

Massachusetts
Department
of Children
and Families

Annual Report FY2019

Descriptive and Outcome Data: FY2015 – FY2019

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December 30, 2019

On behalf of the Massachusetts Department of Children and Families (DCF), I am pleased to present to you the DCF Annual Report for Fiscal Year 2019. Presented here for the first time, the Annual Report is the result of over two years of collaboration between the Department, the Office of the Child Advocate (OCA), and the Data Work Group, the legislative task force created to review DCF's legislative reporting and produce recommendations for improvement. It provides five years' worth of trends data from Fiscal Years 2015-2019.

Historically, the legislative reports required of the Department by law did not provide a clear picture of the children DCF serves and did not adequately provide information about the Department's performance. The Data Work Group set out to correct the course and began its work in September 2017.

The Data Work Group's membership included key staff from DCF, Cambridge Family & Children's Service, Children's League of Massachusetts, the Committee for Public Counsel Services, Harvard Kennedy School, Massachusetts Law Reform Institute, Massachusetts Society for the Prevention of Cruelty to Children, the OCA, and the Joint Committee on Children, Families & Persons with Disabilities. The Data Work Group established a shared understanding of the Department's data collection processes and capabilities, as well as the data measures already produced, including those required by the federal government. It then developed new and improved data measures and progress metrics, a result of which is this Annual Report, the most comprehensive report the Department has ever produced.

In collaboration with the Joint Committee on Children, Families & Persons with Disabilities, the Data Work Group also submitted legislative recommendations. The pending bill, *An Act relative to DCF legislative reporting reform* (H4163), offers the first-ever proposal to overhaul the agency's legislative reporting as mandated by law. It also provides a concrete framework for future legislative reports, including the yearly production of this annual report.

The Department's unique position in state government—at the intersection of social work, clinical care, child protective services, and the judicial system—can make it difficult for the Legislature and the public to understand the complexities of DCF's work. This speaks to the need for clarity and quality in legislative reporting. Moreover, appropriate levels of contextual background are needed to help policymakers digest information reported by the Department. I want to thank you again for allowing me the opportunity to present this report to you, and for your support of the Department of Children and Families. Child welfare is difficult and critical work. Every day, our dedicated and hard-working staff navigates a complex array of safety and service needs and makes decisions that keep children safe and families strong. We continue to evolve as a data-driven agency and I remain firmly committed to advance the work you have trusted and enabled us to do.

Sincerely,

Linda S. Spears
Commissioner

DEPARTMENT OF CHILDREN AND FAMILIES

Vision

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

Mission

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

Goals

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

Executive Summary

Department of Children and Families Overview

The development of this Annual Report coincided with the Department of Children and Families' ("DCF" or "Department") ongoing agency reform, and encompasses FY2014-19. In September 2015, the Baker-Polito Administration and SEIU Local 509, representing frontline social workers, announced an unprecedented system-wide reform to rebuild and restructure the Department by modernizing policy, practice, and operations to ensure staff have the necessary tools and resources to serve children and families. At the time, many of DCF's core policies had not been updated in years and the agency lacked the management and supervisory capacity to support social workers whose caseloads were too high. Governor Baker charged new DCF Commissioner Linda Spears with implementing recommendations from the 2014 Child Welfare League of America (CWLA) report.

In January 2014, the Executive Office of Health and Human Services (EOHHS) enlisted the CWLA, a leading standard setter and one of the nation's premier coalitions of public and private welfare organizations, to conduct an external audit of DCF. The final report identified immediate, fundamental changes needed to align the Department with nationally recognized child welfare standards and best practices. These recommendations served as the blueprint for the first phase of the reform.

DCF took an inventive approach, unique to child welfare, employing a results-driven project management methodology called "AGILE Scrum," which is designed to address complex challenges efficiently. DCF senior leadership, Regional Directors, and managers from across the state formed an Agency Improve Leadership Team (AILT) that assigned members to specific tasks and met weekly as a group to discuss progress and challenges. Area Directors, Area Program Managers, DCF attorneys, and social workers participated as subject matter experts.

The first phase of work prioritized child safety by lowering social worker caseloads, strengthening the Department's organizational structure, and creating a set of core policies rooted in the fundamentals of child protection. These changes emphasized case history reviews, assessing parental capacity, uniform application of a research-based risk assessment tool, and team decision making. The concurrent establishment of a Continuous Quality Improvement (CQI) process, a cornerstone of child welfare practice, helped embed these changes in the agency's daily work.

DCF previously lacked a formalized, agency-wide quality improvement process. The CQI unit, overseen by the Department's Assistant Commissioner for Continuous Quality Improvement, includes a supervisor and five experienced social workers who review cases and produce quantitative and qualitative information about work processes, practice, and case outcomes.

The AGILE Scrum focus on rapid-cycle, data-driven change has enabled DCF to implement significant reforms quickly and, with CQI, assure fidelity of the new policies and practice. Using the AGILE scrum method, the Department successfully implemented the recommendations of the CWLA report including:

- Hiring 300 frontline social workers to reduce caseloads to historic low levels in a commitment to meet the negotiated caseload standard; and achieving nearly 100% licensure
- Revising and implementing core policies, including Protective Intake, Supervision, Family Assessment and Action Planning, and Foster Care Review
- Strengthening training and professional development

- Increasing staffing to include more than 200 supervisors and managers to increase oversight and support for case decision-making; 29 positions dedicated to foster parent recruitment and reinstating 107 social worker technicians statewide to assist with transportation and supervising parent/child visits
- Increasing specialty staff with expertise on substance use disorders, domestic violence, and mental health
- Decoupling the Area Office “pairings,” the management structure which had one Area Director manage two DCF Area Offices
- Increasing the number of DCF Regional Offices from four to five
- Hiring a full-time medical director, part-time child psychiatrist, and 29 medical social workers to form a Medical Services Unit that also includes a medical social work manager and six nurses

Children, Young Adults and Families Served

Throughout FY2019, DCF served approximately 45,000 families, including more than 80,000 children age 17 and under (0-17). Young adults who turn 18 in foster care can sign a Voluntary Placement Agreement (VPA) to receive support up to until age 22. Throughout FY2019, approximately 2,700 young adults accessed housing, education, and employment-related services and assistance while enrolled in school or working at least 80 hours per month. White, Hispanic/Latinx, and Black families account for the majority of the children and families involved with the Department. Most families speak English as their primary language followed by Spanish.

Children and Youth in Foster Care

The Department strives to safely stabilize families and serves most children in their family homes. When a child’s safety is at serious risk, children are placed in foster care. Coinciding with the onset of the opioid crisis, children in foster care spiked in 2014.

During the period covered in this report, there is a downward shift in the number of children removed from home and in foster care. These declines, most apparent over the course of FY2019, are attributable, in part, to changes to the Protective Intake and Family Assessment and Action Planning policies. Both increase the quantity, quality, and frequency of information the Department reviews, which supports better decision-making as to the most appropriate intervention for families.

The priority of the reform was to stabilize the Department and build a foundation with policies that put child safety first. The focus then turned to strengthening services, beginning with foster care. Early foster care reforms included developing a mandatory, week-long training for social workers transitioning to the foster care unit; opening lines of communication with foster parents; a pilot program concentrated on finding more relatives to serve as foster parents; and creating 15 social worker positions dedicated to recruiting new foster parents.

Since January 2017, when the foster care recruiters were hired, DCF has seen a net gain of more than 300 new foster families (for context, 2,350 foster families closed their homes between January 2017 and November 1, 2019 because families adopted, were inactive, or took guardianship of children). Because it is not possible to predict when children will come into foster care and what their needs will be, continuous recruitment and support of foster parents is necessary, so the Department can make the best matches possible for children.

Ongoing foster care reforms include:

- Completing revisions to DCF's foster care policy in collaboration with SEIU Local 509 and preparing for training and implementation
- Increasing support for and communication with foster parents, including the launch of Foster MA Connect, an Intranet for foster parents
- Strengthening behavioral health access and in-home services available to foster parents
- Adding 14 additional foster care recruiters so one is assigned to each Area Office

Timely Permanency for Children in Foster Care

In most cases, social workers can connect parents with appropriate services and, in FY2019, 60% of children returned home. When reunification is deemed unsafe, DCF establishes a plan to identify a permanent family within a timeframe supportive of the child's best interests and needs.

In FY2019 the Department legalized 936 adoptions, an increase of 56.5% from FY2015. The first permanency reforms added seven adoption social worker positions statewide and began addressing identified barriers in the adoption process that are in DCF's jurisdiction. Notably, the Department is piloting a new framework for the initial review of foster care cases, approximately six weeks after the home removal. It directs staff to determine whether a foster care setting is meeting a child's needs and to begin discussion of an appropriate plan for the child: reunification with their parents, adoption, or guardianship. Biological family members and foster parents are invited to attend the initial review with the child's social worker and his or her managers.

The Department continues to build on its permanency reforms with concentrated focus on children who have been in foster care for more than two years. DCF leadership and the Juvenile and Family Court agree that sustainable changes require a formal collaboration. As such, Juvenile Court Chief Justice Amy Nechtem introduced Pathways, a national model where judges, attorneys and child welfare agencies work together to prioritize cases before the court. Statewide implementation began in the spring of 2019, following a pilot program in Hampden County.

Child Abuse and Neglect

DCF is the state agency responsible for investigating allegations of child abuse and neglect. The Department relies on mandated reporters, such as doctors, police officers, clergy, and teachers, as well as the public, to make a report if they are concerned about a child's safety.

In FY2019, DCF received and conducted screening reviews on more than 95,000 reports of allegations of child abuse or neglect resulting in more than 44,000 investigations. According to federal data, Massachusetts typically has one of the highest child abuse and neglect rates in the country. Several factors contribute to this including variations in policy, substance misuse, and most importantly, differences in state child abuse and neglect laws. This statutory difference reflects the relatively high value the Commonwealth places on protecting children, and its impact on reporting rates in the community.

Specifically, Massachusetts law requires the use of the lowest threshold in child welfare when deciding to investigate or open a case and the number of reports received from mandated reporters is markedly higher than the national average. The vast majority of cases in Massachusetts open because of neglect.

Foster Care Review

Foster Care Review is a federally-mandated meeting that includes biological parents, foster parents, DCF staff, and community volunteers who examine case progress and plan for the child's future, whether that is reunification, adoption, or guardianship. Foster Care Reviews assess the progress being made to identify a permanent living situation that meets a child's needs and to address the reasons for DCF's involvement with the family.

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 for parties unable to attend in person.

DCF has been working with the Office of the Child Advocate (OCA) and other stakeholders to continue to improve the Foster Care Review Unit, which was established by state law in 1984 as a distinct and independent unit of the Department.

Fair Hearings

The purpose of the fair hearing process is to enable clients dissatisfied with certain actions or inactions by the Department or providers under contract with the Department to receive a just and fair decision from an impartial hearing officer based on the facts and applicable state regulations.

Since FY2015, the Fair Hearing Unit has grown from an office of 13 to 23 paralegals, hearing officers, and supervisors. In the beginning stages of the reform, Department leadership hired four temporary paralegals, one administrative staff person, and two part-time supervisors to specifically resolve overdue fair hearings.

Staffing and Caseload

Social workers on the agency's front lines visit families, supervise parent visits, make referrals, and perform countless other duties to help parents and children achieve the best possible outcomes from their DCF involvement. The administration immediately prioritized increasing hiring and supporting front line social workers in order to devote more time to their clinical work and their families and, at the end of FY2019, the Department had 300 more frontline social workers than in September 2015. At the same time, the Department was working to ensure that all social workers were licensed in compliance with the 2014 law. Today nearly 100% of DCF social workers are licensed compared to 54% in October 2014. As a result, the Department's caseloads are at a historic low.

Given the complexities of child welfare cases, no social worker should have to make difficult decisions in a vacuum. To strengthen clinical oversight, the Department began adding more social worker supervisors and restoring Area Director, Area Clinical Manager, Area Program Manager, and DCF Central Office management positions lost to budget cuts in prior years. In addition to frontline social workers, the Department added attorneys, paralegals, nurses, staff to process background record checks for foster families, and other administrative support for social workers. These hires enabled the Department to re-establish the Central

Region, which had been merged with the Western Region, decouple Area Offices that had been sharing a director, and appropriately staff Central Office.

All told, the 660 new staff positions (as of July 1, 2019), including 97 social worker technicians, have decreased caseloads with a goal of meeting the negotiated caseload standard and increase managerial oversight essential in deciding which cases are safe to close. All five regions have Case Management Support (CMS) Teams led by regional office managers. These specialized teams assist Area Offices with reviewing case content to ensure clinically appropriate case movement occurs in a responsible and responsive way.

Looking Ahead

DCF is committed to advancing child welfare practice in the Commonwealth. Addressing longstanding issues systematically through the AILT process has enabled the Department to make the necessary systems and cultural changes in a sustainable way. Importantly, the Department continues to evolve as a data-driven agency, working in lockstep with Information Technology to collect informative data. The Department has modernized key data and metrics so that agency improvement and CQI efforts are more strategic and effective. To build these skills, the Department established Data Fellows, a 6-week institute to train field staff to use data as a management tool, now in its third year. Furthermore, DCF is honoring its commitment to treat policies as living documents. Prior to 2015, it had been many years since policies were updated.

Across the county, child welfare agencies are challenged every day to make the best decisions possible with the information available at the time. Staff assess whether a parent needs assistance; whether they can safely care for children at home, or whether it is necessary to make the extraordinarily difficult decision to remove a child from home to protect them from further abuse or neglect. For every family, there is a team of social workers, managers, and specialists who care deeply about their work and understand the gravity of the decisions they are trained to make.

Importantly, DCF does not stand alone in its effort to consistently achieve the best possible outcomes for children and families. Child protection is never the work of one person or agency. It is a collaboration between biological families, group care providers, the courts, child and family services organizations, foster families, medical professionals, educators, law enforcement, lawmakers, and the countless others who care about the safety and well-being of children in their communities.

Annual Report Data Summary

This report presents descriptive and outcome data, which is trended over rolling five-year time periods and presented in tabular and graphical formats. Demographic stratification is provided for key variables. Narrative statements define and describe the data elements and observed trends.

• Cases and Consumers

At the end of FY2019, 26,235 families were being served by DCF (23,784 clinical cases and 2,451 adoption cases). These cases contained 93,363 children and adults, 45,058 children (0-17), 2,050 young adults (18 & up), and 46,255 adults.¹ (Table 1, p.1; Table 3, p.2)

The 2,050 young adults (18 & up) were served by the Department prior to their 18th birthday. In order to remain open with DCF beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult can sign a VPA at age 18 and remain open with the Department up to age 22. Young adults who decline DCF services at age 18 may later request services by signing a VPA prior to turning 23.

White, Hispanic/Latinx, and Black children and adults account for the majority of consumers served by the Department.² English is the primary language and Spanish is the next most prevalent language. (Table 9, p.5)

• Children in Placement

The Department strives to safely stabilize families at home and 80% of children (0-17) open with the Department at the end of FY2019, safely remained at home. (Table 10, p.5; Figure 12, p.6) When this is not possible, children may be placed in out-of-home care (foster care or group care) to safeguard their safety and well-being. At the end of FY2019, DCF had 10,328 children in out-of-home placement, representing 20% of children open with the Department. Of these, 8,809 (85.3%) were children (0-17) and 1,519 (14.7%) were young adults (18 & up). Between FY2015 and FY2018, children (0-17) in placement increased by 6.7% (601). A significant 8.5% (822) decrease was evidenced from FY2018-19. White (41%), Hispanic/Latinx (31%), and Black (14%) children (0-17) account for the majority of children in the Department's care.

A permanency plan is established for children (0-17) in the Department's care. This permanency plan seeks to ensure that each child has a nurturing family – preferably one that is permanent – within a timeframe supportive of their needs. At the end of FY2019, 92% of children in DCF placement had a permanency plan that met the federal standard for permanency (i.e., family reunification, adoption, guardianship, stabilize intact family, or permanent care with kin). The remaining 8% of children had a permanency plan of APPLA (Another Planned Permanent Living Arrangement) or unspecified (i.e., to be developed). The majority had a permanency plan of family reunification (34%) or adoption (38%). (Table/Figure 15, p.8)

At the end of FY2019, 80.2% of placed children (0-17) were living in family settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (IFC). Recognizing that children experience greater emotional and placement stability when safely placed with relatives, or kin, DCF has prioritized kin placement. Accordingly, 56.1% of children (0-17) placed in a DFC foster home were placed with kin. The overall kinship placement rate for children (0-17) in out-of-home placement was 36.3%. (Table/Figure 16; Figures 16a-16b, p.11)

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

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

Recognizing that placing siblings in the same foster home is generally best for their well-being, DCF keeps siblings together whenever possible. In 77% of cases with a minimum of two siblings placed in a DFC foster home at the end of FY2019, two or more of the siblings were placed together—an increase of 3.5% compared to FY2018. Furthermore, 61% of cases with a minimum of two siblings placed in a DFC foster home had all siblings placed in the same foster home—an increase of 8.2% compared to FY2018. (Table 17; Figures 17a-b, p.13)

The Department tracks several placement related metrics. An understanding of these metrics is dependent upon knowing a key term-of-art: *Home Removal Episode (HRE)*, which is the period between the start and end of placement. *Continuous Time in Placement* is defined as the timespan between the start and end of an *HRE*. At the end of FY2019, 64.2% of children (0-17) had a *Continuous Time in Placement* of two years or less and 35.8% evidenced a *Continuous Time in Placement* of more than two years. (Table 18; Figures 18a-b-c, p.13)

Placement Length-of-Stay (LOS) measures the period between the start and end of DCF custody in placement. The average *LOS* for children exiting care in FY2019 was 20.2 months—an increase of 34.8% from FY2015-19. For children still in care at the end of FY2019, average *LOS* at that point-in-time was 23.5 months—an increase of 16.9% from FY2015-19. (Table 19, p.14)

Children in placement may experience one or more moves during an *HRE*. The Department works to minimize a child’s placements through the provision of community-based individual and family supportive services. Placement instability tends to increase the time to permanency (i.e., reunification, adoption, guardianship, and permanent care with kin). Relative to FY2016-18, a larger share of the children entering care in FY2019 experienced placement stability (i.e., no more than two placement settings within the first 12 months of out-of-home care). Placement stability increased to 71.4% in FY2019, a 5.0% improvement over the FY2018 rate (68.0%). (Table/Figure 20, p.14)

The Department tracks a federal measure of *Placement Moves per 1,000 Placement Days* for children (0-17) who were in care at any time during the year. In FY2018, children (0-17) evidenced 7.98 *Placement Moves per 1,000 Placement Days*—a 14.9% improvement relative to FY2018. (Table/Figure 21, p.15)

The Department also tracks the number of first time entries into out-of-home care as well as re-entries into out-of-home care. In FY2019, 5,309 unique children (0-17) entered out-of-home care. Of these, 4,003 (75.4%) were first-time entries and 724 (13.6%) were re-entries beyond 12 months of their exit from care. Combined, DCF found that 89.0% of the children entering care had not been discharged from care during the prior 12 months. (Table/Figure 22, p.15)

In FY2019, 5,836 children exited from DCF out-of-home placement. This represents a 4.8% (269) increase over FY2015. When children enter DCF out-of-home care, the Department works to safely achieve permanency through reunification, adoption, and guardianship. Data reveal that 86.3% of children who exited out-of-home care in FY2018 achieved permanency. This represents a 3.6% improvement in FY2019 (86.3%) over FY2015 (83.3%). Exits to guardianship and adoption accounted for the majority of the observed increase. Of note, children who entered care at age 12 or younger achieved permanency at a significantly higher rate (e.g., 97.1% vs. 60.6% in FY2019) than children who entered out-of-home care at age 13 or older. Furthermore, children age 13 or older at the time of their entry into care were significantly less likely to exit to adoption or guardianship. (Tables/Figures 23a-b-c, pp.16-17)

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

When DCF receives a report of abuse and/or neglect, called a “51A report,” from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children.

Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent or family. These cases are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

In FY2019, DCF received 96,879 protective intakes (i.e., 51A reports), of which 98.7% (95,661) came to the attention of the Department through the 51A reporting process. A 51A may involve one or more children. Safe Haven, voluntary, CRA, and court referrals accounted for 1.3% (1,218) of all FY2019 intakes. This pattern of intake distribution was reflected throughout the FY2015-19 reporting period and is comparable to the distribution observed in prior years. Of note, a significant 3.4% increase in intakes was evidenced in FY2018-19 relative to the prior three-year time span between FY2015-17. (Table 25; Figures 25a-b, p.20)

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

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

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

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

Of the 95,661 protective intakes (51As) received in FY2019 alleging child maltreatment, 54,347 (57%) were "screened-in" for a Child Protective Service (CPS) response. Of the "screened-out" 51As, 5,999 were referred to the district attorney. It should be noted that "screened-in" 51As may also be referred to the district attorney. (Table 26; Figures 26a-b, p.21)

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

Given that an instance of alleged maltreatment may be referred to the Department by several mandated/non-mandated reporters, multiple 51A intakes may be rolled into one protective response. As such, the Department completed 44,281 responses involving one or more children in FY2019. Of these, there were 17,952 (40.5%)

support decisions and 7,241 (16.4%) substantiated concern decisions. The remaining 19,088 (43.1%) were unsupported. (Table/Figure 27; Table/Figure 28, pp.22-23)

A 51A report may contain one or more allegations of abuse and/or neglect and may involve one or more children. In FY2019, the most frequently present allegation types were: neglect (74.4%), physical abuse (20.8%), and sexual abuse (10.5%). Substance Exposed Newborn (SEN) and SEN-Neonatal Abstinence Syndrome (SEN-NAS) were alleged in 2.6% of 51A reports. (Table 29a, p.24)

During a 51B response, the Department determines whether there is “reasonable cause to believe” that a child has been a victim of maltreatment. Emergency responses must be completed within five business days. Non-emergency responses must be completed within 15 business days. Each of the abuse and/or neglect allegations within a 51A report is investigated and a decision is made for each allegation type. In FY2019, the most frequently supported allegations were neglect (85.9%), physical abuse (10.1%), SEN/SEN-NAS (6.9%), and sexual abuse (4.2%). (Table 29b, p.24)

There were 26,549 children (unduplicated child count) found to have experienced maltreatment in FY2019. A child may have been a victim of one or more types of maltreatment. Of these unique child victims, 95.3% were victims of neglect, 7.8% were victims of physical abuse, 4.8% were SEN/SEN-NAS newborns, and 3.2% were victims of sexual abuse. (Table 29c, p.24)

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

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

In FY2019, 89.25% of the children who experienced an occurrence of maltreatment within the first six months of FY2019 did not experience a recurrence of maltreatment within six months of their prior maltreatment. This safety rate is within 0.86% of the four-year average observed between FY2015-18. Of note, there were fewer child victims in FY2019 than in each of the three years between FY2015-17. (Table/Figure 30, p.25)

The Department also tracks the number of children who experienced supported maltreatment while residing in an out-of-home placement setting. In FY2019, 98.99% of the children who were in an out-of-home placement at any time during FY2019 did not experience maltreatment by a substitute care provider (e.g., a foster parent or group home caregiver). This safety rate is within 0.24% of the four-year average observed from FY2015-18. An additional federal measure is *Victimization Rate per 100,000 Days in Care*. In FY2019, data show that for every 100,000 days of placement, 18.44 maltreatment events are supported for DCF placed children—a 13.2% improvement (decrease) over the prior four-year average. (Table/Figure 31; Table 31b, p.26)

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

Rate of Reunification within 12 months of entering care is a federal measure of time to permanency. The *Rate of Reunification within 12 Months* has decreased since FY2015. DCF is committed to reunifying children when safe to do so. (Table/Figure 32, p. 27)

Re-entry is inversely correlated with reunification. Though time to reunification has increased, the rates of re-entry within 12 months for children who exited to reunification have steadily decreased since FY2015. (Table/Figure 33, p.27)

Timeliness of Adoption is another federal measure of permanency tracked by the Department. The rates of adoption within 24-months of an *HRE* have declined between FY2015 and FY2019. Notwithstanding, the number of children (0-17) with a legalized adoption increased 56.5% in FY2019 compared to FY2015. (Table/Figure 34; Table 35, pp.29)

Guardianships granted are also a measure of permanency. Guardianships increased from FY2017-19 compared to FY2015-16. Relative to FY2015, guardianships in FY2019 increased by 15.6%. (Table/Figure 36; Table 36a, p.30)

The Department provides outreach and transition services to young adults when they turn 18 and leave foster care. DCF provided these services to 2,742 unique young adults in FY2019—an 11.9% increase over the prior four-year average. (Table/Figure 37, p.31)

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

Access to appropriate and timely medical services is important to child well-being. Data collected from FY2015-19 reflect year-over-year progress toward meeting the agency’s requirement that each child entering care should receive an initial medical screening and a comprehensive medical evaluation. Largely credited to the creation of a full-time DCF medical director and the on-boarding of medical social workers in all 29 DCF Area Offices, a significant increase in medical visit compliance has been evidenced. Completion rates in FY2019 have increased by 210.9% compared to FY2015. Timeliness of medical visits has increased by 238.6% over FY2015. (Table/Figure 38, p.31)

The Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE’s methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. Data reveal that four-year graduation rates for children in DCF custody have improved by 6.9%—from 52% in the 2011 school year to 55.6% in the 2018 school year. Recognizing that many students need longer than four years to graduate from high school and that it is important to acknowledge this major accomplishment, the Department (and DESE) calculates a five-year graduation rate. The five-year graduation rate for children in DCF custody in the 2017 school year was 66.4%. (Table/Figure 39, p.32)

- **Operations – Foster Care Review**

Federal law requires that the Department operate a system of Foster Care Review dedicated to engaging key participants in a timely and periodic review of all cases involving children 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.

Pursuant to MGL c. 18B, § 6A, an independent Foster Care Review Unit operates as a distinct unit within the Department and is dedicated to quality oversight of case decisions. Foster Care Review complements the oversight role of the courts in individual cases and contributes aggregate data and information that is needed to

support the Department's CQI efforts. The Foster Care Review Policy was revised in FY2018-19 and implemented in March of 2019.

The Department reviews all cases involving children in out-of-home placement once every six months. The Foster Care Review Unit conducts a Foster Care Review for families when at least one child under the age of 22 is in placement. A child is in placement when she/he is in Department custody through a court order, a Voluntary Placement Agreement (VPA), or a Child Requiring Assistance (CRA) and is living outside the home of her/his parent(s) or guardian(s).

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 case reviewer from the Foster Care Review Unit who convenes the meeting, a manager or supervisor from the Area Office who is not assigned to the case under review, and a volunteer case reviewer (a private citizen who has been recruited and trained by Department staff). Volunteer case reviewers are recruited to represent 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, when applicable, are included in the Foster Care Review and provided with sufficient notice of the review date:

- Parent(s)/guardian(s), including a putative or unwed father
- Child(ren) 14 years of age and older
- Foster parents and group care providers
- Child(ren)'s attorney(s)
- Parent's attorney(s)
- Social worker(s) and supervisor(s) assigned to the family
- DCF attorney
- Family resource, adoption, and adolescent outreach social worker(s), as assigned

• **Operations – Fair Hearings**

In accordance with 110 CMR 10.00-10.36, the Department has established the Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or DCF-contracted providers who are dissatisfied with certain actions or inactions by the Department to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.

In FY2019, the Department averaged 55 business days for a fair hearing to be scheduled and 63 business days for a hearing to take place once an appeal was filed. Department regulations stipulate that hearings should be scheduled within 65 business days of receipt of the request for hearing. The scheduling of fair hearings continues to occur in a timely manner, as has been the case for the past three years. On average, the unit is scheduling hearings 10 days earlier than what is mandated under the regulatory timeframes. (Table 41b, p.36)

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

Reversing an 11.9% downward trend in budgetary appropriations during the period of FY2010-12, the DCF enacted budget began increasing in FY2013, and, by FY2020 (\$1,058,279,339), was 43.6% greater than FY2012 (\$737,077,781). The steepest gains have been evidenced in the past five years. (Table/Figure 42, p.38) These budgetary appropriations have supported significant (11%) increases in staffing and services between FY2015-19.

During this time, placement services expenditures (FY2019 = \$404,954,245) increased 9% and other services expenditures (FY2019 = \$179,853,852) increased by 16%. (Table/Figure 42; Table 43, pp.38-39)

DCF staffing has significantly increased relative to July 2015 staffing levels. Social worker staffing levels have increased by 20% and staffing levels for all other bargaining units have increased by 40%. Recognizing that managerial oversight capacity had been decreasing since 2008, the Department engaged in a purposeful effort to re-establish managerial ratios to support agency operations. Accordingly, by July 2019, managerial staffing levels increased by 60% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central Region), decouple Area Offices, and appropriately staff the DCF Central Office. (Tables/Figure 44-44a, p.40)

Caseload is a proxy measure of workload. High caseloads can result in overburdened social workers and potentially underserved families. Increased budgetary appropriations have supported the Department's efforts to reduce staff workload by hiring additional clinical staff, including more than 300 frontline social workers, and increasing the managerial oversight essential for identifying cases appropriate for safe closing. The FY2019 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers was 18.36:1. This is within 0.36 of the negotiated caseload ratio of 18.00:1 (15 families), and considerably lower than the average caseload ratios for FY2015-17. (Tables/Figure 45-45a, p.41)

I. CASE COUNTS

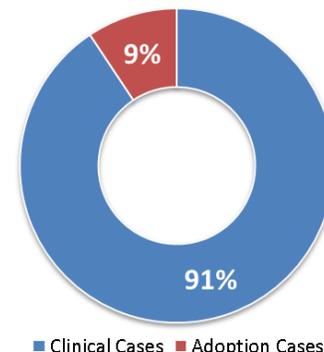
• Case Counts Fiscal Year End

As summarized in Table/Figure 1 below, at the close of state FY2019 (6/30/2019), DCF had 26,235 open cases. Of these, 90.7% (23,784) were clinical cases and 9.3% (2,451) were adoption cases.

	FY2015	FY2016	FY2017	FY2018	FY2019
Clinical Cases	25,190	26,488	25,044	25,392	23,784
Adoption Cases	2,045	2,201	2,316	2,421	2,451
Case Count Fiscal Year End	27,235	28,689	27,360	27,813	26,235

Between FY2015 and FY2016, case counts increased 5.3% (1,454). Through clinical assessment, the Department identified open cases appropriate for safe closure resulting in an 8.6% (2,454) decrease between FY2016-19.

FIGURE 1. FY2019



• Case Openings/Closings/Re-Openings

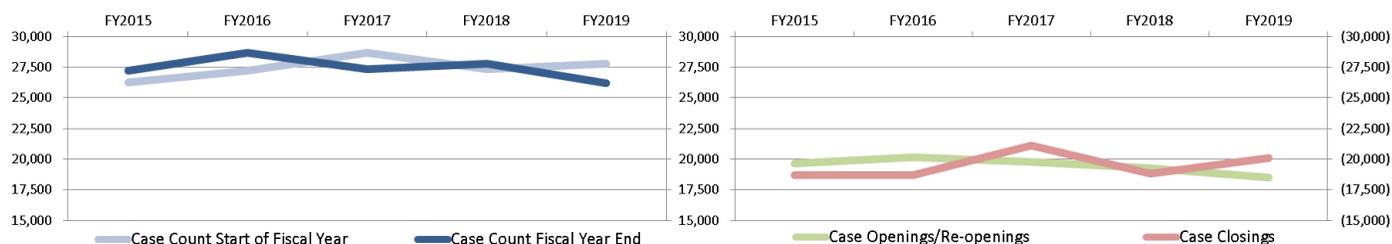
Table/Figure 2 presents caseload growth over the past five fiscal years as a function of case openings, closings, and re-openings. DCF cases may remain open for a brief or extended period of time, during which the primary goal is to stabilize the family and mitigate risk of harm to children. During any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

	FY2015	FY2016	FY2017	FY2018	FY2019
Case Count Start of Fiscal Year	26,282	27,235	28,689	27,360	27,813
Case Openings	11,685	11,777	11,490	10,850	10,363
Case Closings	(18,710)	(18,706)	(21,091)	(18,823)	(20,105)
Case Re-Openings	7,978	8,383	8,272	8,426	8,164
Case Count Fiscal Year End	27,235	28,689	27,360	27,813	26,235
Unduplicated Count of Cases Open at Any Time during the Fiscal Year	44,574	45,959	46,778	43,743	44,832

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

NOTE: Beginning September 2017, case counts are tabulated at a more granular level based on case worker assignment to the case rather than by case number assignment during investigation. As such, the counts in Table 2 for fiscal years prior to 2018 may vary slightly from published counts.

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



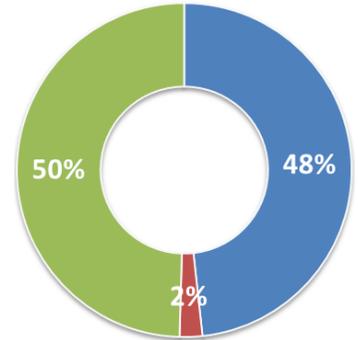
II. CONSUMER COUNTS

- Consumer Counts Fiscal Year End**

Table/Figure 3 show that at the end of FY2019, DCF had 93,363 open consumers. Consumers with the identified role type of “adult” accounted for 46,255 of the total open consumers. Consumers with the identified role type of “child” accounted for 47,108 of the total open consumers. Consumers with the role type of “child” range from children aged 0-17 years (95.6%), to “young adults” (4.4%) who voluntarily remain open with DCF from the ages of 18-22 years.

FIGURE 3. FY2019

	FY2015	FY2016	FY2017	FY2018	FY2019
Consumer Role Type = Consumer Adult	46,622	50,929	48,156	50,103	46,255
Consumer Role Type = Consumer Child	49,160	52,214	49,386	50,070	47,108
Children 0-17	46,943	50,000	47,273	47,980	45,058
Young Adults 18 & Older	2,217	2,214	2,113	2,090	2,050
Total Consumer Count Fiscal Year End	95,782	103,143	97,542	100,173	93,363



■ Consumer Child: 0-17
■ Consumer Child: 18 and Older
■ Consumer Adults

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

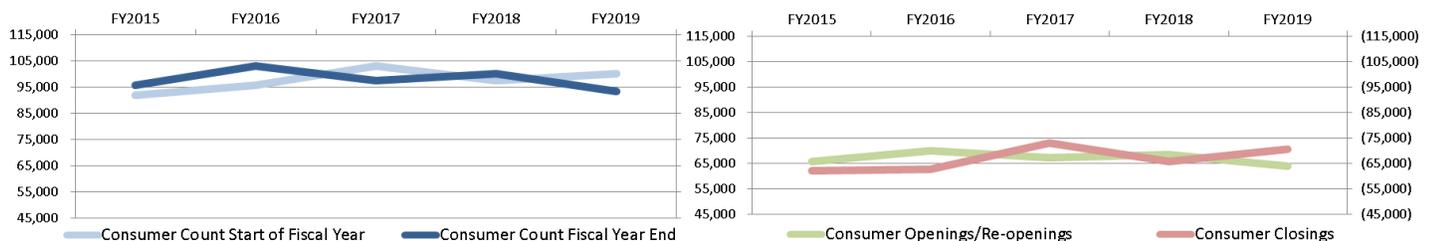
- Consumer Children, Young Adults, and Adults – Openings/Closings/Re-Openings**

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

	FY2015	FY2016	FY2017	FY2018	FY2019
Consumer Count Start of Fiscal Year	91,959	95,782	103,143	97,542	100,173
Consumer Openings	33,912	35,865	34,142	35,697	32,326
Consumer Closings	(62,143)	(62,849)	(73,069)	(65,806)	(70,721)
Consumer Re-Openings	32,054	34,345	33,326	32,740	31,585
Consumer Count Fiscal Year End	95,782	103,143	97,542	100,173	93,363
Unduplicated Count of Consumers Open at Any Time during the Fiscal Year ⁽¹⁾	128,488	135,926	134,558	133,394	128,239

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

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



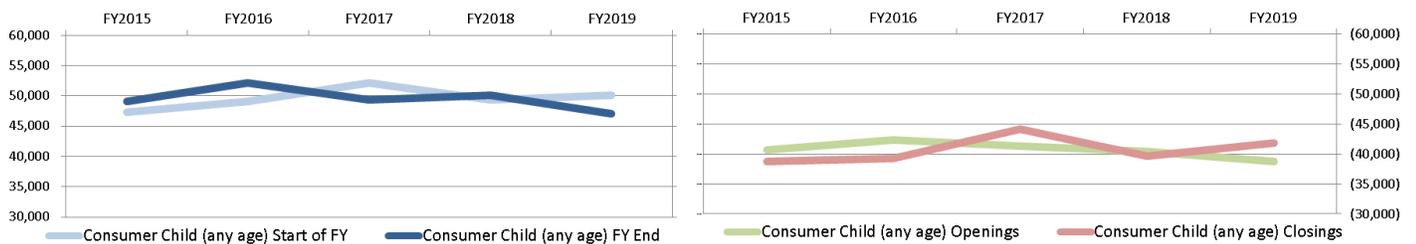
- **Consumer Children (of any age) – Openings/Closings/Re-Openings**

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

TABLE 5. Consumer Child (of any age) Openings/Closings/Re-openings	FY2015	FY2016	FY2017	FY2018	FY2019
Consumer Child (of any age) Count Start of Fiscal Year	47,271	49,160	52,214	49,386	50,070
Consumer Child (of any age) Openings	15,669	15,720	15,143	14,630	13,749
Consumer Child (of any age) Closings	(38,737)	(39,224)	(44,102)	(39,686)	(41,755)
Consumer Child (of any age) Re-Openings	24,957	26,558	26,131	25,740	25,044
Consumer Children (of any age) Count Fiscal Year End	49,160	52,214	49,386	50,070	47,108
Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year ⁽¹⁾	81,866	84,997	86,402	83,291	81,984

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

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

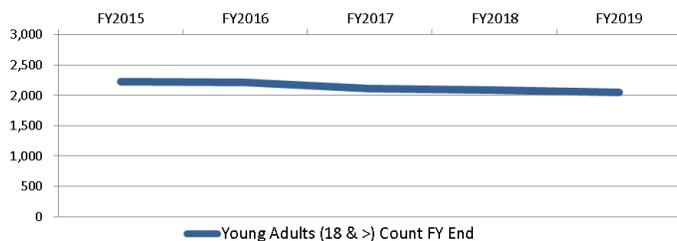


- **Consumer Young Adults (18 &) Counts**

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

TABLE 6. Consumer Young Adults (18 & Older) Counts	FY2015	FY2016	FY2017	FY2018	FY2019
Consumer Young Adults (18 & older) Count Fiscal Year End	2,217	2,214	2,113	2,090	2,050

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



• **Consumer Children, Young Adults, and Adults – Demographics-Race/Ethnicity**

Table 7 shows that at the end of FY2019, White (37%), Hispanic/Latinx (33%), and Black (13%) children (0-17) accounted for the vast majority of children served by the Department. A comparable distribution is observed for young adults (18 & older) as well as adult consumers.

TABLE 7. Race/Ethnicity FY2019⁽¹⁾

	Children (0-17)		Young Adults (18 & Older)		Adults	
White	16,670	37%	793	39%	20,935	45%
Hispanic/Latinx (of any race)	14,952	33%	642	31%	12,301	27%
Black	5,955	13%	406	20%	6,557	14%
Asian	526	1%	54	3%	656	1%
Native American	70	*	2	*	85	*
Pacific Islander	11	*	1	*	27	*
Multi-Racial (two or more races)	2,688	6%	102	5%	857	2%
Unable to Determine/Declined	1,865	4%	44	2%	2,352	5%
Missing	2,321	5%	6	*	2,485	5%
Total Consumers Fiscal Year End	45,058	100%	2,050	100%	46,255	100%

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

FIGURE 7. Consumer Children (0-17) Open with DCF by Race/Ethnicity FY2019

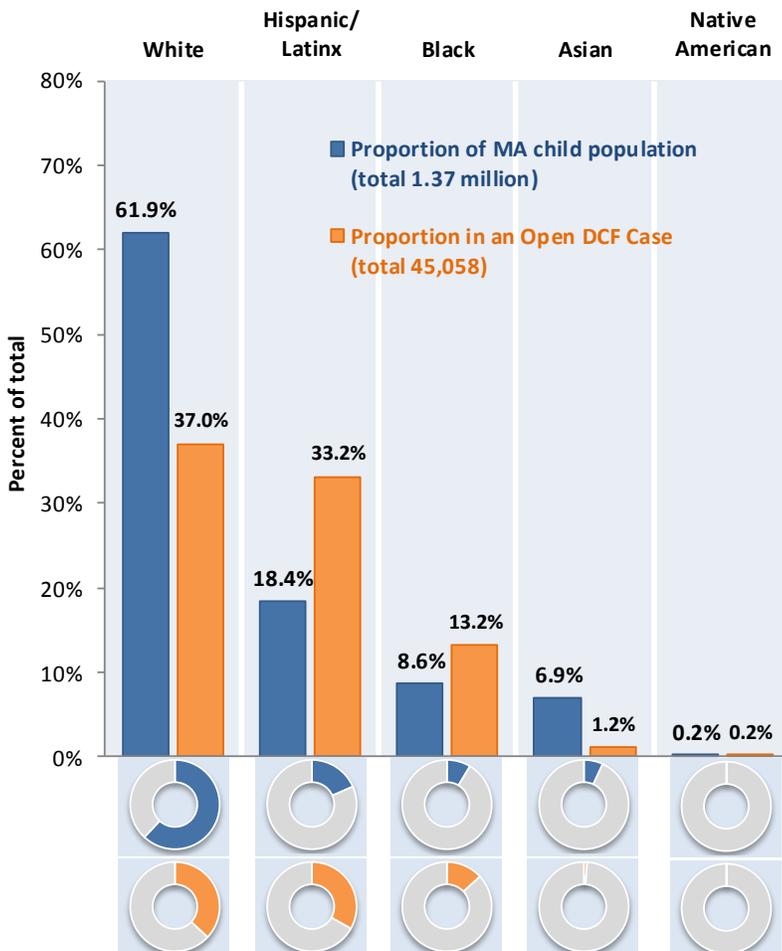


Figure 7 and Table 8 show the proportionality of children open with DCF by race and ethnicity compared to the proportion of the child population in Massachusetts.

