase of implementing Life Skills Reimagined, an evidence informed life skills curriculum accessed through an online platform. The program provides youth with access to the life skills training courses, pre/post-tests, workbooks, action plans, and resources. Life Skills Reimagined was created by Lyft Learning and has been implemented by four other state-level agencies in the United States.

### **PAYA Incentive Program**

Since the implementation of the PAYA Program, the Department has utilized incentives to reward youth for their successful completion of a skill module, encourage their development of self-esteem, and empower them to continue their efforts of enhancing their life skills. The youth also learn to set goals for themselves and work toward the achievement of these goals – as well as the tangible reward of the incentive. To qualify for an incentive, a youth must demonstrate competency in the skills addressed in the individual life skill module. Youth may request \$75 for each module completed. From July 2022 to May 2023, DCF processed 218 PAYA incentives, totaling \$27,970. This represents a decrease from years prior which is related to moving the Drivers Education payments from the PAYA Incentive Program to the Life Skills Support Program.

### **Life Skills Support Program**

The Department is committed to facilitating youths' connection to school and community activities and utilizes Chafee Program funds for this purpose through the Life Skills Support Program. Life Skill Support Program funds are used for a variety of positive youth development activities such as: mental health and wellness opportunities, driver's education, athletic and academic participation fees; SAT prep courses, transportation costs, and technology. Between July 2022 and May 2023, DCF provided 1,423 foster youth and young adults a Life Skills Support payment. Total spending during this timeframe in this program was \$1,266,903.

#### *Life Skills Support Program, Outreach Workers and Mental Health*

Outreach Workers continue to focus much of their effort on connecting youth and young adults to mental health intervention and support. They found two key resources that provided such support both directly and indirectly for youth and young adults. First, the Life Skills Support Program provided a direct resource for payment of alternative mental health and wellness interventions not covered by insurance. Over the course of this year, youth and young adults accessed the program for funding for music therapy, pet therapy, and trauma informed yoga classes. Life Skills Support also supplemented the cost of activities supervised by a traditional insurance funded mental health professional such as art supplies and musical instruments. For example, Life Skills funding was utilized for eleven youth who attended a monthly culinary group in a commercial kitchen, where they learned the importance of meal planning, organizing, safety, and hygiene. This was in addition to hands on cooking skills. They also learned about healthy eating habits, creativity with food, and working with others. Youth mastered how to store food safely, operate kitchen equipment and most importantly how to budget and prepare healthy

meals. The youth enjoyed socializing with peers and learning an important life skill for transitioning to adulthood.

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

### Chafee and LGBTQIA Support

Outreach Workers are trained and supported to consider the diverse needs of LGBTQIA+ youth and young adults living in out of home placements and transitioning to adulthood. Like the support provided toward mental health needs, the Life Skills Support funds are a key resource for supporting the needs for LGBTQIA+ youth and young adults. This year the Life Skills Support Program funded gender affirming clothing and other personal needs. The program is also frequently accessed for selfcare items post-surgical or other medical intervention. Since January 2023, Adolescent Outreach has served 23 LGBTQIA+ identifying youth.

Outreach staff have access to area office LGBTQIA+ liaisons for consults and information on local resources. Community agencies such as Fenway Health, Boston GLASS, and the Alliance of Gay, Lesbian, Bisexual and Transgender Youth (AGLY) partner with the Department to serve LGBTQIA+ youth and young adults and provide additional resources and support to foster youth. Outreach staff assist with connecting youth and young adults to resources and local social events.

### Employment

Adolescent Outreach staff connect youth to local career centers and address job readiness skills through the Youth Readiness Tool with all of the youth that they serve on their active caseload. Outreach staff assist youth with job search, completing applications, and developing resumes and cover letters for employment. Of the current active Outreach caseload, 81% of youth are employed either full time or part time.

For example, Adolescent Outreach staff has collaborated with local Workforce Investment Boards (WIA) in the Southern, Northern, and Greater Boston Regions of Massachusetts. Outreach Workers participate in Workforce Investment Boards and can connect youth with WIA funded employment services that have resulted in DCF youth gaining both seasonal and yearlong part-time and full-time employment.

DCF youth are paid a stipend of \$15 an hour, funded through Chafee for their participation in WIA programs. Youth can determine the location and work hours that meets their individual needs. The internship program has been a great way to introduce youth to a vocational or professional work setting and to motivate them to continue with their educational goals. As of April 2023, eight youth were matched with internship placements. Total spending in the internship program was \$6,564. This is consistent each year and reflects that more youth were working in the job market.

### Housing Support, Room and Board Assistance, Homelessness Prevention

Many of the young adults reaching age 18-years-old in DCF custody/care choose to sign a Voluntary Placement Agreement with the agency to continue in care. The state provides the funding for placements for youth/young adults ages 18 and older – either in foster care, or Comprehensive Foster Care (contracted) or Independent Living programs. In addition, DCF utilizes Young Adult Support Payments (Supervised Independent Living) to directly provide room and board funding to young adults who are determined by DCF to be appropriate for that level of care. As of April 2023, there were 1,492 young adults age 18 and older receiving agency voluntary care. Of these, 852 young adults were receiving Young Adult Support Payments. The Discharge Support Program, managed by the Adolescent and Young Adult Services Unit of DCF, supports start-up costs (i.e., first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and need such support. This past year from July 2022 to May 2023, 272 young adults received discharge payments for housing and related expenses totaling \$741,143.

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

- *Voluntary Placement Agreement and Options* - The Department's Permanency Planning Policy mirrors the Fostering Connections guidelines for continuation in voluntary care. The Voluntary Placement Agreement (VPA) that both the young adult and the agency staff must sign has been modified to allow for agreements between the young adult and DCF and to specify the expectations of continued care. This VPA also provides support by including Health Care Proxy information and an option for annual credit reviews.
- In addition to foster care and congregate care placements for youth ages 18 and older, the Department provides Young Adult Support Payments directly to young adults that DCF staff believe are responsible and able to live in an approved placement (i.e., college dormitory, apartment with or without roommates). Via this provision, young adults receive a stipend to fund their living costs and daily expenses. In addition to the assigned DCF Social Worker, the area office Adolescent Outreach Worker may assist with supervision and support. As of April 2023, there were 852 young adults statewide who were receiving Young Adult Support Payments.
- *Paige Street Apartments* - The Lowell Area office of DCF partners with private community development stakeholders to offer, Paige Street Apartments. The program includes nine single occupancy apartments for young men in DCF care. and one room is for a paid Resident Advisor (RA).
- *Family Unification Program* - Since 2009 and through 2023, DCF and the MA Department of Housing and Community Development have jointly applied to HUD for Family Unification Program (FUP) vouchers— a portion of which has been assigned for "transition age" youth. At this time there are 26 available vouchers that are fully utilized by qualified DCF young adults. The young adults must be eligible for Chafee funding; however, they do not have to be in the voluntary care of DCF.

- *FYI Program* - MA DCF has partnered over the past year with several local housing authorities to implement the FYI Program. DCF currently has agreements with providers and housing authorities in Boston, Lowell, Falmouth, Stockbridge, and Springfield. All of these communities have accessed the FYI Program. An agreement with Department of Housing and Community Development, which will provide statewide access, has been secured. DCF has referred 77 young adults to the program this year.
- *Youth Transition to Success Program (YTTSP)* - The Department of Housing and Community Development and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP). Through this Move to Work funded program, young adults receive a voucher that provides rental assistance based on fair market value of the area where they will be residing, with escalating portions of their rent share through their years in the program. Participants are required to be enrolled in a post-secondary education program and to engage with an Adolescent Outreach Worker for transition services. This year the program served 49 young adult participants.
- The Department began a collaborative effort with the Massachusetts Office of the Child Advocate and the MA Unaccompanied Homeless Youth Commission to increase the stability of youth and young adults who are transitioning out of DCF custody or care, at or beyond age 18. The Housing Stabilization and Support Program is provided to youth and young adults to obtain housing and maintain stability upon being housed. This program works with youth and young adults who were previously in the custody of DCF or transitioning out of DCF care. This program not only includes services focused on housing, but overall case management for closed DCF youth that may include employment, educational, and economic resources. As of April 2023, 285 youth and young adults have accessed the program.

#### *National Youth in Transition Database (NYTD)*

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

- NYTD data has been shared with various stakeholders this year in the area of housing and community development and has been critical to the discussions with local public housing authorities to engage them in the FYI Program.
- DCF has shared the NYTD survey outcomes and information with the Massachusetts Network of Foster Care Alumni and the Joint Youth Advisory Committee. Discussions continue on strategies to maintain focus and positive outcomes for permanency, education, employment readiness/work experience and overall well-being for our foster youth.

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

- Due to increased staffing of Outreach Workers and the NYTD stipend, NYTD survey participation rates exceed 90% in this year's cohorts.

### *Collaboration with Youth and Other Programs*

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

### *The Joint Youth Advisory Committee*

Presently, there are 56 youth/young adult members of the DCF Joint Youth Advisory Committee. The Joint Youth Advisory Committee is comprised of local boards, and joint meetings with the Massachusetts Network of Foster Care Alumni Board of Directors. The mission of this group is to promote positive outcomes for future foster youth through their voice, advocacy, and action. Members provide feedback on a number of issues relevant to the Department. Committee Members have focused their agenda this year on issues related to diversity, equity, and inclusion particularly as these issues relate to child placement and permanency goals. They continue to provide recommendations to the Department on services, policy, and practice.

*Achievements and goals from this year are detailed below:*

- Members of all the regional Boards continue to participate in MAPP trainings and regional recruitment events this year sharing their experiences to help train and recruit Foster and Adoptive families.
- The Committee continued to advocate for and plan a Youth and Young Adult Wellness Conference, which will take place in August 2023.
- Youth Advisory Board members attended an Art Show in February to support other artists in foster care who were displaying their works. We hope to hold this event annually.
- Members of each regional board served as keynote speakers in the five DCF regional graduation celebrations and the statewide Youth Achievement Celebration.
- In alignment with the Committee's agenda and focus on issues related to diversity, equity and inclusion, Adolescent Outreach staff attended a training titled Culturally Responsive Child Welfare Practices with Adolescents and Young Adults. The training addresses culturally responsive child welfare practice with adolescents and young adults. Strategies are explored for supporting adolescents and young adults as they transition into permanent families and other living situations, prepare for college, and learn crucial life skills in moving toward adulthood. Participants learn how to meet the emotional, physical, and cultural needs of adolescents and young adults.

## Collaboration with Other Private and Public Agencies

### The Massachusetts Network of Foster Care Alumni

The Massachusetts Network of Foster Care Alumni, a 501c3 organization initiated and funded with Chafee support, has continued to grow this past year. Its purpose is to connect alumni from all out of home care models and to illuminate and support the diverse needs of alumni of foster care. The Network's Board of Directors has a strong representation of foster care alumni. The bylaws require 51 percent of the Board have experience in foster care. The organization hosts virtual and in person events throughout the year culminating in its annual Thanksgiving Dinner for foster youth alumni which was held in November 2023 with over 90 participants. Each year the membership grows, and the activities expand across the state providing foster care alumni many opportunities to connect with one another and benefit from a lifelong community of support. The NFCA has engaged the City of Boston to establish foster care awareness week where the Leonard P. Zakim Bunker Hill Memorial Bridge in Boston is lit up in blue and green colors to recognize alumni and young people living in care.

- DCF maintains its participation in the New England Youth Collaborative – a regional youth group comprised of youth and adult supporters from the six New England states dedicated to improving the services/resources and outcomes for foster youth.
- DCF provided technical assistance and implementation leadership to the Massachusetts Office of the Child Advocate in the development of the statewide Housing Stabilization Support Program an expansion of a pilot program which provide services to young adults that decline post 18 voluntary services through DCF. This affords young adults the option to be alternatively served by a collaboration of young adult serving agencies.
- Members of Adolescent Outreach and the Joint Youth Advisory Committee provide support to the Youth Homelessness Demonstration Programs for the Hampden County, Franklin County, and City of Springfield and Boston Youth Homelessness Demonstration Program. These Programs are funded through a HUD initiative and call for collaboration with child welfare systems.
- In 2014, the Affordable Care Act enacted a mandated eligibility pathway for former foster care youth to remain on Medicaid until age 26. DCF and MassHealth work together to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from “in placement” Mass Health to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination.
- In the academic year 2022-2023, Massachusetts has awarded 361 Education and Training Vouchers, 354 Tuition and Fee Waivers and 260 Foster Child Grants. DCF staff has continued to work collaboratively with staff at the Department of Higher Education, the state universities, the community colleges, as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of students from foster care. DCF has continued its presence on campuses and work in partnership with

higher education (in the areas of support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students.

- Adolescent Outreach hosted a College Fair on April 19, 2023. The event included community colleges, state colleges, state universities, private colleges, and several vocational programs from across the state. There were 32 schools/programs total. High school age youth in DCF care/custody had an opportunity to speak to administrators, ask questions, and focus on their future after high school or after completing a HiSET/GED program.
- DCF collaborates with the Department of Transitional Assistance to assist transition-age youth to access SNAP benefits and Transitional Aid to Families with Dependent Children (TAFDC) for parents whose children are not in the custody/care of DCF and may qualify. DTA has provided dedicated staff to coordinate with Outreach and other DCF staff to ensure benefits are maximized for transition age youth and young adults. DTA has offered pathways to further consider the needs of young adults living with Young Adult Support Payments to maximize any SNAP benefit.
- DCF has continued to connect young adults from care with the Department of Mental Health Impact Centers where youth and young adults can receive drop-in/day assistance for mental and emotional health support. Adolescent Outreach Workers introduce youth and young adults to these Impact Centers to utilize as a resource as a component of life skills training and support work.
- DCF's 6 Regional Education Coordinators and points of contact affiliated with each of our 29 area offices collaborate with all school districts. Their focus includes school enrollment, transportation, school engagement and supporting transitions for youth who are hospitalized or returning from congregate care placements. They fulfill a critical role in fostering educational stability and progress for our youth.
- DCF Outreach Program staff members have continued their efforts to strengthen connections with Workforce Investment Act (WIA) funded agencies and career centers with the goal of accessing services and supports for our foster youth. Targeted outreach to foster youth for summer/seasonal job hiring continues.
- DCF's partnership with a large local business, Jordan's Furniture, provides donated furniture store gift cards to support youth moving into their first apartments. In 2023, Jordan's Furniture provided assistance with DCF graduation celebrations for foster care students who have graduated from academic programs.
- The Rise Above Foundation continues to work with Adolescent Outreach Workers to identify youth and young adults for their "Launch Box" program, where needed supplies for first apartments and dorm rooms are donated to young adults. Rise Above is also available to supplement Chafee funding for enrichment opportunities for youth and young adults. This year, Rise Above will be hosting a service expedition in Iceland and has partnered with Adolescent Outreach to identify the youth who are attending the expedition.



### Human Trafficking

- The Department's PAYA Life Skills curriculum addresses the signs of domestic violence, dating violence, victimization, and human trafficking. The focus on self-esteem building, self-care and safety within the curriculum also aids in this work.
- The agency has partnered with LIFT (Living in Freedom Together), a provider of care to victims and survivors of human trafficking, to develop videos to train adult supporters, foster parents, and other caregivers with trauma informed, supportive ways to provide care to young people who have been sexually exploited.
- Outreach staff participated in a two-part CSEC training from My Life My Choice, Commercial Sexual Exploitation of Children and CSEC Advanced Clinical Training. During the training series, staff were educated on the identification and best responses for children and youth who are at risk for or who have been exploited.

### Training and Technical Assistance

The staff of the Adolescent and Young Adult Services Unit have continued to provide focused training to staff, providers and foster parents to strengthen understanding and practice of transition work. With the assistance of the Child Welfare Institute, staff were able to offer two recurring public trainings that were offered in 2023:

- *PAYA (Preparing Adolescents for Young Adulthood)*— In this training, participants learn to use the PAYA curriculum as key component of transition planning. Agency expectations for congregate care and foster care service providers are reviewed and participants use a positive youth development framework to identify effective life skills training work and engage youth and their caregivers in the practice.
- *Foster Youth and Post-Secondary Attainment* - This training focuses on the basics of the college planning process as well as alternative paths such as vocational training and certification. Information related to academic and social-emotional planning as well as financial aid and financial literacy for post-secondary students are reviewed.

In addition to the trainings above, additional organizations were provided with technical assistance and training specific to their target transition populations:

- Rise Above was provided with technical assistance to assist with the development of the Rise Above PAYA Module 4 Workshop. The workshop is offered to youth/young adults to teach and achieve positive outcomes in the areas of housing, transportation, community resources, understanding the law, and recreation.
- Outreach staff provide Chafee trainings for DCF staff at the area office staff meetings. Trainings are offered on an ongoing and as needed basis. Staff also participated in the APM training series to discuss Adolescent and Young Adult services and Chafee benefits.

- Outreach staff provided a Chafee training and Transition Age Youth training for Committee for Public Counsel Services (CPCS) attorneys and private bar attorneys across the state.
- During the Commissioner listening sessions, which are sponsored by the Massachusetts Alliance for Foster Families, information on Chafee benefits and youth services is provided to foster parents and providers.
- Outreach staff continue to issue a newsletter for professionals and supporters of transition age foster youth. The quarterly publication includes training opportunities and resource and referral information for professionals supporting youth in post-secondary education.
- Ascentria Care Alliance, the Commonwealth's provider of care to unaccompanied refugee and asylee youth and young adults was provided with training to assist in ensuring access to Chafee and other state funded benefits for transition age youth and young adults.

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

The Adolescent and Young Adult Services Unit provides support and consultation on issues related to transition age youth to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe. A meeting was held in December 2022 with the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe to discuss program development in the Commonwealth in housing transition age youth to ensure tribal youth had access. Nearby, the Falmouth, MA public housing authority has had the FYI Housing program running for almost two years, which could be of great resource to qualifying tribal young adults. On April 25, 2023, a meeting with the Tribes took place to provide program updates and an overview of Chafee benefits and eligibility requirements.

### **Medicaid Enrollment**

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

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

*Key highlights:*

- Massachusetts Medicaid, also known as MassHealth, honors the “former foster care youth” coverage outlined in the Affordable Care Act (ACA), covering “former foster care youth” who are permanent residents of MA until the age of 26. The Affordable Care Act (ACA) outlines what criteria constitute a “former foster care youth” to make them eligible for this coverage. It is important to note that the terminology “former foster care youth” is a term outlined in the ACA.
- MA Medicaid (MassHealth) and DCF have partnered together to automatically pick these former foster care youth up to prevent lapses in healthcare coverage.
- Our agency sends a data report 1x a week (on Thursday) to MassHealth of all the transition-age youth who meet the criteria, and MassHealth then picks them up for coverage.
- Prior to the Support Act, youth who moved, becoming residents of another state, no longer qualified for MA Medicaid (MassHealth) as they are not residents of MA. The Support Act modified the ACA to establish that individuals are eligible in the FFCC group if they were receiving Medicaid while in foster care under the responsibility of any state (and meet all other eligibility criteria). The Support Act became effective on January 1, 2023.
- All states are required to honor former foster care youth from other states.
- Former foster youth can also remain on their guardian/parents’ insurance until the age of 26 (policy under the ACA) or pick up employer-sponsored insurance through their place of employment.
- Youth attending college out-of-state but continue to be residents of MA will continue to receive MassHealth and can utilize this coverage when they travel back to MA. Adolescent outreach workers, however, encourage and support youth attending out-of-state college to purchase college-sponsored student insurance as it is accepted in that state.
- The Adolescent Outreach Workers routinely connect transition-age youth to our team of medical social workers/statewide medical social work specialists and/or they do a consultation with the medical social workers to come up with a clear plan for the youth to access insurance when out of state.
- For transition age youth who are “placed” in foster care via an Interstate Compact (ICPC), if they are Title IV-E eligible, they automatically are picked up for Medicaid coverage in the state they are living in up until the age of 18.
- For transition-age youth placed in kinship care via an ICPC, the kinship can apply for Medicaid under a benefit known as “grantee relative benefit” for the transition-age youth as long as they are 18 and under.

### *Adopted/Guardianship youth:*

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

## **EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM**

In the academic year 2022-2023, Massachusetts awarded 361 Education and Training Vouchers. There were 161 new vouchers and 200 ongoing vouchers, and 55% of the vouchers awarded were for returning students. The students who received an ETV award attended 79 different colleges, universities, and vocational training programs in six states. Of the 361 recipients, 314 students were full-time, and 47 were enrolled part-time.