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

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

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

TABLE 8. DCF Served Population

	RoD	RRI
White	0.6	
Hispanic/Latinx	1.8	3.0x
Black	1.5	2.6x
Asian	0.2	0.3x
Native American	0.8	1.3x

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

Table 9 shows that at the end of FY2019, the vast majority of adults open in a DCF case were primary English (86%) speakers. The next most commonly identified primary language was Spanish (9%).

	Children (0-17)		Young Adults (18 & Older)		Adults	
Spanish	2,204	5%	196	10%	4,385	9%
Khmer (Cambodian)	15	*	2	*	67	*
Portuguese	197	*	8	*	452	*
Haitian Creole	124	*	22	1%	347	*
Cape Verdean Creole	87	*	7	*	219	*
Vietnamese	29	*	2	*	96	*
Chinese	35	*	3	*	98	*
Lao	1	*	-	-	5	*
American Sign Language	25	*	-	-	37	*
Other	175	*	69	3%	870	2%
English/Unspecified	42,166	94%	1,741	85%	39,679	86%
Total Consumers Fiscal Year End	45,058	100%	2,050	100%	46,255	100%

*Less than 1% after rounding. NOTE: Languages other than English may be undercounted.

III. CONSUMERS IN PLACEMENT

The Department provides services to safely stabilize families (80% of caseload). When that is not possible, children may be placed in out-of-home care (20% of caseload) to safeguard their safety and well-being. Table 10 shows that at the end of FY2019, DCF had 10,328 consumers in out-of-home placement. Of these, 8,809 (85.3%) were children (0-17 years of age) and 1,519 (14.7%) were young adults (18 & older).

	FY2015	FY2016	FY2017	FY2018	FY2019
Consumer Children (0-17)	9,030	9,655	9,597	9,631	8,809
Consumer Young Adults (18 & older)	1,722	1,685	1,612	1,514	1,519
Consumers in Placement Fiscal Year End	10,752	11,340	11,209	11,145	10,328

- **Age Group Distribution for Children and Young Adults in Placement FY2019**

Table 11 shows that while children under the age of six years represent 29.4% of the 17-year range between ages 0-17, they account for 35.9% of the children (0-17) in placement. For context, young children are the most at-risk for protective concerns.

	Children (0-17)		Young Adults (18 & Older)	
0 – 2 Years Old	1,697	19%	18 – 19 Years Old	784 52%
3 – 5 Years Old	1,463	17%	20 – 21 Years Old	639 42%
6 – 11 Years Old	2,532	29%	22 – 23 Years Old	94 6%
12 – 17 Years Old	3,117	35%	24 and Older	2 *
Unspecified	-	-		
Total in Placement Fiscal Year End	8,809	100%	1,519	100%

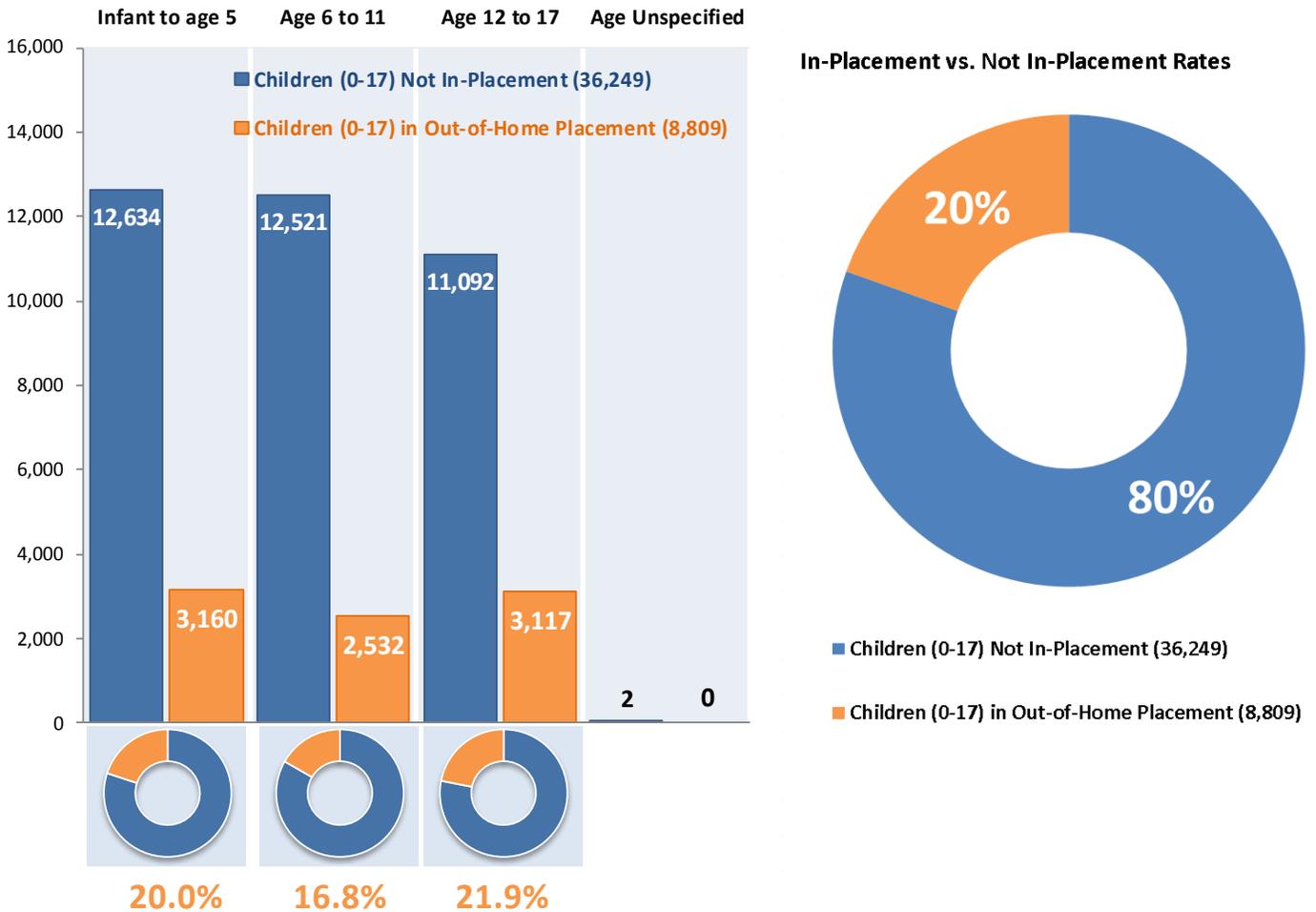
*Less than 1% after rounding.

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

Figure 12 shows that 20% (8,809/45,058) of children (0-17) in an open case were placed out-of-home.

- For children (0-5) in a DCF open case, 20.0% (3,160/15,794) were in an out-of-home placement.
- For children (6-11) in a DCF open case, 16.8% (2,532/15,053) were in an out-of-home placement.
- For children (12-17) in a DCF open case, 21.9% (3,117/14,209) were in an out-of-home placement.

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



- **Children and Young Adults in Placement FY2018 – Demographics-Birth Sex**

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

TABLE 13. Birth Sex FY2019

	Children (0-17)		Young Adults (18 & Older)	
Female	4,266	48%	818	54%
Male	4,537	52%	700	46%
Intersex	6	*	1	*
Missing (not recorded)	-	-	-	-
Total in Placement Fiscal Year End	8,809	100%	1,519	100%

*Less than 1% after rounding.

• **Children and Young Adults in Placement FY2019 – Demographics-Race/Ethnicity**

Table 14 shows that at the end of FY2019, White (41%), Hispanic/Latinx (31%), and Black (14%) children (0-17) accounted for the majority of children served by the Department. A similar distribution is also observed for young adults (18 & older).

TABLE 14. Race/Ethnicity of Children and Young Adults in Placement FY2019⁽¹⁾

	Children (0-17)		Young Adults (18 & Older)	
	Count	Percentage	Count	Percentage
White	3,582	41%	593	39%
Hispanic/Latinx (of any race)	2,692	31%	454	30%
Black	1,273	14%	312	21%
Asian	70	*	48	3%
Native American	23	*	2	*
Pacific Islander	-	-	-	-
Multi-Racial (two or more races)	827	9%	76	5%
Unable to Determine/Declined	340	4%	34	2%
Missing	2	-	-	-
Total in Placement Fiscal Year End	8,809	100%	1,519	100%

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

FIGURE 14. Consumer Children (0-17) In Out-of-Home Placement by Race/Ethnicity FY2019

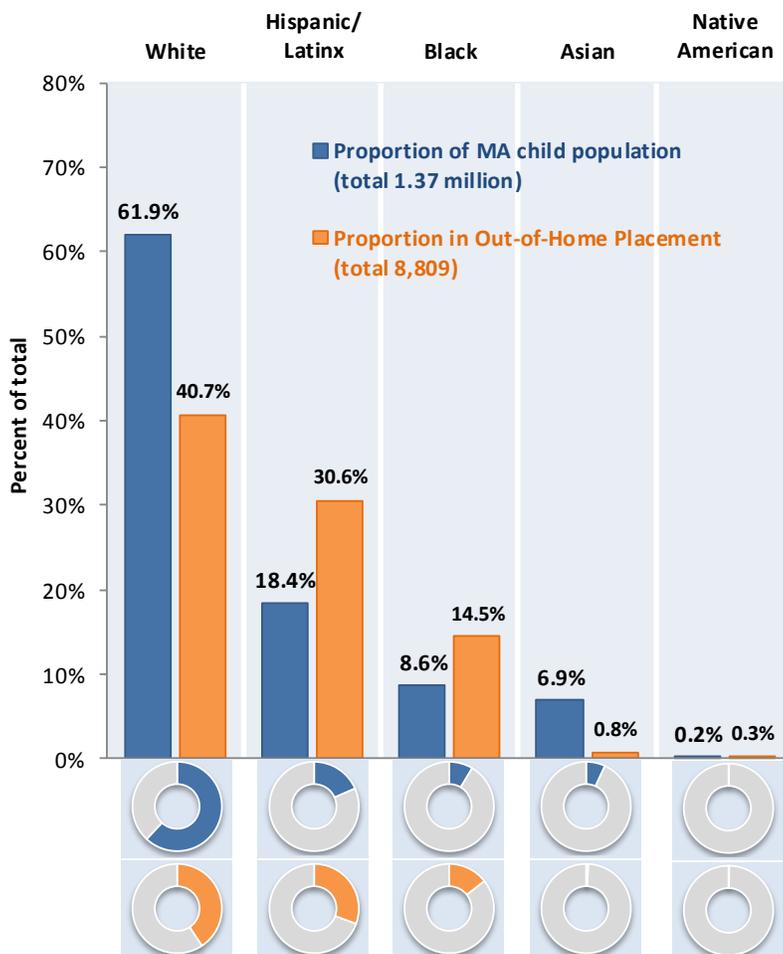


TABLE 14a. Out-of-Home Placement

	RoD	RRI
White	0.7	-
Hispanic/Latinx	1.7	2.5x
Black	1.7	2.6x
Asian	0.1	0.2x
Native American	1.3	2.0x

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

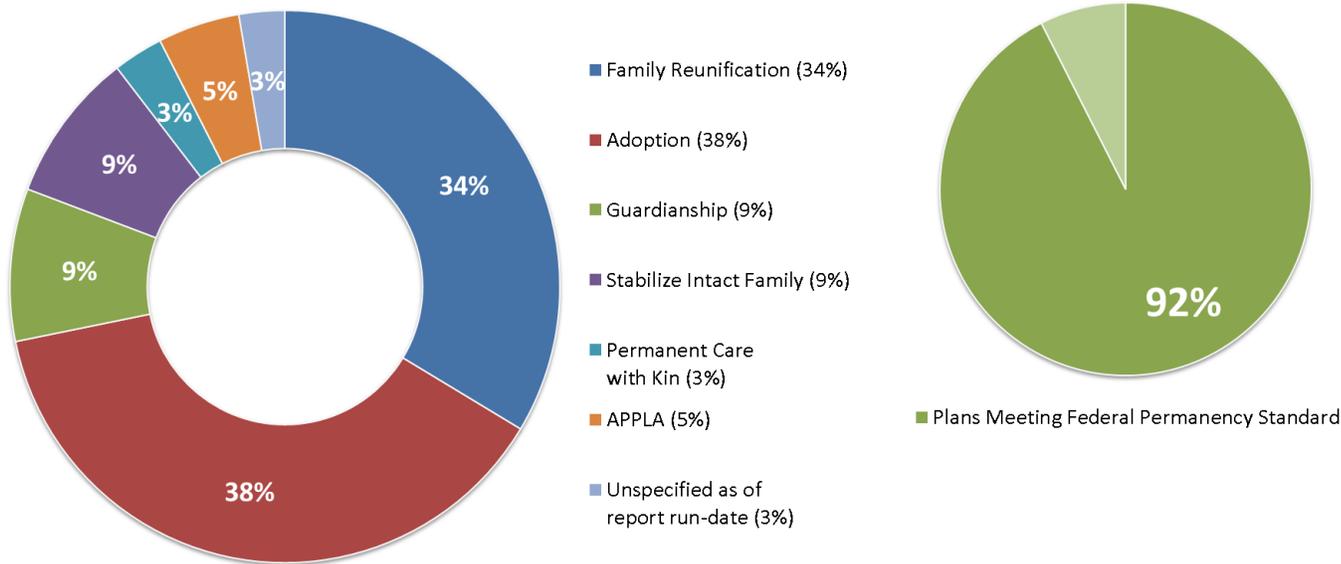
Table/Figure 15 show that 92% (8,147) of children (0-17) who were in placement at the end of FY2019 had a permanency plan goal that met the federal standard for permanency (i.e., excludes APPLA⁽¹⁾ and unspecified).

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

	FY2015		FY2016		FY2017		FY2018		FY2019	
Family Reunification	4,024	45%	4,127	43%	4,040	42%	3,660	38%	2,961	34%
Adoption	2,748	30%	3,173	33%	3,145	33%	3,262	34%	3,365	38%
Guardianship	722	8%	825	9%	732	8%	967	10%	786	9%
Stabilize Intact Family	400	4%	431	4%	823	9%	808	8%	775	9%
Permanent Care with Kin	394	4%	333	3%	277	3%	237	2%	260	3%
APPLA	514	6%	483	5%	348	4%	465	5%	425	5%
Unspecified as of report run-date	228	3%	283	3%	232	2%	232	2%	237	3%
Children in Placement Fiscal Year End	9,030	100%	9,655	100%	9,597	100%	9,631	100%	8,809	100%

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

FIGURE 15. Permanency Plan for Children (0-17) FY2019



- **Racial/Ethnic Distribution by Permanency Plan for Children (0-17) in Placement FY2019**

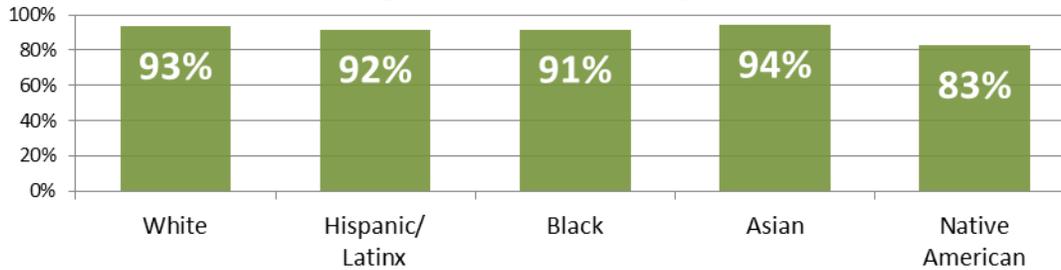
Table/Figure 15a show the racial/ethnic distribution by permanency plan for children in placement at the end of FY2019.

TABLE 15a. Permanency Plan Race/Ethnicity FY2019

	White		Hispanic /Latinx		Black		Asian		Native American	
Family Reunification	1,181	33%	921	34%	483	38%	34	49%	2	9%
Adoption	1,388	39%	1,000	37%	420	33%	10	14%	12	52%
Guardianship	328	9%	220	8%	101	8%	7	10%	4	17%
Stabilize Intact Family	333	9%	252	9%	121	10%	8	11%	1	4%
Permanent Care with Kin	115	3%	71	3%	39	3%	7	10%	-	-
APPLA	162	5%	145	5%	75	6%	3	4%	1	4%
Unspecified as of report run-date	75	2%	83	3%	34	3%	1	1%	3	13%
Children in Placement Fiscal Year End	3,582	100%	2,692	100%	1,273	100%	70	100%	23	100%

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

FIGURE 15a. Plans Meeting Federal Permanency Standard



Permanency Plan Distribution for Young Adults (18 & older) In Placement

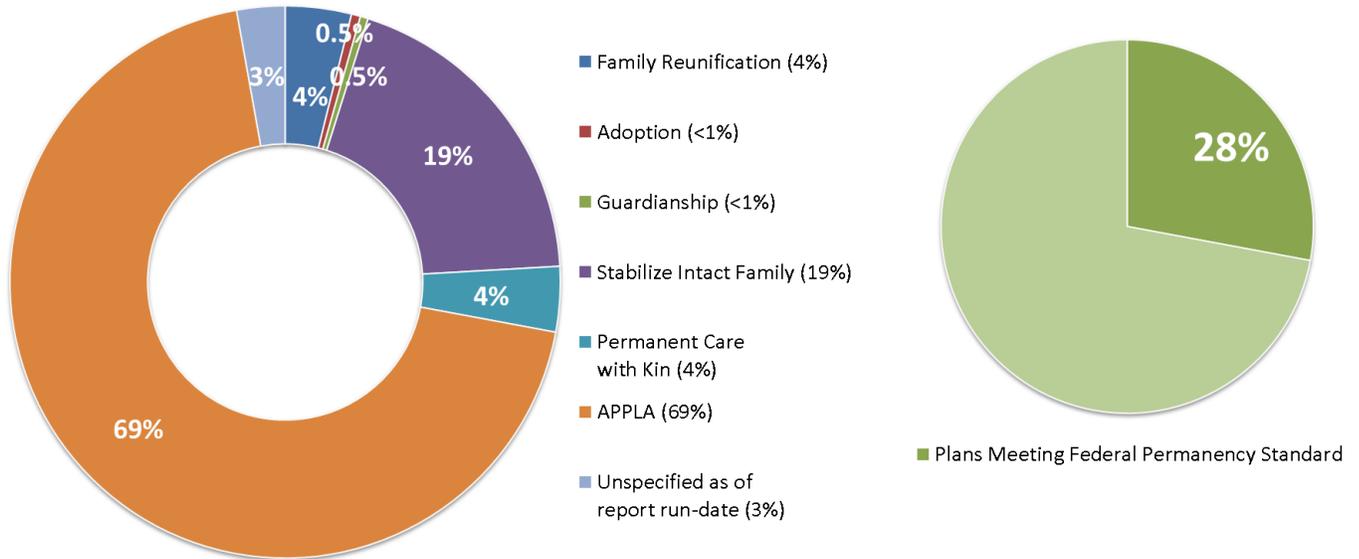
Table 15b shows that 28% (424) of young adults (18 & older) who were in placement at the end of FY2019 had a permanency plan goal that met the federal standard for permanency (i.e., excludes APPLA and unspecified).