List of activities conducted by dedicated ETV staff:

- ETV staff collects and reviews the ETV application form, which includes a student's financial aid award letter and statement of account. This information is combined with the state-level award notification of a Massachusetts Foster Child Grant and Massachusetts Foster Child Tuition and Fee Waiver. With this combination of funding, many ETV recipients allocate those funds for technology, books, and transportation needs. The ETV application also collects information on whether students have interim housing plans and if students are supported by an Outreach Worker. These applications are reviewed by two Education and Training Specialists (ETV Workers) and if additional service needs are identified the ETV Worker connects the students to such services.
- ETV Workers provide quarterly newsletters through a mass emailing system to ETV recipient students for the current year inviting them to connect with ETV workers or other agency staff for any needed post-secondary support.
- ETV Workers strive to meet with students from foster care individually and in support group meetings on every Massachusetts public college campus throughout the school year. These meetings provided the opportunity to provide financial planning, housing, academic, and social/emotional support.
- Massachusetts offers a Single Point of Contact Network (SPOC) on college campuses. These individuals are college staff volunteers from varying departments that can help students navigate their institutions. In return, the ETV Workers serve as SPOCS for college staff who are supporting students from foster care. DCF staff and the campus SPOCs assist foster youth with needed support and resources.

- ETV Workers developed a webinar for the Massachusetts Education Financing Authority (MEFA) to help high school guidance counselors in the Commonwealth understand how to help foster care students transitioning to post-secondary education.
- DCF foster care students have access to ETV Workers who gather information from colleges on available resources for students. They also have direct access to Chafee direct payment programs to meet non-educational needs or needs not covered by ETV grants. Some of these direct payments have been used to visit family or access transportation for medical or wellness appointments. The ETV Student Advisory Board is a specialized student advisory group that focuses on issues related to post-secondary education for students from child welfare. These students liaise with the colleges, DCF, and the Joint Youth Advisory Committee.

### **Educational Collaboration**

- DCF has and will continue its membership on the Massachusetts Department of Higher Education's Financial Aid Advisory Board to ensure that foster care youth are represented when financial aid policy and practice is developed at Massachusetts colleges.
- DCF staff will continue to meet with financial aid staff of Massachusetts public colleges for the purposes of programmatic planning as well as a review of current financial aid packaging for enrolled foster youth

### **Massachusetts State Financial Aid Programs for Foster Youth**

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

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

#### **Foster Child Tuition and Fee Waiver Program**

The Foster Child Tuition and Fee Waiver Program provide waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any one of Massachusetts' 29 state universities and community colleges. Initially approved by the Board of Higher Education in June of 2000 for tuition waivers, this program was expanded to include fees in July of 2008. Youth eligible for the state college undergraduate or certificate tuition and fee waivers include:

- A current or former foster child who was placed in the custody of the DCF and remained in custody through age 18 without subsequently being returned home. The youth must have been in custody for at least six months immediately prior to age 18;
- Youth adopted through DCF; and
- Youth who have been in the custody of the DCF and whose guardianship was sponsored by DCFs through age 18.

#### Massachusetts Foster Child Grant Program

The Foster Child Grant Program was developed in January 2001 and provides up to \$6000 of financial aid for current and former DCF youth (in custody via a Care & Protection order) who have left care at age 18 or older without returning home. This aid may be used at any IV- E eligible public or private college. The MA Board of Higher Education manages these grants, determining the level of funding per student.

#### William Warren Scholarship Program

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

#### Hope Worldwide Dr. Martin Luther King Essay Contest

DCF has continued its decade-long partnership with Hope Worldwide, an agency that sponsors an essay contest annually to celebrate the birthday of Dr. Martin Luther King. College students from foster care are invited to compete in an essay contest where they reflect on their public service. This past year the essay contest was not held, however it will resume for the 2023-2024 academic year.

<b>2021-2022 ETV Program Information</b>	
Total Recipients for 2022-2023	<b>361</b>
<b>Breakdown of Total Recipients for 2022-2023</b>	
<b>Show New Recipients and Ongoing Recipients</b>	
2023	<b>161</b>
2022, 2023	<b>24</b>
2020, 2021, 2022, 2023	<b>26</b>
2021, 2022, 2023	<b>47</b>
2021, 2023	<b>3</b>
2020, 2023	<b>6</b>

Other combination of attendance	<b>94</b>
<b>Number of Universities/Colleges/Vocational attended by 361 ETV Recipients</b>	<b>79</b>
Number of colleges and schools	<b>79</b>
Number of States	<b>10</b>
<b>Enrollment Status of 358 ETV Recipients</b>	
Full-Time	<b>314</b>
Part-Time	<b>47</b>
4 Year Public	<b>188</b>
2 Year Public	<b>102</b>
4 Year Private	<b>39</b>
2 Year Private	<b>4</b>
Vocational Training	<b>18</b>

## **C6 CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

This report is submitted as part of the plan of the Commonwealth of Massachusetts for compliance with title IV-B of the Social Security Act (the Act) and the Indian Child Welfare Act (ICWA) of 1978. The report includes the Annual Progress and Services Report for FFY 2023.

### **Overview of Efforts Related to the Compliance of the ICWA Act**

MA DCF works to engage in meaningful collaboration with its federal and tribal partners to protect the rights of indigenous families throughout the Commonwealth. To achieve this objective, MA DCF actively consults with state Tribes, complies with ICWA law and regulations, and consistently advances the MA DCF ICWA program.

### **Coordination with Tribes**

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

Throughout the FFY 2023 period, MA DCF has sustained meaningful contact and coordination with Massachusetts' two federally recognized Tribes.

The current contacts for the WTGH (A) are contracted Direct Service Administrator, Lee Ann Wander and Chief of Staff, Todd Araujo. The current contact for the MWT is ICWA Manager, Maria Turner.

On December 2, 2022, the MA DCF ICWA team met virtually with ICWA leaders from the MWT and WTGH (A). The diverse makeup of the representatives at the meeting allowed for a robust discussion around a range of topics involving ICWA and child welfare. Attendance included:

- The ICWA Manager for the MWT
- A Tribal Council Member and ICWA Liaison for the MWT
- Two ICWA Social Workers from the MWT
- The Chief of Staff for the WTGH (A)
- The previous Chief of Staff and current Direct Service Administrator for the WTGH (A)
- Five MA DCF Quality Assurance Supervisors and ICWA Liaisons for each region of MA (North, South, Central, West, and Boston)
- The MA DCF Indian Child Welfare Act (ICWA) Coordinator

#### *Updates and Goals shared at the Annual DCF and MA Tribe's Meeting*

The meeting commenced with a shared vision for continued success as a team while acknowledging the many moving pieces to unified teamwork. DCF's commitment to supporting Native rights was also discussed. A Tribal leader expressed that there has been a long-term erosion of Indigenous rights in general countrywide, in a negative direction, and how any loss of rights presents significant barriers to communities. The group discussed the galvanizing effect of



advocacy and the importance of ongoing collaboration to protect families. The Tribes emphasized the value of training in ensuring that DCF staff is familiar with and applying ICWA law to their cases.

Each Tribe provided updates on their ICWA Departments. Leaders from the MWT discussed expanding staff in their ICWA Department pending the *Haaland v. Brackeen* decision. Leadership for the WTGH (A) expressed intentions to hire a Social Service Coordinator and an ICWA Caseworker in the upcoming year.

Regarding service delivery, the MWT has partnered with the University of Massachusetts, Boston to facilitate a Sacred Parenting Program. The program is co-led by the Tribe and a psychotherapist from the Choctaw Nation. Sessions are open to members of all Tribes. The program uses Native storytelling and traditions to affirm and honor Native familial identity. Of note, the MA DCF ICWA Coordinator sends updates to each of DCF's five ICWA Regional Liaison regarding this program to be shared with their Area Offices leaders in their region. Previous updates have been sent via email on December 13, 2021, August 23, 2022, and April 10, 2023.

The MWT also announced the end of an enrollment moratorium that had been in place since 2005. This will propel membership. Prior to the announcement at the annual meeting, the MWT ICWA Manager emailed the DCF ICWA Coordinator on October 20, 2022, reporting the Tribe's decision to lift their enrollment moratorium. In response to this development, DCF resubmitted a package of notice of families for reconsideration where ICWA hasn't applied previously. This package was sent on October 27, 2022, via certified mail. As of April 4, 2023, none of these families were eligible for enrollment.

MA DCF shared progress on DCF's expansion of the data elements in demographic reporting in the MA DCF IFamilyNet database for ICWA. A supplement was also provided to the Tribes via email to discuss the Adoption and Foster Care Analysis and Reporting System (AFCARS) updates in greater detail.

Professional development for DCF employees was also reviewed. Live training occurs during the on-boarding process, at Area Office meetings, and can be scheduled for specialized operations, such as Area Program Managers, Supervisors, Nurses, and Foster Care Review Volunteers.

A future initiative by the MA Achieve online training portal team was discussed. MA Achieve will be scaling up their platform for non-DCF users. This is slated to be completed in the Summer of 2023. This will allow Tribal ICWA staff to access MA state trainings on MA Achieve. In addition, the Child Welfare Institute at DCF now offers trainings that the Tribes can attend such as new social worker trainings. Trainings can be accessed by reaching out the MA DCF ICWA Coordinator. The coordinator notifies a manager at the Child Welfare Institute (CWI) who enrolls provides virtual access to sessions. Yearly goals were discussed and agreed by the Department and Tribes. These included:

- DCF updating and distributing all ICWA training material to the Tribes for their review and feedback

- Energetic efforts by DCF to educate social workers and supervisors throughout the state on ICWA
- Connecting Tribal ICWA leaders to DCF Representative from Adolescent Services to discuss the Chafee Foster Care Program for Successful Transition to Adulthood benefits
- Crafting and facilitating Qualified Expert Witness trainings for DCF attorneys and potential QEWs
- Team facilitation of training with the MA Tribes and DCF staff

Mid-Year Update: Progress on Goals Set at the Annual Meeting:

Instructional content created for MA DCF ICWA trainings were sent to the ICWA Manager for the MWT and the Chief of Staff, and the covering ICWA Manager for the WTGH(A). On December 13, 2022, ICWA Inservice resource and an abbreviated version of the same content were sent to the tribe's child welfare leaders via email for their review. In response, on December 14, 2022, the ICWA Manager sent an email to confirm receipt and review of the curriculum and reported that "the slides look good". On 12/13/2023, MWT's Chief of Staff confirmed receipt of the resources in an email to the ICWA Coordinator.

On March 29, 2023, the ICWA Coordinator emailed QEW training material created by DCF to the tribe's child welfare leaders for review. The ICWA Manager confirmed receipt and responded that in review of the training, special attention should be emphasized to the slides discussing the types of cases ICWA encompasses. This input will be used to revise the training material.

In alignment with feedback from the MA Tribes, the following DCF Area Offices have held 21 ICWA Trainings that have been facilitated by the ICWA Coordinator in FFY 2023:

- |                  |                  |
|------------------|------------------|
| • New Bedford    | • Pittsfield     |
| • Holyoke        | • Van Wert       |
| • Haverhill      | • Worcester East |
| • Brockton       | • Hyannis        |
| • Plymouth       | • Salem          |
| • Greater Lowell | • Cambridge      |
| • Framingham     | • Springfield    |
| • Lawrence       | • Chelsea        |
| • Malden         |                  |
| • Lynn           |                  |
| • Leominster     |                  |
| • Whitinsville   |                  |
| • Worcester West |                  |

The remaining eight area offices, which include Arlington, Braintree, Taunton, Fall River, Greenfield, Hyde Park, Roxbury, and Dorchester are currently being scheduled with the goal of having all the DCF Area Offices trained by Summer 2023. These trainings are not mandatory but are scheduled during monthly staff meetings to enhance the rate of participation.

The trainings have been up to one hour in length, except for Malden and Springfield (which were 30 minutes in length), and the topics include:

- The historical context around ICWA enactment
- The purpose of ICWA law
- Tribal Nations as sovereign entities
- An introduction to Massachusetts's state and federally recognized Tribes
- Requirements for ICWA to apply
- A reason to believe that ICWA may apply
- Cases ICWA encompasses
- Available support for social work teams including the DCF ICWA Intranet Page and the MA regional ICWA liaisons
- Asking the question around Native affiliation to all families through the life of a case
- Where and how to document ICWA information in iFamilyNet,
- Preparation of the ICWA notice
- The process of sending legal notice, from start to finish
- Missteps in the ICWA notice process
- Social work collaboration with Tribes and Nations
- Legal intervention by a Tribal Nation
- Placement preference
- Active efforts with examples
- The importance of cultural connection with examples
- Jurisdiction
- Burden of proof in ICWA cases
- Permanency in ICWA cases
- Invalidation or appeal of ICWA cases

The materials used to instruct on the above were sent to the MWT and WTGH(A) on December 13, 2022, and has been deemed sufficient by the Tribes

Additionally, an ICWA training was facilitated by the ICWA Coordinator on March 23, 2023, for a group of approximately forty-six new supervisors. Another training is the works for Autumn 2023.

DCF had updated both Tribes with the dates of trainings throughout the state, inviting the Tribes to attend or co-facilitate via emails sent on January 9, 2023, February 6, 2023, and April 4, 2023.

The MWT's ICWA manager has co-facilitated two trainings with DCF. On April 21<sup>st</sup>, 2023, the Mashpee Wampanoag Tribe's ICWA Manager joined the DCF ICWA Coordinator in co-

facilitating a training for the Cape and Islands (Hyannis) DCF Area Office. This is of particular significance because the Hyannis Area Office has the most ICWA cases and the most day-to-day contact with Massachusetts' two federally recognized Tribes. The ICWA Manager for the Mashpee Wampanoag Tribe commenced the training with a poignant discussion of the history of Native Americans, and acknowledgement of the great importance of laws such as ICWA. On May 17, 2023, MWT's ICWA Manager co-facilitated a training with DCF at the New Bedford Area Office. The invitations to co-facilitate will always be open and warmly welcomed, and DCF will keep the Tribes apprised of dates for future Area Office trainings.

The ICWA Manager for the MWT has proposed an initiative to train Probate Courts regarding ICWA. The MA DCF ICWA Coordinator contacted the MWT ICWA Manager on February 6, 2023, and March 6, 2023, to follow up on this project. MA DCF will continue to follow up and is ready to participate and assist with realizing this goal.

In 2018, DCF proposed the formation of a Qualified Expert Witness Committee. Pending the Brackeen vs. Haaland decision in the Supreme Court, MA DCF and the Tribes will have some understanding of how to effectuate this goal. Meanwhile, steps are being taken to prepare. Letters to the Chairperson of each Tribe have been drafted and currently sit with the General Counsel at DCF. In addition, DCF has developed the curriculum, a lesson plan, and materials. Both Tribes have received the educational material for their review and evaluative comments on March 29, 2023.

#### Ongoing communication

Consistent engagement between MA DCF and the MA Tribes has been integral to successful collaboration. The MA DCF ICWA Coordinator ensures that both MA Tribes and the DCF ICWA Liaisons have the most up-to-date contact information for one another by sending updated contact sheets as changes in staffing occur. The ICWA Coordinator has also facilitated introductions virtually between DCF ICWA Liaisons staff at the MA Tribes. In and around FFY2023, the MA DCF ICWA Coordinator introduced three new ICWA Liaisons to the Tribes. These introductions occurred on October 28, 2022, for the Southern ICWA Liaison, on January 18, 2023, for the Western ICWA Liaison, and on March 29, 2023, for the Northern ICWA Liaison.

In addition, the ICWA Coordinator facilitates introductions with MA DCF employees and other professional partners to assist in accomplishing collaborative goals. For example, the MA DCF ICWA Coordinator introduced the Foster Care Recruitment Supervisor to the Tribes on February 9, 2023, to discuss the objective of recruiting foster homes. On December 5, 2022, the MA DCF ICWA Coordinator introduced the Director for Office of Adolescent & Young Adult Services, the Manager of Adolescent & Young Adult Services, and the Assistant Commissioner for Permanency to the Tribes virtually to consult on Chafee benefits. Additionally, since June 24, 2022, the MA DCF ICWA Coordinator has facilitated contact between the MWT ICWA Manager and the Manager for Professional Development at the DCF Child Welfare Institute to schedule trainings for MWT ICWA staff.

DCF Area Office staff also sustain rapport and collaboration with the Tribes. On March 23, 2023, the ICWA Manager for the MWT emailed the ICWA Coordinator and Southern ICWA Liaison to ask a question about records and noted “we get a lot of calls regarding Mashpee Wampanoag Tribal members or possible members from DCF screeners who are reviewing 51A intakes. Screeners are letting us know that these came in, in case there is an investigation, and they may want an ICWA representative present.”

DCF currently utilizes a direct consultation feedback model for input. Collaborative discussions such as meetings and routine contact via phone, email, and virtual conference is the preferred method of MA DCF and the Tribes, as it provides an opportunity to actively generate ideas and solve problems while strengthening the relationships between stakeholders. The ICWA Coordinator sends emails monthly to check in on any potential areas of concern with collaborative cases. MA DCF also welcomes the opportunity to implement more formal feedback tools, such as future surveys or evaluations.

#### *Status on Intergovernmental Agreements with Tribes*

On April 29, 2022, MA DCF met with a representative for the MWT to discuss IGA Agreements. An agreement, previously drafted in 2017, has been in review by the MWT and MA DCF. On February 3, 2023, the ICWA Coordinator reached out to reconnect with the MWT and facilitate an introduction between the Assistant General Counsel for DCF and the Mashpee Wampanoag Tribe’s legal representative. MA DCF emphasized that the administration changes with both the Commonwealth and the Tribe and the pending *Haaland vs. Brackeen* case before the U.S. Supreme Court creates a timely opportunity to revitalize the agreement. A preliminary meeting was scheduled on March 31, 2023. This meeting will be rescheduled to allow the MWT’s legal representative to meet with the Tribal Council and MWT ICWA Department to determine how they would like to proceed with the IGA.

The WTGH (A) terminated their IGA with MA DCF in 2013. Up until recently, it had been communicated that an IGA had not been prioritized by the Tribe. In April 2019, WTGH (A) indicated to DCF that they were prepared to proceed with an IGA. DCF has not been approached with a plan to proceed to date.

#### *Plan for Ongoing Coordination with Tribes*

DCF and the MA Wampanoag Tribes communicate throughout the year, both formally and informally. An annual meeting takes place each year. For FFY 2022, the annual meeting occurred via virtual conference. An annual meeting for MA DCF and both MA Tribes is currently being scheduled for early Autumn 2023. Upcoming Annual meetings will include discussions on the goals and objectives outlined in the Child and Family Services Plan (CFSP) and reporting in the Annual Progress and Services Report (APSR), assessing the progress of ongoing objectives and discussing ways to achieve future goals.

The MA DCF ICWA team welcomes contact from any Tribe to ask questions, provide feedback, or troubleshoot potential areas of concern. Phone contact, virtual conferencing, and emails are

everyday mediums to discuss the implementation of ICWA and case-specific matters with the ICWA Coordinator and ICWA Liaisons in each region of the state.

MA DCF and the Wampanoag Tribes acknowledge the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. Since 2014, both Wampanoag Tribes were invited to participate in the Steering Committee and the Advisory Group at the Children's Cove Commercial Sexual Exploitation of Children (CSEC) Multi-Disciplinary Team (MDT). The MDT is made up of medical and mental health professionals, law enforcement, child protective services, victim advocacy, and others to address human trafficking. Participation by either tribe would strengthen the work of the MDT and serve to further educate the tribes regarding CSEC.

#### *Sharing the APSR with the Massachusetts Tribes*

The DCF ICWA Coordinator will provide a digital copy of the APSR with both tribes upon finalization. Finalized APSRs are also available on the MA.gov website:

[Department of Children and Families Reports & Data | Mass.gov](#)

#### **Care of Children under State and Tribal Jurisdiction**

The Department and the Tribes understand that when a Tribal child is placed in the custody of the Department, the Department must meet all the requirements for that child under 42 USC § 622(b)(8), and §§ 675(5) and 675A. The Department and MWT have had discussions during the negotiations on the IGA as to who would meet these requirements if a child were placed in the custody of the tribe, and if the case is removed to the Tribal court. This subject will also be a focal point in any future IGA negotiations with the WTGH (A). If a Tribal child comes to the attention of the Department as a result of abuse or neglect, the Department will treat the Tribal child as it does any other child in the Commonwealth and provide pre-placement preventative services. In cases where the MWT has transferred legal jurisdiction of Tribal children from state to Tribal court, the MWT ICWA Department would provide the child welfare services and protections for Tribal children delineated in section 422(b)(8) of the Act. These services include the operation of a case review system (as defined in section 475(5) of the Act) for children in foster care, a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families, a service program for children in foster care to facilitate reunification with their families, and placement of a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

Since July 2015, the Mashpee Wampanoag Tribe has the capacity to take and have taken jurisdiction of protective cases. In the past year, the MWT has transferred two cases from state to Tribal Court. They are currently working with a total of six cases which have previously been transferred from state to MWT jurisdiction.

## **State Measures to Comply with ICWA**

### **Support**

MA DCF will continue to maintain a dedicated full-time ICWA Coordinator, who is supported by the First Deputy General Counsel, an ICWA Clinical Consultant, and five Regional ICWA Liaisons. The teams' makeup allows for comprehensive administrative, legal, and clinical support throughout the state.

The First Deputy General Counsel and ICWA Clinical Consultant provide the ICWA Coordinator essential mentoring from a broader perspective of expertise, supporting informed decision-making and skill development. The First Deputy General Counsel provides leadership and oversight related to ICWA law and regulation. The MA DCF ICWA Clinical Consultant provides the coordinator with guidance and management related to the observance of the most promising clinical practices and enhanced methods of Tribal collaboration.

The MA DCF ICWA Coordinator ensures the prompt submission of ICWA notices to the Tribes and response material to the courts via Area Office teams. In addition, the ICWA Coordinator collaborates with Tribes across the state and country, serves on several committees to promote the protections of ICWA, trains employees throughout the state, and maintains the ICWA database.

DCF's five Regional ICWA Liaisons assist in training and supporting Area Office staff in their region in all aspects of ICWA compliance and serve as liaisons to Tribes as clinical case matters arise.

The ICWA Coordinator and the First Deputy General Counsel, when available, will continue to be a part of monthly calls facilitated by the Child Welfare League of America and the National Indian Child Welfare Association. These calls are attended by ICWA representatives from each state and provide updates on legislation and policy impacting ICWA. The calls also serve as an opportunity for states to share information on ICWA compliance and best practice.

Field staff is supported in a variety of ways. Email response from the ICWA Coordinator to an ICWA inquiry from MA DCF social work staff includes educational material that links the reader to information about the Massachusetts Tribes and to educational material that stresses the importance of the ICWA law. Each DCF team that receives this information is urged to share it with their colleagues to increase DCF knowledge and compliance with ICWA.

The ICWA Coordinator and regional ICWA Liaisons are available daily via telephone, email, and virtual conference for any ICWA related questions. Staff are invited and encouraged at trainings and via email to reach out to schedule a time to meet for any questions they may have.

DCF maintains an easy to navigate ICWA Intranet page to further inform and support staff. Topics on the page include information regarding the importance of asking all families about affiliation, the complete ICWA notice preparation process, Tribal engagement, important case management considerations when ICWA applies, contact information for regional ICWA and

Tribal Liaisons, references, and resources. This level of support allows staff to submit ICWA inquiries in a timely manner, increases their understanding of ICWA, and offers Supervisor's agenda topics for unit meetings that result in improved compliance. Staff is encouraged to visit the page in trainings and via email during ICWA inquiries.

Guides for field staff that include topics on active efforts, data collection for ICWA notices, and ICWA clinical considerations are regularly included in trainings and are available on the DCF ICWA Intranet page in printable format.

### *Inquiry*

DCF will continue its practice of encouraging staff to “ask the question” about family ancestry throughout the life of the family case, beginning at the moment of intake. Best practice indicates that if DCF learns of any NA/AN heritage claimed by the family prior to any state custody hearing, DCF works with the family so that the family can communicate directly with the named tribe to ascertain family eligibility for membership.

DCF will continue to also monitor compliance through its use of language on administrative forms connected to ICPC, six-week placement meetings (following court custody), and Permanency Planning reports. Six-week placement, foster care reviews, and permanency planning meetings will also provide an opportunity for DCF to ensure compliance is met if the question of ancestry has not been addressed.

The inquiry will continue to extend toward diligent efforts to uncover genealogy necessary for an ICWA notice. Family tree collection always begins with the immediate and extended family and can include an Accurant search for missing family tree information as needed. Accurant is a database that searches public records for information such as names, dates of birth, addresses, and phone numbers when demographic information is added. DCF also enlists the assistance of the attorney representing the appropriate parent identifying potential NA/AN heritage to impress the need to share genealogical information to comply with this federal law. Ongoing work will continue to ensure that family trees in ICWA notices include the most comprehensive and accurate information obtainable.

ICWA compliance has been and will continue to be incorporated into current and updated policies. The MA DCF ICWA team has recommended ICWA policy updates to include practice around supervision, investigation, and implementation. Previous incorporations have occurred in the Protective Intake policy, Missing or Absent Children policy, and the Family Assessment and Action Planning policy.

MA DCF has also updated their Foster Care Analysis and Reporting System (AFCARS) data elements to capture additional data points in DCF's internal database related to the ICWA.

### *Notification of Indian Parents, Tribes, and BIA*

DCF's efforts to educate staff about ICWA through training, its Intranet page, and outreach by Regional ICWA Liaisons have significantly increased ICWA compliance and will continue. In



the recent 12-month period, 552 (4/1/2022-4/1/2023) notices to Tribes for 140 families claiming NA/AN ancestry were sent across the county. MA DCF received 150 ICWA inquiries between April 1, 2022 and April 1, 2023. Currently, 83 inquiries are in process. ICWA inquiries are considered in process when DCF is either working with a family to collect family tree information or waiting for a response from the identified Tribe(s).

All current and future ICWA notices to family, Tribes, and the BIA include information regarding court proceedings in the case, protective concerns as outlined in the petition, their right to intervene in court proceedings, and transfer jurisdiction to a Tribal court. Notices to families include a cover letter with beneficial information and resources regarding the ICWA.

DCF will continue to notify Tribes of trials in cases where ICWA applies, in accordance with BIA guidelines. DCF will diligently work to obtain responses to notices sent through sending additional notices, emails, or follow-up phone calls.

In addition to notice, DCF mails, emails, and calls in requests via phone for Tribes to assign or recommend Qualified Expert Witnesses (QEWs) in cases where ICWA applies.

DCF will continue to monitor and assess its compliance with ICWA using a database maintained by the ICWA Coordinator. The coordinator will track all components of an ICWA case. This record keeping provides essential oversight and tracking of all ICWA cases.

### Education

Trainings are regularly held throughout the state and will continue. Both MA Wampanoag Tribes are provided updates on scheduled training and are invited to co-lead trainings. The DCF ICWA Coordinator works with each ICWA Liaison to schedule area office trainings virtually. Training is currently being actively planned and facilitated. In FFY 2023, 21 trainings have taken place during staff meetings. In addition, a specialized ICWA for supervisors took place on March 23, 2023.

In addition to live trainings, the Department created five training videos that were uploaded to the DCF Massachusetts Training videos platform (on DCF's YouTube channel) on January 21, 2021, to explain ICWA. These are available for review by all staff. These videos include:

- Why we have ICWA: This video provides an explanation of the history of boarding schools, state agency removals, and their impact on Tribal communities.
- Tribal Nations: This video highlights the political status of Native Nations and the requirements for ICWA to apply to a child welfare case.
- The ICWA Process: This video breaks down the steps of preparing and sending the ICWA notice to demystify the process for social work staff.
- When ICWA Applies: This video covers required and promising practice in cases where ICWA applies such as active efforts, placement preference, collaboration with Native Nations, and cultural affirmation.
- Legal Considerations and ICWA: This video highlights qualified expert witnesses, jurisdiction, permanency that supports ICWA, burden of proof, and invalidation.

DCF offers two on-demand trainings for ICWA. The first training, “DCF-Indian Child Welfare Act-All Staff,” is tailored to social workers and provides an overview of the Indian Child Welfare Act. The second training, “DCF-ICWA: The Indian Child Welfare Act for Attorneys,” was created for DCF attorneys, and covers legal considerations in an ICWA case. MA DCF staff can access this training at any given time.

The DCF ICWA Coordinator partnered with the Massachusetts Supreme Judicial Court, Court Improvement Project’s Training Committee to develop a statewide training series titled “Cultural Humility/Preserving & Promoting a Child’s Identity while in Foster Care.” On June 7, 2023, a training was delivered to a wide range of child welfare professionals including GALs, Attorneys for DCF and the Committee for Public Council Services, Guardian ad Litem’s, family resources center staff, and DCF staff on the importance of placement with kinship. The ICWA Manager for the MWT spoke on behalf of the MWT Tribe about the importance of placement preference with kinship in Tribal communities.

The ICWA Liaison for the Central Region has developed a training for staff in the region that explores the intersection of race and Tribal status and highlights promising diversity supporting initiatives. The facilitation of this training is slated to be later this year.

Two trainings have been developed by MA DCF Legal Training and Staff Development Coordinator and MA DCF ICWA Coordinator to address Qualified Expert Witnesses (QEWs). One training has been created for attorneys, and the other has been created for potential QEWs. As of March 29, 2023, these trainings were sent to the Tribes to review.

The DCF ICWA Coordinator, A Manager of Professional Development from DCF’s Child Welfare Institute and the Foster Care and Adoption Recruitment Supervisor have been actively meeting with the Upstander Project to plan virtual training intended for up to 320 DCF employees. This training would include a screening of the film Dawnland and a lifetime streaming file of the film for DCF. After the film, three panelists will answer audience questions around the film’s themes and message that includes tribal history, needs, rights, racial equity and how to move forward with an equitable best practice in child welfare. The training is being planned for September 2023. The Upstander Project has just recently staffed to tailor pedagogy to state agencies such as DCF. In addition, the Upstander Projected has been invited and has endorsed the intent to develop program details to formally bid on a training Request for Response (RFR) contract with DCF.

The MA DCF ICWA team has also met to share information, learn from one another about best practices, and discuss ways to support staff and Tribes. The last meeting took place on April 3, 2023, to discuss ICWA-related matters that have occurred at the area office level, plan for training area offices for the upcoming year, update the Liaison team on the status of MA Tribal Departments, and share information about national trends. Meetings with the MA DCF ICWA team will continue to take place virtually, and a meeting will be scheduled for August 2023. Communication and learning take place daily via email with the MA DCF ICWA team as updates are shared.

### Placement Preference

DCF is dedicated to helping children remain with their families, familial kin, and within their communities, and this mission translates well with ICWA's emphasis on placement preference. As soon as a child enters placement, DCF social workers employ diligent searches for relatives to ensure placement preference is followed. Placement preference is explained at ICWA trainings, and further information can be always found on the ICWA Intranet page. Guidance on placement preference is also provided and reinforced by the ICWA Coordinator and ICWA Liaisons.

DCF's five ICWA Liaisons across the state serve as contacts to address any questions or concerns that arise with placement preferences for the Tribes, and DCF's family-find teams across the state have greatly assisted with kin-related searches in cases where ICWA applies.

DCF has offered to work collaboratively with WTGH (A) and MWT to recruit and increase Tribal foster homes. On February 9, 2023, the DCF ICWA Coordinator and DCF Foster Care Recruitment Supervisor reached out to both Tribes via email to discuss the goal of recruiting foster homes. DCF will continue to offer to recruit additional foster homes.

As needed, the ICWA Coordinator and Liaisons will contact the ICWA Director of MWT and covering ICWA leadership at WTGH (A) to inquire about open foster homes for children from other Tribes.

To identify all potential Tribal foster homes, DCF will ask foster parents about tribal affiliation. Foster care applications have recently been updated to include questions related to applicants having Native history or being part of a Tribe.

DCF has developed an informative guide that will be given to all DCF foster parents regarding ICWA's purpose and requirements.

### Active Efforts and Cultural Connection

DCF will continue its dedication to employing Active Efforts to both prevent the breakup of NA/AN families, help reunify families, and keep N/A and A/N children connected to their culture. DCF ICWA staff train on this, including specific examples of practices that fulfill the Active Efforts. Examples of Active Efforts can also be accessed via the DCF ICWA Intranet Page, which is available to all DCF staff.

DCF recognizes that active efforts are an interconnected endeavor and that all DCF employees can provide a family with active efforts within their roles. Specialized training always includes a component that discusses active efforts within respective positions. For example, training for foster care reviewers focuses on identifying and assessing whether active efforts have been provided in a case. Medical social workers can assist by identifying and supporting active efforts in medically complicated ICWA cases. Supervisors are encouraged to focus on active efforts in supervision with social workers.

DCF and the Tribes agree that the best practice in preventing the breakup of families involves early identification of familial and informal community supports and culturally appropriate preventative services. Future implementation of the Family First Prevention and Services Act (FFPSA) will serve to reinforce the implementation of these shared values.

Once ICWA applies in a case, social workers receive information from the ICWA Coordinator that underlines the requirements of active efforts, placement preference, close coordination with the family's Tribe, and incorporation of cultural elements into the action plan. Regional ICWA Liaisons are available to assist Area Office teams in enrolling eligible children in their Tribes and are available for consultation and support of field staff at any time.

The MA DCF ICWA Team acknowledges the significance of affirming culture. A discussion of cultural affirmation is included in DCF ICWA trainings. Supplements created by DCF are available on the DCF ICWA Intranet page, highlighting the studied benefits of cultural affirmation with concrete examples of affirming culture for Native American and Alaskan Native children in foster care. Additionally, the ICWA Coordinator has created and uploaded content on the DCF Intranet related to ways of learning more about Native American and Alaskan Native culture and rights.

Area Offices have also taken the lead in learning more about Native American and Alaskan Native culture and rights. On February 24, a Social Worker and Diversity Leadership Team (DLT) member for the South Central Area Office emailed the MA DCF ICWA coordinator, writing that her team was "hoping to spend this year highlighting various diversity groups with a focus on trying to lift the voices within those communities about what they would like us to know about working with them." She requested the contact information for the MA Tribes to "reach out or any other ideas of how to get a direct perspective." The ICWA Coordinator facilitated an introduction via email between leaders of the MWT and WTGH (A) and the Area Office DLT team.

In addition, on June 15, 2022, a Supervisor for the Lynn Area Office reached out to the ICWA Coordinator via email, reporting that her Diversity Leadership Team (DLT) had started planning for Indigenous Peoples Day. She wrote, "we are all eager to learn more and would love to do something in our office to recognize the day and help inform our peers. Wondering if you have any resources you would recommend." The ICWA Coordinator sent resources, including video and movie recommendations, book lists, information about MA Tribes, and a handout on supporting culture for children in care.

On April 21, 2023, the Northern Region of MA hosted their monthly "Lunch and Learn", which focuses on diversity and inclusion topics and invited the ICWA Coordinator to speak about the importance of ICWA. The talk also covered the importance of seeking out culturally appropriate services for Native American and Alaskan Native clients and the importance of recognizing how active efforts work in countering societal barriers.

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

MA DCF Adolescent Outreach continues to provide support to the Mashpee Wampanoag Tribe and the Aquinnah Wampanoag Tribe regarding transition-age youth. Training and consultation on Chafee-funded services are made available to Tribe serving professionals and Tribal youth in placement. Tribal youth are eligible for all Chafee benefits and services, and Tribes are provided with annual updated staffing and referral information. Previously, the Mashpee Wampanoag Tribe has designated staff to work directly with DCF staff to understand and access Chafee-funded benefits and services. On December 2, 2022, the MA DCF ICWA Coordinator sent both Tribes information on Chafee program benefits via email. The ICWA Coordinator reached out to the Director for Office of Adolescent & Young Adult Services to facilitate contact with both Tribes.

On December 5, 2022, The DCF Director for the Office of Adolescent & Young Adult Services contacted both MA Tribes, inviting them to reach out when ready to further discuss opportunities available.

Adolescent Outreach meets with the Tribes quarterly, with the next scheduled meeting occurring on April 25, 2023. The total number of ICWA youth that Adolescent Outreach has served this past year is 19.

At this time, neither MA tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program with respect to eligible Indian children. Neither tribe has requested to receive an appropriate portion of the state's allotment for such administration or supervision. Upcoming meetings between DCF and the Tribes will provide a chance to discuss the opportunity to administer, supervise and oversee Chafee or ETV programs for Native children.

## SECTION D. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

*Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)*

There were no substantive changes to state law or regulation that effect the state's eligibility for the CAPTA State Grant.

*Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).*

The Department proposes the following new uses of CAPTA funds during FFY 2024.

The Department does not propose any new uses of CAPTA funds during FFY 2024. We will continue and expand the projects described below.

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

### Leadership Training Program

#### CAPTA Priority Areas

- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

#### FFY 2023 Expenditures, Activities and Accomplishments

The Department spent \$26,850 in CAPTA funds two leadership training programs. \$11,400 was spent for staff to attend the "Responding to Sudden Unexpected Infant Death: Strategies for the Professional" Conference. This conference reviews the most up to date data analysis on this challenge as well as strategies for field staff to educate and support DCF families that DCF.

\$15,000 was spent for staff to attend the Simmons Strategic Leadership for Women Certificate Program at Simmons University this Spring. This Program supports leadership development in the Department's female managers, allowing them to learn facilitation, teaching and leadership skills needed to motivate staff and ensure sound clinical decision making. Using peer and supervisory feedback (obtained prior to entering the program), areas of challenge were identified, and plans were designed to enhance skills in this area. The Department has a strong commitment

to supporting our diverse managers with this exceptional program. We plan to spend an additional \$15,000 to send a second group to this program in Fall 2023.

The Department also plans to spend \$20,000 later this Summer for training through The Association for Successful Parenting (TASP) to support the skill development of social workers engaging with families where a parent has an Intellectual and/or Developmental Disability (ID/D). The training will support learning related to modifying skill sets and making reasonable accommodations to allow parents with ID/D equitable access to the Department's programs and services. Social workers will learn about a supported parenting framework as well as strategies for identifying learning characteristics of parents with ID/D to better individualize services and supports to promote family stability and reunification when appropriate. TASP has completed the process of becoming a Massachusetts state vendor and contract development is in process to provide training in May and June 2023.

### **Respite Care for Postpartum Mothers Impacted by Substance Use Disorder**

#### CAPTA Priority Areas

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

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

#### FFY 2023 Expenditures, Activities and Accomplishments

The Department spent \$20,000 to partner with Massachusetts General Hospital's Hope Clinic to support a pilot project which is studying the impact of overnight respite care by a newborn care expert to vulnerable postpartum people impacted by substance use disorder. An overnight night nurse, a newborn care expert, provides eight hours of respite care a night, three nights a week for six weeks to the new family in a family residential program. This pilot seeks to evaluate the feasibility, acceptability, impact on parental capacity, receptivity to teaching of skills and overall well-being of mother/infant dyad.

With this additional funding from DCF, the pilot expanded to serve families living in family residential programs where postpartum sedation is of concern. Since the initiation of the pilot, one of the two participating programs has temporarily closed due to staffing challenges, resulting in a slower onboarding of participants. DCF is greatly interested in seeing if this pilot program is successful in supporting postpartum people during this challenging time and keeping children safe from unsafe sleep practices and preventing abuse and neglect.

## **Director of Disability Services and Regional Disability Specialists**

### CAPTA Priority Areas

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

### FFY 2023 Expenditures, Activities and Accomplishments

The Disability Services Unit supports the coordination of culturally responsive services and program resources for children and parents with disabilities served by the Department of Children and Families. The Disability Services Unit provides consultation to the clinical teams working with persons with intellectual and/or developmental disabilities, autism, and/or physical disabilities; their work supports identifying, mitigating, and making recommendations to eliminate barriers families with disabilities may experience in service delivery. The Disability Services Unit also supports the Statewide Disability Coordinator and the Regional Disability Liaisons with ensuring that the Department identifies and provides reasonable accommodations for persons with disabilities in compliance with the Americans with Disabilities Act through consultation and ongoing support to the clinical teams.

The Disability Services Unit serves as a liaison for the Department to state agencies and community providers that support and serve persons with disabilities. Over the past year, the Unit has partnered with the Massachusetts Commission for the Deaf and Hard of Hearing at both the Central Office and Regional levels to better understand the needs of Deaf persons served by the Department and ensure full communication access to those consumers when engaged with the Department. The Director of the Disabilities Services Unit collaborates with the Partnership for Supporting Parents with Intellectual and/or Developmental Disabilities and the Department of Developmental Services (DDS) to support awareness and network building for service providers that specialize in utilizing a supported parent framework and modifying services to meet individualized needs. The Regional Disability Specialists meet with their regional counterparts at DDS at least quarterly to coordinate service delivery for children and parents served by both state agencies. The Unit has developed partnerships within the disability serving community with multiple providers including but not limited to the Autism Support Centers, Independent Living Centers, Massachusetts Rehabilitation Commission, and the Brain Injury Community Centers. The Director of Disability Services provides support to the Director of Mental Health with care coordination and disposition planning for children with ID/D or autism when they have experienced a behavioral health crisis and required hospital level of care.



DCF earmarked CAPTA funds to support the development and maintenance of the Disability Services Unit. The estimated cost (salary and fringe) for the operation of this unit over the next two years is \$ 1,035, 558. The Disability Services Unit is comprised of one Director and five Specialists, one for each of the Department's regions. The Disability Director was onboarded in December 2021 and supported the Department in the process of recruiting and hiring professionals with disability related experience to fulfill the roles of the Disability Regional Specialists. Below is the outlined list of positions and dates filled:

- Northern Regional Disability Specialist, May 2022
- Central Regional Disability Specialist, May 2022
- Boston Regional Disability, Specialist, June 2022
- Western Regional Disability Specialist, July 2022
- Southern Regional Disability Specialist, August 2022

### **Policy Implementation Manager and Regional Implementation Specialists**

#### CAPTA Priority Areas

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

#### FFY 2023 Expenditures, Activities and Accomplishments

DCF is reorganizing the agency's policy and practice implementation framework to ensure social workers, supervisors and managers have access to consistent practice supports tailored to regional and local needs. A Policy Implementation Manager along with Regional Implementation Specialists will support the implementation of new policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide.