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

	FY2015		FY2016		FY2017		FY2018		FY2019	
Family Reunification	38	2%	41	2%	56	3%	71	5%	59	4%
Adoption	2	*	7	*	6	*	3	*	8	*
Guardianship	14	1%	16	1%	10	1%	9	1%	7	*
Stabilize Intact Family	36	2%	36	2%	212	13%	297	20%	292	19%
Permanent Care with Kin	108	6%	91	5%	71	4%	57	4%	58	4%
APPLA	1,460	85%	1,422	84%	1,201	75%	1,050	69%	1,052	69%
Unspecified as of report run-date	64	4%	72	4%	56	4%	27	2%	43	3%
Young Adults (18 & >) In Placement Fiscal Year End	1,722	100%	1,685	100%	1,612	100%	1,514	100%	1,519	100%

*Less than 1% after rounding.

FIGURE 15b. Permanency Plan for Young Adults (18 & >) FY2019



• **Children and Young Adults by Placement Type FY2019**

Table/Figure 16 reveal that at the end of FY2019, 80.2% of placed children (0-17) were living in family-type settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (IFC). Recognizing that children experience greater emotional and placement stability when safely placed with kin (i.e., kinship and child specific), DCF has prioritized kin placement. Accordingly, Figure 16a shows that 56.1% of children (0-17) placed in DFC were placed with kin. The overall kinship placement rate (Figure 16b) for all children (0-17) in out-of-home placement (of any type) was 36.3%.

TABLE 16. Placement Type FY2019

	Children (0-17)		Young Adults (18 & Older)	
Departmental Foster Care (DFC) – Kinship	2,565	29%	60	4%
Departmental Foster Care (DFC) – Child Specific	633	7%	54	4%
Departmental Foster Care (DFC) – Unrestricted	1,995	23%	75	5%
Departmental Foster Care (DFC) –Pre-adoptive	503	6%	4	*
Departmental Foster Care (DFC) – Independent Living	3	*	711	47%
Comprehensive Foster Care – IFC (contracted)	1,369	16%	158	10%
Congregate Care – Group Home	703	8%	319	21%
Congregate Care – Continuum	14	*	-	-
Congregate Care – Residential School	440	5%	96	6%
Congregate Care – STARR (short-term residential)	330	4%	2	*
Congregate Care – Teen Parenting	11	*	10	*
Non-Referral Location (e.g., hospital, other state agency)	139	2%	24	2%
Missing/Absent from Approved Placement	104	1%	6	*
Total in Placement Fiscal Year End	8,809	100%	1,519	100%

*Less than 1% after rounding.

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

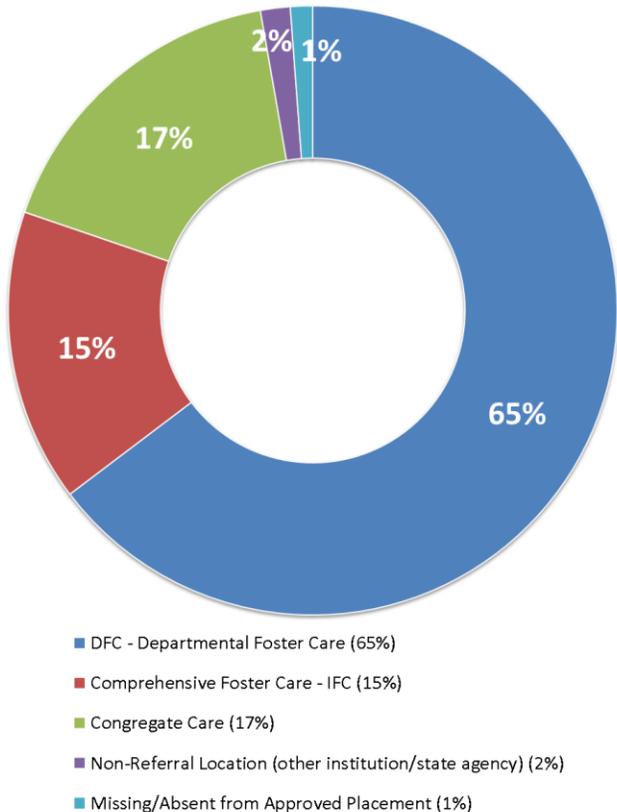


FIGURE 16a. Kin Placement as a % of DFC for Children (0-17)

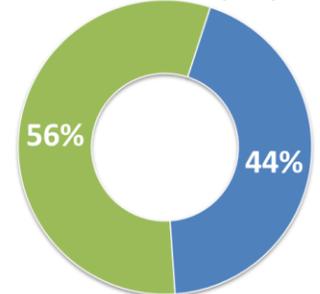
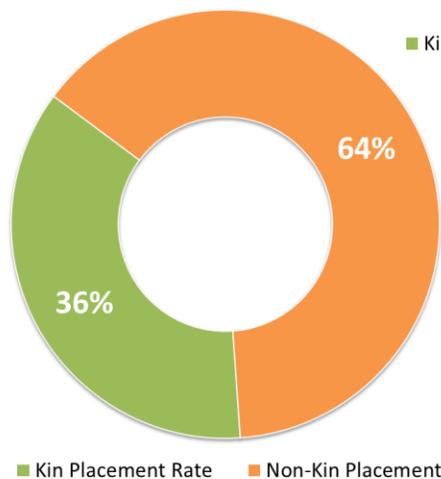


FIGURE 16b. Kin Placement as a % of ALL Placed Children (0-17)



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

Table 16c shows that the utilization of departmental and comprehensive foster care placement compared to congregate care has been relatively stable within the past five years.

TABLE 16c. Placement Type 5-Year

	FY2015		FY2016		FY2017		FY2018		FY2019	
Departmental Foster Care (DFC) – Kinship	2,616	29%	2,885	30%	2,891	30%	2,801	29%	2,565	29%
Departmental Foster Care (DFC) – Child Specific	537	6%	562	6%	626	7%	668	7%	633	7%
Departmental Foster Care (DFC) – Unrestricted	2,008	22%	2,201	23%	2,184	23%	2,277	24%	1,995	23%
Departmental Foster Care (DFC) – Pre-adoptive	490	5%	487	5%	524	5%	481	5%	503	6%
Departmental Foster Care (DFC) – Indep. Living	5	*	4	*	4	*	5	*	3	*
Comprehensive Foster Care – IFC (contracted)	1,459	16%	1,461	15%	1,415	15%	1,465	15%	1,369	16%
Congregate Care – Group Home	769	9%	812	8%	816	9%	817	8%	703	8%
Congregate Care – Continuum	24	*	23	*	24	*	14	*	14	*
Congregate Care – Residential School	416	5%	433	4%	464	5%	450	5%	440	5%
Congregate Care – STARR (short-term residential)	391	4%	439	5%	380	4%	380	4%	330	4%
Congregate Care – Teen Parenting	24	*	21	*	16	*	17	*	11	*
Non-Referral Location (e.g., hospital, state agency)	166	2%	167	2%	140	1%	139	1%	139	2%
Missing/Absent from Approved Placement	125	1%	160	2%	113	1%	117	1%	104	1%
Total in Placement Fiscal Year End	9,030	100%	9,655	100%	9,597	100%	9,631	100%	8,809	100%

*Less than 1% after rounding.

• **Children (0-17) Racial/Ethnic Distribution by Placement Type FY2019**

Table 16d presents the racial/ethnic distribution for children (0-17) by placement type at end of FY2019.

TABLE 16d. Placement Type Race/Ethnicity FY2019

	White		Hispanic /Latinx		Black		Asian		Native American	
Departmental Foster Care (DFC) – Kinship	1,212	34%	657	24%	319	25%	12	17%	8	35%
Departmental Foster Care (DFC) – Child Specific	250	7%	191	7%	88	7%	3	4%	-	-
Departmental Foster Care (DFC) – Unrestricted	742	21%	680	25%	275	22%	20	29%	3	13%
Departmental Foster Care (DFC) – Pre-adoptive	228	6%	140	5%	70	5%	3	4%	1	4%
Departmental Foster Care (DFC) – Indep. Living	-	-	3	*	-	-	-	-	-	-
Comprehensive Foster Care – IFC (contracted)	462	13%	483	18%	215	17%	12	17%	6	26%
Congregate Care – Group Home	310	9%	189	7%	119	9%	3	4%	2	9%
Congregate Care – Continuum	6	*	3	*	2	*	-	-	-	-
Congregate Care – Residential School	166	5%	134	5%	81	6%	7	10%	1	4%
Congregate Care – STARR (short-term residential)	133	4%	107	4%	56	4%	8	11%	-	-
Congregate Care – Teen Parenting	3	*	7	*	1	*	-	-	-	-
Non-Referral Location (e.g., hospital, state agency)	51	1%	47	2%	27	2%	1	1%	-	-
Missing/Absent from Approved Placement	19	1%	51	2%	20	2%	1	1%	2	9%
Total in Placement Fiscal Year End	3,582	100%	2,692	100%	1,273	100%	70	100%	23	100%

FIGURE 16d. Kin Placement as a Percent of All Placed Children (0-17)

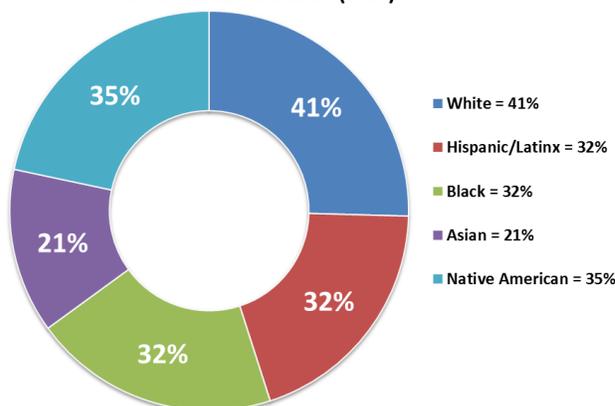


Figure 16d presents kin placement by race/ethnicity.

● **Sibling Placements**

Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. Table 17 and Figures 17a-b show that the sibling placement rate increased by 3.5% between FY2018 and FY2019.

TABLE 17. Sibling Placement Rates

	FY2015	FY2016	FY2017	FY2018	FY2019
Cases with 2 or More Siblings in DFC Placement (denominator)	1,254	1,350	1,383	1,381	1,256
Cases with 2 or More Siblings in Same DFC Home (numerator)	982	1,031	1,054	1,024	964
2 or more Sibling Placement Rate Fiscal Year End	78%	76%	76%	74%	77%
Cases with all Siblings in Same DFC Home (numerator)	782	836	824	772	760
ALL DFC Placed Sibling Placement Rate Fiscal Year End	62%	62%	60%	56%	61%

FIGURE 17a. 2+ Sibling Rate

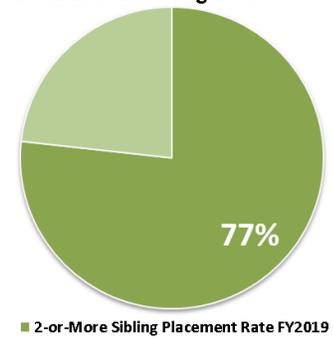
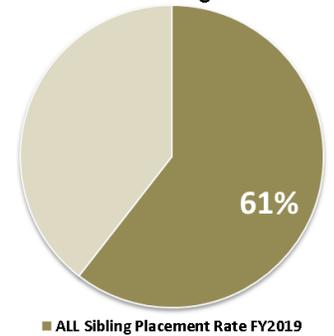


FIGURE 17b. All Sibling Rate



● **Continuous Time in Placement**

The period between the start and end of DCF placement custody is known as a *Home Removal Episode (HRE)*. *Continuous Time in Placement* is a federal measure defined as the timespan between the start and end of an *HRE*. Table 18 and Figures 18a-b-c reveal that at the end of FY2019, 64.2% of children (0-17) had a continuous time in out-of-home placement of two years or less.

TABLE 18. Continuous Time in Placement

	FY2015	FY2016	FY2017	FY2018	FY2019
0.5 years or less	2,411	2,497	2,352	2,367	2,088
> 0.5 years to 1 year	1,757	1,916	1,695	1,638	1,434
> 1 year to 2 years	2,408	2,329	2,404	2,343	2,131
> 2 years to 4 years	1,667	2,103	2,250	2,269	2,081
> 4 years	787	810	896	1,014	1,075
Total Children (0-17) In Placement Fiscal Year End	9,030	9,655	9,597	9,631	8,809

FIGURE 18b. FY2019

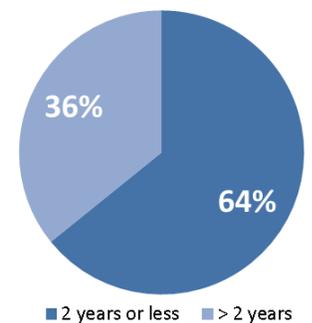


FIGURE 18c. FY2014-19

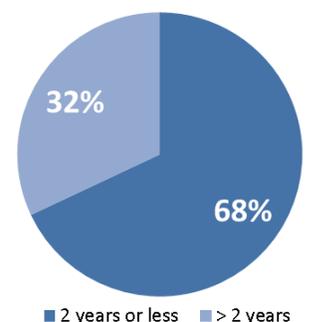
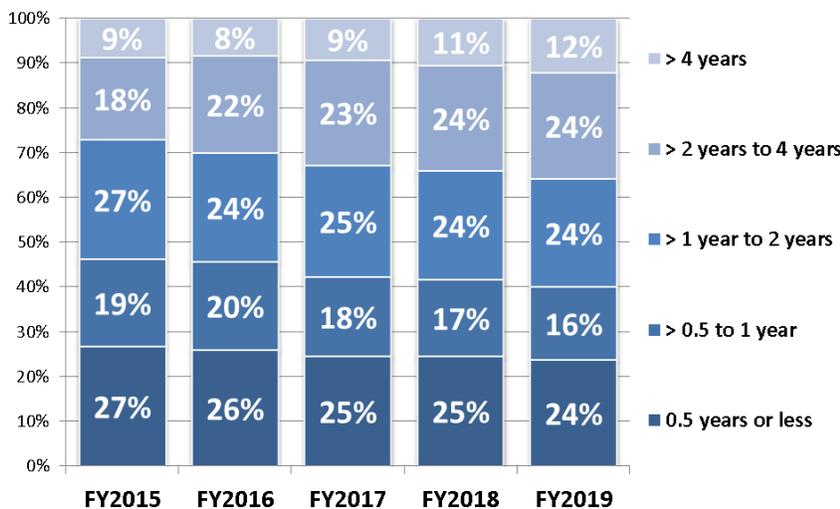


FIGURE 18a. Continuous Time in Placement for Consumer Children (0-17)



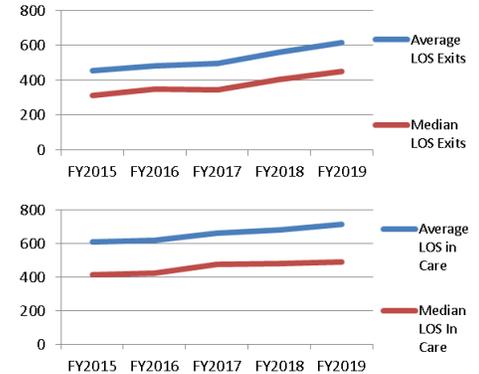
- **Placement Length-of-Stay**

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

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

	FY2015	FY2016	FY2017	FY2018	FY2019
Average LOS Days for Children Exiting Care by FY End	455.66	483.22	495.41	561.94	614.28
Average LOS in Months	15.0	15.9	16.3	18.5	20.2
Median LOS Days for Children Exiting Care by FY End	314.00	349.00	344.00	404.00	450.00
Median LOS in Months	10.3	11.5	11.3	13.3	14.8
<hr/>					
Average LOS Days for Children in Care at FY End	612.40	620.43	660.60	682.15	715.70
Average LOS in Months	20.1	20.4	21.7	22.4	23.5
Median LOS Days for Children in Care at FY End	412.00	422.00	476.00	480.00	493.00
Median LOS in Months	13.5	13.9	15.6	15.8	16.2

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



IV. PLACEMENT STABILITY

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

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

Table/Figure 20 show that, of all the children (0-17) served in a placement setting during FY2019, who were in placement for at least 8 days but less than 12 months, 71.4%, had two or fewer placement settings.

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

	FY2015	FY2016	FY2017	FY2018	FY2019
Children in Placement < 12 Months (denominator)	7,031	7,299	6,957	6,523	5,947
Children with 2 or Fewer Placements (numerator)	5,228	5,164	4,786	4,436	4,248
CFSR2 Measure 4.1: Of all children who were served in placement during the 12-month period ending with the Fiscal Year, and who were in placement for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	74.4%	70.7%	68.8%	68.0%	71.4%

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

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



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

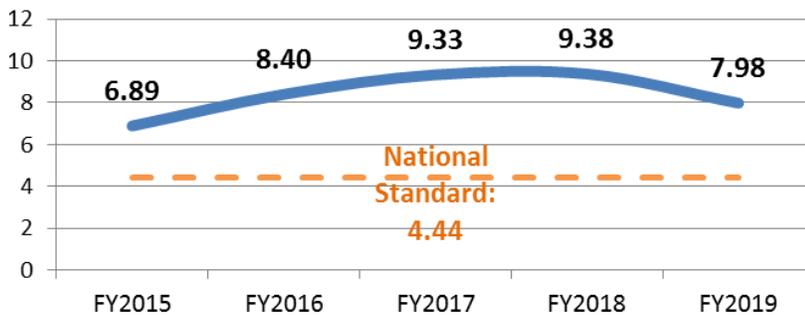
Table/Figure 21 show the number and rate per 1,000 placement days for children (0-17) who entered care during the specified fiscal year. Of note, placement stability improved by 14.9% in FY 2019, relative to FY 2018.

TABLE 21. Placement Moves per 1,000 Placement Days

	FY2015	FY2016	FY2017	FY2018	FY2019
Total Number of Placement Days (denominator)	909,193	984,348	869,853	835,178	773,794
Total Number of Placement Moves (numerator)	6,261	8,269	8,120	7,831	6,175
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?	6.89	8.40	9.33	9.38	7.98

National Standard: 4.44 (lower score is preferable)

FIGURE 21: Placement Moves per 1K Placement Days



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

As found in Table/Figure 22, 5,309 unique children (0-17) entered out-of-home care during FY2019. Of these, 4,003 (75.4%) were new entries who had never been in DCF out-of-home care prior to FY2019. The remaining 1,306 unique children had prior HREs, of which:

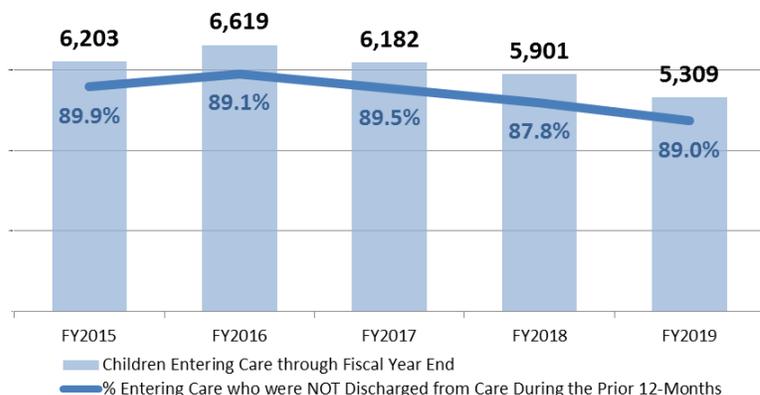
- Just over half, 724 (55.4%) re-entered care more than 12 months after their most recent HRE
- Less than half, 582 (44.6%) re-entered care within 12 months of their most recent HRE

TABLE 22. Children (0-17) Entering Care

	FY2015	FY2016	FY2017	FY2018	FY2019
Children Entering Care through Fiscal Year End (denominator)	6,203	6,619	6,182	5,901	5,309
First Time Entry into Care (numerator)	4,808	5,113	4,744	4,421	4,003
Re-Entry in More than 12 Months (numerator)	771	786	791	762	724
Re-Entry Within 12 Months	624	720	647	718	582
% of Children Entering Care who were NOT Discharged from Care During the Prior 12 Months.⁽¹⁾	89.9%	89.1%	89.5%	87.8%	89.0%

⁽¹⁾ Higher score is preferable.