Due to continuing workforce challenges during FY2023, the Department has not hired a Policy Implementation Manager or Regional Implementation Specialists and therefore, the FFY 2023 allocated funds were not spent. The Department has selected its finalist for the Manager position and anticipates this person will start by late summer 2023. Once the Manager begins, this person will begin the hiring process for the Regional Implementation Specialists. During 2024, we will again allocate CAPTA funds for these positions.

### **Regional Education Specialists**

#### CAPTA Priority Areas

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

- Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals.

#### FFY 2023 Expenditures, Activities and Accomplishments

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

#### **Information for Parents During Removal**

##### CAPTA Priority Area

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

#### FFY 2023 Expenditures, Activities and Accomplishments

The Department proposed spending \$30,000 in CAPTA funds to draft and publish a guide to provide improved information to families at the time their child is removed. Removing a child is inherently a difficult process and DCF wants to ensure families are provided with an updated guide that explains what they can expect during the process. The guide will explain in simple, clear language the timeline and process for what will happen next and also explain the parent's rights during this process (right to counsel, etc. DCF planned to work collaboratively with our Family Advisory Committee to ensure this document meets the needs of families. Costs will include writing the document, designing, and printing it.

The FFY 2023 CAPTA allocated funds were not spent because the Department continued to work on its foster care policies and decided to hold off on this project until those were finalized. The Department intends to allocate CAPTA funds for this project again in FFY 2024.

#### **Behavioral Health Initiatives**

##### CAPTA Priority Areas

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training.

## FFY 2023 Expenditures, Activities and Accomplishments

The Department spent \$20,000 on several mental health projects as described below.

DCF provided training for DCF social workers and staff to support enhancing knowledge and strengthening overall training efforts. Topics including:

- Understanding Suicide 101 for DCF Social Workers (Four training courses during FFY 2023)
  - This training is designed specifically for DCF Social Workers to increase knowledge and improve skills and confidence of those working with high-risk youth and adults and planning for their care. Participants learn data, demographics, and current theories about suicide, review current information on suicide risk factors and warning signs, and examine personal reactions to dealing with suicidal behaviors. The course also provides strategies for asking children or adults about their thoughts of suicide, introduces participants to suicide safety planning, provides an overview of current best practices for clinical intervention and wraps up with a discussion of worker self-care, an essential component of dealing effectively with this challenging issue. Content is based on current best practices and reflects training objectives in the 2012 National Strategy for Suicide Prevention. This training was developed collaboratively between DCF and Riverside to ensure it contains a framework inclusive of a child welfare perspective and the role of the DCF Social Worker.
- Providing Postvention Support to Social Workers impacted by a work-related critical incident for DCF Supervisors and Manager (Four training courses during FFY 2023)
  - The term ‘postvention’ refers to planned interventions with those affected by a suicide death that aims to address the needs of the bereaved, reduce the risk of contagion, and promote healthy adaptation of individuals and the community. This training is created and designed specifically for MA DCF Supervisors who support staff in the field, and built upon the learnings of our "Understanding Suicide" trainings, will provide best-practice guidelines for effective postvention, based on Riverside Trauma Center’s Postvention Protocols, which are listed in Section III of the SPRC Best Practices Registry for Suicide Prevention; and cover the impact of both direct or vicarious trauma in social services, advances in the concepts of trauma stewardship and toxic stress, and offer healthy coping strategies for supervisors to provide optimum levels of intervention for their staff and the clients they serve.
- Fostering Resilience - Understanding Trauma and Supporting Trauma Informed practice within child welfare (Three training courses during FY23)
  - This training is designed specifically for MA DCF Social Workers to increase knowledge and improve skills and confidence of those working with high-risk youth and adults, and planning for their care. This interactive, two-part training series provides all participants with a foundational understanding of trauma, practical applications of trauma-informed care for the clients they serve, and confidence in working with children who have ongoing trauma needs.

During FFY 2023, we also purchased 775 lock boxes and distributed those to our 29 Area Offices. Lock boxes are a prevention method to allow parents/guardians to secure medications and substances to decrease youth and children's access.

## **Information Technology (IT) Improvements**

### CAPTA Priority Areas

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

### FFY 2023 Expenditures, Activities and Accomplishments

The Department spent \$70,000 for information technology improvements. The purpose of this IT initiative is to support and improve the Department's child protective services system by supporting case management activities performed by DCF staff and contracted case management providers. This includes activities to support the ongoing monitoring of cases as well as the authorization and delivery of services to children and families involved in child protective services cases at anytime from anywhere using DCF's web based i-FamilyNet system. In FFY 2023, this included i-FamilyNet changes and enhancements to support contracted placement and non-placement-based services funded by the Department. It also included new functionality to support the authorization and tracking of childcare services for children from birth to 12 years old who have open DCF cases, including children living at home as well as in foster care/other settings.

The project also includes work to develop curriculum for and to deliver trainings to workers, supervisors and managers from the Department and its provider partners. In FFY 2023, this included trainings for the Department's regional and area office-based childcare coordinators as well as case workers and supervisors.

## **DCF Central Office Nurse**

### CAPTA Priority Areas

- Case management, case monitoring and delivery of services to families
- Supporting collaboration between public health agencies and the child protection system to support health needs
- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families with disabled infants with life-threatening conditions using existing social and health services.

### FFY 2023 CAPTA Expenditures, Activities and Accomplishments

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

involved with DCF. The Nurse provides consultation to DCF staff and foster and adoptive parents statewide regarding all healthcare and medical issues for children involved with DCF. The nurse is the Supervisor of five Regional Nurses, and the Psychiatric Social Worker-co-manages the DCF Children's Hospital Nurse Liaison, and works with other state agencies, community health providers and acute, chronic and rehabilitation hospitals. The Nurse provides coverage for the Medical Director and Regional Nurses for planned and unplanned time off. The Nurse consults and collaborates with medical and social work staff of acute hospital Child Protection Programs and provides the hospital Child Protection staff with information and guidance regarding agency policies and processes. The Nurse manages contracts for Complex Foster Care/Medical foster homes and the Children's Hospital contract that includes the Nurse Liaison position and Clinical Consulting. The Nurse is the DCF representative on the Department of Public Health Medical Review Team, a multidisciplinary team of public and private sector members that reviews long and short-term applications for admission to pediatric nursing facilities for persons under age 22. The Nurse manages referrals to the Antipsychotic Medication Monitoring Program (AMP), in collaboration with the Child and Adolescent Psychiatrist and Psychiatric Social worker and covers the work of the AMP when those staff are unavailable.

The Nurse utilizes the Medicaid Data Warehouse application to provide MassHealth claims data and analysis of relevant claims data regarding a child's medical and psychiatric history to inform the AMP review process by the Psychiatric Social Worker and Child Psychiatrist. To date, the AMP has completed over 100 reviews of requests for antipsychotic medications. The AMP now covers the Central, Boston and Northern Regions. The Psychiatric Social Worker is responsible for clinical reviews of proposed antipsychotic medications, works closely with the Nurse and Child Psychiatrist and provides comprehensive clinical summaries and recommendations to the Child Psychiatrist, who then makes the recommendation regarding proceeding to court for the required court order for the medication.

Focuses in FFY 2023 included:

- The Special Kids Special Care (SKSC) program is a program for medically complex children in foster care, co-sponsored by the Massachusetts Medicaid Program (MassHealth) and the Department of Children and Families (DCF). The SKSC Program provides intensive medical care management program for children in DCF custody and in placement who have complex health care needs through a contract with one of the MassHealth managed health care plans, Well sense The Nurse is the DCF clinical lead for the Special Kids Special Care Program and facilitates referrals of children to MassHealth.
- The Nurse is the representative of the Health and Medical Services Team for the Critical Incident Review Team (CIRT). The CIRT is a Central office team comprised of executive staff and multidisciplinary specialists who meet weekly to review reports of cases identified as meeting the definition of Near Fatality, Serious Bodily Injury or Emotional Injury. The Nurse is responsible for reviewing between approximately 10 to 35 reports per week and addressing the medical issues and questions raised during the CIRT discussion of each case. The Nurse also participates in the CIRT reviews of Fatality Reports.

- DCF contracts with Ascentria, a foster care agency, for placement of children and youth through the Unaccompanied Refugee Minor Program, which is a program that provides foster homes for refugee minors from various countries. The Nurse is the medical contact for this program and often is asked to review medical documentation about a child or youth prior to their placement in the United States, to recommend what medical services and providers the youth will require immediately after arrival in the US and on an ongoing basis. The Nurse provides consults to Ascentria social work staff regarding medical and behavioral health questions about youth in the program and assists the Ascentria staff with identifying and obtaining necessary medical services for youth. Many of the youth in the program have suffered physical or emotional trauma, have a history of communicable and other diseases and chronic medical conditions that require medical specialty care.
- The Nurse meets regularly with the Director of the Massachusetts/Rhode Island Make a Wish (MAW) Foundation to identify children in DCF custody who are eligible for “Wishes” and communicates with the DCF social work staff regarding the eligibility of children for Wishes. The Nurse continues to collaborate with the MAW Director to provide medical information necessary to determine eligibility and to make referrals, with the goal of accessing as many Wishes as possible.
- The Nurse has recently spearheaded an initiative to identify nursing agency resources for children who require placement in foster homes and congregate care facilities. This involves extensive outreach to home health agencies statewide to identify services offered, service area, insurance plans accepted and options for private pay for nursing visits, block nursing and nurse staffing. The Nurse has created a detailed and continually updated resource document that is shared widely and includes all contact information and service provision information to be used by the Health and Medical Services Team and other staff statewide.

## **Regional Clinical Consultation**

### CAPTA Priority Area

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

### FFY 2023 CAPTA Expenditures, Activities and Accomplishments

During FFY 2023 DCF used approximately \$60,000 of CAPTA funds to continue to purchase clinical consultations and evaluations. Across the state, these consultations and evaluations were used for the following purposes:

- Stabilizing children exposed to multiple and severe trauma
- Prevention of higher-level/higher cost placements
- Identification of clinical needs to keep children at home safely, when possible
- Risk analysis to assist social workers in review of treatment options

- Consultation at clinical reviews to help staff identify or clarify their understanding of the mental/behavioral health issues families and children are experiencing to enable the development of more appropriate service plans
- Consultation services at Family Team Meetings

### **Children's Charter Division of Key Program, Inc.**

#### CAPTA Priority Area

- Improving the intake, assessment, screening and investigation of reports of abuse and neglect
- Improvement of case management and delivery of services

#### FFY 20223CAPTA Expenditures, Activities and Accomplishments

During FFY 2023, DCF spent approximately \$190,000 of CAPTA funds to contract with Children's Charter, a division of Key Program Inc. Children's Charter provides state-of-the-art forensic clinical evaluations for DCF's most complex cases of child maltreatment that need intensive, in-depth assessment and treatment services to children involved in criminal court cases.

Children's Charter provides forensic evaluation services to children, between the ages of 3 and 17, who have experienced and/or witnessed trauma as well as parenting evaluations. Children's Charter accepts referrals from any DCF Area office and so far, this year has received referrals from 15 different DCF Area Offices.

The COVID-19 crisis was challenging for all client facing services. Due to the crisis, Children's Charter experienced a decrease in their ability to provide services during FFY 2021 and into FFY 2022. As all organizations problem solved how to provide services during the pandemic, referrals, and the ability to do the necessary one-on-one work with families decreased, impacting utilization from March 2020 to January 2021. As adjustments were made and innovative approaches to the work were developed, utilization began to return to pre-COVID rates. They continue to offer a combination of in-person and virtual services; however, a forensic evaluation requires some in-person time. \

In June 2020, Children's Charter services were expanded to increase capacity and include consultation and clinical support post-evaluation. These additional services were added to ensure DCF staff, treating clinicians, parents, and foster parents are not just handed an evaluation, but are also supported as they implement the evaluation's recommendations. Due to this taking place at the beginning of the COVID-19 crisis, they were not able to be fully utilized. However, in FFY 2023, these services will be fully utilized for the first time since the expansion. These additional services include:

- Supporting foster parents to utilize the evaluation recommendations for children in their care
- Support to DCF staff in interpreting and utilizing evaluation findings
- Support therapists or in-home providers in utilization the evaluation recommendations to support the children's clinical needs.

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

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

## **Parental Stress Line**

### CAPTA Priority Area

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

### FFY 2023 CAPTA Expenditures, Activities and Accomplishments

During FFY 2023 DCF spent approximately \$65,000 of CAPTA funds to support Parents Helping Parents (PHP), a parental stress line in Massachusetts. Programs such as Parents Helping Parents (PHP) and Grandparents Raising Grandchildren (GRG) are examples of services designed to support families who are at risk or in crisis. PHP support groups and parental stress hotlines play a pivotal role in affording a peer led solution focus for families.

Between June 2022 and July 2023, the PHP support group program offered 84 in-person community groups in collaboration with our Family Resource Center partnerships; 58 in-person groups in treatment programs; 132 in-person groups in prisons; and 380 virtual support groups. Within our virtual support groups, we offered 124 virtual groups specifically for parents involved with DCF. We also offered a 12-week virtual group series for Parents of Color. Finally, our in-person support group in collaboration with the Lawrence Family Resource Center is conducted in Spanish.

PHP had 768 individuals register for support groups between June 2022 and July 2023. Of those registrants 80% were female and 20% were male. Twenty percent reported working with DCF at the time of registration. Forty-six percent identified as White, and 46% percent identified as a Person of Color with 8% not answering the question. Twenty-four percent had four or more children.

Our Parental Stress Line received 5954 calls between June 2022 and July 2023. We do not collect data because the callers are anonymous.

## **Family Engagement and Voice**

### CAPTA Priority Area

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



## FFY 2023 CAPTA Expenditures, Activities and Accomplishments

Approximately \$68,750 in CAPTA funds was used to:

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

### The Family Advisory Committee (FAC)

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

**Mental Health & Trauma Subcommittee:** This working group initiated a project to help DCF acknowledge the commitment of all the foster parents and kinship caregivers in the unanticipated position of fostering during the pandemic. Based on DCF feedback on increasing rates of suicide attempts and deaths by suicide, we were able to continue our work with QPR. Five FAC members, educated and certified as QPR trainers, actively facilitated a series of 10 groups with the five DCF Regional Offices. The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression.

### Fatherhood Initiative

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

### Commission on the Status of Grandparents Raising Grandchildren

In FFY 2022/2023, the Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services resources, advocacy and support to grandparents and relative caregivers in Massachusetts. Over 250 grandparents participated in several workshops and groups. The Commission has continued to use technology to provide virtual support groups for grandparents. An estimated 100 grandparents participated in virtual support groups. Additionally, the commission hosted its first "Resource Fair" in Fall 2023. The resource fair was

an in-person event in which over 120 grandparents, relative caregivers, and service providers came together to learn about over 25 services and resources. Caregivers were able to learn about financial resources, community supports, and other resources.

In June 2023, the Commission will host its 10<sup>th</sup> Conference for Grandparents Raising Grandchildren. After a three-year pause due to the pandemic, over 200 grandparents and services providers attended this event. Workshops covered topics including “How to Talk with Children about Parental Substance Use” as well as “Finding Wellbeing and Joy for Caregivers.” There will be 20 resource tables at this event, as well.

In 2022-2023 the Commission launched “Grandparents Raising Grandchildren Regional Roundtables” to bring together service providers from across the human services perspective to learn about and share information and resources for grand families regionally. The Commission identified eight regions of need in Massachusetts and launched in the - Central and Southeast Regions. These meetings are both in-person and virtual. Each region has had over 40 providers at each meeting. At each roundtable meeting, two to three providers present, such as Aging Service Access Points or Family Resource Centers. In the FFY 2024, the Commission is hoping to expand to two or three more regions.

## **Implementing Plans of Safe Care**

### CAPTA Priority Area

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

### FFY 2023 CAPTA Expenditures, Activities and Accomplishments

During FFY 2023, DCF spent \$723,312 in CAPTA funds in this area.

- \$718,568: salaries (and fringe costs) of five Substance Abuse/Plan of Safe Care Coordinator positions in order to increase agency capacity to address Plans of Safe Care.
- \$2774: education pamphlets
- \$1470: training
- \$500: translation services

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

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

The Department has not used CAPTA funds for this purpose.

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

DCF's three citizen review panels are:

- **Statewide Child Fatality Review Team**
- **DCF Family Advisory Committee**
- **DCF Joint Youth Advisory Committee**

An overview of each report is included below and each report is included in the Appendix.

## **CITIZEN REVIEW PANEL ONE**

### **Statewide Child Fatality Review Team**

In 2000, Massachusetts enacted child fatality review legislation to bring professionals together from a variety of disciplines and experiences to examine individual fatality cases. The goal of the teams is to decrease the incidence of preventable child deaths and injuries. The objectives of this review are to facilitate interagency networking and collaboration and to produce recommendations for changes that will protect the health and safety of children.

The MA Child Fatality Review Team's annual report will be released in July 2023. DCF will forward a copy to the Children's Bureau when it becomes available.

## **CITIZEN REVIEW PANEL TWO**

### **DCF Family Advisory Committee**

The purpose of the Family Advisory Committee (FAC) is to bring together a diverse group of community representatives whose various experiences with DCF provides a unique perspective from which to advise the Commissioner and help inform agency decisions. The composition of the FAC are family members who have had experience and open protective cases with DCF, people who were involved with DCF as youth, and community members invested in the safety and well-being of children across the Commonwealth.

The Department strives to keep its decision-making processes transparent by engaging community members in the review of new or modified agency initiatives. The FAC provides the opportunity for parents and other community members to have input into the development of practice, policies and programs that affect families. The FAC builds mutual accountability between the Department and the families it serves by creating opportunities for dialogue and learning from both perspectives.

Key work in FFY 2023 included:

- *Strategic Planning Committee:* The FAC Leadership Team established a Strategic Planning Committee to consider rebranding and restructuring the FAC. This Committee also conducted an evaluation of the current working committees.
- *Diversity Committee:* this group worked with the DCF Statewide LGBTQ Liaisons to create and launch a new section of a website (<https://www.frcma.org/lgbtq-resources>) which is a public resource for parents and foster parents of LGBTQ youth.
- *Fatherhood Initiative:* The FAC maintains an active role in promoting and supporting the Father Engagement work of the agency. Parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups. Members also worked closely with the DCF staff to facilitate Nurturing Fathers Programs and Young Fathers Support Groups and to host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
- *The Kinship & Foster Care Subcommittee:* the group held through virtual team meetings, family conferences and virtual support groups to support caregivers.
- *Mental Health & Trauma Subcommittee:* Five FAC members became certified as Question Persuade and Response (QPR) trainers and facilitated a series of 10 groups with the five DCF Regional Offices. The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression.

## **CITIZEN REVIEW PANEL THREE**

### **DCF Joint Youth Advisory Committee**

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youth and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

Activities of the Joint Committee in FFY 2023 included:

- Reviewed the National Youth in Transition Database outcomes for Massachusetts and provided feedback to DCF on relevant issues such as practice related to young adult care.

- Refocused on planning in person activities that would serve the needs of the young adults and enhance life skills development.
- Held a focus group to inform the agency of ways to ensure youth and young adults had a voice in their foster care reviews and permanency planning hearings.
- Served on a CFSR focus group to provide feedback and recommendations for youth and young adult services provided by the Department.
- Provided feedback to the Massachusetts Department of Higher Education, Office of Student Financial Assistance on the experience of utilizing financial aid as a student from foster care.
- Provided feedback at the agency-level for planning and practice related to supporting youth and young adults.
- Partnered with a community agency to provide a four-month cooking series where foster youth and young adults learned the importance of meal planning, organizing, safety, and hygiene. This was in addition to hands on cooking skills. They also learned about healthy eating habits, creativity with food and working with others. Youth mastered how to store food safely, operate kitchen equipment and most importantly how to budget and prepare healthy meals.
- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the Foster Youth to Independence Program.
- Participated in a focus group for the Department's AILT work group focused on improving graduation rates for foster youth. They also provided feedback to CPCS attorneys who are representing youth in care regarding homelessness.
- Partnered with Mass NFCA for four events and provided feedback about future events such as a beach gathering this summer for current foster youth/alumni and the 2024 Annual Alumni Thanksgiving event.

Plans for FFY 2023/2024 include:

- Continue to plan for youth and young adult wellness conference that can take place in person in FFY 2024.
- Participate in the development and delivery of new training for DCF Social Workers focused on successful transitions from care.
- Events such as paint nights, art shows, sporting events, and focus groups will continue to be available through the Regional Boards.
- Review and provide feedback on the updated PAYA modules that will reflect advancement and use of technology to develop life skills.

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

- *How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.*
- *Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*

- *Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
- *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*
- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*
- *If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*

As noted above, during FFY 2023, the Department utilized CAPTA funds to support six Substance Abuse / Plan of Safe Care Coordinator positions. A full-time Director of Substance Abuse Services also supports the successful implementation of Plans of Safe Care and increase agency capacity for collaborative work in this area.

The Department works in close collaboration with key state and local stakeholders. The Substance Use Unit Director and staff are in consistent communications with the Department of Public Health/Bureau of Substance Addiction Services (BSAS) to ensure coordinated service delivery across all systems of care. A priority for Plan of Safe Care implementation is the outreach to our regional and statewide partners that serve pregnant and postpartum mothers and their infants. The goal of these connections is to increase the collaboration on behalf of families; provide cross system training and to educate providers on the benefits of Plan of Safe Care as a tool. These providers include the BSAS Regional Managers; birthing hospitals; Early Intervention providers; substance use treatment providers, including Medication Assisted Treatment providers; family residential programs; OBGYN practices; Pregnant and Postpartum Grant Programs.

The below activities occurred during FFY 2023 and will continue into FFY 2024:

DCF staff participate in twice monthly Perinatal-Neonatal Quality Improvement Network leadership team meetings which includes presenting and planning the twice-yearly summit of over 250 participants. Other attendees include obstetricians, neonatologists, pediatricians, recovery support staff and infant-child development program staff. The meetings focus on best practices and collaboration.

- Local cross system trainings with substance use providers to increase awareness of impact of parental substance use disorders on children, child welfare approaches and the benefits of PoSC as a tool.

- PoSC's have developed a cross-system collaborative process with several birthing hospitals to facilitate a "virtual plan of safe care meetings". The purpose of these meetings is to bring providers and child welfare together to address and increase areas of safety and support.
- DCF staff participates in all statewide Perinatal Substance Use and Recovery Coalitions.
- PoSC coordinators have initiated partnerships with local hospital maternal child health programs. Teams meet at least quarterly to address, and problem solve system and communication challenges.
- Enhanced partnerships with programs serving pregnant and postpartum mothers with substance use disorders and their infants to develop a teamed structure of collaboration via Plan of Safe Care meetings. This includes Plan of Safe Care meetings, monthly case-level meetings, and quarterly provider connections to promote collaboration and address system challenges.
- Deliver ongoing trainings to Treatment Providers, recovery coaches, recovery centers and family resource centers relative to the PoSC and utilization as a tool in working with families.
- Continued a partnership with the Massachusetts Child Psychiatry Access Program (MCPAP) to deliver trainings and consultations for DCF on perinatal mental health including co-occurring challenges with substance use disorders. Pilot consultation will begin in June 2023.
- In partnership with BSAS, a community provider and a recovery council a PoSC brochure for families. This educational material has been translated into Spanish and Portuguese and printed in a threefold color brochure.
- DCF developed an educational brochure for families caring for a substance-exposed newborn focused on safe sleep, strategies to soothe infants with symptoms of exposure and stressing the importance of self-care.
- Providing ongoing training to DCF staff related to trauma informed engagement in working with families impacted by substance use disorders, Substance Exposed Newborns, communication with providers and engaging providers relative plan of safe care.
- COVID-19 continues to impact families and the systems that provide care to them. Providers and programs, continue to deal with staffing limitations and shortages. DCF has continued to maintain close communication to understand and address impacts on the families impacted by substance use disorders, plan of safe care implementation and ensure children's safety and well-being.
- DCF in partnership with BSAS, and stakeholders from the medical community, home visiting, courts, and recovery community, participated in a Policy Academy sponsored by the National Center on Substance Abuse and Child Welfare, (NCSACW), to develop actionable goals of improved collaborative practice, early screening and engagement practices and coordinating a public health response to plan of safe care.
- In February 2023, DCF and BSAS jointly applied and accepted to the NCSACW to support the implementation of an action plan of developing an improved coordinated system to support families impacted by parental substance use and infants affected by prenatal exposure to substances.

## **Update on State's Use of Supplemental CAPTA Funds:**

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

- DCF used these funds to hire three additional regional education specialists so that the Department has an education specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000 annually. The Specialists work with the Department's Education Manager to support DCF Regional and Area offices in work related to education for children and youth involved with the Department. They build and support relationships with school districts across the Commonwealth, connect social workers and Area Offices staff with key school personnel, and overall improve the Department's ability to ensure children are enrolled, attending and succeeding in school. Issues of equity are central to the work of the Education Unit at DCF. Students of color are more likely to face challenges at many stages of their education – from being suspended and expelled more often to being less likely to graduate high school. DCF's education specialists advocate for these students and work to ensure our students are enrolled in, attending, and succeeding in school.
- DCF used these funds to hire three additional regional disability specialists (in addition to the two proposed above) so the Department has a disability specialist for each region of the state. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000. The Specialists will work with field staff to support best case practice in working with families whose children have been diagnosed with challenges such as autism and other intellectual disabilities. These coordinators will be responsible for education of and consultation with DCF staff and will represent DCF as we work with community providers to ensure appropriate service delivery. It is critical that there are not disparate outcomes for children and families struggling with ASD/ID. The education and consultation provided by the Disability director and Specialists will ensure equal opportunities for essential care and education offered to all children and families.
- DCF plans to use these funds to hire three additional regional implementation specialists (in addition to the two proposed above) so the Department has an implementation specialist for each region of the state. These specialists will be hired during FFY 2024. The total cost (salary and fringe) for two years for these three staff is approximately \$600,000. These Specialists will support the Department's continual policy and practice implementation work. They will work to support the implementation of new and existing policies and partner with clinical directors and managers to develop and deliver post-implementation practice supports statewide. DCF has established a Racial Equity Policy Advisory Workgroup to examine policy and practice with an equity lens. Recommendations from this advisory group will inform training and practice supports offered to DCF Area Offices.

### ***State CAPTA Coordinator***

Rebecca Brink  
Assistant Commissioner, Program Support  
600 Washington Street  
Boston, MA 02111  
617-748-2046  
[Rebecca.brink@state.ma.us](mailto:Rebecca.brink@state.ma.us)



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

States were required to submit the following four plans as discrete sections of their 2020-2024 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

As set forth in the Administration for Children and Families (ACF) Program Instruction, ACYF-CB-PI-23-01, if there are changes to the plan state must submit that change as a separate document.

DCF will be submitting updates to all the targeted plans as appendices to the FFY 2024 APSR.

## SECTION F. STATISTICAL AND SUPPORTING INFORMATION

The following must be reported in the 2024 APSR:

### 1. CAPTA Annual State Data Report Items:

#### Information on Child Protective Service Workforce:

##### *Education, Qualifications, and Training Requirements of Child Protective Personnel*

Below we provide the job descriptions for the Department's social workers (Social Worker I & II) and Supervisors (Social Worker III):

##### *Social Worker I, Bargaining Unit 8, Job Grade 19*

Applicants must have (A) a Bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration (applicants at the Department of Children and Families must obtain the required license in Social Work within the first nine (9) months of employment.)

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Successful candidates are required to have the following at the time of hire:

- Knowledge of family dynamics and human behavior.
- Ability to use a computer to type and perform basic computer tasks.
- Ability to communicate effectively, both verbally and in writing, to appropriately document case activities and represent the agency in a professional manner.
- Ability to multi-task and prioritize responsibilities.
- Ability to interact effectively with and establish rapport with diverse teams and groups of people.
- Ability to gather information through questioning and observing individuals and by examining records and documents.
- Ability to maintain accurate and up to date records.
- Ability to exercise discretion in handling confidential information.
- Ability to maintain a calm manner and interact appropriately with others in stressful and emergency situations.
- Ability to maintain appropriate professional boundaries with clients.
- Ability to exercise sound judgment to ensure safety of self and others.
- Ability to convey the above through acceptable means of documentation, written, typed, verbal.

##### *Social Worker II, Bargaining Unit 8, Job Grade 20*

Applicants must have (A) a Bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker,

Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration, and (C) and two (2) years of full-time or equivalent part-time experience in social work, or (D) or any equivalent combination of the required experience and the substitutions below.

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Substitutions:

A Master's degree in social work, psychology, sociology, counseling, counseling education or criminal justice, or a relevant human services degree may be substituted for one (1) year of the required (C) experience.

Successful candidates are required to have the following at the time of hire:

- Ability to act as a mentor and provide guidance to others.
- Ability to prioritize cases and identify true emergencies.
- Knowledge of agency policies and procedures.
- Knowledge of community resources and services for clients and families.

*Social Worker III (Supervisor), Bargaining Unit 8, Job Grade 23*

Applicants must have (A) a Master's degree in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration, and (C) and three (3) years of full-time or equivalent part-time experience in social work, or (D) or any equivalent combination of the required experience and the substitutions below.

The classification may require possession of a current and valid Motor Vehicle Driver's License at a class level specific to assignment.

Substitutions:

A Doctorate degree in a related field may be substituted for two (2) years of the required (C) experience.

Incumbents are required to have the following at the time of hire:

- Knowledge of State Agencies and family systems.
- Ability to lead others and organize work.

*Data on the Education and Qualifications of Personnel*

The charts below provide data on the higher education of social workers and the levels of licensure held.

### Higher Education of Social Workers

Row Labels	Count of Official Title
Bachelors Level Degree	1976
Doctorate (Academic)	2
Doctorate (Professional)	1
HS Graduate or Equivalent	14
Less Than HS Graduate	2
Masters Level Degree	766
Not Indicated	143
Some College	16
Some Graduate School	71
<b>Grand Total</b>	<b>2991</b>

### Licensure of Social Workers

Row Labels	Count of Employee ID
LCSW	312
LICSW	108
LSW	492
LSWA	1766
Grandfathered	1
Probationary	323
<b>Grand Total</b>	<b>3002</b>

Source: MA DCF: HR Data Analytics daily license report as of April 28, 2023

### Demographic Information of Personnel

The chart below provides data on the demographics of our personnel.

#### Workforce Summary Report for DSS Q3 2023

EEO Job Category Description	Summary Total Workforce	Male	Male %	Female	Female %	Minorities	Minorities %	Veterans	Veterans %	Disabled	Disabled %
Officials and Administrators	334	63	19.0%	270	81.0%	100	29.8%	2	0.6%	12	3.5%
Professionals	3528	636	18.0%	2892	82.0%	1311	37.1%	13	0.4%	56	1.6%
Technicians	46	5	10.9%	41	89.1%	14	30.7%			4	8.8%
Office/Clerical	259	25	9.6%	234	90.4%	135	52.2%	2	0.8%	6	2.3%
<b>Grand Total</b>	<b>4167</b>	<b>729</b>	<b>17.5%</b>	<b>3437</b>	<b>82.5%</b>	<b>1560</b>	<b>37.4%</b>	<b>17</b>	<b>0.4%</b>	<b>78</b>	<b>1.9%</b>

### Caseload/Workload Requirements of Personnel

With the addition of staff and improvements in case decision-making, the Department has been able to significantly reduce its weighted average caseload (the average caseload carried by staff adjusted for the type of work being performed 15:1 corresponds to 15 families for ongoing social workers). In March 2016, the weighted average caseload for staff was 18.63. As of January 2023, it has dropped to 15.59 with an average family count of 16.1 families for ongoing social workers.

***Juvenile Justice Transfers: Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2022 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d)(14) of CAPTA.)***

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. DCF matched its records with children committed to DYS during federal fiscal year 2022. DCF had custody of 23 distinct youth on the same day that they were committed by the courts to DYS.

***2. Education and Training Vouchers: Identify the number of youth/young adults (unduplicated count) who received ETV awards from July 1, 2021 through June 30, 2022 (the 2021-2022 school year) and July 1, 2022 through June 30, 2023 (the 2022-2023 school year). For this reporting, states may count the combined number of ETVs awarded from both the regular and additional Division X funding. States may estimate a total if they do not have the total number for the 2022-2023 school year.***

*Report the number of youth/young adults who were new voucher recipients in each of the school years. To facilitate more consistent reporting, please use Attachment C to report information on the ETVs awarded.*

#### Annual Reporting of Education and Training Vouchers Awarded

**Name of State/ Tribe:** Massachusetts

	Total ETVs Awarded	Number of New ETVs
<b>Final Number: 2021-2022 School Year</b> (July 1, 2021 to June 30, 2022)	406	155
<b>2022-2023 School Year*</b> (July 1, 2022 to June 30, 2023)	361	161

**Comments:**

Please note that the numbers provided for 2023 represent the awards granted as of 5/17/2023 and that additional awards may be pending.

**3. Inter-Country Adoptions: *Report the number of children who were adopted from other countries and who entered into state custody in FY 2022 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution***

The Department reviewed the cases of children who entered care during federal fiscal year 2022 and who were previously adopted. The Department identified the following:

Number of Children	Agency	Reason for Disruption/ Dissolution	Current goal	Current Legal Status
3	Wide Horizons for Children	Abuse	Adoption	Temporary custody
1	Wide Horizons for Children	Abuse	Alternative Planned Permanent Living Arrangement (APPLA)	Permanent Custody/ Adoption Surrender
1	*Unknown	Voluntary Placement Agreement	Alternative Planned Permanent Living Arrangement (APPLA)	Permanent Custody/ Adoption Surrender

*\*Family would not disclose the agency information with the Department*

**4. Monthly Caseworker Visit Data: *States are required to collect and report data on monthly caseworker visits with children in foster care (section 424(f) of the Act).***

*Data for FY 2023 needed to determine whether states met these performance standards must be reported separately from the 2023 APSR and will be due for submission to the state's CB Regional Office by **December 15, 2023.***

The Department will submit the required Monthly Caseworker Visit Data by December 15, 2023.

## **SECTION G. FINANCIAL INFORMATION**

In this section, the Department provides responses/assurances regarding certain payment limitations denoted with the APSR program instructions. We also provide our CFS-101 submission.

### **1. Payment Limitations**

#### **Title IV-B, Subpart 1**

*Include information on the amount of FY 2005 title IV-B, subpart 1, funds that the state expended for childcare, foster care maintenance, and adoption assistance payments for comparison purposes*

The Department has never used, nor does it plan to use, IV-B, subpart 1 funds to support childcare, foster care maintenance, or adoption assistance payments.

*Include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005.*

In FY2005, non-federal foster care maintenance funds used as a match totaled \$227,427.

*States may spend no more than ten percent of title IV-B, subpart 1, federal funds for administrative costs (section 424(e) of the Act).*

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 1, as shown in our CFS-101 submission.

#### **Title IV-B, Subpart 2**

*For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the APSR a rationale for the disproportion.*

The Department provides a rationale for FY2023 service categories that do not receive the minimum 20% funding level in section C.5 of our APSR response.

*States may spend no more than ten percent of federal funds under title IV-B, subpart 2 for administrative costs (section 434(d) of the Act). This limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.*

The Department adheres to the ten percent limitation on administrative costs for IV-B, subpart 2, and the Monthly Caseworker Visit Grant as shown in our CFS-101 submission.

*States must provide the FY 2021 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.*

The FY2021 state and local share expenditure amounts for the purposes of IV-B, subpart 2 were \$96M. This is in comparison to the 1992 base year amount of \$41.7M.

## **Chafee Program**

*States are required to certify that no more than 30 percent of their allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 21.*

The Department adheres to the thirty percent limitation on room and board expenditures for youth 18 years of age and greater.

## **2. Current Year Funding**

### **Reallotments**

The Department is not requesting any reallotment of funds.

### **Revisions**

N/A

## **3. FY2024 Budget Request (CFS-101, Parts I and II)**

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

## **4. FY2021 Title IV-B Expenditure Report (CFS-101, Part III)**

*Complete Part III of the CFS-101 workbook to report the actual amount of FY 2021 funds expended in each program area of title IV-B funding by source*

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

*If the state's expenditure of FY2021 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the narrative on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY2021; and 2) the rationale for the disproportion in the actual expenditure of FY2021 grant funds.*

The Department did not achieve the minimum 20% spending levels for all four PSSF grant service categories in FY2021. The disproportion was requested when the state submitted our estimated expenditures for FY2021. As explained in our FY2021 APSR (and current APSR),



when originally awarded PSSF grant funds, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities.

Our rationale for not achieving 20% in each category is that the vast majority of the PSSF funds provided to the Coalitions is used to fund services and activities that *cross one or more service categories*. In addition, DCF spends significant state funds in support of the program. In SFY2021, the State had annual expenditures in excess of \$96 million in POS dollars for Family Networks Support and Stabilization Services (FNSS), which is inclusive of Family Preservation and Adoption Support Services but does not include any direct service personnel costs in these programmatic areas. This total includes over \$1.6 million in State funds targeted for time-limited reunification services, \$3.9 million in adoption services and over \$33.7 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of Title IV-B funds proposed.

We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth is expected.

## **5. Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report**


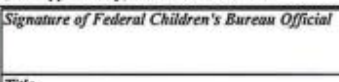
The Department is in compliance with the submission of required 425 reports.

### **Additional Financial Reporting Updates to Program Descriptions:**

- *The ACYF-CB-PI-23-01 Program Instruction states, “Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act. Provide a final update about how the FY 2021 supplemental funding from Division X was used to strengthen the services provided by the state under the PSSF program. Describe any challenges or barriers the state faced in being able to use these funds*

MA DCF spent all the Division X funding as reported in FFY 2023 APSR and there is no additional update.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and  
Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2024: October 1, 2023 through September 30, 2024				
<b>1. Name of State or Indian Tribal Organization AND Department/Division:</b>		<b>3. EIN:</b>	1-046002284-K5	
Massachusetts - Department of Children and Families		<b>4. UEI:</b>	KQE3EAKMNQQ7	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)				
600 Washington Street, 6th floor				
Boston, MA 02111				
<b>5. Submission Type:</b> (mark X next to option)				
- New		<input checked="" type="checkbox"/>		
- Reallotment		<input type="checkbox"/>		
<b>a) Contact Name and Phone for Questions:</b>		Nathan Landers (617) 748-2147		
<b>b) Email address for grant award notices:</b>		Nathan.Landers@mass.gov		
<b>REQUEST FOR FUNDING for FY 2024:</b>				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.				
Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>				\$3,507,589
<b>a) Total administrative costs (not to exceed 10% of the CWS request)</b>				\$175,379
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>		\$4,503,648
a) Family Preservation Services		26.5%		\$1,193,467
b) Family Support Services		23.1%		\$1,040,343
c) Family Reunification Services		13.2%		\$594,481
d) Adoption Promotion and Support Services		19.6%		\$882,715
e) Other Service Related Activities (e.g. planning)		8.6%		\$387,314
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		9.0%		\$405,328
<b>g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.</b>		100.0%		\$4,503,648
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>				\$284,680
<b>a) Total administrative costs (not to exceed 10% of MCV request)</b>				\$0
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>				\$1,705,523
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:</b>				\$2,876,386
<b>a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).</b>				\$0
<b>11. Requested Education and Training Voucher (ETV) funds:</b>				\$974,319
<b>REALLOTMENT REQUEST(S) for FY 2023:</b>				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
<b>12. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<b>Signature of State/Tribal Agency Official</b>			<b>Signature of Federal Children's Bureau Official</b>	
				
<b>Title</b>			<b>Title</b>	
Dep. Commissioner ASF				
<b>Date</b>			<b>Date</b>	
6/1/2023				

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

Name of State or Indian Tribal Organization: Massachusetts - Department of Children and Families

For FY 2024: OCTOBER 1, 2023 TO SEPTEMBER 30, 2024


No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ 2,420,237			\$ -				\$ 137,364,104	38,710	-	all children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,193,467		\$ -				\$ 88,494,743	30,881	-	children not in placement	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 911,973	\$ 1,040,343		\$ 1,705,523				\$ 152,287,633	92,251	-	abused and neglected children (reports)	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 594,481		\$ -				\$ 36,357,745	7,829	-	children in placement	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 882,715						\$ 43,675,413	1,322	-	children in placement with goal of adoption who are legally free and matched with a family	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 387,314						\$ 88,867,795	-	-	-	
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 41,341,379	\$ 118,985,808	8,447	-	children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 7,572,398	\$ 420,705,284	2,349	-	children in congregate care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 53,170,249	\$ 40,852,593	9,045	-	adoption subsidies	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 13,121,363	\$ 22,363,842	3,292	-	guardianship subsidies	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 2,876,386			\$ 21,348,422	1,000	-	adolescents	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 974,319		\$ -	400	-	adolescents	Statewide
12.) ADMINISTRATIVE COSTS	\$ 175,379	\$ 405,328	\$ -				\$ 31,658,946	\$ 31,658,947				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 1,075,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 100,000				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 4,088,617				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 284,680				\$ -	\$ 454,291				
18.) TOTAL	\$ 3,507,589	\$ 4,503,648	\$ 284,680	\$ 1,705,523	\$ 2,876,386	\$ 974,319	\$ 146,864,335	\$ 1,208,710,237				
19.) TOTALS FROM PART I	\$3,507,589	\$4,503,648	\$284,680	\$1,705,523	\$2,876,386	\$974,319		21.) Population data required in columns I - L can be found: (mark X below the option)				
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		On this form	In the APSR Narrative			
(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)								X				

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher**

**Reporting on Expenditure Period For Federal Fiscal Year 2021 Grants: October 1, 2020 through September 30, 2022**

No entry required in the black shaded cells

<b>1. Name of State or Indian Tribal Organization:</b>		<b>2. Address:</b>			<b>3. EIN: 1-046002284-K5</b>
Massachusetts - Department of Children and Families		600 Washington Street, 6th floor			<b>4. UEI: KQE3EAKMNQQ7</b>
<b>5. Submission Type:</b> (type New or Revision) New		Boston, MA 02111			
Description of Funds	(A) Actual Expenditures for FY 21 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (narrative)	(E) Geographic area served
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>	\$ 3,556,182	1,400	350	open cases	statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 130,277				
<b>7. Total title IV-B, subpart 2 (PSSF) funds:</b> Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 4,464,090	3,600	13,466	families with concrete needs	statewide
a) Family Preservation Services	\$ 935,396				
b) Family Support Services	\$ 1,701,940				
c) Family Reunification Services	\$ 373,502				
d) Adoption Promotion and Support Services	\$ 712,894				
e) Other Service Related Activities (e.g. planning)	\$ 370,179				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 370,179				
<b>g) Total title IV-B, subpart 2 funds:</b>	\$ 4,464,090				
NO ENTRY: This line displays the sum of lines a-f.					
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>	\$ 52,243				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>	\$ 2,919,110	-	-		
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 1,134,388				
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>	\$ 984,231	402	-	admission	Statewide
<b>11. Certification by State Agency or Indian Tribal Organization:</b> The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.					
<b>Signature of State/Tribal Agency Official</b>		<b>Signature of Federal Children's Bureau Official</b>			
					
<b>Title</b> Deputy Commissioner for Admin & Finance	<b>Date</b> 6/1/2023	<b>Title</b>	<b>Date</b>		
Chafee room and board higher than 30% due to pandemic relief funds totalling over \$7M.					