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



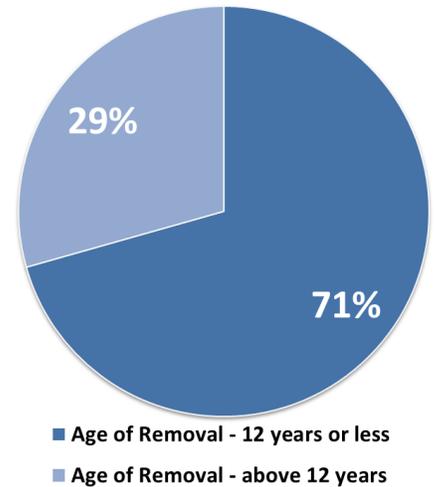
VI. PLACEMENT EXITS

• Exits from Care for Children (0-17)

Table/Figure 23 show that there were 5,836 exits from out-of-home placement. This represents a 4.8% (269) increase over FY2015. Of these 5,836 exits, 70.6% (4,121) were children who entered out-of-home care at 12-years-of-age or younger.

	FY2015	FY2016	FY2017	FY2018	FY2019
Age of Removal – 12-years or less	3,602	3,727	4,016	4,053	4,121
Age of Removal – above 12-years	1,965	1,915	1,906	1,757	1,715
ALL Exits from Care	5,567	5,642	5,922	5,810	5,836

FIGURE 23. Age of Removal - FY2019 Exits



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

When children enter DCF out-of-home care, concerted efforts are made to safely achieve permanency through reunification, adoption, and guardianship. Tables/Figures 23a-b reveal that 86.3% of children that exited out-of-home care in FY2019 achieved permanency.

	FY2015	FY2016	FY2017	FY2018	FY2019
Reunification	66.3%	66.9%	65.9%	62.4%	60.1%
Adoption	10.7%	11.5%	11.0%	13.4%	16.0%
Guardianship	6.3%	6.4%	8.4%	10.1%	10.2%
ALL OTHER EXIT REASONS ⁽¹⁾	16.7%	15.2%	14.7%	14.1%	13.7%

⁽¹⁾ OTHER EXIT REASONS (i.e., transfer to other state agency, emancipation, death of child)

FIGURE 23a. Exit Reasons

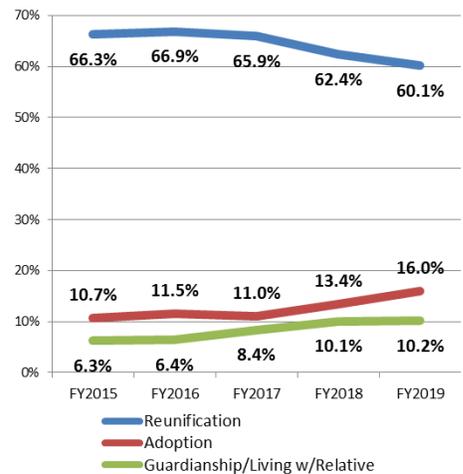
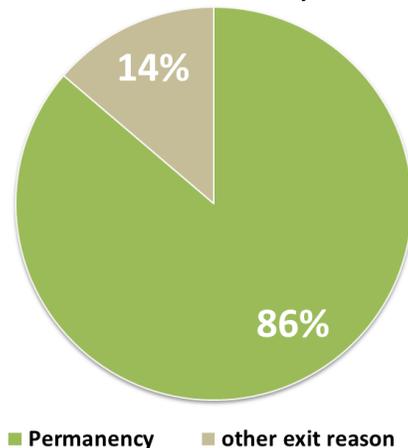


FIGURE 23b. Exits to Permanency



	FY2015		FY2016		FY2017		FY2018		FY2019	
	12 or Less	Above 12								
Reunification	69.9%	59.5%	70.1%	60.6%	69.4%	58.4%	64.0%	58.9%	61.5%	56.9%
Adoption	16.6%	0.0%	17.3%	0.2%	16.2%	0.2%	19.1%	0.4%	22.6%	0.2%
Guardianship	8.7%	1.9%	8.6%	2.0%	11.0%	2.8%	13.4%	2.4%	13.0%	3.5%
ALL OTHER EXIT REASONS	4.8%	38.6%	4.0%	37.2%	3.4%	38.6%	3.5%	38.3%	2.9%	39.4%

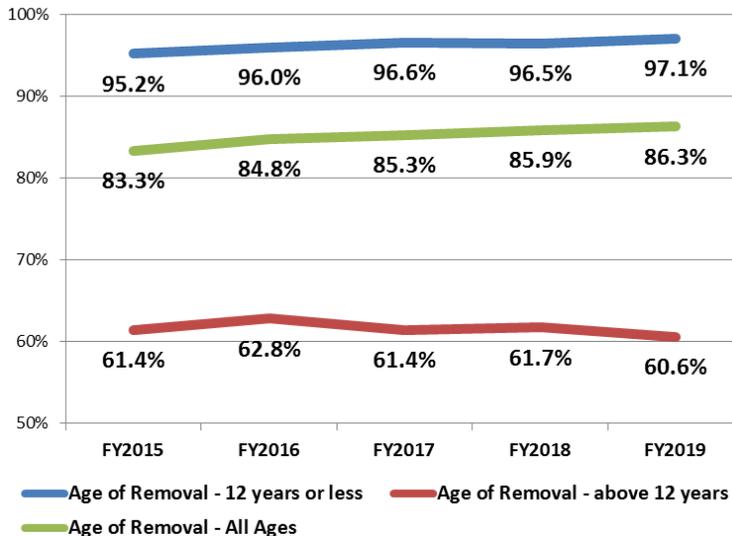
- Exit Reasons for Children (0-17) Who Exited from Care by Age of Removal

TABLE 23c. Exits to Permanency:

Reunification/Adoption/Guardianship	FY2015	FY2016	FY2017	FY2018	FY2019
Age of Removal –12 years or less	95.2%	96.0%	96.6%	96.5%	97.1%
Age of Removal – above 12 years	61.4%	62.8%	61.4%	61.7%	60.6%
Age of Removal – All Ages	83.3%	84.8%	85.3%	85.9%	86.3%

Higher score is preferable.

FIGURE 23c. Permanency by Age of Removal



While 86.3% of children (0-17) that exited out-of-home care in FY2019 exited to permanency, Table/Figure 23c show that children who entered care at age 12 years or less achieved permanency at a higher rate (97.1%) than children who entered out-of-home care at age 13 or older (60.6%). Further, Table 23b (p.15) reveals that children age 13 or older at the time of their entry into care were less likely to exit to adoption or guardianship, than children entering care at age 12 years or less.

- Exits from Care by Race/Ethnicity

Figure 14 and Table 14a (p.7) Table 24 compares placement, exits from care and reunification by race/ethnicity.

TABLE 24. Exits from Care by Race/Ethnicity – Rate-of-Disproportionality FY2019⁽¹⁾

	Children (0-17) In Placement Start of FY2019		Children (0-17) Exiting in FY2019		RoD	Children (0-17) Reunified	
White	4,092	42%	2,569	44%	1.0	1,422	55%
Hispanic/Latinx (of any race)	2,785	29%	1,755	30%	1.0	1,155	66%
Black	1,341	14%	797	14%	1.0	528	66%
Asian	64	.7%	44	.8%	1.1	23	52%
Native American	25	.3%	12	.2%	0.8	5	42%
Pacific Islander	1	.01%	1	.02%	-	1	100%
Multi-Racial (two or more races)	958	10%	459	8%	0.8	245	53%
Unable to Determine/Declined	365	4%	199	3%	0.9	129	65%
Missing	-	-	-	-	-	-	-
Total Fiscal Year End	9,631	100%	5,836	100%		3,508	60%

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

VII. CHILD MALTREATMENT

DCF is committed to protecting children. The Department looks into allegations of abuse and neglect reported by professionals and the public. When a case is opened, DCF connects families with services in the community and works with them to make sure children can grow and thrive in a safe, stable home.

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

Defining Terms

Child Abuse

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

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

Child Neglect

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

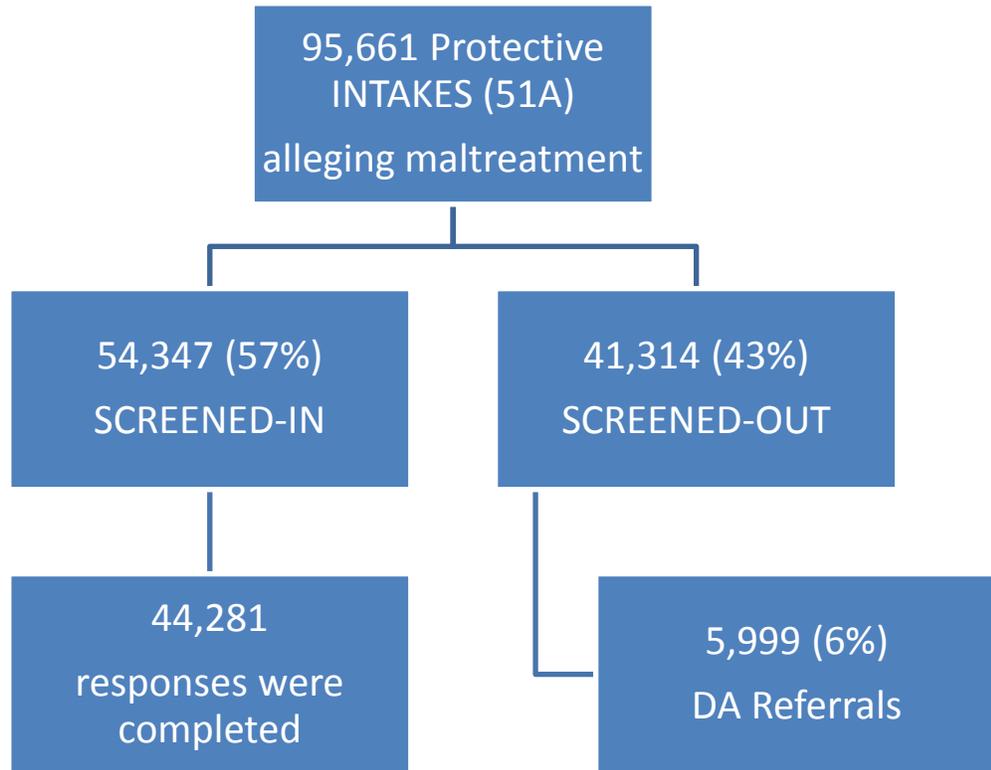
Caregiver

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

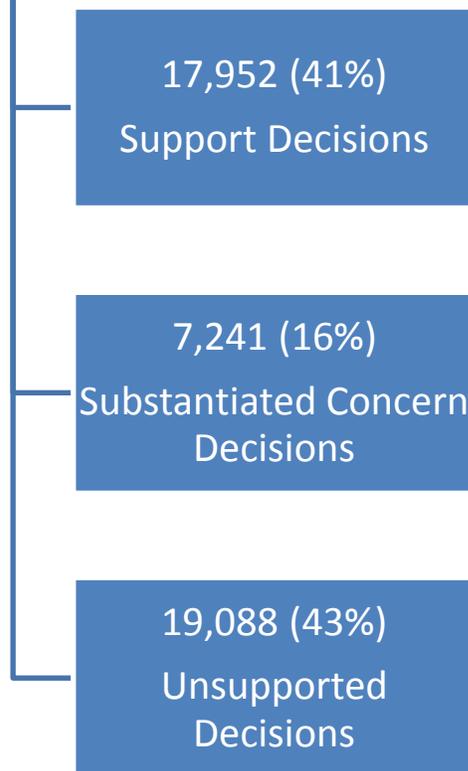
The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child such as a babysitter under age 18.

- Protective Intake (51A) Statistics at a Glance FY2019

Protective Intakes



Response Determinations



- **Intake Distribution**

Table 25 and Figures 25a-b present the DCF intake distribution for protective and non-protective intakes. In FY2019, DCF received 96,879 intakes, of which 98.7% (95,661) came to the attention of the Department through the 51A report process. Safe Haven, voluntary, Child Requiring Assistance (CRA) petitions, and court referrals accounted for 1.3% (1,218) of all FY2019 intakes.

TABLE 25. Intake Distribution

	FY2015	FY2016	FY2017	FY2018	FY2019
Protective Intakes (51As)	90,517	94,412	93,029	96,487	95,661
Safe Haven	3	3	2	2	-
Voluntary	519	461	384	329	244
CRA and Court Referral	1,032	1,004	995	913	974
Intake Distribution FY End	92,071	95,880	94,410	97,731	96,879

FIGURE 25a. FY2019 Intake Distribution

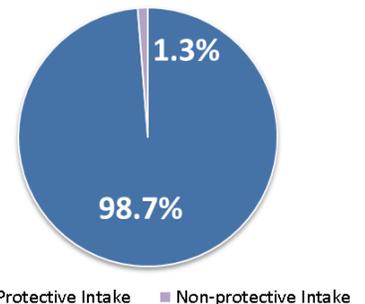
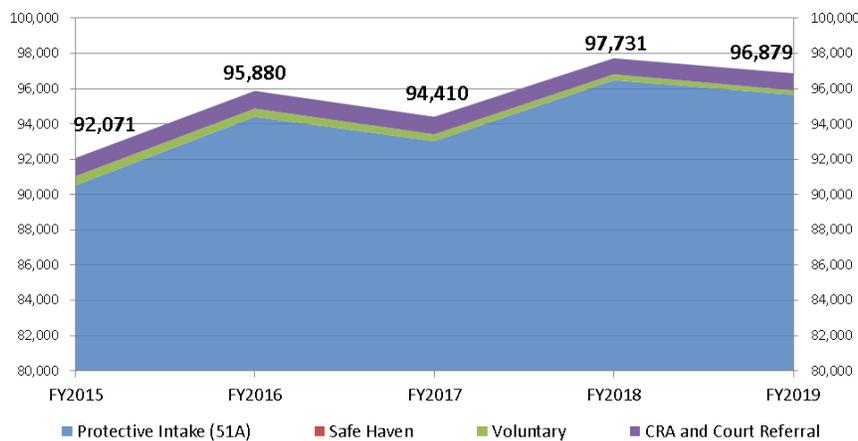


FIGURE 25b. Intake Distribution



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

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

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

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

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

neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.

- Timeframes for completing a 51A Screening:**
- **Screening:** Begins immediately for all reports.
 - Screening for an emergency response is to be completed within two hours
 - Screening for a non-emergency response is to be completed within one business day, but may be extended for one additional business day in limited circumstances

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

Table 26 and Figures 26a-b reflect a 5.7% (5,144) increase in protective intakes in FY2019 relative to FY2015. This notwithstanding, the screen-in rate reduction from 63% in FY2015 to 57% in FY2019 resulted in a 4.9% (2,796) decrease in “screened-in” protective intakes in FY2019 (54,347) compared to FY2015 (57,143).

Note: DCF’s new Protective Intake Policy (2016) eliminated differential response, known as Initial Assessments, and consequently tightened the screening criteria for 51A reports.

TABLE 26. Protective Intakes (51As)	FY2015	FY2016	FY2017	FY2018	FY2019
Screen-In Emergency	8,029	8,759	8,560	9,168	8,399
Screen-in Non-Emergency	49,114	51,150	46,972	47,386	45,948
Screen-Out	29,661	30,378	32,964	34,688	35,315
Screen-Out DA Referral	3,713	4,125	4,533	5,245	5,999
Protective Intakes (51As) Fiscal Year End	90,517	94,412	93,029	96,487	95,661

FIGURE 26a. Screened-In 51a Intakes

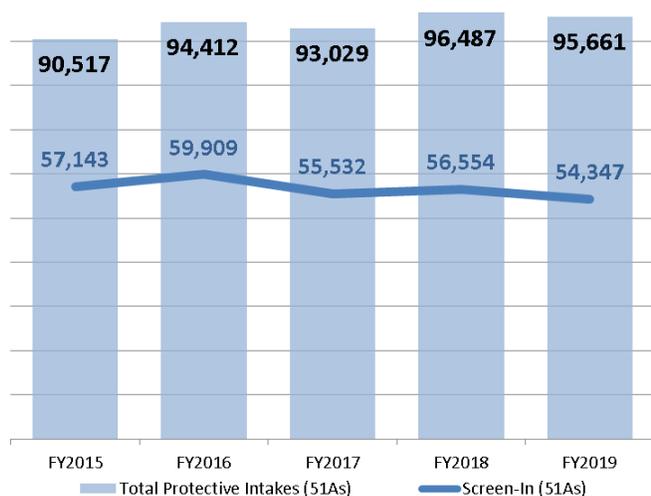
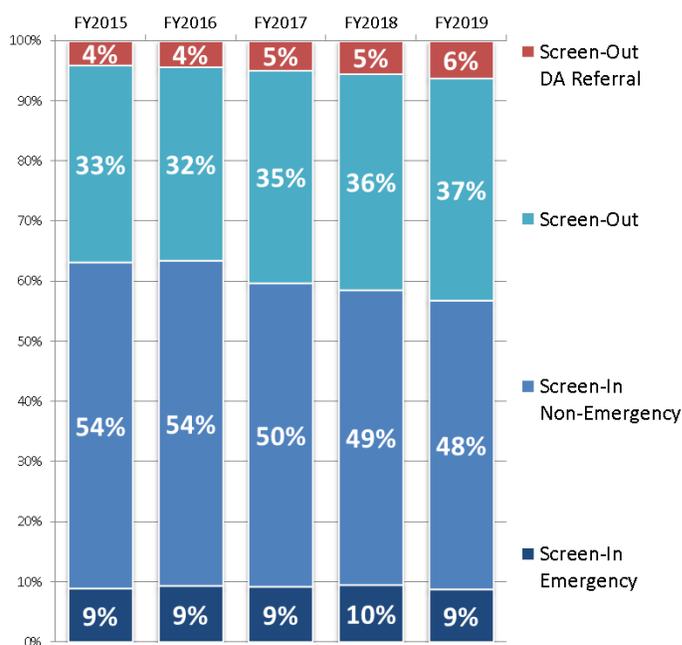


FIGURE 26b. Screening and DA Referral Rates



- **Protective Responses (51Bs)**

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

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

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

Timeframes for completing a CPS Response:

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

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

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

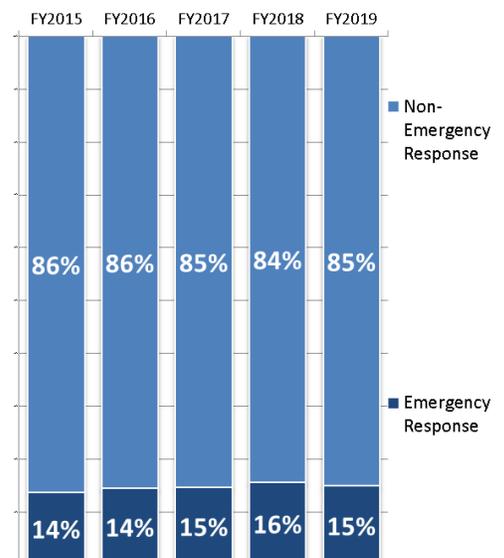
	FY2015	FY2016	FY2017	FY2018	FY2019
Emergency Response	6,437	6,866	6,761	7,165	6,570
Non-Emergency Response ⁽¹⁾	40,784	40,999	39,665	38,859	37,711
Protective Responses FY End	47,221	47,865	46,426	46,024	44,281

⁽¹⁾ Non-Emergency Responses include Initial Assessments for FY2015-2016.

○ FY2015 = 9,646

○ FY2016 = 5,894

FIGURE 27. Response Type



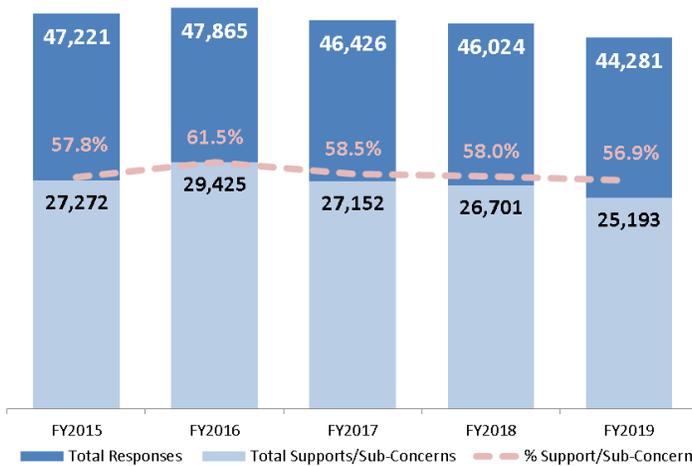
- **Protective Responses (51Bs) – Determinations**

Table/Figure 28 show a 58.5% average combined support/substantiated-concern rate over the five-year time span of FY2015-19.