## **APPENDICES**

### **CITIZEN REVIEW PANELS ANNUAL REPORTS:**

**Family Advisory Committee  
Joint Youth Advisory Committee  
Massachusetts Child Fatality Review Team**

# **Commonwealth of Massachusetts**



## **Family Advisory Committee**

### **Citizen Review Panel**

#### *Annual Report*

July 1, 2022 – June 30, 2023



## **Family Advisory Committee**

### **2023 Annual Report (July 1, 2022 – June 30, 2023)**

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

This reporting period was very transformative for the FAC and the communities we represent. Coming out of Covid -19 pandemic, the FAC was able to continue its work and deepen its commitment to reorganizing as a group and increasing the group's visibility and contributed to policy and practice enhancement for the Department.

The family representatives of the FAC are a diverse group of formerly involved parents, youth, foster, kin, and adoptive parents who embrace family engagement. After a year of strategic planning, the FAC refined a set of standard operating procedures. This document provides some structure and refinement to the group, which is leading to a productive collaboration with the Department and community partners. Incorporated into the operational development, included clear guidelines to managing communication and improve access for parents and providers working with the FAC.

The FAC Leadership Team established a Strategic Planning Committee to process all work in the area of rebranding and restructuring the FAC, as a precursor to a leadership review. In an intentional action, this body serves as a second level of engagement to assure that there is ample transparency in all our work. This process has proven successful in assuring that all Leadership Team members have ample and multiple opportunities to reflect upon all discussions and decisions, and they can make the most informed choices when overseeing and approving work.

The Strategic Planning Committee also conducted an evaluation of the working committees. Looking at narrowing the work of the FAC and setting priorities on active participation and forward progress for the groups work. As a result, newly established subcommittees were formed to look at research of best practice and policy and reviving the legislative committee.

#### Other key work this past year included:

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

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

Community Listening Sessions: This project is centered upon learning more from the community about successes and challenges related to race and culture as families engage with DCF. After a year-long listening tour which covered four regions of the state, the FAC published the feedback and conversation with 20 panelists and community members who participated in the virtual and in person forums.

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

The FAC coordinated and facilitated a series of focus groups of dads to get input and guidance on the strategic planning of the MFC. As part of the strategic planning for the MFC, six groups were developed to look at issues, engaging fathers in the child, welfare system, incarcerated father returning to home, workforce and employment, enter agency communication, and Coordinated services for fathers. Several dads, father figures and male caregivers participated in these six work groups to launch a statewide work plan with providers and state employees from sister agencies. This two-year process has resulted in a new organization that will help reestablish a Commission on fatherhood.

*The Kinship & Foster Care Subcommittee:* With so many families isolated due to the numerous COVID-19 restrictions, the FAC focused its attention on the primary caregivers of children in state custody. The Kinship and Foster Care Subcommittee listened to foster parents' struggles and walked them through resolution with the Department through a virtual team meeting, family conferences, and virtual support groups. With the support of the DCF Kinship Navigator program, the group learned about the additional supports and services for kin and grandparents raising children statewide. The group has committed the FAC to assist in outreach, marketing, and advertising this program throughout the Commonwealth.

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

*Mental Health & Trauma Subcommittee:* This working group initiated a project to help DCF acknowledge the commitment of all the foster parents and kinship caregivers in the unanticipated position of fostering during the pandemic. Based on DCF feedback on increasing rates of suicide attempts and deaths by suicide, we were able to continue our work with QPR. Five FAC



members, educated and certified as Question Persuade and Response (QPR) trainers, actively facilitated a series of 10 groups with the five DCF Regional Offices. The committee sponsored virtual support groups facilitated by professionals and parents on various topics including school engagement and managing depression.

Although the group has leveraged support from the department of public health it was unable to continue to QPR under the original proposal. The group will revisit this initiative in the fall of 2023.

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

## **RECOMMENDATIONS FROM THE COMMITTEE:**

**Recommendation #1:** The Department should identify the needs of families and provide programs and projects that best incorporates youth and family voices.

*DCF's Response:* The Department will continue to invite family members and youth to participate in policy and practice review committees.

**Recommendation #2:** The Department should better collaborate with the FAC to increase feedback from families on legislation that impacts families.

*DCF's Response:* Families will have an opportunity to comment on pending legislation and provide feedback to DCF's Legislator Director.

**Recommendation #3:** The Department should determine how to increase the participation of families in policy and practice review committees.

*DCF's Response:* The Department will invite diverse members of the Family Advisory Committee to weigh in on policy and practice changes.

# Commonwealth of Massachusetts



## Joint Youth Advisory Committee

### Citizen Review Panel

#### Annual Report

July 1, 2022 – June 30, 2023



# **DCF Joint Youth Advisory Committee**

## **FFY 2023 Annual Report (July 1, 2022 – June 30, 2023)**

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### **I. Committee Board Members**

The DCF Joint Youth Advisory Committee consists of statewide representation of former and current youth and young adults served by DCF with support and guidance from the Board of the Massachusetts Network of Foster Care Alumni. The Committee is comprised of 56 youth from the five regions of the state: Boston, Central, South, North, and West. The racial and ethnic makeup of the committee is as follows: White (22), Hispanic/Latinx (4), Black (19), Native American (1), multi-Race/two or more races (8), Unable to Determine/Declined (2).

### **II. Committee Mission**

The mission of the Joint Youth Advisory Committee is to support DCF's work to create and implement effective policy and practice that provides for the safety, permanency and well-being of children, youth, and young adults.

### **III. Structure**

The DCF Joint Youth Advisory Committee is comprised of representatives of the regional DCF Youth Advisory Board and the Massachusetts Network of Foster Care Alumni Board of Directors. The Joint Committee is led by youth and young adults. The Alumni Network Board provides direction from adult alumni and other professionals for the initiatives defined and driven by the Youth Advisory Board. The Committee provides recommendations to DCF regarding programs and/or policy needs, development, and implementation, as well as practice-related issues.

### **IV. Meetings and Activities**

During FFY 2023, the Joint Committee focused on resuming their in-person connection. They participated in gatherings that provided social connections and opportunities to focus on wellness, social connectedness, and life skills development.

Activities of the Joint Committee in FFY 2023 included:

- Reviewed the National Youth in Transition Database outcomes for Massachusetts and provided feedback to DCF on relevant issues such as practice related to young adult care.
- Refocused on planning in person activities that would serve the needs of the young adults and enhance life skills development.
- Held a focus group to inform the agency of ways to ensure youth and young adults had a voice in their foster care reviews and permanency planning hearings.

- Served on a stakeholder engagement committee and focus groups for the Child and Family Services Review (CFSR) Round 4 to provide feedback and recommendations for youth and young adult services provided by the Department.
- Provided feedback to the Massachusetts Department of Higher Education, Office of Student Financial Assistance on the experience of utilizing financial aid as a student from foster care.
- Provided feedback at the agency-level for planning and practice related to supporting youth and young adults.
- Partnered with a community agency to provide a four-month cooking series where foster youth and young adults learned the importance of meal planning, organizing, safety, and hygiene. This was in addition to hands on cooking skills. They also learned about healthy eating habits, creativity with food and working with others. Youth mastered how to store food safely, operate kitchen equipment and most importantly how to budget and prepare healthy meals.
- Provided representation and feedback on housing initiative work as part of the HUD sponsored Youth Homelessness Demonstration Projects and the Foster Youth to Independence Program.
- Participated in a focus group related to homelessness and foster care for the State Index on Youth Homelessness.
- Participated in a focus group for the Department's AILT work group focused on improving graduation rates for foster youth. They also provided feedback to CPCS attorneys who are representing youth in care regarding homelessness.
- Partnered with Mass NFCA for four events and provided feedback about future events such as a beach gathering this summer for current foster youth/alumni and the 2024 Annual Alumni Thanksgiving event.
- Participated in the Mass NFCA workshop on "Intro to Financial Coaching and Credit Building," and "Festive Finance".
- Attended the Annual Alumni Thanksgiving event and a paint night hosted by Mass NFCA.

## **V. Plans for 2023/2024**

In an effort to strengthen the Committee's work, the following activities will take place in FFY 2023:

- Continue to plan for youth and young adult wellness conference that can take place in person in FFY 2024.
- Participate in the development and delivery of new training for DCF Social Workers focused on successful transitions from care.
- Review of NYTD data to determine areas of focus and advocacy opportunity.
- Regional Youth Advisory Boards ensure that all foster youth have the opportunity to connect with others that have lived experience to receive the benefit of mentorship and social connection. Events such as paint nights, art shows, sporting events, and focus groups will continue to be available through the Regional Boards.
- Review and provide feedback on the updated PAYA modules that will reflect advancement and use of technology to develop life skills.

## **VI. Recommendations from the Joint Committee**

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

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

**Recommendation #2:** The Committee feels that transition work and life skills training could be more effective by utilizing current technology methods such as videos and virtual meetings and trainings to reach and engage foster care youth. The Committee would like for content to include input from youth and young adults with lived experience.

*Department's Response:* The Department has organized a work group to review and revamp the PAYA modules to reflect the use of technology by youth to develop life skills. DCF is committed to exploring and developing ways to reach young people with the technology they are choosing to use in their daily lives.

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

*Department's Response:* The Department has developed a Transition Age Youth Training and will work with the Child Welfare Institute to offer this on a reoccurring basis to DCF staff for the purpose of strengthening and improving transition outcomes. DCF remains committed to involving the Committee and its specific members in the development and delivery of the training.

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

*Department's Response:* The agency will be attentive to how DCF policy and agency improvement efforts have improved communication among the supporting adults in the life of a youth or young adult. The Department has provided CPCS attorneys with training on DCF's Permanency Planning Policy for transition age youth and Chaffee services and benefits.

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

Department's Response: Last year, the Department launched an Incidental Response pilot program to meet this request that ran through September 2022. The Department continues to explore different mechanisms for more efficient payments.

**Recommendation #6:** The Committee again requests a Wellness Conference geared toward well-being and health of young people. The Committee requests an in-person youth conference as soon as is feasible.

Department's Response: DCF is currently planning a Youth Summit focused on wellness for August 2023.

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MASSACHUSETTS

# Child Fatality Review

Annual Report

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# Preface

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

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

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

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

## About the Child Fatality Review Program

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

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

For more information, see DPH's reports on [Social Determinants of Health Data](#).

## Executive Summary

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

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

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

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

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<sup>a</sup>Unless otherwise noted, rate refers to rate per 100,000 population

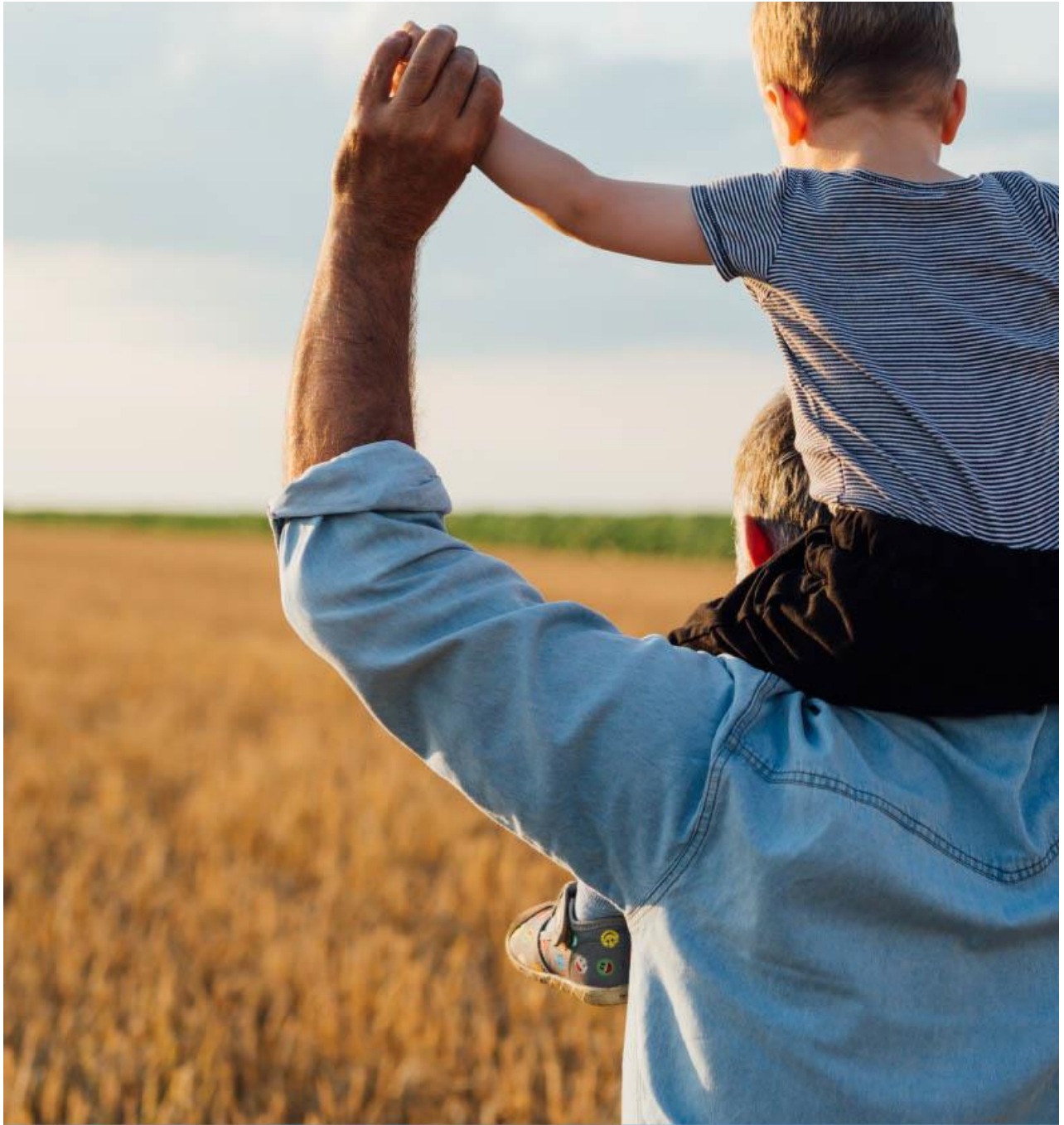
in their products, and for retailers to stock products that contain fortified corn masa.

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

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









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## THE STATE OF CHILD FATALITIES IN MASSACHUSETTS

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

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

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

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

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

<sup>c</sup> Unless otherwise noted, rate refers to rate per 100,000 population

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



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

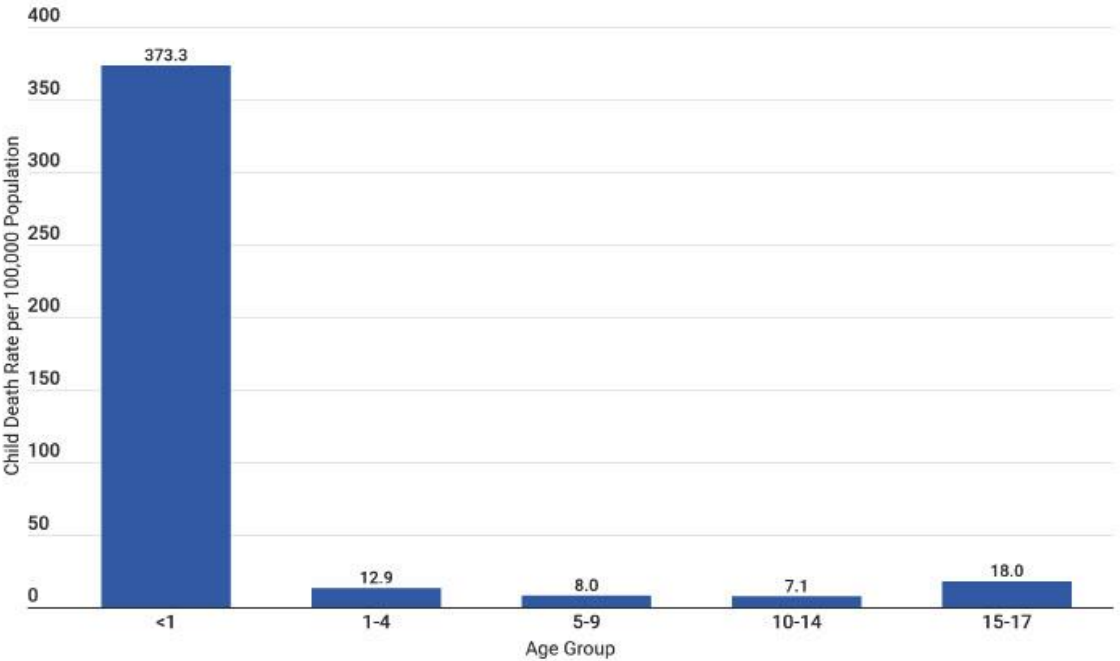


Figure 1 Data Sources: Death data- Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events. Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.



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

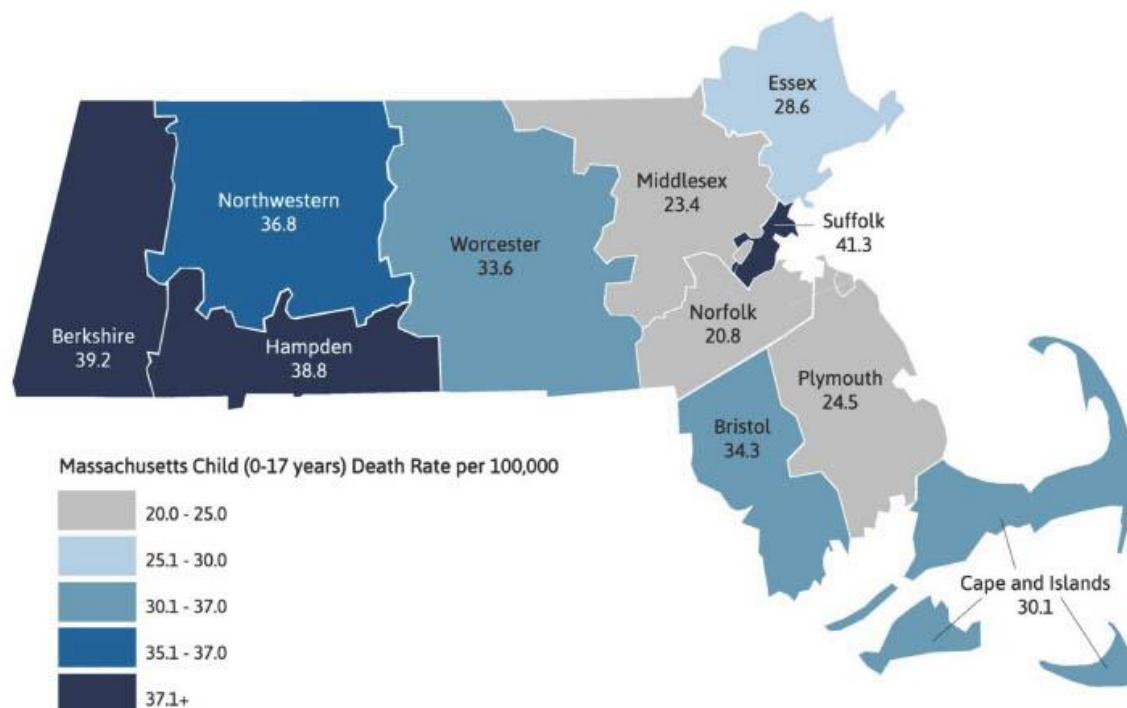


Figure 2 Data Sources: Death data - Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events. Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

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

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

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



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

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

District	Black, non-Hispanic	Hispanic	White, non-Hispanic	Asian/Pacific Islander, non-Hispanic <sup>1</sup>
Worcester	100.7	44.6	35.3	--
Essex	--	45.5	20.7	--
Suffolk	66.9	53.3	34.5	--
Middlesex	61.0	32.9	24.3	25.9
Northwestern	--	--	37.4	--
Berkshire	--	--	37.9	--
Bristol	--	--	22.8	--
Hampden	81.5	43.4	31.7	--
Norfolk	67.5	--	21.7	--
Plymouth	--	--	16.2	--

Table 1 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2015-2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

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

<sup>1</sup>Only the Middlesex District had stable rates for Asian / Pacific Islander children ages 0-17. All other districts lacked sufficient data for calculating stable rates.

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

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

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

<sup>a</sup> Sudden Unexpected Infant Death (SUID) includes SIDS (leading cause for SUID), accidental suffocation and ill-defined conditions.

<sup>b</sup> Ill-defined conditions-signs and symptoms includes ICD -10 codes R00-R99.





## Infant Deaths in Massachusetts, 2018-2020

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

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

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

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

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

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

<sup>j</sup> Sudden Unexpected Infant Death (SUID) includes SIDS (leading cause for SUID), accidental suffocation and ill-defined conditions.

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

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

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

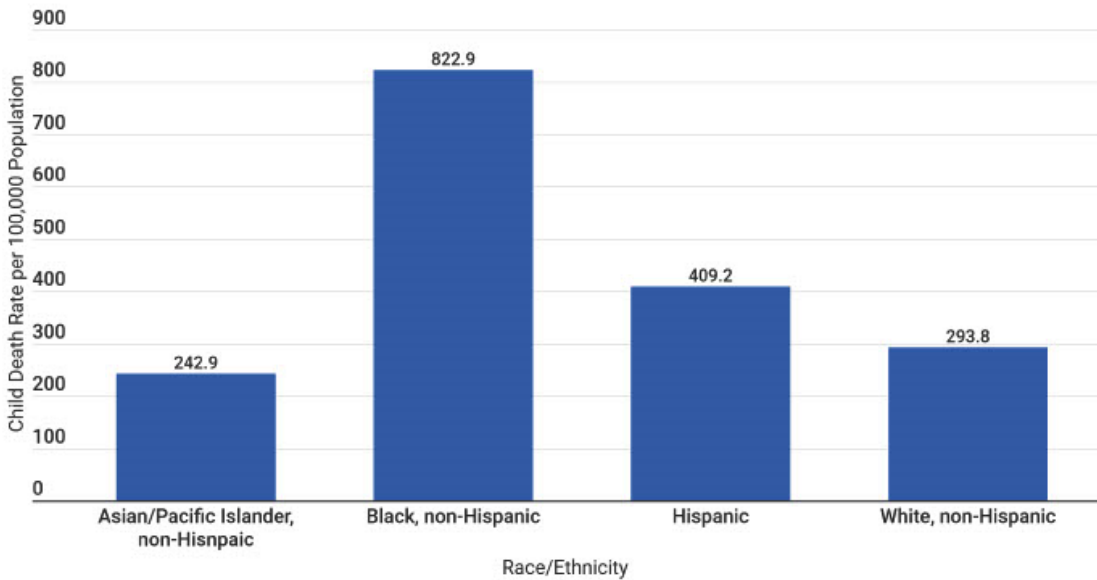


Figure 3 Data Sources: Death data- Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events. Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

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

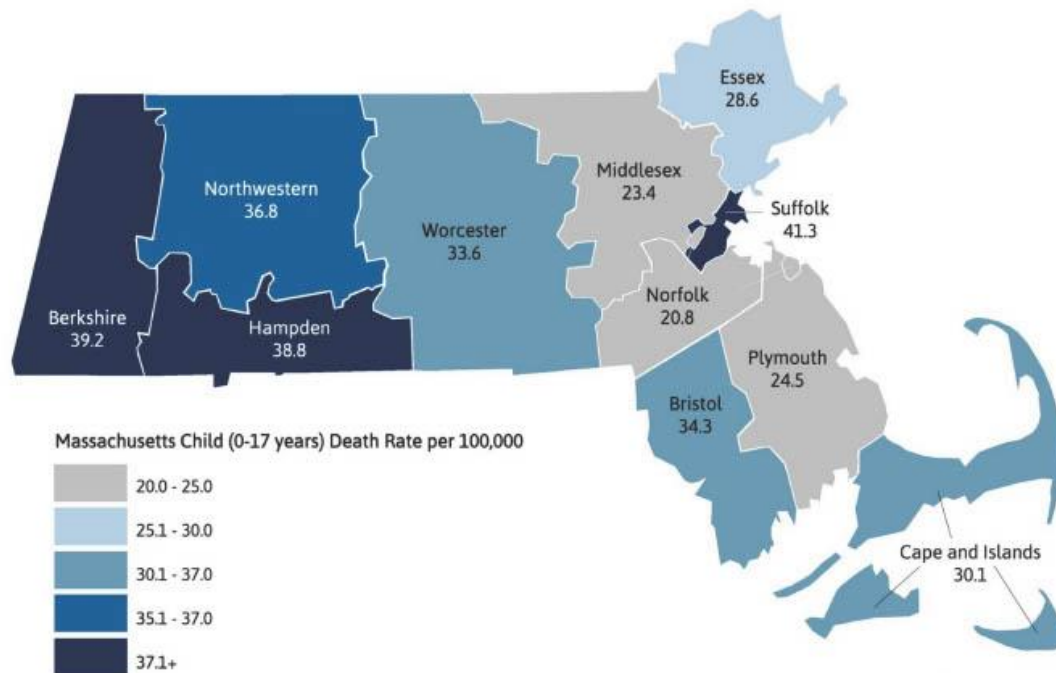


Figure 4 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

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

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

<sup>k</sup> Cape and Islands includes Barnstable, Dukes, and Nantucket counties; Northwestern includes Franklin and Hampshire counties.

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

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

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

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

Table 4 Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2015-2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

<sup>1</sup> All districts lacked sufficient data for calculating stable rates for Asian/Pacific Islander infants.



## Child Deaths in Massachusetts, 2018-2020

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

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

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

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

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

<sup>m</sup>Ill-defined conditions-signs and symptoms includes ICD-10 codes R00-R99.



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

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

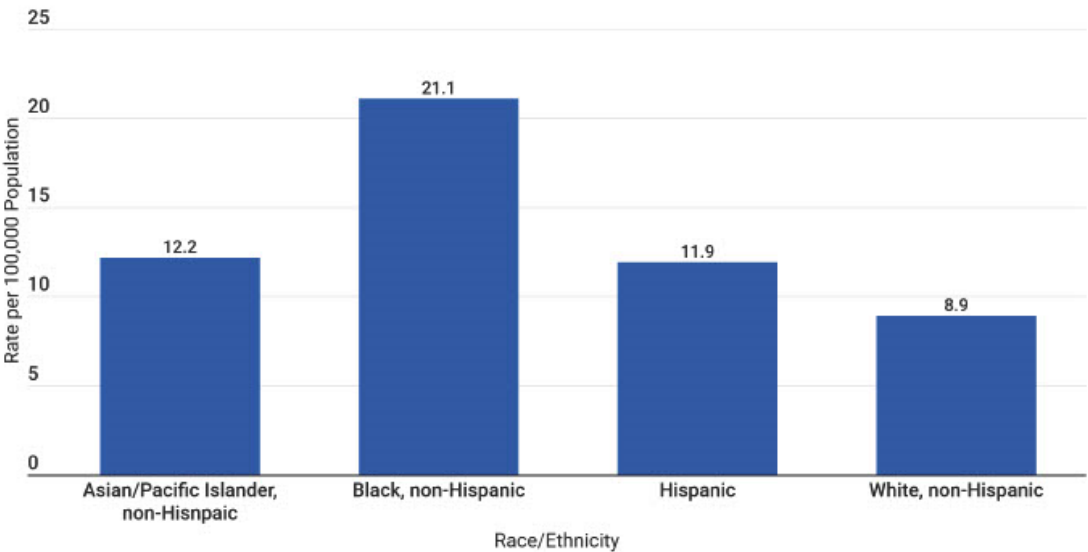


Figure 5 Data Sources: Death data- Massachusetts (MA) Department of Public Health, Registry of Vital Records and Statistics, 2018-2020, preliminary data files. Please be advised that these data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Department strongly cautions you regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events.; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates.

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

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

**Figure 6: Death Rate Among Massachusetts Children Ages 1-17 by District<sup>a</sup>, Combined Years 2018-2020**

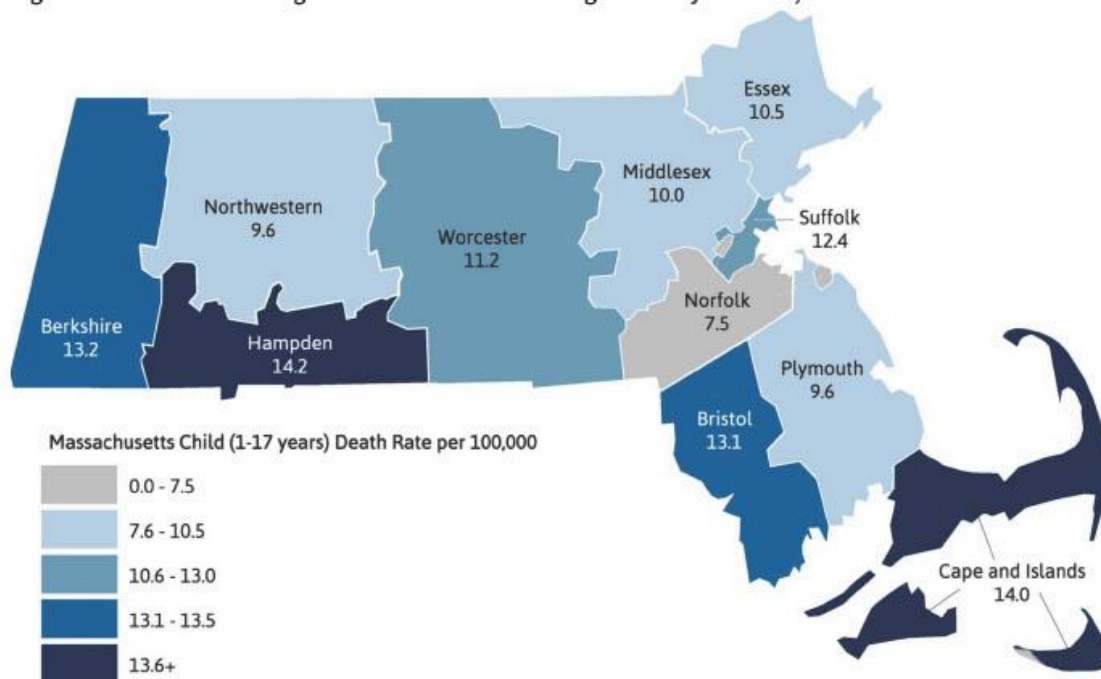


Figure 6: Data Sources: Death data-Massachusetts (MA) Registry of Vital Records and Statistics, MA Department of Public Health, 2017; Population estimates developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health. Detailed population estimates at fine levels of geography are prone to estimation error. Estimated error was best described by age and population size and was used to adjust final population numbers, however a margin of error exists for all estimates; Geographic data- MassGIS (Bureau of Geographic Information), Commonwealth of Massachusetts EOTSS.

<sup>a</sup> Cape and Islands includes Barnstable, Dukes, and Nantucket counties; Northwestern includes Franklin and Hampshire counties





## BIRTH DEFECTS RESULTING IN FETAL & INFANT MORTALITY

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

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

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



## MOTOR VEHICLE CRASHES & CHILD FATALITIES

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

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

The same national traffic fatality systems also captured information regarding pedestrian injury deaths. There were six pedestrian injury deaths among children in 2017 in MA, with ages ranging from 4 to 12 years. Four of these children were of Hispanic ethnicity and the remaining two were White, non-Hispanic children. Most of the children (n=4) were not in a crosswalk at the time of the injury. As with children of color broadly, the burden of pedestrian MV injuries is greater on the Hispanic population, who constitute 18.1% of the under-18-year-old population but 66.7% of the pedestrian injuries.

Data from the Youth Health Survey (YHS) and the Youth Risk Behavior Survey (YRBS) for the years 2013, 2015, and 2017 reveal racial inequities in risk and protective behaviors and practices around MV occupant injuries. In particular, the YHS data highlighted a pressing issue that compelled a response from the State Team: seat belt use. Students of color in Massachusetts middle schools reported not wearing seat belts more frequently (Hispanic: 14.3%, Black, Non-Hispanic: 11.0%, Asian, Non-Hispanic: 7.2%) than their White, non-Hispanic counterparts (3.2%).



**Figure 7: Massachusetts (MA) Middle School Students who Reported Never or Rarely Using a Seat Belt as a Passenger by Race/Ethnicity, 2013-2017**

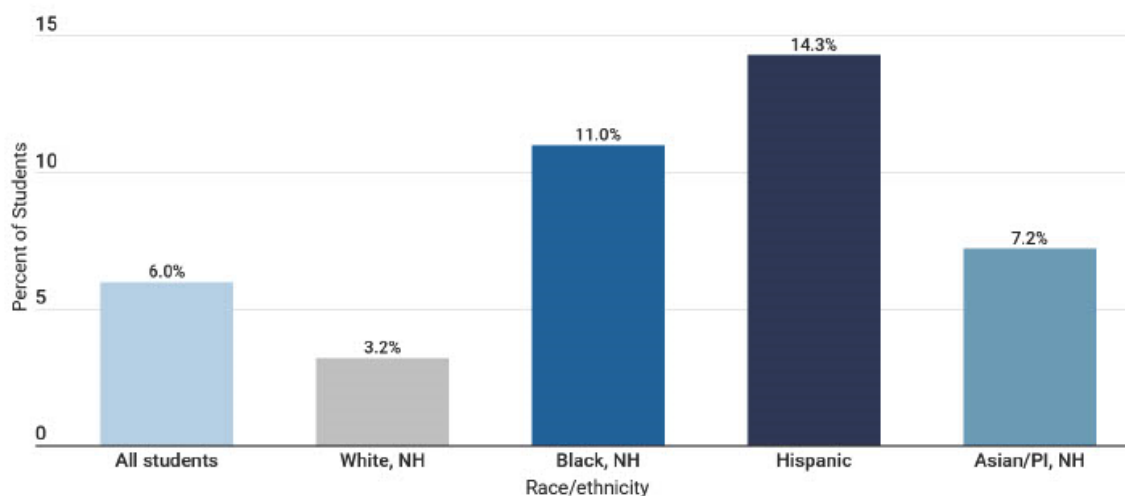


Figure 7 Data Source: MA Youth Health Survey-Middle School data, 2013, 2015 and 2017

This inequity exists on top of a remarkably low seat belt use rate in the overall population compared to the national rate. In 2019, the Massachusetts seat belt use rate was 81.6%, which was unchanged from the 2018 seat belt use rate.<sup>18</sup> During the same time period, the national seat belt use rate increased slightly to 90.7% from 89.6%.<sup>19</sup>

Among drivers and front-seat passengers, seat belts reduce the risk of death by 45%, and cut the risk of serious injury by 50%.<sup>20</sup> For rear seat occupants, seat belts are estimated to reduce the risk of fatal injury by 54% in passenger vehicles and by 75% in light trucks, SUVs, and vans.<sup>21</sup> Data from the Massachusetts Department of Transportation conveys the injury burden on those who travel unbelted: between 2014 and 2018, there were 14 fatalities among children involved in a motor vehicle crash who were not wearing a seat belt; 86 suffered incapacitating injuries. Fifty-nine of the injured children were age 16 or 17.<sup>22</sup>

Cultural factors may influence seat belt use. Hispanic individuals who have spent significant time in Central and South America tend to have less careful attitudes as pedestrians, as traffic laws are more strictly enforced in the United States.<sup>23</sup> Similarly, non-Hispanic immigrants also have documented differences in understandings of “safety culture” in the United States.<sup>24</sup> Hispanic parents were more likely to indicate that it was appropriate to keep children unrestrained than other populations.<sup>25</sup> Other inequities in seat belt use can be found in rural teens and LGBTQ youth, and may also be affected by both cultural factors and specific structural factors.<sup>26,27</sup>

One of the most effective tools in reducing part of the burden of motor vehicle crashes is the enforcement of a primary seat belt law.<sup>28-30</sup> An important element of a safe systems approach to road safety, primary seat belt laws allow for drivers to be cited for their or their passengers’ not wearing a seat belt without any



other initial separate violation.<sup>31</sup> Currently, Massachusetts has a secondary seat belt law; drivers can only be cited for not wearing a seat belt if they are stopped for a separate violation of the motor vehicle laws or some other offense.<sup>32</sup> The State Team recommends that the Commonwealth enact an ethical and equitable primary seat belt law. Traffic safety research has long demonstrated the effectiveness of primary seat belt laws in increasing seat belt use rates and lowering rates of injury. In 2019, the seat belt use rate across all states with primary enforcement laws was 92%; the use rate in secondary enforcement states was 86.2%.<sup>33</sup> Within individual states, primary seat belt laws have been associated with marked increases in seat belt use—between 9% and 14%—and decreases in driver and passenger fatalities.<sup>29</sup> Furthermore, by modeling and encouraging seat belt use, adults can increase seat belt use among children.<sup>34</sup> Observation of high school student behavior found that 64%-74% of teenagers were belted when adult drivers were as well; in cars where adult drivers were unbelted, teenage passenger use was 22%-34%.<sup>35</sup> Primary seat belt laws are also associated with lessening or elimination of disparities in seat belt use rates between racial groups.<sup>36-38</sup>

Although a primary seat belt law has the potential to improve driver and passenger safety in Massachusetts, there is some risk of bias in the enforcement of such a policy.<sup>39</sup> Preliminary analysis of the enforcement of Massachusetts' hands-free driving law found evidence of disparate enforcement, with 70% of stopped White drivers receiving warnings instead of civil or criminal penalties, while only around 60% of stopped drivers of color received warnings.<sup>40</sup> Furthermore, although the vast majority of traffic stops are uneventful, drivers of color face a higher risk of searches and arrest incidences to a stop than their White counterparts.<sup>41,42</sup> Nonetheless, the State CFR Team believes that a primary seat belt law is necessary because of the limited success of other programs in increasing seat belt use and the persistent racial disparities in seat belt use and related injuries.

Implementation of this evidence-based approach should integrate considerations around equitable enforcement of such a law. Policymakers should engage communities of color throughout the process of developing, piloting, and evaluating primary seat belt legislation.<sup>43</sup> In the implementation phase, enforcement should be phased in gradually and policymakers should provide sufficient resources to support culturally responsive outreach to populations with lower seat belt use rates. Furthermore, primary seat belt legislation should provide for the collection of race and ethnicity data for cited drivers to facilitate evaluation of the policy.

The legislature should also study the feasibility and potential impact of passive citation interventions, such as automated or camera enforcement, that do not result in roadway stops for drivers who do not present a danger to other roadway users. As primary seat belt laws also include the proper restraint of young children, any legislation should include provisions for improved access to low or no cost car seats for all families, and car seat installation services. Any legislation should also include and center funding for upstream approaches to increasing seat belt use. As an example, a teen service-learning program was instituted in high schools across multiple states with primary seat belt laws. While racial disparities persisted, these programs did increase overall seat belt use and disparities in seat belt use were less pronounced.





## CONCLUSIONS & RECOMMENDATIONS

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Overall, child mortality rates and infant mortality rates are declining in Massachusetts. While Massachusetts had one of the lowest infant mortality rates in the United States, infant mortality constitutes 65% of child fatalities, resulting from gestational malformations and short gestation/low birth weight. Top causes of death for children ages 1-17 included unintentional injuries, cancer, and suicide, with many of these driven by the 15-17 year age bracket. Populations that were at the highest risk of fatalities were boys, children of color, and children and infants in urban areas. Given the magnitude and impact of infant mortality in the state and its outsized contribution to child fatality overall, public health problems associated with those deaths merit further, future study by the State Team, with a focus on the inequities highlighted in this report.

Geographic variations in child fatality rates across Massachusetts are a product of the socioeconomic setting, as well as the imprint of historic and present systemic oppression. Poverty itself disproportionately affects young children, with its impact inequitably burdening certain racial and ethnic groups.<sup>44</sup> Across the state, about 7% of Asian children, 27% of Black children, and 24% of Hispanic children experienced poverty as compared to 6% of White, non-Hispanic children in 2019.<sup>45-48</sup> County-level poverty is associated with higher rates of child mortality, specifically unintentional injury mortality and emergency department-documented deaths.<sup>49,50</sup>

Inequities also exist based on a given district's urbanization and rurality. In rural areas from 2015 to 2017, the infant death rate was 313.2, while urban areas had a higher rate of 367.7. The disparity seen in infant death rates drove a disparity in all-age child death rates between rural (25.0) and urban (33.8) areas. In FY22, the State CFR team will explore these inequities more deeply using a social determinants of health framework.