TABLE 28. Protective Responses Support/Concern Counts

	FY2015		FY2016		FY2017		FY2018		FY2019	
Investigation – Support Decision	22,806	60.7%	24,272	57.8%	18,889	40.7%	18,573	40.4%	17,952	40.5%
Investigation – Substantiated Concern	-	-	2,336	5.6%	8,263	17.8%	8,128	17.7%	7,241	16.4%
Initial Assessment – Concern Finding	4,466	46.3%	2,817	47.8%	-	-	-	-	-	-
Total Supported/Substantiated-Concern	27,272	57.8%	29,425	61.5%	27,152	58.5%	26,701	58.0%	25,193	56.9%

FIGURE 28. Response Determinations



- **Protective Responses (51Bs) – Timeliness of Responses**

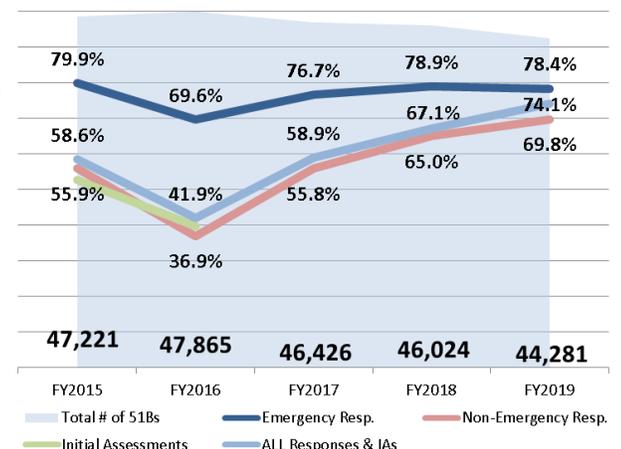
Table/Figure 29 reveal 76.8% improvement in timeliness of responses between FY2016 (41.9%) and FY2019 (74.1%).

TABLE 29. Timeliness of Responses

	FY2015	FY2016	FY2017	FY2018	FY2019
Emergency Response	79.9%	69.6%	76.7%	78.9%	78.4%
Non-Emergency Response	55.9%	36.9%	55.8%	65.0%	69.8%
Initial Assessments	52.8%	39.6%	-	-	-
Timeliness of ALL Responses	58.6%	41.9%	58.9%	67.1%	74.1%

Higher score is preferable.

FIGURE 29. Timeliness of Response



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

TABLE 29a. Count of Approved Intakes (51As) and Allegations FY2019 %

	FY2019	%
Neglect	71,211	74.4%
Physical Abuse	19,922	20.8%
Sexual Abuse	10,021	10.5%
Human Trafficking-Labor	10	*
Human Trafficking-Sexually Exploited Child	1,196	1.3%
Neglect-Death	112	0.1%
Neglect-Substance Exposed Newborn (SEN)	2,323	2.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	122	0.1%
Physical Abuse-Death	8	*
Invalid Allegation	840	0.9%
Total 51A Reports ⁽¹⁾	95,661	100%

As evidenced in Table 29a, 74.4% of the 95,661 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 20.8% of reports, sexual abuse in 10.5%, and SEN/SEN-NAS in 2.6%.

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

*Less than 0.1% after rounding.

TABLE 29b. Count of Supported Responses (51Bs) and Allegations FY2019 %

	FY2019	%
Neglect	15,416	85.9%
Physical Abuse	1,820	10.1%
Sexual Abuse	750	4.2%
Human Trafficking-Labor	3	*
Human Trafficking-Sexually Exploited Child	272	1.5%
Neglect-Death	23	0.1%
Neglect-Substance Exposed Newborn (SEN)	1,156	6.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	91	0.5%
Physical Abuse-Death	5	*
Invalid Allegation	-	-
Total Supported 51B Responses ⁽²⁾	17,952	100%

Table 29b reveals that 85.9% of the 17,592 supported responses included a finding of neglect. Physical abuse was evident in 10.1% of the supported responses, SEN/SEN-NAS in 6.9%, and sexual abuse in 4.2%.

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

*Less than 0.1% after rounding.

TABLE 29c. Unduplicated Child Victims by Allegation ⁽³⁾ FY2019 %

	FY2019	%
Neglect	25,309	95.3%
Physical Abuse	2,083	7.8%
Sexual Abuse	841	3.2%
Human Trafficking-Labor	3	*
Human Trafficking-Sexually Exploited Child	276	1.0%
Neglect-Death	24	0.1%
Neglect-Substance Exposed Newborn (SEN)	1,173	4.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	91	0.3%
Physical Abuse-Death	7	*
Invalid Allegation	-	-
Unduplicated Child Victims ⁽⁴⁾	26,549	100%

Table 29c evidences that 95.3% of 26,549 unique children found to have experienced maltreatment, were victims of neglect. Physical abuse was evidenced for 7.8% of the child victims, SEN/SEN-NAS for 4.8%, and sexual abuse for 3.2%.

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

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

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

VIII. PERFORMANCE AND OUTCOME METRICS

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

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

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

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

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

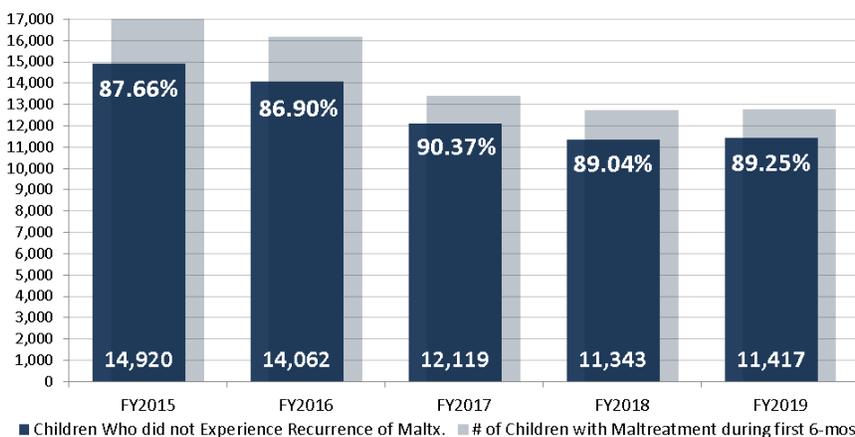
This federal CFSR-2 safety outcome measure includes children who are in an open DCF case as well as those not in open cases.

Table/Figure 30 reveal that in FY2019, 89.25% (11,417/12,792) of the children who experienced an occurrence of maltreatment within the first six months of FY2019 did not experience a recurrence of maltreatment within the next six months (i.e., through the end of FY2019). **NOTE: Measure below is presented as the absence of recurrence of maltreatment.**

	FY2015	FY2016	FY2017	FY2018	FY2019
Children with Maltreatment during First 6 months (denominator)	17,021	16,181	13,411	12,739	12,792
Children Who did not Experience Recurrence within 6 months (numerator)	14,920	14,062	12,119	11,343	11,417
Children with Recurrence within 6 months	2,101	2,119	1,292	1,396	1,375
% of Children Who did not Experience Recurrence of Maltreatment	87.66%	86.90%	90.37%	89.04%	89.25%

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

FIGURE 30. Children Who did not Experience Recurrence of Maltreatment



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

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

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

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

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

Table/Figure 31 reveal that 98.99% (15,677/15,837) of the children who were in an out-of-home placement at any time during FY2019 did not experience maltreatment by a substitute care provider.

	FY2015	FY2016	FY2017	FY2018	FY2019
Children in Placement During Fiscal Year (denominator)	15,707	16,516	16,828	16,583	15,837
Children Who did not Experience Maltreatment in Foster Care (numerator)	15,534	16,260	16,637	16,381	15,677
Children with Maltreatment in Foster Care	173	256	191	202	160
% of Children Who did not Experience Maltreatment in Foster Care	98.90%	98.45%	98.86%	98.78%	98.99%

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

FIGURE 31. Children Who did not Experience Maltreatment in FC

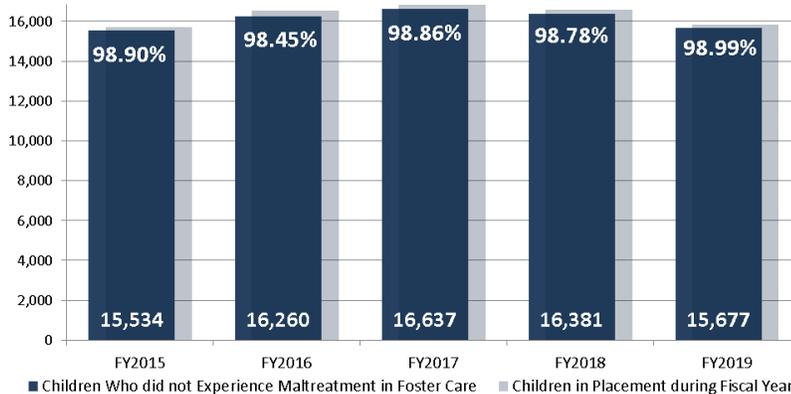


FIGURE 31b. Victimization per 100,000 Days in Care

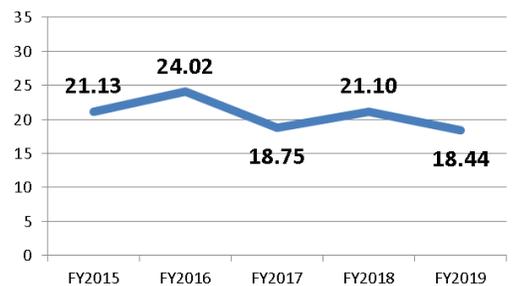


TABLE 31b. Victimization* Rate per 100K Days in Care – CFSR3

	FY2015	FY2016	FY2017	FY2018	FY2019
Total # of Placement Days (denominator)	3,601,646	3,808,651	3,910,124	3,895,105	3,747,483
Total # of Victimitations (numerator)	761	915	733	822	691
Victimization* per 100,000 Days in Care	21.13	24.02	18.75	21.10	18.44

Table/Figure 31b present an FY2019 victim rate of 18.44 per 100,000 days of DCF care.

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

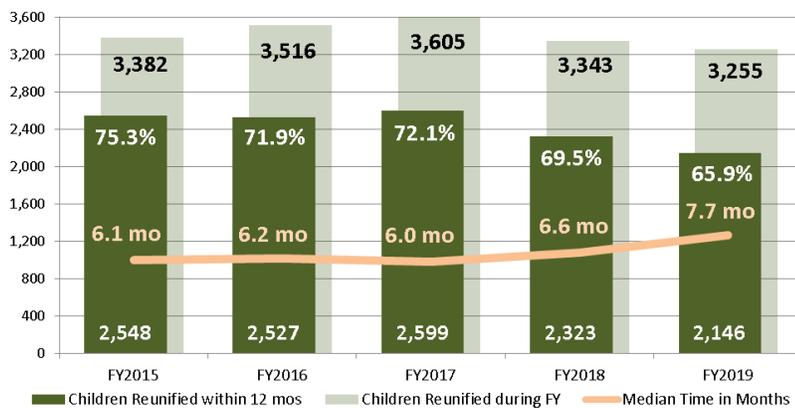
- **Permanency Outcome – Reunification in 12 Months – CFSR-2**

Table/Figure 32 show that the *Rate of Reunification within 12 Months* of entering care, another federal measure, has decreased from 75.3% in FY2015 to 65.9% in FY2019.

	FY2015	FY2016	FY2017	FY2018	FY2019
*Children Reunified During the Fiscal Year (denominator)	3,382	3,516	3,605	3,343	3,255
Children Reunified within 12 months (numerator)	2,548	2,527	2,599	2,323	2,146
Measure 1.1: Of all children discharged from foster care to reunification in the 12-month period ending with the fiscal year, and who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home?	75.3%	71.9%	72.1%	69.5%	65.9%
Measure 1.2: Median Time to Reunification in Months	6.1 mos.	6.2 mos.	6.0 mos.	6.6 mos.	7.7 mos.

*Measure 1.1 – National median: 69.9%, 75th percentile: 75.2% (higher score is preferable) *By definition, this is a subset of Table 24 reunifications.*
Measure 1.2 – National median: 6.5 months, 25th percentile: 5.4 months (lower score is preferable)

FIGURE 32. Children Reunified in 12 Months



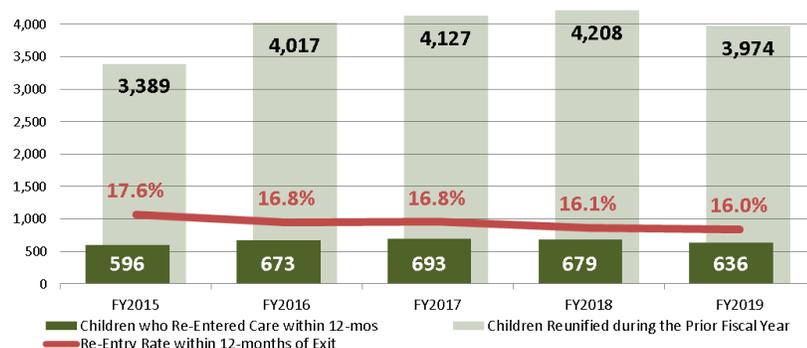
- **Permanency Outcome – Re-Entries – CFSR-2**

Reflecting continuous improvement, Table/Figure 33 show that the rates of re-entry into out-of-home care within 12 months for children who exited to reunification has steadily decreased since FY2015.

	FY2015	FY2016	FY2017	FY2018	FY2019
Children Reunified During the Prior Fiscal Year (denominator)	3,389	4,017	4,127	4,208	3,974
Children Who Re-Entered Foster Care within 12 months (numerator)	596	673	693	679	636
Measure 1.4: Of all children who were discharged from foster care to reunification in the 12-month period prior to the 12-month period ending with the selected fiscal year, what percent re-entered foster care in less than 12 months from the date of discharge?	17.6%	16.8%	16.8%	16.1%	16.0%

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

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



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

Table 33a shows exits from care by race/ethnicity.

TABLE 33a. Exits to Permanency By Race/Ethnicity FY2019 ⁽¹⁾

	Children (0-17) In Placement Start of FY2019		Children (0-17) Exiting to Permanency in FY2019		RoD
White	4,092	42%	2,245	45%	1.0
Hispanic/Latinx (of any race)	2,785	29%	1,504	30%	1.0
Black	1,341	14%	652	13%	0.9
Asian	64	.7%	33	.7%	1.0
Native American	25	.3%	11	.2%	0.8
Pacific Islander	1	.01%	1	.02%	-
Multi-Racial (two or more races)	958	10%	412	8%	0.8
Unable to Determine/Declined	365	4%	178	4%	0.9
Missing	-	-	-	-	-
Total Fiscal Year End	9,631	100%	5,836	100%	

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

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

Table 33b presents reunification by race/ethnicity, with RoD and RRI.

TABLE 33b. Reunifications by Race/Ethnicity – Rate-of-Disproportionality FY2019 ⁽¹⁾

	Children with Goal of Reunification Start of FY2019		Children Reunified in FY2019		RoD	RRI
White	1,553	42%	1,422	41%	1.0	
Hispanic/Latinx (of any race)	1,061	29%	1,155	33%	1.1	1.2x
Black	564	15%	528	15%	1.0	1.0x
Asian	21	.6%	23	.7%	1.1	1.2x
Native American	6	.2%	5	.1%	0.9	0.9x
Pacific Islander	-	-	1	.03%	-	
Multi-Racial (two or more races)	292	8%	245	7%	0.9	0.9x
Unable to Determine/Declined	163	4%	129	4%	0.8	n/a
Missing	-	-	-	-	-	-
Total Fiscal Year End	3,660	100%	3,508	100%		

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

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

Table/Figure 34 show that the rates of adoption within 24 months of HRE have declined between FY2015 and FY2019. Notwithstanding, the number of children (0-17) with a legalized adoption increased a significant 56.5% (338) comparing FY2015 (598) to FY2019 (936). The Department is moving larger cohorts of children toward the permanency goal of adoption.

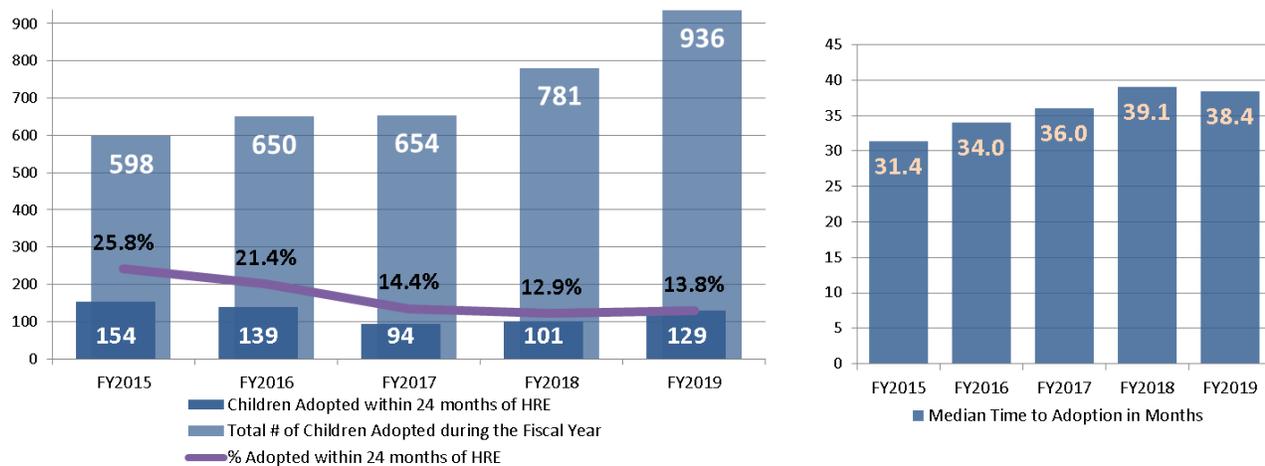
TABLE 34. Timeliness of Adoptions – CFSR2

	FY2015	FY2016	FY2017	FY2018	FY2019
Total # of Children (0-17) Adopted during the Fiscal Year (denominator)	598	650	654	781	936
Children (0-17) Adopted within 24 Months of Home Removal (numerator)	154	139	94	101	129
Measure 2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month period ending with the selected Fiscal Year, what percent were discharged in less than 24 months from the date of the latest removal from home?	25.8%	21.4%	14.4%	12.9%	13.8%
Measure 2.2: Median Time to Adoption in Months	31.4 mos.	34.0 mos.	36.0 mos.	39.1 mos.	38.4 mos.

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

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

FIGURE 34. Timeliness of Adoptions



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

Table 35 presents adoptions by race/ethnicity, with RoD and RRI.

TABLE 35. Adoptions by Race/Ethnicity – Rate-of-Disproportionality FY2019⁽¹⁾

	Children with Goal of Adoption Start of FY2019		Children Adopted in FY2019		RoD	RRI
White	1,349	41%	497	53%	1.3	
Hispanic/Latinx (of any race)	968	30%	221	24%	0.8	0.6x
Black	397	12%	65	7%	0.6	0.4x
Asian	12	.4%	4	.4%	1.2	0.9x
Native American	8	.2%	1	.1%	0.4	0.3x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	410	13%	113	12%	1.0	0.7x
Unable to Determine/Declined	118	4%	35	4%	1.0	n/a
Missing	-	-	-	-	-	-
Total Fiscal Year End	3,262	100%	936	100%		

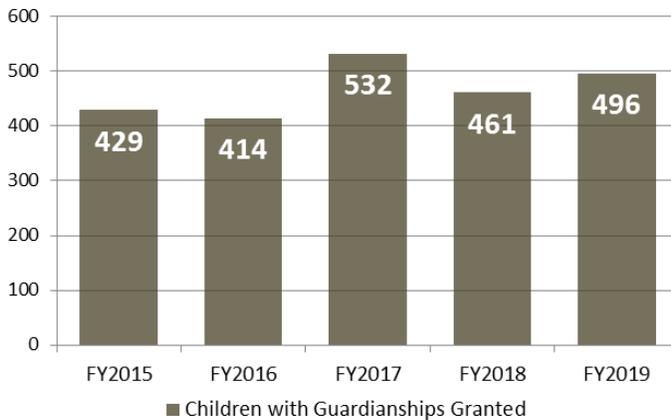
⁽¹⁾ ALL races exclude children of Hispanic/Latinx origin.

- **Permanency Outcome – Guardianships Granted**

Table/Figure 36 reveal that guardianships increased in FY2017-19 compared to FY2015-16. Relative to FY2015, guardianships increased by 15.6% (67) in FY2019.

	FY2015	FY2016	FY2017	FY2018	FY2019
Children with Guardianships Granted	429	414	532	461	496

FIGURE 36. Guardianships Granted



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

Table 36a presents guardianships granted by race/ethnicity, with RoD and RRI.