Based on the explorations of deaths resulting from birth defects and motor vehicle crashes, the state CFR Team recommends that:

**Massachusetts policymakers petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa in their products, and for retailers to stock products that contain fortified corn masa.**

**Massachusetts policymakers implement an ethical and equitable primary seat belt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seat belt use geared towards audiences with the lowest seat belt use rates and highest unbelted crash rates, and improved access to car seats and installation services.**

Although population-level data on the burden of the problems addressed by the recommendations are not always available, all recommendations are based in part on confidential reviews of individual child fatalities. To preserve the confidentiality of that information, case details are not discussed in this report.

# Summary of Program Activities

## State Team Activities

In FY21, the State Team held five meetings—starting in July 2020 and meeting every two months thereafter, except for November 2020. The COVID-19 pandemic resulted in restrictions on public gatherings in Massachusetts, requiring the State Team to hold its meetings virtually.

The State Team focuses most of its meetings on specific issues related to child fatalities, typically using one or two meetings to examine a particular cause or manner of death by exploring public health data and related local team recommendations. In FY21, the State Team devoted two meetings to motor vehicle crashes, one meeting to birth defects, and one meeting to geographic disparities in child fatality rates and causes.

## Local Team Activities

The 11 local teams collectively held 20 meetings, reviewed 99 fatalities and issued 25 recommendations. Local teams issued 8 to the State Team, 8 to DPH, 5 to the Massachusetts Health and Hospital Association, 4 to the Massachusetts Center for Unexpected Infant and Child Death, 4 to the Massachusetts Chiefs of Police Association, 3 recommendations to the Massachusetts chapter of the American Academy of Pediatrics, 1 to the Department of Children and Families, 1 to the Department of Mental Health, 1 to the Office of the Child Advocate, and 1 to the Office of the Chief Medical Examiner.

Local teams found innovative approaches to holding case reviews online that convened stakeholders while safeguarding case data. Many teams held modified virtual meetings where cases were discussed through a secure video conference. In all, eight local teams held at least one virtual meeting during the reporting period; most resumed their regular quarterly meeting schedules using teleconferencing platforms.

For more information on the operational activities of the CFR program, see Appendix B: Activities of the Child Fatality Review Program, page 30.

## APPENDIX A: PREVIOUSLY ISSUED RECOMMENDATIONS

**The State Team continues its support for legislation moving the responsibility for administering the CFR program from OCME to OCA, with OCA and DPH representatives becoming designated co-chairs of the State Team.**

Issued FY2020

Having OCA assume responsibility from OCME for the CFR program would allow for closer coordination between CFR activities and the OCA's work to ensure the well-being of vulnerable and at-risk children in the Commonwealth. State Team members and stakeholders from OCME, OCA, and DPH supported the change as proposed in the FY21 Governor's budget and in separate legislation during the 2019-2020 legislative session. The State Team maintains its support for this change.

**The Commonwealth should study the feasibility of requiring that public and semi-public swimming pools have emergency service activation systems or call boxes within the pool's fence perimeter and in a form that complies with ADA accessibility guidelines.**

Issued FY2020

Public pools are pools accessible "by the general public with or without the payment of a fee." Semi-public pools are pools "on the premises of, or used in connection with a hotel..., apartment house, condominium, country club, youth club, school, camp, or similar establishment." Although the Massachusetts sanitation code currently requires such pools to have "convenient, immediate and toll-free communication with emergency medical services," such communication options are often too difficult to use in an emergency situation. The State Team recommends that the General Court explore a requirement for such pools to have emergency callboxes—like "Blue Light" boxes frequently seen on university and hospital campuses—that are immediately adjacent to the pool and directly connect callers to emergency services.

This recommendation is particularly important because of the burden of unintentional drownings. Of unintentional injuries in Massachusetts, drowning was the second most frequent cause of death for children (n=19) aged 1-17 between 2018-2020. 10% of all drowning deaths between 2016-2017 took place in pools. Between 2016 and 2019, the average annual rate of unintentional drowning deaths for children under the age of 14 was 0.48; for children between 15 to 19 years, the rate was 1.08.<sup>51,52</sup>

Unintentional drownings resulted in significant nonfatal injuries among children between 2016-2019. There was an average rate of 5.59 emergency departments visits per year; children ages 15-19 had a rate of 1.72 visits per year. Children under 14 years old also had an average rate of 0.84 hospitalizations per year resulting from unintentional drownings.<sup>52-55</sup>



**The Commonwealth should work with providers to increase cell phone coverage in underserved areas, particularly along roadways.**

Issued FY2020

Immediate access to emergency medical services is critical to preventing deaths from medical emergencies: the sooner first responders can reach a person in crisis, the sooner they can provide needed care and transportation, and the better the outcome for the patient.<sup>56,57</sup> In particular, using a cell phone to call for emergency services during a medical crisis can facilitate this process, leading to shorter response times and improved outcomes.<sup>58,59</sup> This is particularly relevant to motor vehicle crashes involving older children: from 2018-2020, occupant injury deaths occurred at a rate of 2.29 deaths per 100,000 population for 15-17 year olds, while all children had a rate of 0.72 deaths per 100,000 population. Unreliable cell phone coverage can hinder emergency calls when such incidents occur; Massachusetts has multiple “dead zones” that prevent communication during an emergent situation and have resulted in delayed emergency medical care. A 2010 analysis of Massachusetts cell phone service found that “zero coverage areas are prevalent across the Berkshire and Pioneer Valley regions.”<sup>60</sup> In subsequent years, coverage has improved, but remains unreliable in many places.<sup>61-65</sup> The State Team recommends remedying this issue by improving cell coverage in underserved areas, with a focus on the Commonwealth’s roads due to challenges faced by those involved in car crashes in rural areas.

**In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.**

Issued FY2019

Social work and mental health professionals—including psychologists, psychiatrists, and licensed mental health counselors—are not required to have training and education specifically related to suicide. (For a overview of relevant professions, see the Division of Professional Licensure’s “[Licensed Mental Health Professionals Consumer Fact Sheet](#).”) Although these professionals are tasked with addressing an array of mental health issues that individuals face, both the finality and preventability of suicide commands special attention. The number of suicides among youth (10-17 years) went up from 2006 (n=7) to 2015 (n=15). In 2015, suicide was the leading cause of death among the 15-17 years old age group.<sup>66</sup>

**Commonwealth executive branch agencies should collect gender identity in their data sets.**

Issued FY2020

Gender identity is an important characteristic for public health agencies to track. Such data can help agencies better serve transgender individuals with culturally responsive, and patient- and family-centered care; that data can also help agencies identify and ameliorate health disparities across the transgender population.<sup>67,68</sup> Nationally, compared with their cisgender peers, transgender youth

report generally poorer health and lower rates of preventive health care utilization, and are at higher risk for depressive disorders, and violence victimization.<sup>69-72</sup> Data from 2015-2017 Massachusetts Youth Risk Behavior Survey found that transgender students reported rates of in-person and electronic bullying, and participation in fights at rates over double their cisgender peers.<sup>73</sup> Transgender students also reported rates of self-harm, suicidality, and suicide attempts at rates that were respectively 3.5, 3.6, and 5.8 times as high when compared to their cisgender peers.<sup>73</sup>

Currently, EOHHS agencies lack complete data on the gender identity of children served. Accordingly, the State Team recommends EOHHS collect this data consistently across the Secretariat. The data should be collected in a manner that would not put children served by EOHHS agencies at risk and that would protect against disclosure of that data to a child's parents, guardians, or caregivers. Some EOHHS agencies have data standards around sexual orientation and gender identity that may be of use in implementing this recommendation.

**In order to better coordinate care for children across state providers, all EOHHS agencies should use a standard confidential information sharing mechanism for client case records.**

Issued FY2020

Some Massachusetts children receive services from a number of agencies within the Executive Office of Health and Human Services. Recordkeeping systems vary greatly across individual programs and agencies, and there is no standardized mechanism for tracking children's interactions across the secretariat. Such systems have shown great promise in improving outcomes in healthcare settings, reducing documentation time, medication errors, and adverse drug effects and improving adherence to clinical guidelines.<sup>74</sup> Furthermore, other states have successfully implemented systems that integrate data on an individual child from across agency silos.<sup>75</sup> EOHHS should explore the possibility of sharing data and tracking interactions across the secretariat whenever applicable laws governing privacy allow for the sharing of information.

**Adults operating a motorboat or other motorized personal watercraft in Massachusetts should be required to take a boating safety course.**

Issued FY2020

Between 2016 and 2020, there were 48 boating-related deaths in Massachusetts.<sup>76</sup> However, Massachusetts is one of the few states that does not require adults to take a boating safety course as a requirement for operating a motorboat, jet ski, or other motorized personal watercraft.<sup>77</sup> Although such legislation has been pending in Massachusetts for over ten years, it has never been enacted. The State Team notes that it would be most practical to have incremental implementation of such a law that offers boaters a grace period during which they can complete the education requirement. Similar strategies have been successful in New Hampshire, Connecticut, and New York.



## APPENDIX B: ACTIVITIES OF THE CHILD FATALITY REVIEW PROGRAM

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The operation and activities of the State Team and local teams are supported by the work of staff at OCME and DPH. Agency staff who are assigned to the program provide administrative support, conduct research, and gather data to assist teams in their deliberations, evaluate program performance, and streamline program operations.

### Review of Local Team Recommendations

Individual State Team members worked with local teams, the Office of the Chief Medical Examiner (OCME), and the Department of Public Health (DPH) to implement agency-specific recommendations and action items submitted by the local teams. Highlights include:

- In October 2020 and March 2021, program staff engaged with the Massachusetts Off-Highway Vehicle Advisory Committee to get insight on local team recommendations related to the use of all-terrain vehicles. Based on findings from those discussion it was determined that due to the complicated nature of safety on OHVs related to restraints and roll over cages, no recommendation is merited at this time.
- In February 2021, at the request of the State Team, the Massachusetts Chiefs of Police Association reached out to the Cannabis Control Commission to convey a recommendation from a local team to increase awareness about the importance of having a designated caregiver who can always provide uninhibited supervision of children.
- In March 2021, DPH and OCME sent a letter on behalf of the State Team to three municipalities offering recommendations on how local governments can reduce the risk of drowning within their communities.

In addition to individual State Team members reviewing local team recommendations submitted to the State Team for consideration and action, the State Team reviewed eight recommendations assigned to it by local teams; the State Team and its members have worked over the course of the year to address each recommendation.

**Table 6: Local Team Recommendations and Associated State Team Actions**

Local Team Recommendation	State Team Approval
C1881R1: The State Team should advocate for the passage of “Sean’s Law,” which would require all motorized water vehicle operators on MA waters to pass a safety course and obtain a license to operate such a vehicle.	This recommendation was marked as pending as the State Team issued a similar recommendation in the FY20 Annual Report. (See Appendix A: Previously Issued Recommendations, page 27)
C960R1: As a result of the many cultures in Massachusetts, all state-licensed services should have a policy in place to acknowledge and be functional with cultural practices.  C960R2: As a result of the many languages found within Massachusetts, all state-licensed services should have a policy in place to be able to access certified translators when working with the public.	The State Team referred the recommendations to DPH and the Massachusetts Health and Hospital Association (MHA). DPH worked with the Office of Preparedness and Emergency Management to learn more about the Massachusetts File of Life program and the site profile functionality in the state 911 system. MHA investigated how hospitals make use of translation services and how home healthcare workers might access similar services.  While the State Team agrees with the intent of these recommendations, a pathway for implementation is not clear.
C1020R2: Due to different levels of competency, all state-provided goods and services should be distributed with a socially, racially, and culturally-appropriate ‘teach back’ similar to the medical community to verify that the goods and services will be safely used or carried out.	The local team had clarified that this should apply to home goods that require assembly by recipients, such as cribs or Pack ‘n Plays. DPH raised the issue with the state Interagency Safe Sleep Taskforce. Affiliate of the Taskforce work to assure Consumer Product Safety Commission standards and installation guidance is shared during relevant trainings.
C959R4: The State Team should work with the Cannabis Commission to increase awareness of having a “designated parent” providing uninhibited supervision at all times. Also, there should be increased awareness of keeping edibles out of reach of children (i.e., a gummy bear is a gummy bear to a child).	The Massachusetts Chiefs of Police Association (MCO-PA) forwarded the recommendation to a member of the Cannabis Advisory Board, which provides guidance to the Cannabis Control Commission.
C1134R2: As a result of American Indians often receive their healthcare and associated coaching through the Indian Health Service, the EHS Interagency Safe Sleep Task Force should confirm that IHS is sending the same safe sleep messaging.	DPH and MHA have identified contacts with the local tribes and at IHS. DPH is moving forward with outreach to both parties.
C1161R1: As the purpose of the state sanitation code is to, “... protect the health, safety, and well-being of the occupants of housing and of the general public...” landlords should be required to provide tenants with teach-back style life safety instructions (for example, window safety, fires, egress) to ensure comprehension.	The State Team and DPH plan to discuss potential collaboration with landlord associations regarding safety.
C1106R1: Consideration of a registration system for private pool owners and utilization of building permit records to communicate with and engage private pool owners in safety training.	DPH attempted to develop a strategy for identifying pool owners through tax assessment records. DPH also investigated possible funding sources to support DCR’s provision of water safety training and swim lessons.

## Local Team Activities

The 11 local teams collectively held 20 meetings, reviewed 99 fatalities and issued 25 recommendations. The distribution of meetings, cases, and recommendations by district is summarized below.

**Table 7: Number of meetings, cases reviewed, and recommendations issued by local team**

Local Team Recommendation	Meetings	Cases	Recommendations
Berkshires	0	0	0
Bristol	1	4	0
Cape and Islands	0	0	0
Essex	1	2	0
Hampden	0	0	0
Middlesex	5	32	15
Norfolk	4	32	0
Northwestern	2	7	0
Plymouth	2	4	0
Suffolk	3	4	7
Worcester	2	14	3



## Administrative Changes and Activities of the CFR program

Starting in FY19 the Office of the Child Advocate (OCA) provided funding to the Department of Public Health to hire a CFR program epidemiologist. In October 2020, DPH hired Jonathan Bressler to serve in this role full-time. Since his hiring, Jonathan has provided dedicated support to the program around data collection, management, and analysis, including maintenance and improvement of the CFR database, and compilation of research and analyses for State Team meetings and this report.

In April 2021, Jeff Doyle, Director of Emergency Medical Services for Children departed DPH for position with Yale New Haven Hospital. During his time at DPH, Jeff was instrumental in supporting local teams, bringing his clinical expertise to bear in reviewing cases and crafting bold recommendations. He also oversaw major staffing changes in the program, helped implement systems to support the State Team in tracking its work, and led a comprehensive revision of the annual reporting process.

In FY21, CFR staff began conducting a needs assessment for the program. The last needs assessment for the CFR program was conducted in 2017. In the years since, the State and local teams and administrative staff have revised program practices in an effort to address the findings of that study. Another needs assessment was launched in March 2021 which aims to determine whether program stakeholders believe previously identified issues have been addressed and whether they believe other strengths or weaknesses of the program have emerged since the 2017 needs assessment. Furthermore, data from the assessment will inform a strategic planning process that will evaluate stakeholder visions for the future of the program and generate a plan to guide operations in the coming years. Completion of the needs assessment and issuance of findings is anticipated in spring 2022.

In a continuing effort to address a backlog of recommendations provided by the local teams, program staff provided guidelines to State Team members to review 142 outstanding recommendations. Forty-nine of those recommendations are now marked as pending, while 93 remain open and 7 received comments. If local teams are seeking information about the status of a specific recommendation, please contact Max Rasbold-Gabbard at [Max.Rasbold-Gabbard@mass.gov](mailto:Max.Rasbold-Gabbard@mass.gov).



## APPENDIX C: FY21 STATE & LOCAL TEAM MEMBERSHIP

### State Team Membership

**Dr. Mindy Hull**  
Chief Medical Examiner, Co-Chair

**Bekah Thomas**  
Designee of the Commissioner of the  
Department of Public Health, Co-Chair

**Jeff Bourgeois**  
Designee of the Attorney General

**Karla Canniff**  
Designee of the Commissioner of the  
Department of Children and Families

**Anne Conners**  
Designee of the Commissioner of the  
Department of Early Education and Care

**Katharine Folger**  
Representative of the Massachusetts District  
Attorneys Association

**Janet George**  
Designee of the Commissioner of the  
Department of Developmental Services

**Anne Gilligan**  
Designee of the Commissioner of the  
Department of Elementary and Secondary  
Education

**Shari King**  
Director of the Massachusetts Center for  
Unexpected Infant and Child Death

**Karine Martirosyan**  
Designee of the Commissioner of the  
Department of Youth Services

**Capt. Mario Monzon**  
Designee of the Colonel of the  
Massachusetts State Police

**Maria Mossaides**  
Director of the Office of the Child Advocate

**Dr. Nandini Talwar**  
Designee of the Commissioner of the  
Department of Mental Health

**Dr. Celeste Wilson**  
Representative of the Massachusetts chapter  
of the American Academy of Pediatrics with  
experience in child abuse and neglect

**Leigh Youmans**  
Representative of the Massachusetts Health  
& Hospital Association

The team position for Chief Justice of the Juvenile Division of the Trial Court or designee is vacant. The CFR statute also allows for attendance to State Team meetings by other individuals with information relevant to cases under review

## Local Team Membership

- District Attorney of the Judicial District (Chair)
- Chief Justice of the Juvenile Division of the Trial Court, or designee
- Chief Medical Examiner, or designee
- Commissioner of the Department of Public Health, or designee
- Commissioner of the Department of Children and Families, or designee
- Director of the Massachusetts Center for Unexpected Infant and Child Death, or designee
- Pediatrician with experience in child abuse and neglect
- Local police officer from the community where the fatality occurred
- State law enforcement officer

The CFR statute also allows for attendance to State Team meetings by other individuals with information relevant to cases under review.



## Local Team Leadership

### Berkshires

Andrea Harrington, District Attorney  
Team Leader: Stephanie Ilberg,  
Assistant District Attorney

### Bristol

Thomas Quinn, District Attorney  
Team Leaders: Andrea Baldwin,  
Assistant District Attorney;  
Dennis Collins,  
Assistant District Attorney

### Cape and Islands

Michael O'Keefe, District Attorney  
Team Leader: Sharon Thibeault,  
Assistant District Attorney

### Essex

Jonathan Blodgett, District Attorney  
Team Leader: Kate MacDougall,  
Assistant District Attorney

### Hampden

Anthony Gulluni, District Attorney  
Team Leader: Eileen Sears,  
Assistant District Attorney

### Middlesex

Marian Ryan, District Attorney  
Team Leader: Katharine Folger,  
Assistant District Attorney

### Norfolk

Michael Morrissey, District Attorney  
Team Leader: Lisa Beatty,  
Assistant District Attorney

### Northwestern

David Sullivan, District Attorney  
Team Leader: Linda Pisano,  
Assistant District Attorney

### Plymouth

Timothy Cruz, District Attorney  
Team Leader: Elizabeth Mello,  
Assistant District Attorney

### Suffolk

Rachael Rollins, District Attorney  
Team Leader: Susan Goldfarb,  
Executive Director,  
Children's Advocacy Center of Suffolk  
County

### Worcester

Joseph Early, District Attorney  
Team Leader: Courtney Sans,  
Assistant District Attorney

## APPENDIX D: MEMBER VOTES ON THE APPROVAL OF THE FY21 STATE TEAM ANNUAL REPORT AND RECOMMENDATIONS

Table 8: Approval of the FY21 Annual Report and Recommendations

Member Organization	Report	Rec. #1	Rec. #2
Office of the Chief Medical Examiner	Yes	Yes	Yes
Dept. Public Health	Yes	Yes	Yes
Office of the Attorney General	Yes	Yes	Yes
Office of the Child Advocate	Yes	Yes	Yes
Dept. of Children and Families	Absent	Absent	Absent
Dept. of Developmental Services	Absent	Absent	Absent
Dept. of Early Education and Care	Yes	Yes	Yes
Dept. of Elementary and Secondary Education	Yes	Yes	Yes
Dept. of Mental Health	Yes	Yes	Yes
Dept. of Youth Services	Yes	Yes	Yes
Juvenile Division of the Trial Court	Vacant	Vacant	Vacant
Mass. Center for Unexpected Infant and Child Death	Yes	Yes	Yes
Mass. Chapter of the American Academy of Pediatrics	Yes	Yes	Yes
Mass. Chiefs of Police Association, Inc.	Absent	Absent	Absent
Mass. District Attorneys Association	Yes	Yes	Yes
Mass. Health & Hospital Association	Yes	Yes	Yes
Mass. State Police	Absent	Absent	Absent

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