	Children with Goal of Guardianship Start of FY2019		Children Granted Guardianships in FY2019		RoD	RRI
White	468	48%	278	56%	1.2	
Hispanic/Latinx (of any race)	223	23%	106	21%	0.9	0.8x
Black	116	12%	42	9%	0.7	0.6x
Asian	10	1%	3	.6%	0.6	0.5x
Native American	10	1%	5	1%	1.0	0.8x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	114	12%	49	10%	0.8	0.7x
Unable to Determine/Declined	26	3%	11	2%	0.8	n/a
Missing	-	-	-	-	-	-
Total Fiscal Year End	967	100%	494	100%		

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

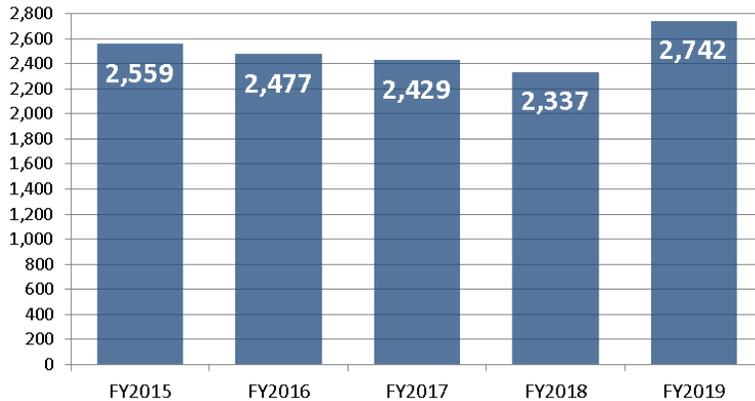
• **Permanency Outcome –Young Adult (18-22) Outreach/Transition Services**

DCF provides outreach/transition services to young adults transitioning out-of-care. Table/Figure 37 show that DCF provided outreach/transition services to 2,742 unique young adults in FY2019.

TABLE 37. Young Adult (18-22) Outreach/Transition Services

	FY2015	FY2016	FY2017	FY2018	FY2019
Count of Young Adults (18-22) Provided Outreach/Transition Services	2,559	2,477	2,429	2,337	2,742

FIGURE 37. Young Adult Outreach/Transition Svcs.



Outreach/Transition Services include:

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

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

Table/Figure 38 reflect year-over-year progress toward meeting the agency’s policy requirement that each child entering care should receive an initial screening and a comprehensive medical evaluation.

TABLE 38. Medical Visits (7 & 30 day)

	FY2015	FY2016	FY2017	FY2018	FY2019
Total Medical Visits Due (denominator)	12,017	12,905	11,636	11,280	10,109
Total Medical Visits Completed (numerator)	3,192	2,973	5,964	8,879	8,360
Medical Visits Completed Timely (numerator)	1,737	1,615	3,395	5,090	4,967
% of ALL Medical Visits Completed	26.6%	23.0%	51.3%	78.7%	82.7%
% Medical Visits Completed Timely	14.5%	12.5%	29.2%	45.1%	49.1%

Higher score is preferable.

FIGURE 38. Medical Visits Completed & Timeliness

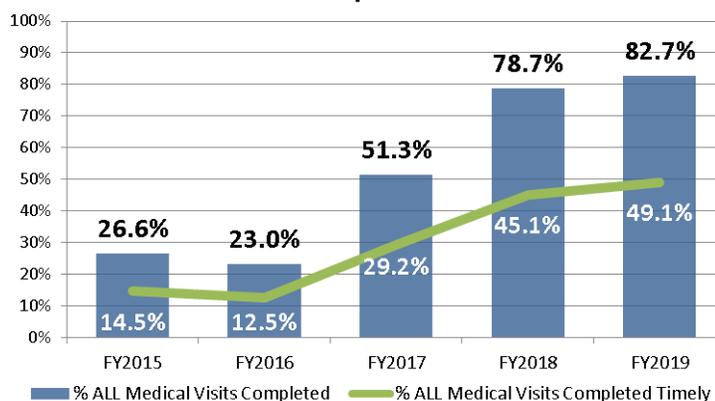


Figure 38 reveals an increase in medical visit compliance between FY2015-19.

- Completion rates have increased by 56.1%
- Timeliness of medical visits has increased by 34.6%

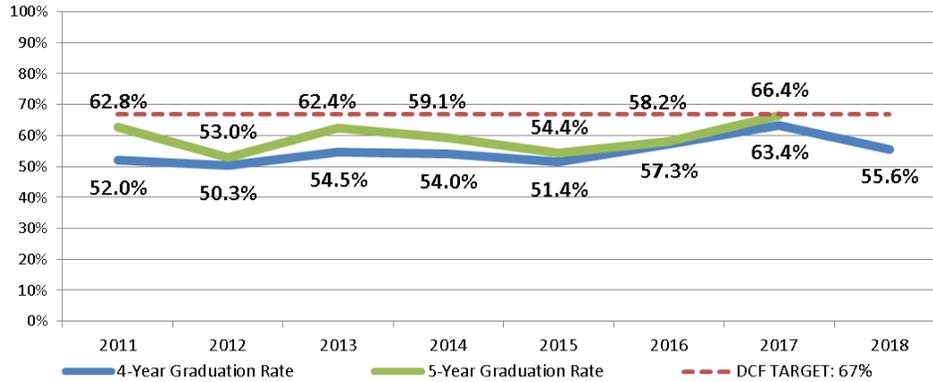
Note: The creation of a full-time DCF Medical Director and hiring Medical Social Workers for all 29 DCF Area Offices are likely contributing to this trend.

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

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

TABLE 39. Graduation Rates	DCF Target	2011	2012	2013	2014	2015	2016	2017	2018
Four-Year Graduation Rate	≥ 67.0%	52.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%
Five-Year Graduation Rate	<i>not established</i>	62.8%	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	<i>aging</i>

FIGURE 39. Graduation Rates – Four & Five Year



IX. OPERATIONS

• Foster Care Review

Federal law requires that the Department operate a system of Foster Care Review 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.

Pursuant to MGL c. 18B, § 6A, an independent Foster Care Review Unit has been established within the Department. This distinct unit operates outside of the department's day-to day delivery of casework services and is dedicated to quality oversight of case decisions. Foster Care Review complements the oversight role of the judiciary in individual cases and contributes aggregate data and information that is needed to support the Department's CQI efforts. The Foster Care Review policy was revised in FY2018-19 and implemented in March of 2019.

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).

• Review Considerations

Each review considers the following issues, as applicable:

- The necessity of the Department's involvement with the family and the appropriateness of the child, youth, or young adult's placement—including a review of assessed needs for safety, permanency and well-being
- Participation in the written Family Assessment and Action Plan and the observable changes the family has made, during the period under review, to reduce or alleviate the danger or need for placement or to achieve desired outcomes
- The extent of progress made toward achievement of the child, youth or young adult's permanency plan, which includes a review of any changes made to the child, youth, or young adult's permanency plan and its current status
- The child, youth, or young adult's permanency plan and the projected date by which the child, youth or young adult will achieve permanency
- The Foster Care Review will consider recommendations, when needed, for action planning during the next six months

The outcome of the Foster Care Review is a set of determinations and may include related recommendations that provide guidance for the next period of action planning, decision-making, and casework. Parents and foster parents, youth, and young adults may challenge determinations made by the Foster Care Review panel if they disagree as can attorneys representing any young adults and children age 22 and under.

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.

- **Foster Care Review Meeting Panel Composition**

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

- **Mandated Foster Care Review Participant – Invited and Attended**

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

- Parents/guardians including a putative or unwed father
- Youth and young adults
- Placement resource(s)
- Child(ren), youth and young adult’s attorney(s)
- Parents’ attorney(s), unless their client’s parental rights have been terminated
- Social worker(s) and supervisor(s) assigned to the family
- DCF attorney
- Family resource, adoption, and adolescent outreach social worker(s), as assigned

- **Foster Care Review Data**

Table 40 shows that 13,547 Foster Care Reviews were conducted in FY2019—15.1% (1,777) increase over FY2016.

TABLE 40. Foster Care Review	FY2015	FY2016	FY2017	FY2018	FY2019
Children in the Care of the Department or its Agents During the Previous Fiscal Year	15,150	18,253	16,057	15,507	15,164
Children in the Department’s Care for More Than 6 months	13,114	13,584	14,051	13,742	13,441
Foster Care Reviews Conducted	11,694	11,770	14,478	14,093	13,547
Children Returned to Their Parents or Guardian	3,689	3,776	3,901	3,628	3,508
Children for Whom Guardians, Other Than DCF or its Agent, Were Appointed	429	414	532	461	496
Children Legally Freed for Adoption	807	829	922	955	1,293
Children Adopted	598	650	654	781	936

- **Fair Hearings**

In accordance with 110 CMR 10.00-10.36, the Department has established the Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or contracted DCF providers, who are dissatisfied with certain actions or inactions by the Department, to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.

This section expands on the requirements of line item 4800-0015 of Chapter 47 of the Acts of 2018 by providing data on all of FY2019 rather than the first 5 months, which requires:

...provided further, that the department shall report to the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities on December 29, 2017 and March 30, 2018 on: (i) the fair hearing requests filed in fiscal year 2018, stating for each hearing request using non-identifying information: (a) the subject matter of the appeal; (b) the number of days between the hearing request and the first day of the hearing; (c) the number of days between the first day of the hearing and the hearing officer's decision; (d) the number of days between the hearing officer's decision and the agency's final decision; (e) the number of days of continuance granted at the appellant's request; (f) the number of days of continuance granted at the request of the department of children and families or the hearing officer's request, specifying which party made the request; and (g) whether the departmental decision that was the subject of the appeal was affirmed or reversed; and (ii) the fair hearing requests filed before fiscal year 2018, which are pending for more than 180 days, stating the number of those cases, how many of those cases have been heard but not decided and how many have been decided by the hearing officer but not yet issued as a final agency decision; provided further, that the department shall maintain and make available to the public, during regular business hours, a record of its fair hearings, with identifying information removed, including for each hearing request: the date of the request, the date of the hearing decision, the decision rendered by the hearing officer and the final decision rendered upon the commissioner's review...

- **(a) Subject matter of the appeal**

The information in Table 41a provides a response to the statutory request: (i) for fair hearing requests filed in fiscal year 2019:

TABLE 41a. Subject Matter of DCF Fair Hearings Requests FY2019

Subject of Fair Hearing Requests	Definition of Subjects	Count
Appeal of a Supported Abuse and/or Neglect Finding on a Caretaker	Count of Appellant / Reasons of 51A Caretaker	1,316
Appeal of a Supported Abuse and/or Neglect Finding on a Foster Parent	Count of Appellant / Reasons of 51A Foster parent	22
Appeal of a Supported Abuse and/or Neglect Finding at an Institution	Count of Appellant / Reasons of Institutional Abuse	70
Denial of Adoptive Parent License Study	Count of Appellant / Reasons of Adoptive Parent License Study Denial	2
Removal of Child from Pre-Adoptive Home	Count of Appellant / Reasons of Pre-Adoptive Parent Removal of Child	1
Alleged Perpetrator Listing	Count of Appellant / Reasons of Alleged Perpetrator	2
Case Closing	Count of Appellant / Reasons of Case Closing	51
Denial of Child Care Services	Count of Appellant / Reasons of Denial of Child Care Services	-
Adoption Subsidy	Count of Appellant / Reasons of Denial of Adoption Subsidy	2
Foster Care Review Goal Determination	Count of Appellant / Reasons of Foster Care Review Goal Determination	8
Failure by Department to Follow Regulations	Count of Appellant / Reasons of Failure by Dept. to Follow Regulations	-
Denial of Foster Parent License Study	Count of Appellant / Reasons of Foster Parent License Study Denial	20
Closing of Foster Home	Count of Appellant / Reasons of Closing of Foster Home	-
Removal of Child from Foster Parent	Count of Appellant / Reasons of Foster Parent Removal of Child	29
Interstate Compact Case	Count of Appellant / Reasons of Interstate Compact	-
Reduction of Services	Count of Appellant / Reasons of Reduction of Services	2
Appeal of Sliding Fee	Count of Appellant / Reasons of Appeal of Sliding Fee	-
Case Closing Young Adult	Count of Appellant / Reasons of Case Closing Young Adult	17
License Revocation	Count of Appellant / Reasons of License Revocation	20

- **(b) Number of days between the hearing request and the first day of the hearing**

Table 41b provides a summary view of the number of days between the fair hearing request and the first *scheduled* hearing, and the number of days between the hearing request and the date of the *actual* first hearing.

TABLE 41b. Number of Days Between Fair Hearing Request and Fair Hearing	Average Number of Business Days FY19	Business Days Allowed under Regulations
Days between the fair hearing request and the first <i>scheduled</i> hearing	55	65
Days between the fair hearing request and the date of the <i>actual</i> first hearing	63	

Currently in FY2019, the Department averages 55 business days for a fair hearing to be scheduled and 63 business days for a hearing to take place once an appeal is filed. Department regulations stipulate that hearings should be scheduled within 65 business days of receipt of the request for hearing. The scheduling of fair hearings continues to be timely.

- **(c) Number of days between the first day of the hearing and the hearing officer's decision**

For cases where a hearing officer has submitted a decision, on average, the decision is submitted within 73 days of the first day of hearing.

- **(d) Number of days between the hearing officer's decision and the agency's final decision**

Of the cases where a final decision was issued, the decision issued, on average, 28 days after the hearing officer submitted the decision for review.

- **(e) Number of days of continuance granted at the appellant's request**

Table 41e-f below provides a summary of the continuances granted on fair hearings that were requested in FY2019 based on who requested the continuances. There were 210 continuances granted at appellant's request. The average length of continuance was 56 business days.

- **(f) Number of days of continuance granted at the request of DCF or the hearing officer's request, specifying which party made the request**

Table 41e-f presents that 44 continuances were granted at the hearing officer's request with an average length of continuance of 23 business days. There were 36 continuances granted at the DCF Area Office's request with an average length of continuance of 31 business days.

TABLE 41e-f. Number of Continuances Granted FY2019	Number of Continuances Granted in FY2019	Average Length of Continuance (business days)
Continuances Granted at Appellant's Request	210	56
Continuances Granted at Fair Hearing Officer's Request	44	23
Continuances Granted at Area Office's Request	36	31
Total Continuances Granted	290	

In general, when a continuance is allowed, the matter is then scheduled on the next available date.

- **(g) Whether the departmental decision that was the subject of the appeal was affirmed or Reversed**

Thus far, of the cases filed in FY2019, 543 decisions have issued. Of those, 278 reversed the underlying decision made by the Area Office and 265 affirmed the underlying department decision.

Note: Some decisions which are appealed are resolved prior to hearing and are not listed as affirmed or reversed.

Table 41g summarizes fair hearings resolved before a hearing took place.

TABLE 41g. Pre-Hearing Outcomes FY2019

	Count
Settled Cases where the underlying decision on appeal is overturned prior to hearing, after an administrative review By an Area Office manager.	79
Withdrawals Withdrawn by the appellant as documented in the fair hearing file via a written request by the appellant.	79
Closed for Other Reason Including but not limited to appellant failed to appear at the hearing; fair hearing request as filed was not a proper subject for appeal and therefore was dismissed at the outset; or the fair hearing request as filed Was well beyond the regulatory 30-day timeframe in which to file an appeal and therefore was dismissed.	484
Total Resolved Prior to the Hearing	642

- **(ii) The fair hearing requests filed prior to fiscal year 2019, which are pending for more than 180 days, stating the number of such cases, how many of such cases have been heard but not decided and how many have been decided by the hearing officer but not yet issued as a final agency decision.**

As of June 30, 2019, there were 107 fair hearing requests filed prior to FY2019 which are pending for more than 180 days without a final agency decision. Of those, 48 requests are beyond the 180-day timeline as a result of multiple district attorney (DA) stay requests.

TABLE 41ii. Status of Fair Hearing Requests Filed Prior to FY2019 Pending for More than 180 Days Without a Final Agency Decision

	Count
Decided by hearing officer, pending review	34 ³
Heard but not written	22 ⁴
Current DA stay, DA stay recently expired, and matter is scheduled or scheduled and heard, but not finalized	48
Heard but decision is not due	2
Not heard, decision is not yet due	1 ⁵

³ Twenty-one (21) of these cases are now closed as a result of a decision issued after end of FY2019.

⁴ Eighteen (18) of these cases are now closed as a result of a decision issued after end of FY2019.

⁵ Case was dismissed after end of FY2019.

- **Budget**

The trend revealed in Table/Figure 42 reflects significant 43.6% increases in DCF funding between FY2012 and FY2020, with the steepest gains being made in the past five years. These increases supported increased service cost (p.38), staffing (p.39), and facilitated workload reduction for staff (p.40).

TABLE 42.

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

	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
H1	818,984,881	900,518,423	938,191,906	985,597,540	998,215,540	1,050,279,338
GAA	827,008,493	907,625,914	958,081,728	976,750,150	1,007,346,982	1,058,279,339
9C/ERIP		(7,889,709)				

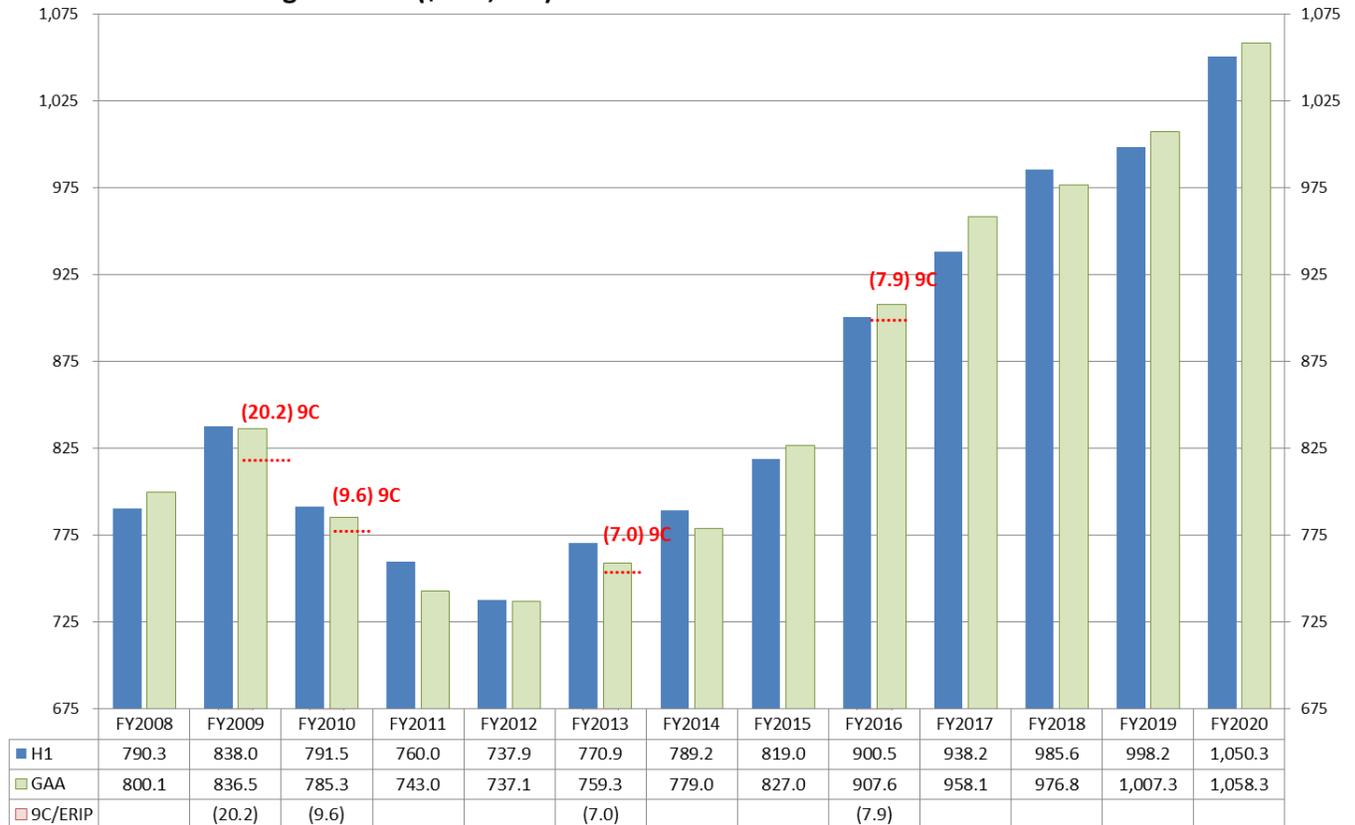
H1: Governor's proposed budget

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

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

ERIP: Early Retirement Incentive Program

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



- **Service Costs**

Table 43 shows a significant 11% (\$57,554,916.28) increase in service expenditures between FY2015 and FY2019. During this time period:

- Placement (i.e., foster care and group care) expenditures increased 9% (\$32,171,668.83)
- Other expenditures increased 16% (\$25,383,247.45)

TABLE 43. Service Costs (\$)	FY2015	FY2016	FY2017	FY2018	FY2019	FY2015 to FY2019
Placement	372,782,575.98	394,931,508.16	415,138,426.60	412,891,943.35	404,954,244.81	9%
Departmental Foster Care	70,507,056.56	75,796,175.62	78,792,196.11	79,615,662.81	78,832,742.00	12%
Foster Care – CFC-IFC (contracted)	72,956,765.55	73,486,808.11	73,860,311.21	74,024,145.91	73,295,641.44	0.5%
FRFC – Complex Med. Foster Care	509,218.75	1,075,897.10	935,430.42	932,951.48	1,115,071.65	119%
Congregate Care – Group Home	109,233,094.40	116,212,001.39	123,862,914.99	124,322,055.76	123,713,484.85	13%
Congregate Care – Continuum	6,731,196.04	7,901,987.41	9,564,573.65	8,051,478.80	7,034,438.56	5%
Congregate Care – Residential School	64,512,109.39	66,463,246.22	72,945,405.34	74,068,950.95	71,663,428.08	11%
Congregate Care – STARR	45,584,773.95	51,004,749.54	53,441,574.31	50,468,628.84	48,166,600.81	6%
Congregate Care – Teen Parenting	2,748,361.34	2,990,642.77	1,736,020.57	1,408,068.80	1,132,837.42	-59%
Other	154,470,604.18	161,914,631.76	165,438,845.54	169,311,330.00	179,853,851.63	16%
Adoption/Guardianship Subsidies	98,708,197.97	98,670,213.27	99,170,483.78	100,329,007.35	105,552,079.53	7%
Foster Care Support Services			99,995.95	240,830.50	115,366.86	15%^
Placement Add-On	1,273,233.29	2,599,241.09	2,489,665.85	2,351,563.67	2,561,502.03	101%
Respite	45,487.60	35,131.86	53,638.90	94,573.85	36,710.62	-19%
Support & Stabilization	54,116,197.96	58,939,138.76	61,460,103.86	64,543,968.28	70,170,374.08	30%
Support Services (other)	327,487.36	1,670,906.78	2,164,957.20	1,751,386.35	1,417,818.51	333%
TOTAL SERVICE COSTS	527,253,180.16	556,846,139.92	580,577,272.14	582,203,273.35	584,808,096.44	11%

^FY2017 to FY2019

• **Staffing Trends**

Tables 44 and 44a and Figure 44 show that DCF staffing has significantly increased relative to July (Jul) 2015 staffing levels. Social worker staffing levels have increased by 20%, and staffing levels for all other bargaining units (BU) have increased by 40%. Recognizing that managerial oversight capacity had been decreasing since 2008 and losing significant ground relative to the expanding non-managerial staffing levels, the Department engaged in a purposeful effort to re-establish managerial ratios which supported the agency’s needs. Accordingly, by July 2019, managerial staffing levels increased by 60% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central Region), decouple Area Offices, and appropriately staff the DCF Central Office.

TABLE 44. Staffing

	Managers (M99)	All Other Bargaining Units	Social Workers (Bargaining Unit 08)	TOTAL
Jul-2008	282	405	2,749	3,435
Jul-2009	280	356	2,773	3,409
Jul-2010	264	338	2,673	3,275
Jul-2011	240	325	2,677	3,242
Jul-2012	233	323	2,637	3,193
Jul-2013	227	341	2,635	3,203
Jul-2014	226	343	2,787	3,356
Jul-2015	196	326	2,906	3,427
Jul-2016	275	399	3,163	3,837
Jul-2017	305	431	3,324	4,060
Jul-2018	308	439	3,521	4,268
Jul-2019	313	457	3,497	4,267

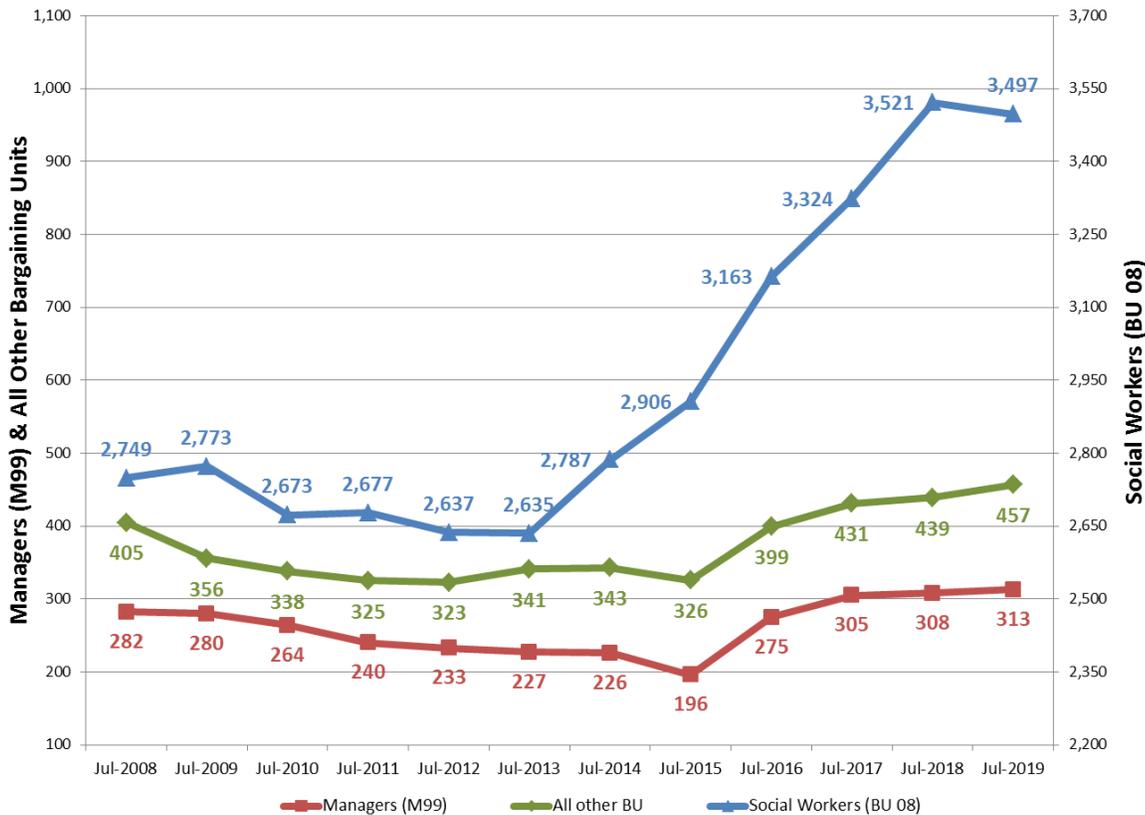
TABLE 44a. Percent Change

	Jul-2015 to Jul-2019
Managers (M99)	60%
All Other Bargaining Units (NAGE & MNA)	40%
Social Workers (BU 08)	20%
ALL DCF STAFF	25%

NOTE: DCF ramped up Social Worker FTEs over the past several years in an effort to meet identified staffing needs. Reaching appropriate FTE levels, hiring moved to a *maintenance mode* in FY2019. Given that these data are point-in-time counts, the 24 FTE delta evidenced at the end of FY2019 reflects normal swings in staffing levels (i.e., Although DCF on-boards social workers every six weeks, a swing in FTEs may occur as staff leave the Department before a new hiring class is fully on-boarded).

Staffing counts are rounded FTEs.

FIGURE 44. Staffing Trends



• **Caseload/Workload**

Caseload is a proxy measure of workload. High caseloads can result in overburdened social workers and potentially underserved families. Increased budgetary appropriations have supported the Department’s efforts to reduce staff workload by hiring additional clinical staff, including an additional 315 frontline social workers, and increasing the managerial oversight essential for identifying cases appropriate for safe closing. Table 45 shows the total weighted caseloads and ratios for FY2015-19. The FY2019 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers was 18.36:1. This is within 0.36 of the negotiated caseload ratio of 18.00:1 (15 families), and considerably lower than the average caseload ratios for FY2015-17.

TABLE 45. Weighted Caseload ⁽¹⁾ – excludes Family Resource

	FY2015	FY2016	FY2017	FY2018	FY2019
Weighted Caseload Ratio – End of Fiscal Year	21.36:1	22.33:1	19.85:1	19.33:1	18.67:1
Total Weighted Caseload – End of Fiscal Year (denominator)	41,593.36	44,345.30	42,681.68	42,556.09	39,751.89
FTE Count of Case Carrying Workers – End of Fiscal Year (numerator)	1,947.00	1,985.80	2,150.10	2,201.73	2,128.91
Weighted Caseload Ratio – 12-Month Average	19.56:1	21.16:1	19.58:1	18.96:1	18.36:1
Total Weighted Caseload – 12-month average (denominator)	37,848.38	41,613.15	41,278.21	41,267.41	40,201.37
FTE Count of Case Carrying Workers – 12-month average (numerator)	1,935.45	1,966.91	2,107.66	2,176.58	2,189.21

⁽¹⁾ Weighted Caseloads are pro-rated by each worker’s FTE (full-time equivalency) value. **NOTE: 18:1 = 15 families**

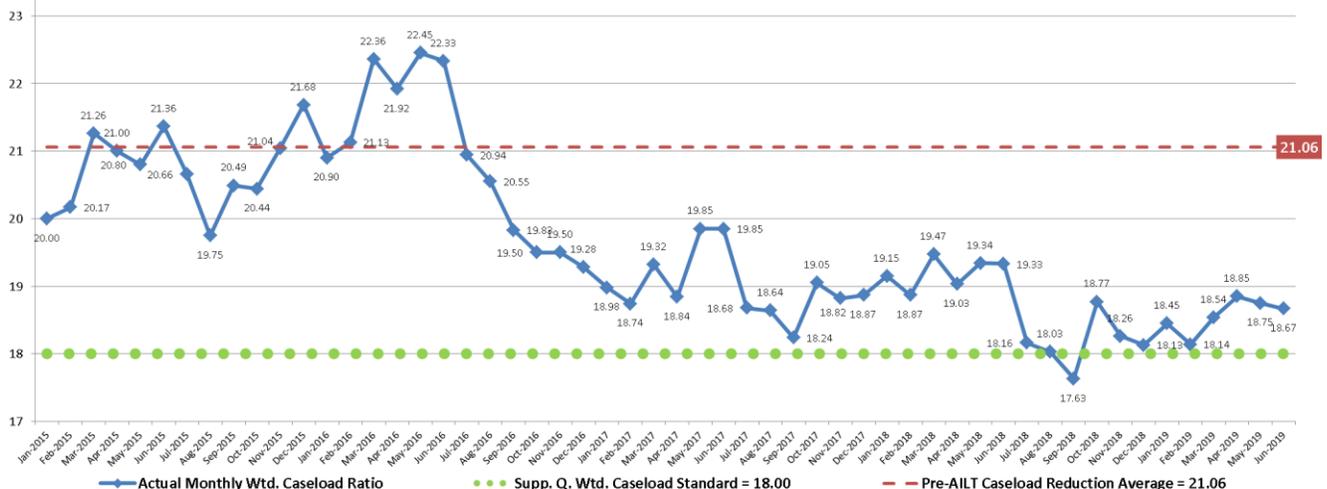
Weighted caseloads represent the cumulative sum of workload values credited to the worker functions of intake worker-screeners, response worker-investigators, ongoing social workers, and adoption workers. Table 45a displays how weighted credit is assigned by function:

TABLE 45a. Weighted Credit by Agency Function

	Full Caseload per 1.0 FTE	Credit	Ratio
Intake Worker	55 intakes per month	0.327	18.00:1
Response Worker	10 investigations per month	1.8	18.00:1
Ongoing Case Management	15 families at any time	1.2	18.00:1
Adoption Case Management	15 adoption cases at any time	1.2	18.00:1
Family Resource Worker	25 foster homes at any time	1.0	25:00:1

Figure 45a presents 54 months of weighted caseload ratios. Beginning with July 2016, each of the past 36 months of weighted caseload ratios have fallen below the central control limit of 21.06:1 (i.e., Pre-AILT Caseload Reduction Average). This is demonstrable of special cause (i.e., pro-rated weighted caseloads ratios have been significantly reduced beyond what one would expect from normal variation alone), thus supporting the Department’s concerted efforts to address clinical workload.

FIGURE 45a. Pro-Rated Weighted Caseload Post Supp. Q: Jan-2015 - Jun-2019



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

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

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Children Requiring Assistance (CRA) Intake	Courts can refer a child to DCF if a child is committed by the juvenile court and found in need of foster care or a Child Requiring Assistance (CRA) case. CRA cases involve youth that have committed status offenses such as repeatedly running away from home, disobeying school rules, or skipping school. Finally, if there is concern that a child may run away or otherwise not appear in court for their case, the judge can give temporary custody of the child to DCF.
Comprehensive Foster Care (IFC)	Foster homes that offer more intense therapeutic care and supports setting for children with more complex needs. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of the Department of Early Education and Care (EEC) and DCF.
Congregate Care	Congregate care is a term for placement settings that consists of 24-hour supervision for children in a varying degree of highly structured settings such as group homes, residential child care communities, childcare institutions, residential treatment facilities, or maternity homes.
Congregate Care – Continuum	Provides an array of community-based wraparound services that are designed to maintain youth within their homes and support families as the primary caregivers. This includes in-home family treatment, parent support, youth mentoring, youth and family outreach, care coordination, and linkage with both formal and informal community resources and supports. For youth who cannot be maintained safely at home, services available within Continuum include long-term and short-term, out-of-home care (e.g., group home, pre-independent living, intensive foster care, or respite).
Congregate Care – Group Home	Group homes provide an array of out-of-home treatment services supporting youth and their families (in cases where the families are available) when the youth cannot function safely at home or in a family setting. Group home services provide flexible individualized treatment, rehabilitation, and support/supervision services that vary in intensity based upon individual youth and family needs.
Congregate Care – Residential School	Congregate care, out-of-home treatment services that are integrated with an on-site special education school. Youth receiving residential school services need a self-contained, integrated treatment, and educational program due to severity of behavioral risk to self or others preventing them from safely attending school off-site.
Congregate Care – STARR	Stabilization and Rapid Reintegration (STARR) programs are for youth needing immediate/emergency temporary placement and/or stabilization services, as well as for youth who require more intense services. All youth referred will receive stabilization services, while some youth will require additional assessment, treatment, and family reintegration services
Congregate Care – Teen Parenting	Congregate Care program which provides teen parents and their children a safe place to reside where they are able to gain the skills and knowledge necessary to become competent parents and lead productive, independent lives. Program staff ensures that teen parents are connected with resources in the community such as education, medical care, childcare, and counseling.
Consumer Role Type	Individuals involved with the Department are identified as consumers. There are two primary consumer types: <ul style="list-style-type: none"> • Consumers with the identified role type of “adult” • Consumers with the identified role type of “child.” Consumers with the role type of “child” range from children ages 17 and under to “young adults” who voluntarily remain open with DCF from the ages of 18-22 years.

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Continuous Time in Placement	The timespan between the start and end of a Home Removal Episode (HRE). The continuous time in placement is calculated from the current HRE start date and either the HRE end date or the last day of the quarter, whichever comes first. Breaks in service of less than 30 days are considered continuous and all days in placement are summed together by child. The days out of placement are not included in the sum. Counts are stratified by age category (i.e., children 0-17 and young adults 18 & older). A child may have multiple placements during this period if the break in service is greater than 30 days or there are multiple HREs within the period.
Court Referral Intake	Sometimes the courts refer children and families to DCF. Court referrals can come from cases where a parent voluntarily surrenders a child or if a child has been abandoned by a parent or guardian.
Custody	Child in the custody of the department means a child placed in the Department's custody through court order, including an order under a Child Requiring Assistance (CRA) petition, formerly known as CHINS, or through adoption surrender.
Danger	A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.
Departmental Foster Care (DFC)	Foster care placements provide stability and safety for children/youth that have been brought into the protective care of the state. These foster care placements may be with family or extended family, or through unrelated caretakers who have completed training and are approved as licensed foster parents assigned to a DCF social worker.
DFC – Child Specific Foster Care	Foster care placements where a non-kinship individual(s) is identified and licensed as a placement for a particular child (e.g., school teacher or parent(s) of the placed child's friend). This is a person who the family or child has a strong bond with and is significant in their life.
DFC – Kinship Foster Care	Foster care placements provided by persons related by either blood, marriage, or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or other adult to whom the child and/or parent(s) ascribe the role of the family based on cultural and affectional ties or individual family values.
DFC – Independent Living	Services may be provided at either scattered or centralized (e.g. apartment) sites with staff that provide outreach and care coordination to young adults and are available for face-to-face crisis intervention 24 hours a day, seven days a week. This model serves young adults 17.5 or older who are not able to be served in a family setting due to their clinical needs, but who are able to live on their own with support; independently manage community access; have attained a sufficient level of independent living skills to enable them to live without on-site staffing; require and are able to utilize staff support to strengthen these independent skills; exhibit a strong level of self-regulation; are enrolled in school or a GED program; or have completed the above and are working or involved in vocational training.
DFC – Pre-Adoptive Foster Care	A resource that has been identified as the child's permanent family. The person(s) have been approved for the adoption and are licensed adoptive families. The child is required to be in that specific home for a minimum of six months before the adoption can be finalized.
DFC – Unrestricted Foster Care	An individual(s) who has been licensed by the Department as a partnership resource to provide foster/pre-adoptive care for a child usually not previously known to the individual(s).

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Differential Response	Differential response enables child protective services (CPS) to differentiate its response to reports of child abuse and neglect based on several factors. The CPS system selects the initial response (investigation or initial assessment) based on a number of factors. Differential response is also referred to as dual track, multiple track, or alternative response.
District Attorney (DA) Referral	If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.
Domestic Violence	Domestic violence is a pattern of coercive control that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. Domestic violence is not defined by a single incident of violence or only by violent acts.
Emotional Injury (allegation)	Emotional injury means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
Fair Hearings	In accordance with 110 CMR 10.00-10.36, the Department an established Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or contracted providers who are dissatisfied with certain actions or inactions by the Department to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.
Family Assessment and Action Plan	The Family Assessment and Action Planning Policy provides guidance on conducting clinical assessments and creating "action plans." The policy went into effect on February 6, 2017 and replaces DCF's "Assessment Policy # 85-011" and "Service Planning and Referral Policy # 97-003." As part of the new policy, the term "action plan" replaces "service plan."
Family Resource Worker	This social worker completes home studies, performs foster home visits, supports foster parent, and identifies out-of-home placements for children.
Fiscal Year	The Commonwealth's fiscal year begins July 1 and ends June 30 of the following calendar year. Fiscal Year 2019 ran from July 1, 2018 through June 30, 2019.
Five-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within five years.
Four-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within four years.
General Appropriations Act (GAA)	The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.

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Guardianship (permanency through)	Permanency through guardianship: The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
Guardianships Legalized	Finalized guardianship (i.e., legalization)
H1 Budget	Governor’s proposed budget
Home Removal Episode (HRE)	The period between the start and end of DCF placement custody is known as a Home Removal Episode (HRE).
Human Trafficking (allegation)	<p>Pursuant to MGL c.233, §20M and MGL c.265, §§50-51 a person who is subjected to harboring, recruitment, transportation, provision, obtaining, patronizing, or soliciting for the purpose of:</p> <ul style="list-style-type: none"> • Sex trafficking (i.e., inducement to perform a commercial sex act, forced sexual services, and/or sexually explicit performance) • Labor trafficking (i.e., forced services, involuntary servitude, peonage, debt bondage, or slavery)
i-FamilyNet	The Department’s web-based Statewide Automated Child Welfare Information System (SACWIS). DCF’s i-FamilyNet serves as the agency’s electronic case management system.
Initial Assessment	Prior to the Department’s new Protective Intake Policy, DCF’s differential response included an Initial Assessment (IA) which was conducted in response to allegations where the severity of the suspected abuse and/or neglect did not rise to the level requiring an investigation. An IA provided an alternative approach for DCF to work with a family who may need help from the Department in addressing issues of neglect or safety for their children.
Juvenile Court	The Juvenile Court oversees civil and criminal matters statewide involving children including youthful offender, care and protection, and delinquency.
Maltreatment	The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child, or an act or failure to act, which presents an imminent risk of serious harm to a child.

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

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

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

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

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

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

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

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

